

**What works to change social norms that sustain family violence
in low- to middle-income countries (LMICs):
an ecological analysis**

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Abstract

Background: Violence is harmful to healthy human development, undermining physical and mental health, social functioning, and educational attainment, with economic burdens and lasting effects on future generations. Norms are blueprints for socially acceptable behaviour that can make violence an assumed reality. They are considered central to violence prevention, yet we lack evidence of what works to shift norms that sustain family violence and what might explain their successes or failures. Moreover, specialisation and segregation within the main fields of family violence -- child maltreatment, child marriage and intimate partner violence (IPV) -- prevent an integrated response.

This is the first systematic review with meta-analysis and meta-regression to investigate what works to change social norms that sustain child maltreatment, child marriage, and IPV in low- and middle-income countries (LMICs), including the first known analysis of interventions to reduce violence against women and children (VAWC) simultaneously. Using the ecological framework, this thesis investigates the following three questions across these main fields of family violence as building blocks towards a unified view of family violence. First, what interventions exist to change norms that sustain family violence in LMICs? Second, are norm interventions to prevent family violence effective and how? Third, how can norm interventions in LMICs be improved?

Methods: The thesis undertakes systematic reviews of studies to prevent child maltreatment, child marriage, and IPV with multi-level meta-analyses and meta-regressions that examine the effects of components on programme effectiveness that were applied across the three

fields of family violence in the review. Results were divided according to which outcomes were primary and organised into three chapters. A search of 30 databases and trial registries, as well as grey literature, was conducted in the period up to February 2023. It included randomised controlled trials (RCTs) of interventions that aimed to change norms of what is typical and appropriate for family violence in LMICs. The term ‘norms’ had to be used within the study’s primary or secondary outcomes or theory of change, while proxies, such as attitudes and approval, could be used for measurement. Study outcomes were critically assessed using Cochrane’s Risk of Bias (ROB)² tool. The protocol was registered with PROSPERO ([CRD42021192425](https://www.crd.york.ac.uk/PROSPERO/record/CRD42021192425)).

Findings: The search produced a total of 3,137 studies: 487 duplicates were removed; 2,397 studies were excluded; and 204 were excluded after full-text screening. Across the three systematic reviews in the series, 65 studies were included with 42 different intervention programmes to prevent child maltreatment, child marriage, and intimate partner violence in 18 countries, which were delivered to more than 368,000 participants. The majority of programmes were undertaken in the African-Islamic cultural region with West & South Asia the second most common, and only one in Latin America. Norm interventions tended to address structural concerns at the cultural and institutional layers, distinguishing them from more traditional programmes focused on interpersonal dynamics at the relational layer like parenting interventions.

For child maltreatment, converting Cohen’s *d* to odds ratios, the odds of experiencing CM overall were decreased by 29% (OR = 0.71, CI [0.55, 0.91]) in the treatment group versus control. The odds of experiencing physical CM were decreased by 22% (OR = 0.78, CI [0.70,

0.85]), and the odds of experiencing verbal CM were decreased by 18% (OR = 0.83, CI [0.72, 0.95]). In terms of beliefs, the odds of physical CM being personally or socially acceptable were decreased by 32% (OR = 0.68, CI [0.48, 0.98]). Interventions showed no significant effects on neglect, children witnessing IPV, norms for CM overall or income-generating activity (IGA).

For child marriage, the odds of early marriage were decreased by 18% (OR = 0.82, CI [0.66, 1.00]) in the treatment group versus control, while the odds of child marriage being personally or socially acceptable were decreased by 21% (OR = 0.79, CI [0.70, 0.91]).

Interventions had negligible effects on norms for gender equality, shared chores, and income-generating activity (IGA).

The odds of experiencing IPV overall were decreased by 25% (OR = 0.75, CI [0.61, 0.91]) in the treatment group versus control, whereas the odds of experiencing physical IPV were decreased by 28% (OR = 0.72, CI [0.58, 0.88]). The odds of experiencing verbal IPV were also decreased by 28% (OR = 0.72, CI [0.53, 0.96]), and the odds of experiencing sexual IPV were decreased by 26% (OR = 0.74, CI [0.61, 0.88]). In terms of beliefs, the odds of physical IPV being personally or socially acceptable were decreased by 41% (OR = 0.59, CI [0.44, 0.80]), while the odds of gender equality being personally or socially acceptable were increased by 28% (OR = 0.72, CI [0.60, 0.87]) and the odds of women and girls sharing in decision making increased by 26% (OR = 0.74, CI [0.56, 0.95]). Interventions showed no significant effects on norms for sexual violence, norms for IPV overall, shared chores, IGA, norms for shared decision-making, or norms for shared chores.

Exploratory analysis was conducted on interventions that addressed both violence against women and children (VAWC), or 'VAWC-integrated' programmes. Analyses first compared the effects of studies with both CM and IPV outcomes, whether primary or secondary, compared to all other studies, defined as 'VAWC-combined' interventions. For VAWC-combined studies, the odds of experiencing physical CM were decreased by 21% (OR = 0.79, CI [0.70, 0.88]) in the treatment group versus control, while the odds of experiencing physical IPV were decreased by 47% (OR = 0.53, CI [0.39, 0.70]) and the odds of physical IPV being personally or socially acceptable were decreased by 58% (OR = 0.42, CI [0.29, 0.60]). There was no significant effect on norms for physical CM.

Second, studies with both CM and IPV as *primary* outcomes were compared with all other studies, which were defined as 'VAWC-focused'. In VAWC-focused studies, the odds of experiencing physical IPV were decreased by 61% (OR = 0.39, CI [0.21, 0.72]) in the treatment group versus control, while the odds of physical IPV being personally or socially acceptable were decreased by 45% (OR = 0.55, CI [0.30, 1.00]). There were no significant effects found for physical CM or norms for physical CM, which may have been underpowered.

Although interventions stated norm change as an aim, programmes mostly measured attitudes as opposed to norms, or personal as opposed to social beliefs. Overall, interventions tended to have a larger influence on beliefs than behaviours. Behaviour outcomes for child maltreatment were $b = 0.17$ closer to zero ($p < 0.01$), for child marriage were $b = 0.03$ closer to zero ($p = 0.02$), and for IPV were $b = 0.11$ closer to zero ($p < 0.01$). There were no significant differences between perpetrator and survivor reports, both for parent and child

sources of physical maltreatment outcomes, and also for male and female reports of physical and sexual IPV outcomes, decreasing the risk for social desirability bias.

Interventions with the following components showed significantly improved effects for both CM and IPV: parent training; couples counselling; parent training together with couples counselling; social support from a carer or spouse; social support from a reference group of trusted and influential others; and critical discourse of power dynamics. Programmes that were locally led predicted better outcomes for all three fields, compared to those without. Additionally, programmes that contained understanding consequences and that addressed the cultural layer predicted improvements to CM outcomes, relative to programmes without. Programmes that involved social support from cultural and institutional organisations, goals and planning, and that addressed individual-relational-institutional layers of the ecological model predicted better child marriage, compared to those without. Interventions with community mobilisation; couples counselling alongside parenting training and community mobilisation; social support from males; schedule consequences; feedback and monitoring; and that addressed the relational-institutional-cultural layers presented larger effects for IPV outcomes relative to programmes without.

Implications: Findings suggest further developing family strengthening programmes that involve parent training and couples counselling, while testing community mobilisation to scale personal beliefs into social beliefs that are socially reinforced, which would integrate other components that predicted improved outcomes: social support from a reference group, carer or spouse; critical discourse of power dynamics; and local leadership.

The research finds that norms validate power hierarchies in the family and legitimise violence as a sanction when social expectations for children and women are violated. A unified theory of family violence is proposed in which norms maintain a social hierarchy that privilege access to resources across layers of the ecology, which are legitimised by cultural ideologies, administered through institutions, enforced by social networks and families, and internalised psychologically and physiologically by the self. The research identifies the need to seed protective norms of equality, motivation, autonomy and cooperation, displacing current paradigms of dominance, aggression and control.

Plain language summary: Violence has serious health consequences, yet norms make violence an assumed reality. Globally, one in four carers consider physical punishment necessary to raise a child, and half of all teens worldwide think a husband is justified to hit his wife in some instances. The research undertook reviews of 42 studies, offering the first estimated effects of programmes that use norms to prevent violence in the home and how different programme components were associated with effectiveness. Findings showed that parent trainings delivered with couples counselling improved both child maltreatment and intimate partner violence (IPV) outcomes. Recommendations include piloting family strengthening programmes that involve parent training and couples counselling, while testing community mobilisation to scale personal beliefs into social beliefs that are socially reinforced and to integrate other components that predicted improved outcomes: social support from a reference group, carer or spouse; critical discourse of power dynamics; and local leadership.

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Table of Contents

1	Introduction and outline of thesis	16
1.1	<i>Organisation of thesis</i>	18
2	Literature review	20
2.1	<i>Background: prevalence and effects</i>	20
2.1.1	Child maltreatment	21
2.1.2	Child marriage	23
2.1.3	Intimate partner violence	25
2.2	<i>Key theories</i>	28
2.2.1	Ecological model	28
2.2.2	Social domination theory	31
2.2.3	Child maltreatment	32
2.2.4	Child marriage	33
2.2.5	Intimate partner violence	34
2.2.6	Family violence	36
2.2.7	Social and gender norms	37
2.3	<i>Interventions</i>	41
2.3.1	Child maltreatment	42
2.3.2	Child marriage	46
2.3.3	Intimate partner violence	49
2.3.4	Violence against women and children (VAWC)	55
2.4	<i>An aetiology of norms that sustain family violence</i>	58
2.4.1	Macrosystem: ideology and authority in the cultural layer	59
2.4.2	Exosystem: socioeconomic resources and socialisation in the institutional layer	62
2.4.3	Mesosystem: stressors and modelling at the relational layer	69
2.4.4	Microsystem: physiology and psychology in the individual layer	71
2.4.5	Summary and discussion	74
2.5	<i>Theory of change (TOC)</i>	77
2.5.1	TOC: Resources and treatment	78
2.5.2	TOC: Short-term outcomes	79
2.5.3	TOC: Mid- and long-term outcomes	82
2.6	<i>Research rationale</i>	88
3	Methodology	90
3.1	<i>Research objectives</i>	90
3.2	<i>Research philosophy</i>	91
3.3	<i>Reflexivity</i>	94
3.4	<i>Choice of methods</i>	95
3.5	<i>Methods</i>	100
3.5.1	Eligibility criteria	101
3.5.2	Information sources	114
3.5.3	Search strategy	115
3.5.4	Selection process	115
3.5.5	Data collection process	116
3.5.6	Data items	117
3.5.7	Risk of bias assessment	123

3.5.8	Effect measures	124
3.5.9	Synthesis methods	125
3.6	<i>Results: study selection overall</i>	128
4	Results: Child maltreatment	130
4.1	<i>Study characteristics</i>	130
4.2	<i>Component analysis</i>	135
4.3	<i>Risk of bias assessment</i>	137
4.4	<i>Results of syntheses</i>	139
4.4.1	Results of meta-analysis: main effects – child maltreatment	139
4.4.2	Results of meta-regression: component analysis -- child maltreatment	145
4.5	<i>Summary of child maltreatment findings</i>	161
4.6	<i>Discussion of child maltreatment findings</i>	164
4.6.1	General interpretation of results	164
4.6.2	Implications of the results for practice, policy, and future research	167
5	Results: Child marriage	172
5.1	<i>Study characteristics</i>	172
5.2	<i>Component analysis</i>	176
5.3	<i>Risk of bias assessment</i>	178
5.4	<i>Results of syntheses</i>	180
5.4.1	Results of meta-analysis: main effects – child marriage	180
5.4.1	Results of meta-regression: component analysis	183
5.5	<i>Summary of child marriage findings</i>	193
5.6	<i>Discussion of child marriage findings</i>	195
5.6.1	General interpretation of results	195
5.7	<i>Implications for practice, policy and future research</i>	201
6	Results: Intimate partner violence	204
6.1	<i>Study characteristics</i>	204
6.2	<i>Component analysis</i>	205
6.3	<i>Risk of bias for included studies</i>	213
6.4	<i>Results of syntheses – meta-analysis</i>	215
6.5	<i>Results of syntheses – meta-regression</i>	226
6.5.1	Norm type	226
6.5.2	Intervention type	226
6.5.3	Behaviour change techniques	232
6.5.4	Locally led	238
6.5.5	Which ecological layer	238
6.5.6	Number of ecological layers	241
6.6	<i>Summary of IPV findings</i>	242
6.6.1	Discussion of IPV findings	244
6.6.2	Implications for practice, policy and future research	250
7	Overarching discussion	255
7.1	<i>Overarching summary</i>	256

7.1.1	Study characteristics	256
7.1.2	Results of meta-analyses for all intervention fields	257
7.1.3	Results of meta-regressions for all components	259
7.2	<i>General interpretation of results</i>	266
7.2.1	Theory of change (TOC) after results	267
7.2.2	Effects of integrated interventions to prevent VAWC	282
7.3	<i>Theoretical implications</i>	289
7.3.1	VAWC: intersection or integration	289
7.3.2	Unified theory of family violence	290
7.3.3	Theoretical implications: norms	294
7.3.4	Disconnects in the study of VAWC	298
7.4	<i>Limitations of the research</i>	303
7.5	<i>Implications of the results for practice, policy and future research</i>	308
8	Appendix	312
9	References	315

List of Figures

Figure 1 Adapted Ecological Model (Bronfenbrenner, 1977).....	30
Figure 2 Map of risk and protective factors for family violence.....	64
Figure 3 Proposed process for norm change.....	81
Figure 4 Theory of change.....	83
Figure 5 Interpreting effects of intervention components.....	128
Figure 6 PRISMA flow diagram.....	129
Figure 7 ROB2 for cluster RCTs - child maltreatment.....	138
Figure 8 ROB2 for individual RCTs - child maltreatment.....	139
Figure 9 Meta-analysis: Effects on child maltreatment overall.....	141
Figure 10 Meta-analysis: Effects on physical violence against children.....	141
Figure 11 Meta-analysis: Effects on verbal violence against children.....	141
Figure 12 Meta-analysis: Effects on child neglect.....	142
Figure 13 Meta-analysis: Effects on children witnessing IPV.....	142
Figure 14 Meta-analysis: Effects on IGA.....	142
Figure 15 Meta-analysis: Effects on attitudes supporting physical violence against children.....	142
Figure 16 Meta-analysis: Effects on attitudes supporting child maltreatment overall.....	143
Figure 17 Meta-analysis: Effects on combined behaviour outcomes.....	144
Figure 18 Meta-analysis: Effects on combined belief outcomes.....	144
Figure 19 ROB2 for cluster RCTs - child marriage.....	180
Figure 20 Meta-analysis: Effects of interventions on child marriage.....	181
Figure 21 Meta-analysis: Effects of interventions on child marriage norms.....	181
Figure 22 Meta-analysis: Effects of interventions on gender equality norms.....	182
Figure 23 Meta-analysis: Effects of interventions on shared chores.....	182
Figure 24 Meta-analysis: Effects of interventions on income generating activity.....	182
Figure 25 Meta-analysis: Effects of interventions on all belief outcomes combined.....	183
Figure 26 ROB2 for Individually RCTs - IPV.....	214
Figure 27 ROB2 for Cluster RCTs - IPV.....	215
Figure 28 Meta-analysis: Effects of interventions on IPV overall.....	217
Figure 29 Meta-analysis: Effects of interventions on physical IPV.....	218
Figure 30 Meta-analysis: Effects of interventions on controlling behaviours.....	219
Figure 31 Meta-analysis: Effects of interventions on norms for sexual IPV.....	219
Figure 32 Meta-analysis: Effects of interventions on norms for physical IPV.....	220
Figure 33 Meta-analysis: Effects of interventions on norms for gender equality.....	221
Figure 34 Meta-analysis: Effects of interventions on shared decision making.....	222
Figure 35 Meta-analysis: Effects of interventions on shared chores.....	222
Figure 36 Meta-analysis: Effects of interventions on combined behaviour outcomes.....	223
Figure 37 Meta-analysis: Effects of interventions on combined belief outcomes.....	224
Figure 38 Theory of change - revised.....	270
Figure 39 Revised theory of social behaviour change.....	277
Figure 40 Continuum of Motivation (Ryan & Deci, 2000).....	296
Figure 41 Behaviour change technique groupings (Michie, Richardson et al., 2013).....	314

List of Tables

Table 1 Distinguishing social norms from other collective behaviours.....	39
Table 2 Presentation of research questions.....	90
Table 3 PICOS Inclusion Criteria.....	103
Table 4 Outcome categories from all studies.....	107
Table 5 Normative beliefs categorised from studies.....	109
Table 6 Construction of intervention types.....	118
Table 7 Behaviour change techniques - adapted (Michie, Richardson et al., 2013).....	119
Table 8 Construct of ecological layer.....	121
Table 9 Adapted construct of locally led (Arnstein, 1969).....	122
Table 10 Study characteristics - child maltreatment.....	131
Table 11 Component analysis - child maltreatment.....	137
Table 12 Meta-regression: Moderating effects of norm type on belief outcomes.....	145
Table 13 Meta-regression: Moderating effects of components on effectiveness -- child maltreatment.....	147
Table 14 Moderating effects of component combinations -- child maltreatment.....	150
Table 15 Meta-regression: Moderating effects of ecological layers on effectiveness -- child maltreatment.....	159
Table 16 Study characteristics - child marriage.....	173
Table 17 Component analysis - child marriage.....	178
Table 18 Meta-regression: Moderating effects of norm type on belief outcomes.....	184
Table 19 Meta-regression: Moderating effects of components on effectiveness -- child marriage.....	185
Table 20 Moderating effects of ecological layers on effectiveness - child marriage.....	192
Table 21 Study characteristics - IPV.....	206
Table 22 Component analysis - IPV.....	213
Table 23 Meta-regression: Moderating effects of norm type on belief outcomes - IPV.....	226
Table 24 Meta-regression: Moderating effects of components on IPV programme effectiveness.....	227
Table 25 Moderating effects of component combinations - IPV.....	229
Table 26 Moderating effects of ecological layers on effectiveness -- IPV.....	240
Table 27 Number of ecological layers compared with which ecological layer.....	246
Table 28 Summary: Average effects of norm interventions to prevent family violence.....	257
Table 29 Summary: Moderating effects of components on programme effectiveness.....	261
Table 30 Meta-regression: Moderating effects of VAWC programmes on effectiveness.....	285
Table 31 Analysis of VAWC-focused programmes.....	286
Table 32 Summary of meta-analysis results across violence types.....	312
Table 33 Summary of meta-regression results across violence types.....	313

Glossary

	Social norms:	Informal: rules for socially acceptable behaviours. Formal: social expectations of what is typical and acceptable behaviour in a group (Cislaghi, Bankar et al., 2020; Heise & Cislaghi, 2016; Krupka & Weber, 2013) to which individuals adhere if people important to them conform and believe they ought to conform (Bicchieri, 2017, p. 35) and risk opposition for not conforming.
	Gender norms:	Gender norms are social norms that define expected and approved behaviour of a woman and a man in a given group or society (Cislaghi & Heise, 2018, p. 19).
	Behaviour:	Anything a person does in response to internal or external events; actions may be overt and directly measurable or covert and indirectly measurable; behaviours are physical events that occur in the body and are controlled by the brain (Davis, Campbell et al., 2015, p. 327)
	Intervention:	In social work, an intervention is an intentionally implemented change strategy that aims to weaken risk factors, strengthen protective factors, or prevent harm, encompassing a range of therapies and programmes (Sundell & Olsson, 2017).
	Ideology:	“A system of meaning that couples assertions and theories about the nature of social life with values and norms relevant to promoting or resisting social change” (Johnston & Oliver, 2000, p. 1)
	Empowerment:	Processes that lift constraints and free individuals from discrimination and violence in all spheres of life. Adapted from (Ismayilova, Karimli et al., 2018; United Nations, 2015)
Applicable age ranges:		
All	Violence:	“The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation” (Krug, Dahlberg et al., 2002, p. 5)
All	Institutional and structural discrimination	Policies that <i>intend</i> to negatively impact on minorities or women are called institutional discrimination; whereas, policies with <i>unintended</i> negative impacts are referred to as structural discrimination (Pincus, 1996, p. 186).
All	Structural violence	The physical and psychological harm resulting from exploitative and unjust social, political and economic systems (Rutherford, Zwi et al., 2007, p. 51).
Adult:	Violence against women (VAW)	“...any act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life” (UN General

		Assembly, 1993).
Adolescence (ages 10-17) to adulthood (WHO, 2016, p. 14)	Intimate partner violence (IPV)	Intimate partner violence includes physical, sexual, and psychological abuse and controlling behaviours by an intimate partner (WHO, 2012), such as marital, co-habiting or dating partners (Buller, Peterman et al., 2018).
	Controlling behaviour, including economic IPV	“Controlling behaviours, including isolating a person from family and friends; monitoring their movements; and restricting access to financial resources, employment, education or medical care” (WHO, 2012)
	Non-partner sexual assault	Someone over the age of 14 being forced to perform an unwanted sexual act by anyone other than a partner (WHO, 2013, p. 7).
Children: persons under the age of 18 (WHO, 2016, p. 16)	Child marriage	Informal or formal marriage below the age of 18 (UNICEF, 2014a).
	Child maltreatment	Harmful acts of commission by a caregiver, such as physical, sexual and psychological abuse, as well as acts of omission, such as neglect or exposure to violent environments (Arias, Leeb et al., 2008).
	Corporal punishment	Use of physical force with the intention of causing pain but not injury for the purpose of controlling a child’s behaviour (Straus, 2010, pp. 1-2).

1 Introduction and outline of thesis

Violence in the family shares harmful physical, social, emotional and economic consequences that impact all levels of health (Ambrosio MDG, 2023; Cicchetti, Carlson et al., 1989; Ozernov-Palchik, Norton et al., 2019; Sternberg, Baradaran et al., 2006). Norms frame the way we think, talk, and act about violence (Klika & Linkenbach, 2019), making it an ‘assumed reality’ (Namy, Carlson et al., 2017). Globally, about one in four carers consider physical punishment necessary to raise a child appropriately (Ismayilova & Karimli, 2020; Unicef Data, 2017). Close to half of all teens ages 15-19 worldwide think a husband is justified to hit his wife in some instances (UNICEF, 2014a). In Pakistan, Nepal and Bangladesh, it is socially acceptable for men to beat their wives for not taking care of the house or in-laws; going outside the home without permission; or for refusing sex with their husbands (Samuels, Jones et al., 2017). One-third of ever-partnered women worldwide have experienced physical or sexual violence by a partner (Pulerwitz, Blum et al., 2019).

The risk of violence is largest in societies where the use of violence is a socially accepted norm (Jewkes, 2002), and violence is highest in low- and middle-income countries (LMICs). More than 80% of children in Africa and Asia experienced violence in the past year, compared with 65% in Europe (Hillis, Mercy et al., 2016). All forms of child maltreatment are considered important risks to health and “major contributors to the burden of disease in all parts of the world” (Norman, Byambaa et al., 2012, p. 1){Norman, 2010 #1895}. Violence against children is associated with mental health problems, such as anxiety, suicidality, substance abuse (Baldwin, Wang et al., 2023), delinquency, hyper-activity and aggression (Liu, 2004; Sternberg, Baradaran et al., 2006), yet 87% of the world’s children still lack legal protection from violent discipline (End Corporal Punishment, 2021). Experiencing abuse as a child is the strongest risk factors for perpetrating violence as an adult (van IJzendoorn,

Bakermans-Kranenburg et al., 2020), and children who have experienced maltreatment are more likely to experience intimate partner violence (McTavish, Chandra et al., 2022), creating a continuous cycle. As adults, females who have experienced physical or sexual violence from a partner are more likely to report chronic health problems, such as pain, digestive problems, memory loss; depression, anxiety, social dysfunction, and problems carrying out daily activities (Campbell, 2002). Collectively, the more frequently a society disciplines children with violence, the more adult violence is prevalent at a societal level and the more adults endorse the use of violence (Lansford & Dodge, 2008).

Violence against women and children have largely evolved as separate fields of practice, which may limit our understanding of how these fields overlap and prevents an integrated response (Guedes, Bott et al., 2016b). Research focused on one form of violence in isolation from others may overlook important risks, vulnerabilities and consequences within families and across the lifespan (Guedes, Bott et al., 2016b). Norm-change is a core objective in government and donor strategies, such as the INSPIRE framework for preventing violence against children and the RESPECT framework for women (WHO, 2016, p. 24; 2019).

Despite their importance, we know little about what norm interventions exist or what might explain their successes or failures. The norms literature is vast and contradictory in which norms are defined and measured differently (Legros & Cislighi, 2020). The rationale for the research grows from an absence of evidence of what works to change social norms that sustain family violence in LMICs and provides the first meta-analysis and meta-regression of norm interventions and violence.

1.1 Organisation of thesis

The thesis investigates the following three questions across the key fields of family violence --- child maltreatment, child marriage and intimate partner violence -- as building blocks towards an integrated view. First, what interventions exist to change norms that sustain family violence in LMICs? Second, are norm interventions to prevent family violence in LMICs effective and what components explain their effectiveness? Third, how can norm interventions in LMICs to prevent family violence be improved? The aim is not only to establish what works within each field of family violence, but also what works across them. The thesis is organised as a monograph with seven chapters. The introduction is the first chapter. The second chapter provides a background on norms and the main disciplines of family violence – child maltreatment, child marriage and intimate partner violence – by reviewing their prevalence and effects, key theories, existing interventions, and exploring the aetiology of norms in family violence. It concludes by proposing a theory of change, or “causal chain of activities intended to produce a positive intervention outcome” (Fraser, Richman et al., 2009, p. 58), accompanied by the research’s rationale.

The third chapter, Methodology, begins with a statement of research objectives and then orients the objectives within a research philosophy and personal reflexivity. It discusses possible methods by which to undertake the research and why systematic reviews with multi-level meta-analyses and meta-regressions were chosen. It next discusses the PICOS framework, which outlines the population, interventions, comparisons, outcomes and study designs that were included in these reviews (Higgins, Thomas et al., 2019, p. 33). It also describe the data items that were used to benchmark and compare results across the three fields of violence, which provided a common framework to examine the moderating effects of components on programme effectiveness. It closes with a description of the overarching

results from the search and selection process of the systematic reviews, according to a protocol that was pre-registered on PROSPERO.

Chapter 4 examines the results and recommendations for child maltreatment, including a description of the characteristics and components of included studies, an assessment of the risk of bias using Cochrane's ROB2, results from the meta-analysis and meta-regression, and a discussion of interpreted results, limitations, and implications for practice, policy and future research. Chapter 5 similarly presents the results and recommendations for child marriage, and Chapter 6 contains results and recommendations for intimate partner violence. Finally, Chapter 7 summarises and synthesises the findings from the three chapters, interprets the research's findings against the theory of change, and offers the first quantitative comparison of programmes addressing VAWC outcomes simultaneously, or VAWC-integrated programmes, with programmes that address them separately. It concludes by discussing the theoretical implications for violence and norms, proposes a unified theory of family violence, reviews limitations to the findings, and considers implications of the results for practice, policy and future research.

2 Literature review

2.1 Background: prevalence and effects

This chapter has the broad ambition of describing the current situation of family violence in low- to middle-income countries (LMICs). It first provides a background for the three major fields of family violence, which are in themselves large literatures: child maltreatment, child marriage, and intimate partner violence. It reviews each of these fields separately in terms of their prevalence and effects, key theories, evidence from existing interventions to prevent family violence, and risk and protective factors, which are mapped onto Bronfenbrenner's ecological framework and become the basis for the research's theoretical framework and theory of change. Having introduced the theory of change, the chapter concludes with the rationale for the research.

Violence is defined as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation” (Krug, Dahlberg et al., 2002, p. 5). Violence can be situational and occur as an isolated episode; however, this research addresses chronic violence that occurs as a pattern (CDC, 2018). Violence against children comprises physical, sexual, and emotional forms of abuse, neglect, maltreatment or exploitation, as well as witnessing intimate partner violence (Hillis, Mercy et al., 2016). Child marriage refers to formal or informal unions before the age of 18 (UNICEF, 2014a). Intimate partner violence includes physical, sexual, and psychological abuse and controlling behaviours by an intimate partner (WHO, 2012), such as marital, co-habiting or dating partners (Buller, Peterman et al., 2018).

2.1.1 Child maltreatment

Globally, more than three-fourths of children were exposed to physical, psychological or sexual violence in the previous year, including spanking, according to a systematic review of data across 96 countries (Hillis, Mercy et al., 2016). The higher the nation's economic development, the smaller the percentage of parents who use corporate punishment (Straus, 2010, p. 7). Across economic groupings, 78% of children in LMICs experienced violence in the previous year, compared with 60% in high-income countries (HICs) (Hillis, Mercy et al., 2016, p. 8). In Africa and Asia, more than 80% of children experienced violence in the past year, compared with 65% in Europe, 61% in North America and 58% in Latin America (Hillis, Mercy et al., 2016, pp. 7-8).

Devries et al (2018a) conducted a global systematic analysis of 600 datasets across 171 countries to estimate the prevalence of violence against children by age and sex. The most common perpetrators of physical and psychological violence against boys and girls of any age were household members, mainly mothers, followed by peers at school. Studies on gender differences within child abuse are mixed (Thompson, Kingree et al., 2004, p. 599). All household violence was equally prevalent for girls as boys. Psychological violence was the most common, which remained constant with age with about 60-70% of children experiencing psychological violence from ages 2 to 14. Physical violence was highest in younger age groups, with 50-60% of boys and girls experiencing physical violence at age 2, which declined to 40-50% at age 14. Large meta-analyses report that outside the home, boys experience more physical violence at school, but household violence before adolescence is equally prevalent for girls as boys (Devries, Knight et al., 2018a; Stith, Liu et al., 2009).

Family violence impacts on children's behaviour and development in profound ways (Cicchetti & Toth, 2013; Sternberg, Baradaran et al., 2006). Violence against children disrupts normal growth because experiences with caregivers at one developmental period affect children's adaptation to subsequent periods (Sternberg, Baradaran et al., 2006, p. 90). Sternberg et al. (2006) report that all types of maltreatment, including witnessing intimate partner violence, are associated with psychological problems, including aggression, anxiety, depression, peer aggression, and poor school performance (Cicchetti, Carlson et al., 1989; Sternberg, Baradaran et al., 2006). Children learn conflict and coercion as a pattern of relating that influence interactions outside the family, triggering rejection by peers and academic failures as well as association with troublesome peers (Capaldi, Chamberlain et al., 1997). "Children who fail to develop interpersonal trust, receive little affection from others, or have authoritarian parents... often fail to develop adaptive attachment strategies, which in turn makes emotional and behavioural problems more likely" (Sternberg, Baradaran et al., 2006, p. 90).

The compounded effects of violence also escalate over the lifecourse, from foetus through adulthood. Stress-biology research is interested in measuring stress-sensitive biomarkers in young people, which are known to be associated in adults at mid-life with elevated risk for heart disease, metabolic diseases, immune diseases, stroke, and even dementia (Moffitt, 2013). A meta-analysis of the long-term consequences of non-sexual child maltreatment showed significant links with depressive disorders, suicide attempts, risky sexual behaviour and sexually transmitted disease, arthritis, migraines, smoking and drug use, concluding that all forms of child maltreatment are important risks to health and "major contributors to the burden of disease in all parts of the world" (Norman, Byambaa et al., 2012, p. 1) {Norman, 2010 #1895}. Even spanking, once deemed necessary for effective discipline (Straus &

Paschall, 2009) is associated with restricted cognitive ability. In a longitudinal study that compared spanked and un-spanked children, Straus et al. (2009) found that children who were not spanked gained cognitive ability faster and children fell behind the more spanking they experienced. The American Academy of Paediatrics reports that “many adult diseases should be viewed as developmental disorders that begin early in life, and that persistent health disparities associated with poverty, discrimination, or maltreatment could be reduced by the alleviation of toxic stress in childhood” (Shonkoff et al., 2012).

The consequences of maltreatment are likely to be more severe for younger children because of the cumulative effects of its intensity and duration over the span of many years. For example, of preschool age children in the US, 94% of parents reported hitting their child in the previous year; at age 13, the rate was over 40% and at age 16, the rate was one of every four (Straus, 2010, p. 3). This means children’s exposure to violence was a) chronic, with toddlers being spanked 2-3 times per week; b) often severely, with 28% receiving a paddle, belt or object; and c) over a prolonged duration of 13 years for one-third of children (Straus, 2010, p. 29). Thus, violence increases the likelihood of difficult behaviours in children, posing further stressors for parents and risks for abusive parenting and pathologies as adults.

2.1.2 Child marriage

Globally, one-third of women (of all ages) were married before age 15 (UNICEF, 2014a, p. 2), many of them against their will (Ellsberg, Arango et al., 2015, p. 1555). Currently, about one-fifth of adolescent girls worldwide are married or cohabiting with a male sexual partner (Guedes, Bott et al., 2016a). Although child marriage occurs globally, 90% is concentrated within low- and middle-income countries (Malhotra & Elnakib, 2021a). In the 10 countries with the highest child marriage rates, between 45% and 76% of all women aged 20-49 were

married by age 18 (Girls Not Brides, 2018). While the rate of child marriage has declined from 25% to 21% in the last decade (Malhotra & Elnakib, 2021a), it is increasing in absolute terms due to population growth (Kalamar, Lee-Rife et al., 2016; UNICEF, 2014a). The UN Sustainable Development Goals commit to eliminating all child marriage by 2030 (United Nations, 2016), but progress from 2020-2030 would have to increase 12-fold to meet this target (UNICEF, 2018). An estimated 120 million girls are at risk of child marriage in the next decade (Malhotra & Elnakib, 2021a). For boys, the prevalence of child marriage is one-sixth that of girls globally, and the sexual, reproductive, social, and economic consequences are also much less severe (Malhotra & Elnakib, 2021b).

Child marriage is internationally recognised in law as a form of gender-based violence and a human rights violation (Kidman, 2016; Nnadi, 2014). Explanations for child marriage include conciliation, where marriages are an instrument for family alliances; dowry in which parents have pay higher dowries or accept lower prices for older girls; chastity; ignorance of the harms of early marriage, and housewife, whereby people believe girls should be good wives and mothers (Bicchieri, Jiang et al., 2014; Jain & Kurz, 2007; Loaiza & Wong, 2012; Verma, Sinha et al., 2013). Explanations share a rationale that marrying early provides a way for parents to secure a financial future for their daughter where few economic opportunities exist.

Child brides have lower levels of income and literacy, more children to care for at a younger age, higher levels of violence from their parents, in-laws and spouses (Malhotra & Elnakib, 2021a), are less likely to receive medical care during pregnancy, and have higher rates of child and maternal mortality (Malhotra & Elnakib, 2021a; Raj, 2010; UNICEF, 2014a). Child marriage is associated with structural inequalities, such as intergenerational poverty, higher rates of disease, and disempowerment for child brides and their children (Irani & Roudsari,

2019; Malhotra & Elnakib, 2021a; Raj, 2010; Shapiro & Gebreselassie, 2014). Its prevalence is negatively associated with country-level indicators for maternal health, education, food security, poverty eradication, HIV/AIDS, and gender equality (Lee-Rife, Malhotra et al., 2012). The categories of child maltreatment and intimate partner violence overlap from ages 10 to 17, when girls may experience violence from intimate partners as well as at home from parents (Guedes, Bott et al., 2016a). In adolescence, when sex is inhabited as gender, girls experience the most family violence due to the age at which many girls enter into formal unions and VAC and VAW intersect (Guedes, Bott et al., 2016a). In LMICs, the prevalence of 15-19 year olds reporting partner violence more than doubles from 15% to over 30% (UNICEF, 2014b, p. 166), and intimate partners are the third most common perpetrators of violence against girls in childhood (Devries, Knight et al., 2018a, p. 9). Such stressors are significant risk factors for perpetrating child maltreatment as a parent, presenting considerable threats to future cultures of violence, since those who experience violence are at greater risk of perpetrating it (Fulu, Warner et al., 2013; Guedes, Bott et al., 2016a; van IJzendoorn, Bakermans-Kranenburg et al., 2020).

2.1.3 Intimate partner violence

Intimate partner violence is the most common form of violence against women (WHO, 2000). One-third of ever-partnered women aged 15-49 have experienced physical or sexual violence by a partner, and for adolescent girls ages 15-19, it is almost one in four -- up to 492 million women (Sardinha, Maheu-Giroux et al., 2022; WHO, 2021). A systematic review covering 366 studies, 161 countries and an estimated 90% of the world population of females 15 years and older found that 15% had experienced physical violence, sexual violence or both in the past year. Among young women, 24% of women ages 15-19 and 26% of those ages 19-24 had experienced such violence at least once (Sardinha, Maheu-Giroux et al., 2022; WHO,

2021). Prevalence varies widely by region, with 49% of women ages 15-19 reporting such violence in Oceania, and 44% in central sub-Saharan Africa, followed by Latin America (38%), eastern sub-Saharan Africa (38%), and north Africa and the Middle East (35%) (Sardinha, Maheu-Giroux et al., 2022; WHO, 2021). By contrast, the three regions with the lowest prevalence of lifetime IPV were in high-income countries within central Europe (16%), central Asia (18%), and western Europe (20%), although differences in high-income and low-income countries widened further for past-year prevalence (Sardinha, Maheu-Giroux et al., 2022; WHO, 2021). Of the 28 countries with past-year physical/sexual IPV above the global average, several were affected by conflict, which is consistent with social, economic and political contexts that limit women's ability to leave abusive relationships, including economic insecurity, and discriminatory gender norms and family law (Sardinha, Maheu-Giroux et al., 2022). Using data from 49 DHS surveys and meta-databases, one study estimated the global acceptability of domestic violence among women and men, finding that women in sub-Saharan African and Asia were more likely than men to justify wife beating (Sardinha, Maheu-Giroux et al., 2022). Political conflict and limited economic rights for women predicted higher levels of acceptance, while higher national rates of female literacy predicted lower justification for wife beating (Sardinha, Maheu-Giroux et al., 2022).

Intimate partner violence is a major determinant of poor health for women. Systematic reviews on the consequences of intimate partner violence for women's health outcomes in high- and low-income countries include increased risks of depression, post-traumatic stress disorder, anxiety (Gunarathne, Bhowmik et al., 2023; Lagdon, Armour et al., 2014), diabetes, sexual transmitted infections, alcohol and drug abuse, chronic diseases and pain (Stubbs & Szoek, 2022), suicidality, HIV, unplanned pregnancy, abortion, miscarriage, pre-term labour, postpartum depression, and severe physical injuries (Gunarathne, Bhowmik et al.,

2023). A large scale report provided by the Center of Disease Control estimated the costs of IPV to exceed \$8.3 billion in the US (CDC, 2003; Lagdon, Armour et al., 2014). The costs of IPV within the United Kingdom are estimated to exceed £10 billion, accumulated through health, social and criminal justice services; economic loss, such as time off work; and what individuals pay to avoid injury (Lagdon, Armour et al., 2014; Walby, 2004). In Chile, intimate partner violence is estimated to cost \$1.73 billion in terms of lost earnings and opportunity costs (1.6% of GDP) and \$32.7 million in Nicaragua (2% of GDP) (Matzopoulos, Bowman et al., 2008, p. 184; Morrison & Biehl, 1999). Mounting human rights violations, harms to health, and economic burdens make violence against women in childhood or adulthood an urgent priority.

In 2016 and 2019, the World Health Organization released the INSPIRE and RESPECT frameworks to prevent violence against children and women, respectively, and coordinate common research and programme priorities among multiple governments and stakeholders, including unicef, USAID, and The World Bank, (WHO, 2016, 2019). These frameworks view violence against women and children (VAWC) as multifaceted with causes that must be confronted across individual, relational, community and societal levels (WHO, 2016). The INSPIRE framework to prevent VAC outlines seven key strategies: 1) implementing and enforcing laws to ban violence; 2) changing adherence to harmful social and gender norms; 3) creating safe spaces and improving the built environment; 4) supporting parents and carers; 5) improving incomes and economic strengthening; 6) increasing education and life skills; and 7) providing quality services to respond to children experiencing violence (WHO, 2016). The RESPECT framework for women proposes similar strategies, such as 1) transforming attitudes and norms; 2) making environments more safe through infrastructure investments; 3) preventing violence against children through carer support; 4) reducing

poverty through economic strengthening; 5) improving relationship skills with women and men; 6) empowering girls and women with life skills, safe spaces and mentoring; and 7) responding to women experiencing violence with quality services (WHO, 2019).

2.2 Key theories

The section below reviews key theories of family violence and norms, including the ecological model, which serves as a framework for the research, for child maltreatment, child marriage, IPV and family violence as a whole, and social and gender norms. While helpful, these theories are also unhelpful and partial in different ways. They are used as a backdrop for a subsequent investigation into risks and protective factors across child maltreatment, child marriage and IPV in section 2.4, which forms the basis of an integrated theory for family violence, which is synthesised in section 7.3 of the Discussion chapter.

2.2.1 Ecological model

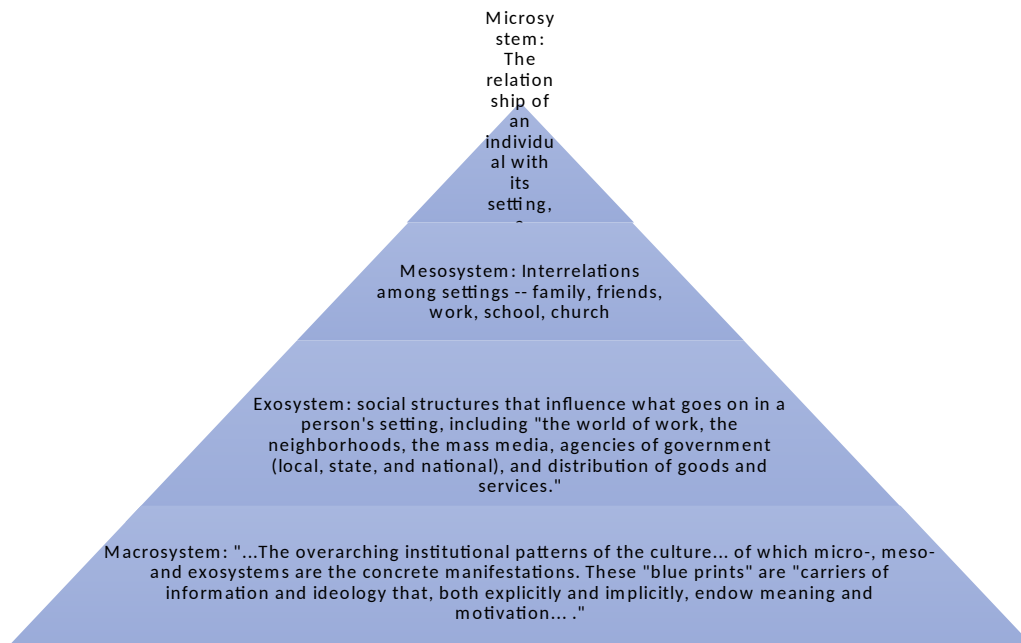
The ecological model of human development by Bronfenbrenner (1977) argues that to understand human development, we must consider the “entire ecological system” in which human growth occurs (1994, p. 37). An individual accommodates the changing environments in which they live, including their relations and cultures of violence (Appel & Holden, 1998, pp. 592-594). The model has been widely used to investigate violence against children (Belsky, 1980; Freisthler, Merritt et al., 2006) and women (Cislaghi & Heise, 2018; Dutton, 1994; Flake, 2005; Heise, 1998). It enables this research to investigate how social norms and violence operate within layers of a system, or “groups or combinations of interrelated, interdependent, or interacting elements forming collective entities” (Arnold & Wade, 2015, p. 675).

The model begins with the microsystem, which Bronfenbrenner defines as the relationship of an individual with its setting, a physical place with roles and ‘activities’ with which they engage for a time. Next is the mesosystem, or the interrelations among settings, including family, friends, work, school and church. This level of social relationships is the assumed backdrop for most discussions around norms, or collectively shared expectations of what is typical and acceptable in a *group* (Bicchieri, 2017; Cislighi, Bankar et al., 2020; Heise & Cislighi, 2016; Krupka & Weber, 2013; Mackie, Moneti et al., 2015), which rewards or sanctions conformance through reputational risk like approbation or disapproval. The third layer is the exosystem with social *structures* that influence what goes on in a person's setting, including “the world of work, the neighbourhoods, the mass media, agencies of government (local, state, and national), distribution of goods and services, communication and transportation facilities and informal social networks” (p. 515). Not only do norms exist within institutions, but media has been widely employed by interventions as a tastemaker for approved behaviours.

The last layer is the macrosystem: “...The overarching institutional patterns of the culture or subculture, such as the economic, social, educational, legal, and political systems, of which micro-, meso- and exosystems are the concrete manifestations (p. 515).” In this base layer, ‘blueprints’ carry “information and ideology that, both explicitly and implicitly, endow meaning and motivation to particular agencies, social networks, roles, activities, and their interrelations (p. 515).” Whereas the exosystem contains *current* social context and programmes, the cultural level appears to contain *historical* blueprints, such as museums, libraries, case law, scripture, folklore, or media, or curriculum. Norms at this level are inherited from the cumulative *memory* of agreements, traditions, narratives, and meanings left

in place by individuals acting collectively through institutions. To simplify, I refer to these layers as the individual, relational, institutional and cultural layers.

Figure 1 Adapted Ecological Model (Bronfenbrenner, 1977)



Many variations of the ecological model have emerged over the years. The Centre for Disease Control popularised a model with Individual-Relationship-Community-Societal, which puts 'community' in place of Bronfenbrenner's institutional level (CDC, 2024). However, community denotes a geographical space, whereas local, regional and national boundaries could apply to the upper three layers in Bronfenbrenner's model. Moreover, the CDC model omits the particular role of culture and cultural memory at the macro level, which it defines as 'broad societal factors' that maintain social inequalities between groups, inferring that norms exist only at the relational layer (U.S. Centers for Disease Control & Prevention, 2016).

2.2.2 Social domination theory

The ecological model offers a helpful theory of power, and how power might work across social contexts. As described by Pratto et al. (2006), social domination theory proposes that all societies tend to organise as group-based hierarchies where those in dominant groups enjoy more symbolic and natural resources, including political power, wealth, physical security, status, desirable food, good housing, health care, leisure and education -- regardless of government, belief systems, or socio-economic arrangements. Stable economies, it says, produce three systems of hierarchy that are maintained through coercion and some level of violence: An age system that privileges adults with power over children; a gender system that largely apportions social, political and military power to men; and groups that are arbitrarily and socially constructed, such as class, nationality, ethnicity, religion, and clan (Pratto, Sidanius et al., 2006). It proposes that discrimination be understood in terms of the processes produce prejudice at “multiple levels of analysis, including cultural ideologies and policies, institutional practices, relations of individuals to others inside and outside their groups, the psychological predispositions of individuals, and the interaction between the evolved psychologies of men and women” (Pratto, Sidanius et al., 2006, p. 272). It thus proposes that violence enforces hierarchy and subordination over children by adults and over women by men, which is justified through legitimising myths in culture, enforced through institutions, and maintained in relationships (Pratto, Sidanius et al., 2006).

Both the ecological model and social domination theory provide an ambitious but established framework that can be applied to private violence in the home and at large on a societal scale. Social domination theory furnishes the ecological model with motivations for coercive control, although here the thesis departs from their view that gender differences are binary

and boil down to reproductive strategies (Pratto, Sidanius et al., 2006, p. 301). Such explanations are unnecessary, overly deterministic, and may be viewed as legitimising limitations over the free expression of female/male/non-binary sexuality and gender. A path forward is needed, whereas the inevitable destination of social domination theory is further domination.

2.2.3 Child maltreatment

Within child maltreatment, Bandura's Social Learning Theory (Bandura & Walters, 1977) is a foundation for most successful, evidence-based parenting interventions today, and emphasises observational learning, whereby a person learns to model the abuse in a parents' marriage or in the parenting they experienced (Appel & Holden, 1998, pp. 592-594; Bandura & Walters, 1977). Patterson (1982) expands on Bandura's theory with coercion theory to describe how coercive, harsh and adversarial parenting inadvertently reinforces children's difficult behaviours, escalating caregiver negativity and child resistance. The child learns conflict and coercion as a pattern of relating that influence interactions inside and outside the family.

Belsky (1980) proposed that child maltreatment is determined by the interaction of risk factors in Bronfenbrenner's four ecological layers: the history of the carers who abuse their children; characteristics of the children and the family; characteristics of the family's community and the degree of social support available to them; and the attitude of the society towards children and maltreatment. Belsky said there was "no one pathway" to redressing maltreatment; rather, maltreatment arises when the balance of stressors outweigh supports, and risks outweigh protective factors across ecological layers and processes (Belsky, 1993, pp. 413, 427). Jones et al (2020) holds that maltreatment arises from multiple influences on

children and families, including parents' mental health, the quality of the parents' relationship, intergenerational caregiving, community violence, and socioeconomic status (Jones Harden, Simons et al., 2020). We therefore cannot assume that proximal risk factors in the individual and relational layers exert more influence than distant social system in the institutional and cultural layers (Gubbels, van der Put et al., 2019). Preventing child maltreatment would thus appear to require a broad view and response. At least theoretically, omitting structural considerations, empowerment, and norms from interventions may limit the sustainability and scale of parenting interventions.

2.2.4 Child marriage

A variety of explanations have been offered to explain the persistence of child marriage, such as the costs of continued schooling, lack of jobs for women, or girls lacking the capability to defend their own interests (Bicchieri, Jiang et al., 2014). Marrying young lessens economic burdens to parents who receive bridewealth or who wish to avoid the rising cost of dowry with age (Lee-Rife, Malhotra et al., 2012). Parents fear the 'ruin' that can come to girls and their families as a result of sexual activity before marriage (Greene, Edmeades et al., 2024), which drives them to limit the risk of being unable to find a suitable spouse later in life (Lee-Rife, Malhotra et al., 2012). While all of these explanations for child marriage may apply in different contexts, an inclusive explanation would be that it provides a way for parents to secure a financial future for their daughters where few alternatives exist (Bicchieri, Jiang et al., 2014). Psaki et al. (2021) propose a framework with five core drivers of child marriage for girls, with norms and poverty as core drivers that "underlie lack of agency, lack of opportunity and pregnancy/fear of pregnancy" (Psaki, Melnikas et al., 2021). Mackie and LeJeune hold that parents support harmful practices like child marriage and FGM only as alternatives to greater harms like an uncertain financial future. "One of the most basic moral

obligations is for parents to care for their children, not to do them harm, or when constrained, to choose the lesser harm for them,” (Mackie & LeJeune, 2009, p. 22). Thus, child marriage may pose the least of many harms.

2.2.5 Intimate partner violence

A handful of systematic reviews (Ali & Naylor, 2013a; Ali & Naylor, 2013b; Meyer, Hardt et al., 2024; Meyer, Hardt et al., 2023) have emerged to summarise the many theories to explain IPV. The Meyer et al. (2023) review describes sociological theories and finds that theories overlap. They suggest that the ecological framework offers a structure by which to integrate many theories where explanations intersect. For example, strain theory suggests that stress can trigger negative emotions, and self-control theory holds that limits to self-control are associated with criminal behaviours, which may apply at the individual layer depending on context (Meyer, Hardt et al., 2023). Such theories complement explanations at the relational layer, such as social bonds theory, which says that social ties can inhibit crime, as well as social disorganisation theory, which finds that socioeconomic disadvantage can erode community capacity for guardianship and ‘collective efficacy,’ defined as “social cohesion among neighbours combined with their willingness to intervene on behalf of the common good” (Meyer, Hardt et al., 2023; Sampson, Raudenbush et al., 1997). Family theory proposes that the family is a nested sub-system that influences child and partner victimisation at the relational layer, which legitimises and spills over to violence in other contexts and other ecological layers, according to cultural spillover theory (Baron & Straus, 2014; Meyer, Hardt et al., 2023). Cultural spillover theory proposes that

the more a society tends to endorse the use of physical force to attain socially approved ends (such as order in the schools, crime control, and international dominance), the greater the likelihood that this legitimization of force will be generalized to other spheres of life where force is less socially approved, such as the family and relations between the sexes (Baron & Straus, 1989, p. 147; Lysova & Straus, 2021).

Using the International Dating Violence Study data from 32 countries, Lysova and Straus (2021) tested whether culturally approved violence spills over into IPV. They found that an index of individual beliefs and behaviours among 14,000 university students were significantly associated with national indexes of so-called legitimate violence, suggesting that reducing legitimate violence would significantly reduce IPV (Lysova & Straus, 2021).

At the institutional level, economic explanations of IPV make common reference to marital dependency theory, which predicts that women with little financial resources hold less bargaining power and few alternatives to an abusive relationship (Eggers Del Campo & Steinert, 2020). Resource theory, conversely, holds that increasing women's financial resources can clash with traditional gender roles and threaten the balance of power relative to males, prompting partners to reassert their status through violence (Eggers Del Campo & Steinert, 2020). Atkinson proposed gendered resource theory to suggest that wife abuse is moderated by a husband's gender ideologies, which give meaning to the gap of resources, such as income, education and employment, between men and women (Atkinson, Greenstein et al., 2005; Meyer, Hardt et al., 2024). Purely economic explanations of IPV, however, do not explain how children influence women's decisions to leave a relationship (Meyer, Hardt et al., 2024), the influence of children or other family members on IPV, or the role of false consciousness whereby women agree that there are reasons for which violence from a husband is justified.

Among IPV theories, feminist theory is important. Derived from gender theory, feminist theory is the study of what is considered masculine or feminine in a given context distinct from sex, or the biological characteristics of the body (Jule, 2014). According to this view,

gender expresses what is nurture as opposed to nature, including social expectations, roles and behaviours (Jule, 2014). Simone de Beauvoir's seminal book *The Second Sex* (1949) described the alienation and inequality created by gender constructs. She wrote that males are perceived as "real" and everything else, such as women or children, are perceived as "other" (Wingood & DiClemente, 2002, pp. 313-345). One consequence is that others become defined by their dissimilarity to men and by their functional significance to men, rather than by their own significance (Wingood & DiClemente, 2002, pp. 313-345). Similar identity claims have been at the heart of conflicts in colonialism, racism, feminism, ageism, or sexual orientation, which can be viewed as assertions of one's right to be an autonomous individual with agency.

2.2.6 Family violence

A number of theories are used to explain the causes of family violence, which are summarised by Hyde-Nolan et al. (2012, p. 5), who find that most theories acknowledge an abuse of power and control by the abusers. They organise theories into four categories: psychoanalytic theories, social theories, family and systems theories, and cognitive behavioural theories. Psychoanalytic theories address individual psychological processes that "create a need to be abusive or to accept abusive behaviour". One prominent example is attachment theory in which children develop an internal model of the self, based on their carer's ability to provide care and protection, which influences their sense of 'worthiness' (Bowlby, 2010; Hyde-Nolan & Juliao, 2012). Social theories discuss how aggression is learned and transferred by family members, such as exosystem factor theory in which life stressors exceed individuals' resources to cope productively. Among family and systems theories, family systems theory is concerned with the family unit and patterns of relationships within the unit. By contrast, the family functioning model is based on a systems approach that

is directed at changing the system and consequently the individual (Epstein & Bishop, 1973, pp. 175-183; Epstein, Bishop et al., 1978):

In this approach the family is seen as an 'open system' consisting of systems within systems (individual, marital dyad) and relating to other systems (extended family, schools, industry, religions). The unique aspect of the dynamic family group cannot be simply reduced to the characteristics of the individuals or interactions between pairs of members. Rather, there are explicit and implicit rules, plus action by members, which govern and monitor each other's behaviour. The significance for therapy is the fact that the therapist is not concerned with what it is in the family which produced pathology in the individual, but rather with the processes occurring within the family system which produced the behaviour which is labelled pathology. Therapy on this basis is directed at changing the system and, thereby, the individual. The concepts of communication theory, learning theory, and transaction approach are drawn on, although the infra-structure remains the systems model.

Finally, cognitive theories focus on individual-level factors that discuss how abusive behaviours are learned, or not, and the most prominent of these is social learning theory, which maintains that people learn social behaviours by modelling others, which is positively or negatively reinforced (Bandura & Walters, 1977; Hyde-Nolan & Juliao, 2012).

2.2.7 Social and gender norms

Social norms are loosely understood as rules of acceptable actions in a given group (Cislaghi & Heise, 2018, p. 1). The norms literature is vast and contradictory (Legros & Cislaghi, 2020), but many scholars agree on common elements: Norms involve collectively shared descriptive (or empirical) expectations of what others do, as well as injunctive (or normative) expectations of what others believe should be done (Heise & Cislaghi, 2016, p. 2). Norms are thought to be transmitted and maintain acceptable behaviours among a person's reference group, such as family, friends, neighbours, a community, religion or ethnic group, which are enforced by sanctions, such as reputational approval (Bicchieri, 2017; Cislaghi, Bankar et al., 2020; Heise & Cislaghi, 2016; Krupka & Weber, 2013; Mackie, Moneti et al., 2015).

Gender norms are a subset of social norms that distinguish expected behaviour on the basis of gender (ODI, 2015). While gender norms are a sub-type of social norms, both are referred to in this research as ‘norms.’

“Gender norms are social norms that define what is expected of a woman and a man in a given group or society. They shape acceptable, appropriate and obligatory actions for women and men (in that group or society), to the point that they become a profound part of people’s sense of self. They are both embedded in institutions and nested in people’s minds. They play a role in shaping women’s and men’s (often unequal) access to resources and freedoms, thus affecting women’s and men’s voice, agency and power” (Cislaghi & Heise, 2018, p. 19).

Gender norms that strengthen VAWC include expectations that it is typical and appropriate to hit as a way to correct behaviour; for a man to be head of the household; for women and children to be obedient; and to keep silent about violence (Kenny, Cislaghi et al., 2019, pp. 25-26).

Bicchieri distinguishes social norms from other collective behaviours on the basis of two criteria: 1) that norms must be collectively held and 2) *conditional* on social expectations (Bicchieri, 2017). “A social norm is a rule of behaviour such that individuals prefer to conform to it on condition that they believe that a) most people in their reference network conform to it (empirical expectation), and b) that most people in their reference network believe they *ought* to conform to it (normative or injunctive expectation)” (Bicchieri, 2017, p. 35). The definition implies a third criterion, that violations will be socially enforced through the threat of sanctions, such as gossip, social alienation or violence. Bicchieri differentiates norms from morals, for example, which individuals will adhere to unconditionally, independent from what others do (Bicchieri, 2017, p. 59). Similarly, customs like open defecation are shared, unconditional behaviours, except they arise out of needs, such as lack of water for latrines (Bicchieri, 2017, pp. 8-9). Child marriage is thought to be a social norm

because it is a behaviour that hinges on people’s belief of whether others do it and think they should do it (Bicchieri, 2017, p. 70).

Informally, norms can be thought of as rules for social acceptability, but are more formally defined as social expectations of what is typical and acceptable behaviour in a group (Cislaghi, Bankar et al., 2020; Heise & Cislaghi, 2016; Krupka & Weber, 2013) to which individuals adhere if people important to them conform and believe they ought to conform (Bicchieri, 2017, p. 35) -- and risk opposition for not conforming.

Table 1 Distinguishing social norms from other collective behaviours

	Unconditional	Conditional
	Imperative	Preference
Individual	Moral rule: behaviour motivated by conscience or personal normative beliefs (Bicchieri, Jiang et al., 2014).	Preferences: dispositions to act in a particular way in a specific situation (Bicchieri, 2017, p. 6).
	Attitudes: individual preferences independent of what others do (Heise & Cislaghi, 2016, p. 6).	
Shared	Custom: “A pattern of behaviour such that individuals (unconditionally) prefer to conform to it because it meets their needs” (Bicchieri, 2017, pp. 15-16).	Social norm: A behaviour rule based on what is typical and acceptable in a group (Bicchieri, 2017; Cislaghi, Bankar et al., 2020; Heise & Cislaghi, 2016; Krupka & Weber, 2013; Mackie, Moneti et al., 2015).
	Convention: Empirical expectations of what others do that are within the individual and group’s best interest, such as etiquette or manners, that mark membership and status (Bicchieri, 2017, p. 112).	Descriptive norm: An expectation of what others do (Heise & Cislaghi, 2016). Also called an empirical expectation. Injunctive norm: An expectation of what others believe should be done (Heise & Cislaghi, 2016). Also called a normative expectation.

Social norms theory is the most common theory of norms, which holds that unhealthy behaviours can be reversed by correcting misperceptions (Legros & Cislaghi, 2020). It describes situations in which individuals incorrectly perceive that the attitudes of others are

different from their own (Berkowitz, 2003, p. 1), leading them to act out unhealthy behaviours like binge drinking to avoid being a minority in the face of “false consensus” (Berkowitz, 2004, p. 7). In this view, conveying people’s actual intolerance is sufficient to increase the number willing to confront unhealthy behaviours (Berkowitz, 2003). An intervention in Saudi Arabia, for example, found that the majority of young married men privately supported their wife’s participation in the labour force, while underestimating the support of other men (Bursztyn, González et al., 2018). The intervention randomly assigned men to receive corrected feedback about other men’s willingness, which resulted in a higher likelihood of men paying for job-matching services for their wives and in their wives having interviewed for jobs.

However, not all norms are misperceptions. Gender inferiority might well be the prevailing view. Norms theory cannot address the deeper question of why husbands should control their spouses’ jobs in the first place. If false consensus is lacking, social norms theory will have limited relevance. Social norms theory also implies that norms exist only in the relational layer, but norms also make it appropriate for certain groups to have authority over other groups. “Norms do not float free: they are materialized in specific domains of social life and are often embedded in institutions” (Pearse & Connell, 2016). Social norms theory is thus of limited use for the socio-ecological explanations sought in this thesis.

Levy et al. (2020a) reviewed 59 programmes worldwide targeting gender inequality and norm change, finding that programmes mostly focused on improving the individual power of individuals as opposed to broader systems of inequality and that only 10% of these showed potential for broader norm change. Legros and Cislighi (2020) also found few reviews that explore the structural impact of norms, which is perhaps a legacy of social norms theory.

Despite the suggestion that norms influence societies in more fundamental ways, we lack theories or studies that investigate or test how this works.

In sum, theories of violence and norms are helpful in explaining the persistence of violence. The ecological framework offers scaffolding by which to organise the investigation and the data; social domination theory describes pre-existing patterns of physical dominance and coercive control; social learning and coercion theories introduce how coercive control models and escalates difficult behaviours, a dynamic that may become mirrored across ecological layers, according to Straus's cultural spillover theory. Child marriage embodies how parents' harmful behaviours towards children may appear logical if they are lesser harms to an alternative, and IPV theories reflect that many explanations can layer and overlap, becoming relevant depending on context.

The next section investigates and consolidates a range of risk and protective factors for child maltreatment, child marriage and IPV into an aetiology of norms that sustain family violence, which serves as the basis for a theoretical framework in section 2.5, Theory of Change.

2.3 Interventions

Earlier sections have addressed the prevalence and effects of child maltreatment, child marriage, and intimate partner violence, as well as key theories. The following section summarises existing evidence on interventions to prevent or reduce family violence, beginning with instruments that are commonly used and how data and outcomes are measured.

2.3.1 Child maltreatment

When examining the current state of research in maltreatment, three factors distinguish the evidence from other areas of family violence. First, parents have remained the focus of child maltreatment programmes, perhaps owing to a large literature on the effects of parenting practices on early child behaviour (Kaminski, Valle et al., 2008, p. 569). Parenting interventions commonly foster a positive parent-child interaction, parental knowledge of child development, better discipline strategies and parental attitudes towards children, as well as parent anger and stress management (Gubbels, van der Put et al., 2019).

In 2006, a systematic review of interventions in Western nations to reduce child physical abuse and neglect found that effect sizes were in the region of $d = 0.3$ to 0.4 with the average parent reporting better parenting practices and mood than 62% to 66% of parents in control groups (Barlow, Simkiss et al., 2006). A meta-analysis by van der Put (2018) of 121 trials examined the effects of interventions designed to both prevent ($d = .26$, $p < .001$) and also reduce ($d = .36$, $p < .001$) maltreatment. Cognitive behaviour therapy, home visitation, parent training, substance abuse, combined interventions, and programmes targeting the whole family were found to be effective for prevention and reduction. Larger effect sizes were found for shorter-term interventions (0-6 months) that were delivered only by professionals. Effect sizes increased as follow-up duration increased, indicating that preventative interventions had sleeper effects (van der Put, Assink et al., 2018). While a meta-analysis of 51 parent training programmes by Gubbels et al. (2019) found similar overall effects ($d = 0.42$, $p < 0.01$), no significant moderating effects were found for programme components, concluding that elements like improving parents relationship skills and prosocial behavioural skills for children should not be a particular focus of parenting programmes. A more recent

meta-analysis of parenting interventions by Backhaus et al. (2023) reported that effects of parenting interventions dropped from an ES of -.46 (95% CI -.59, -.33) for physical and verbal violence at post-test to -.18 (95% CI -.34, -.02) after seven months follow up, revealing issues with sustainability.

Second, while equality and empowerment feature centrally in child marriage and IPV, there is no mention in the child maltreatment literature. Interventions to prevent IPV, for example, challenge “male privilege and female subordination” (WHO, 2019) through livelihoods and lifeskills training, financial support, schooling provisions and changing community norms, while child maltreatment interventions have omitted empowerment or provisions for children’s enablement. An inclusive definition for empowerment was therefore adapted from the IPV literature, which refers to processes that lift constraints and free individuals from discrimination and violence in all spheres of life (Ismayilova, Karimli et al., 2018; United Nations, 2015).

Children are not yet seen as individuals in their own right with social, political, and economic rights, a prejudice called ‘childism’ by Young-Breuhl (2012), who argues that abuse can only be prevented by addressing its motives and cultural forces, rather than addressing categories of abuse. It is socially impermissible to command and scold elderly or disabled people, for example, yet these are permissible ways to address children. The Convention on the Rights of the Child (CRC) acknowledges that children are agents in their own lives, entitled to be heard and responded to, and to be respected in their evolving capabilities to exercise their rights (Lansdown, 2020). Some scholars argue that the rights of participation and provision are as important as rights of protection (Reading, Bissell et al., 2009) and that programmes should build an enabling environment in which children contribute to decisions that impact their

lives and to challenge rights violations, which is fundamental to their dignity and self-efficacy (Lansdown, 2020).

Some insights can be gained from programmes to prevent violence against women and *girls* (VAWG) in LMICs. Programmes with a gender focus also focus on norm change, tending to use a broad range of approaches, including group training, community mobilisation, campaigns and livelihood support (Ellsberg, Arango et al., 2015). “Programmes are moving from trying to achieve change in groups of individuals to trying to achieve change at a community level” (Ellsberg, Arango et al., 2015). More traditional parenting interventions, however, tend to deal with interpersonal dynamics at the relational layer, defined as “a structured intervention directed at parents or other key caregivers of the child that is designed to improve parent-child interaction and the overall quality of parenting that a child receives” (Backhaus, Gardner et al., 2023). It seems that interventions that address gender but not age tend to confront underlying, structural risk factors for discrimination, even though age is also a category of discrimination.

Third, interventions to prevent child maltreatment tend to address parents’ behaviours as opposed to beliefs, whether personal attitudes towards harsh discipline or norms of social acceptability. A meta-analysis summarising the effects of parenting interventions by Backhaus et al. (2023) reported ES -.46 (95% CI -.59, -.33) for physical and verbal violence at post-test but discovered that effects dropped to ES -.18 (95% CI -.34, -.02) at 7+ months follow up, revealing problems with sustainability. The MA by Van der Put et al. (2018) theorised that involving more social support to families would strengthen the sustainability of both prevention and reduction programmes, since results need time to emerge as parents acquire skills and confidence that become reinforced by positive responses from children and

social networks. Norm change is a process of social reinforcement that may facilitate the sustainability of such behaviours.

In terms of evaluation, multiple methods can measure violence against children (VAC), including retrospective self-reports from children or adults, police or agency records, and researcher observations (Meinck, Steinert et al., 2016; Steele, Neelakantan et al., 2024). Child maltreatment is often measured through caregiver and child sources, although reports can differ dramatically. A meta-regression of 600 datasets on VAC by Devries et al. (2018b) found that few studies collected children's reports, and that caregiver reports showed *higher* prevalence than children's reports (Devries, Knight et al., 2018a, pp. 7-8). Caregivers were thought to be more likely to report *less* severe forms of violence, such as shouting and screaming, while children were more likely to recall events that were severe or traumatic for them, biasing self-reported estimates downwards (Devries, Knight et al., 2018a).

Additionally, children may not be ready to articulate their experience with violence until adulthood, meaning that prevalence estimates are often lower in childhood than adult surveys (McGuire & London, 2020; Steele, Neelakantan et al., 2024), while younger children can have more trouble recalling events over a one-year period (Devries, Knight et al., 2018a). Capaldi et al. are critical of reliance on either child or parent reports, holding that monomethod studies are limiting and subject to bias (Bank & Patterson, 1992; Capaldi, Chamberlain et al., 1997). The authors argue that social desirability bias leads "parents to downplay the coerciveness, inconsistency, and harshness of their discipline practices" (pp. 346-347), and argue instead for a multi-agent, multi-method approach to measure and observe key interactions in important settings to children (e.g. home, school and peer groups).

Mathews et al. conducted a review of national prevalence studies of child maltreatment, finding that motivational and memory factors and poorly worded questions compromised the validity of retrospective measures of VAC (Mathews, Pacella et al., 2020; Steele, Neelakantan et al., 2024). Authors found that prevalence estimates of VAC were improved by measures using behaviourally specific questions with good content validity in surveys with representative samples (Mathews, Pacella et al., 2020; Steele, Neelakantan et al., 2024). Most included studies in this thesis used scales or counts of abusive acts by perpetrators, such as the Revised Conflict Tactics Scale (Straus, Hamby et al., 1996) and ISPCAN Child Abuse Screening Tool (Dunne, Zolotor et al., 2009).

2.3.2 Child marriage

Child marriage has been given considerably less attention than other fields of family violence like IPV. Reviewing 20 years of evidence for child marriage, Malhotra et al. (2021a) concludes that the evidence base for effective child marriage interventions is limited in quality and number, increasing after 2015. Only six systematic reviews of child marriage interventions were found (Greene, Edmeades et al., 2024; Kalamar, Lee-Rife et al., 2016; Lee-Rife, Malhotra et al., 2012; Malhotra & Elnakib, 2021a; Marcus, Rivett et al., 2021; Siddiqi & Greene, 2022) and no meta-analyses, in contrast to a large body of IPV reviews. A conceptual framework by Psaki et al. (2021) organised child marriage programmes into the following approaches:

1. empowerment programmes, which aim to increase girls' agency and equip them with knowledge and skills to avoid child marriage;
2. community engagement programs, which aim to address social norms by sensitizing parents and community members to the risks of child marriage;
3. education interventions, which encourage support for continued education as an alternative to marriage;

4. economic support programs, which aims to alleviate economic pressure and other financial incentives for certain behaviours (e.g., delaying marriage, keeping girls in school); and
5. legal or policy interventions, which aim to create a legal or policy environment that makes child marriage more difficult.

The review by Lee-Rife et al. (2012) examined 23 child marriage trials of mixed quality but only four of which targeted child marriage as a primary objective. It broadly concluded that programmes offering incentives and empowerment for young women can be effective for prevention. Kalamar et al. (2016) later identified 11 high-quality studies, six of which made a significant, positive impact on marrying later and which involved financial support for school attendance, including a tuition lottery, conditional cash transfers, and reimbursement of fees and supplies. Those with mixed or non-significant effects offered livelihood support, mentorship, youth groups for peer education, as well as financial support for school enrolment.

A review by Malhotra et al. (2021a) updated the evidence, which found 30 interventions. Unconditional cash or asset transfers to support girls' schooling attendance showed the clearest success, with positive results for child marriage reported in eight of 10 medium- to high-quality studies, while conditional transfers were successful in only half of the studies. Five programmes with positive results supported life skills, livelihoods, and access to job markets. Authors concluded that enhancing young women' human capital -- through schooling, life skills, gender rights training, and making economic opportunities more visible -- was the most promising path forward. They further found that multicomponent programmes were *less* successful, with only one of six higher-quality evaluations finding positive results for delaying marriage. Thus, both Malhotra et al. (2021a) and also Kalamar et al. (2016) reported that financial support for schooling, and cash and asset transfers were

successful, but Malhotra et al. reported that building livelihoods and lifeskills were also successful.

Greene et al (2024) undertook a systematic review of 12 norm interventions to delay marriage using experimental or quasi-experimental evaluations. They found stronger evidence of effect on child marriage outcomes than norms but concluded that few studies showed an effect on either. In particular, most studies failed to identify reference groups for measuring norm change, and the links between intervention activities and broader norm change were poorly described. Variation in norm outcomes, programme activities and impact measurement made comparing programmes a challenge. Among the 12 studies that were included, they found that two had positive, significant effects on norms; two had mixed effects; and six had no significant effect. For delaying marriage, four trials had positive, significant effects; three had mixed effects; and five showed negligible effects. Among studies that showed a mixed or positive impact on norms, three of the four included an economic component, whether through increasing access to income-generating opportunities for girls and their families, entrepreneurship training, or village saving and loan schemes. The thesis builds on this research with meta-analysis that combines data from multiple child marriage studies to calculate an overall effects, as well as meta-regression to test for differences in the effectiveness associated with the presence of different components (Melendez-Torres, Leijten et al., 2019a) in child marriage programmes.

Malhotra et al. (2019, p. S13) and Greene et al. (2024) hold that gender and power are at the heart of social norms that shape adolescent health outcomes but which they are insufficiently addressed by child marriage programmes. They joined a body of authors (Ali & Naylor,

2013b; Belsky, 1980; Cislighi & Heise, 2018; Flake, 2005; Freisthler, Merritt et al., 2006; ODI, 2015; Pulerwitz, Blum et al., 2019) acknowledging that multiple factors drive violence, such as social systems that shape roles, resources, opportunities and power for groups and individuals (Greene, Edmeades et al., 2024, p. 11; Malhotra & Elnakib, 2021a, p. S14). Authors called for greater investment in structural interventions, which “aim to change structural factors, which are aspects of the economic, politico-legal, physical, and social environment that produce and reproduce risk” (Bourey, Williams et al., 2015) .

Child marriage is generally a more objective measure that can be corroborated by marriage certificates, although most included studies devised their own self-reported survey instruments that lacked corroboration and consistency. Interventions with child marriage did not report information on criteria used to evaluate the measurement of VAC, such as perpetrator characteristics; trivialisation; accessibility of the survey instrument; administration time; the presence of a handbook or score guide for researchers; readability; and language translations (Steele, Neelakantan et al., 2024).

2.3.3 Intimate partner violence

The literature on what works to prevent IPV draws from a larger body of systematic reviews than meta-analyses. Early reviews remarked on the differences between interventions in high-income countries (HICs), where most interventions *respond* to IPV, and those in LMICs where most interventions aim to *prevent* it (Ellsberg, Arango et al., 2015). In LMICs, women are more likely to confront severe restrictions in social and economic opportunities with lower socioeconomic status, access to education, and employment opportunities and confining gender expectations that establish male control over women (Bourey, Williams et al., 2015).

A formative systematic review by Ellsberg et al. of gender-based violence interventions found 66 mixed-method studies in high-income countries, only 16 of which dealt with prevention, whereas there were 18 studies in LMICs, of which 16 addressed prevention (Ellsberg, Arango et al., 2015). Programmes within LMICs that showed promise offered group training for women and men, combined livelihood and lifeskills training interventions for women, and community mobilisation programmes that targeted violence at the population level by changing public discourse, practices and norms for gender and violence, as opposed to groups of individuals (Ellsberg, Arango et al., 2015). Across different forms of violence, which included non-partner sexual assault, FGM and child marriage, effective programmes in LMICs were found to support critical reflection on inequitable gender norms and power, new communication skills, and shared decision making among family members. Interventions with community mobilisation often involved stakeholders at different levels, such as families in the community, religious and political leaders, police and teachers, as well as campaign materials in posters, street theatre, and radio and television programmes and mobile phone applications. Evidence on economic strengthening was split, with access to credit and assets increasing women's risk of violence on the one hand, as proposed by resource theory. On the other hand, economic strengthening also reduced violence risks by giving women more value and bargaining power within the household and financial autonomy to leave violent relationships, as predicted by marital dependency theory (Eggers Del Campo & Steinert, 2020), while reducing stressors and conflict (Ellsberg, Arango et al., 2015). Lastly, authors found that conditional cash transfers may address additional risk factors for IPV by delaying marriage and keeping girls in school (Ellsberg, Arango et al., 2015).

Reviews also examined the potential for reducing IPV at the population level. In 2015, Bourey et al published a review of 16 structural interventions for economic or social change

and their potential for reducing IPV (Bourey, Williams et al., 2015). They found that economic strengthening interventions decreased odds of controlling behaviours and improved financial well-being and relationship quality. Social interventions appeared to reduce physical, verbal, or sexual IPV and the acceptability of IPV while improving gender equitable norms, participation by males in household chores, help-seeking, and collective action. In 2020, a review of programmes to support gender equality and norms among youth concluded that most programmes focused on improving the individual power of participants rather than broader systems of inequality (Levy, Darmstadt et al., 2020a). Of the 59 programmes, 45 showed significant improvements in health- and gender-related indicators but only ten showed evidence of broader norm change, which worked with multiple sectors, stakeholders at multiple levels and diverse strategies, while fostering critical reflection and participation among community members (Levy, Darmstadt et al., 2020a).

Reviews have also emerged to explore the effects of different types of interventions on IPV. In a meta-analysis of 13 randomised controlled trials, Turner et al. (2020) found that psychosocial interventions with psychological, social or educative methods, reduced physical IPV by 22% at shortest follow up (RR = -0.78, 95% CI [-0.64, -0.94], $p = 0.01$) and 27% at longest follow up (RR = -0.73, 95% CI [-0.60, -0.90], $p < 0.01$); and sexual IPV by 23% at longest follow up (RR = -0.77, 95% CI [-0.60, -0.97], $p = 0.03$, although results were not significant at shortest follow up (RR = -0.90, 95% CI [-0.75, -1.08], $p = 0.27$) (Turner, Riedel et al., 2020).

Eggers Del Campo & Steinert investigated the conflicting effects of economic strengthening interventions on IPV through a meta-analysis of 19 randomised controlled trials (Eggers del Campo & Steinert, 2022). Despite overall positive effects, some studies did report increases

in IPV with some partners demonstrated controlling behaviours over financial resources. Limited results suggested that effects may be amplified when gender sensitisation training was added. Authors found that women's economic empowerment programmes were associated with a significant reduction in the pooled measure of physical IPV ($n = 14$, $k = 43$, $g = -0.10$, 95% CI $[-0.17, -0.03]$, $p < 0.05$) and verbal IPV ($n = 12$, $k = 36$, $g = -0.09$, 95% CI $[-0.17, -0.00]$, $p < 0.05$) but not sexual IPV ($n = 5$, $k = 6$, $g = -0.11$, 95% CI $[-0.35, 0.13]$, $p > 0.05$). Effects on sexual IPV did become significant in programmes that added gender sensitivity ($n = 2$, $k = 6$, $g = -0.11$, 95% CI $[-0.17, -0.06]$, $p < 0.05$). Results broadly chimed with reviews by Gibbs et al. (2017), which found that economic strengthening activities with gender sensitivity tended to have positive outcomes, and by Vyas and Watts (2009), which added that context-specific factors appeared to determine whether financial autonomy increases or decreases IPV risks.

Leight et al. (2023) investigated what might influence the effectiveness of IPV interventions, including a multilevel meta-analysis and meta-regression of 27 randomised controlled trials involving community mobilisation through communication and education across community stakeholders as well as group-based trainings with curricula for men, women or couples. Among youth ages 18-30 years, the study found that interventions significantly reduced the odds of women experiencing physical IPV by 21% (aOR = -0.79, 95% CI $[-0.65, -0.96]$); sexual IPV by 20% (aOR = -0.80, 95% CI $[-0.67, -0.95]$); and verbal IPV by 19% (aOR = -0.81, 95% CI $[-0.69, -0.95]$), but not controlling behaviours (aOR = -0.75, 95% CI $[-0.50, -1.14]$). They further found that parenting components and total programme duration were significantly associated with increased effects but not with sexual and reproductive health, substance use, or economic empowerment components; participants' gender or status as a couple; or contact hours with participants (Leight, Cullen et al., 2023).

Awolaran et al. more generally benchmarked the effectiveness of IPV programmes overall using a meta-analysis of 48 interventions. The overall effects of interventions on participants' attitudes toward IPV and on IPV behaviour were found to be small but non-significant (attitudes $d = -0.30$, 95% CI [-0.64, 0.03]; behaviour $d = -0.08$, 95% CI [-0.17, 0.01] (Awolaran, Olubumuyi et al., 2022). Heterogeneity was substantial, suggesting that some interventions were more effective than others. In 2024, Alsina et al. published a multi-level meta-analysis of randomised controlled trials to prevent IPV. The review included 26 programmes delivered in both LMICs ($k = 78$) and also HICs ($k = 13$), which showed an average reduction of 15% in participants' risk of experiencing or perpetrating any IPV (RR = -0.85, 95% CI [-0.77, -0.99]). Interventions that included men were found to be more effective than interventions for women only, but no other study characteristics significantly moderated effects, including whether the programmes were in an HIC or LMIC, previous experience of IPV among participants, the type of intervention delivered, the follow-up period, risk of bias, and the type of IPV outcome (Alsina, Browne et al., 2024). Results contradicted those from a systematic review of 15 RCTs in sub-Saharan Africa by Cork et al. (2020), which suggested that programmes with longer follow-up, that addressed IPV as a main aim, and that occurred at the community level or multiple levels of the social ecology indicated more effectiveness.

In sum, most authors found the following programme components to be effective in reducing IPV: 1) group training (Leight, Cullen et al., 2023) that includes men (Alsina, Browne et al., 2024; Ellsberg, Arango et al., 2015); 2) economic strengthening (Vyas & Watts, 2009) with gender transformative content (Eggers del Campo & Steinert, 2022; Ellsberg, Arango et al., 2015; Gibbs, Jacobson et al., 2017); 3) community mobilisation (Bacchus, Colombini et al.,

2024; Leight, Cullen et al., 2023) with campaign materials (Ellsberg, Arango et al., 2015); 4) parent training (Leight, Cullen et al., 2023) that engages all community (Bacchus, Colombini et al., 2024) and household members (Bacchus, Colombini et al., 2024; Romano, Weegar et al., 2021); 5) critical reflection on gender norms and power imbalances (Bacchus, Colombini et al., 2024; Ellsberg, Arango et al., 2015; Levy, Darmstadt et al., 2020b); and 6) communication and conflict resolution skills (Bacchus, Colombini et al., 2024; Ellsberg, Arango et al., 2015). Elements for successful norm transformation were thought to include 7) multi-component programmes (Heymann, Levy et al., 2019; Levy, Darmstadt et al., 2020a) with 8) multiple stakeholders (Ellsberg, Arango et al., 2015; Levy, Darmstadt et al., 2020b) at 9) multiple ecological levels (Cork, White et al., 2020; Ellsberg, Arango et al., 2015; Levy, Darmstadt et al., 2020a). Programme effectiveness was reported to increase with 10) longer-term follow up (Leight, Cullen et al., 2023; Turner, Riedel et al., 2020) and 11) the duration of programme activities over time, but not necessarily contact hours with participants (Leight, Cullen et al., 2023); and 12) where IPV was the main aim (Cork, White et al., 2020).

Most IPV trials use a version of the instrument used in the WHO multi-country study on women's health and domestic violence (Garcia-Moreno, Jansen et al., 2005), which was first study of IPV prevalence conducted using standardised definitions (Heise & Hossain, 2017). Official statistics, such as police reports, crime statistics, and hospital records, capture only severe cases of IPV (Heise & Hossain, 2017). Multiple factors influence the disclosure of IPV in surveys, including wording of the question, the number of opportunities for disclosure, the preparation and skills of the interviewer, and a mode of delivery where it concerns disclosure of stigmatised forms of violence (Bonomi, Thompson et al., 2006; Heise & Hossain, 2017).

The most frequently used outcome measure is the proportion of women survivors aged 15 to 49 who have experienced at least one act of physical or sexual violence by a partner in the last 12 months (Heise & Hossain, 2017). However, this is a measure of prevalence and measures the occurrence of IPV as dichotomous data, yes/no, rather than capturing incremental changes with a continuous measure (Chatterji, Boyer et al., 2023; Heise & Hossain, 2017). To be successful, programmes would need to show a cessation of any incidences of IPV, rather than gradual reductions, which likely blunted and minimised intervention effects (Chatterji, Boyer et al., 2023). By contrast, the Revised Conflict Tactics Scale (CTS-2) for Couples (Straus, Hamby et al., 1996), which first formed the basis for the WHO multi-country study (Heise & Hossain, 2017), sensitively captures both the severity and the frequency of violent behaviours using an ordinal scale from 0 = this has never happened to 6 = more than 20 times in the past year.

2.3.4 Violence against women and children (VAWC)

VAWC has recently emerged as a sub-field of study from studies exploring the intersection of violence against women and children in the household (Bacchus, Colombini et al., 2024; Bacchus, Colombini et al., 2017; Guedes, Bott et al., 2016a). In February 2024, UNICEF and others called for gender-transformative approaches for parenting programmes. “Gender-transformative parenting programmes intentionally seek to address the root causes of gender-based inequalities and to challenge or transform harmful gender roles, norms and power imbalance between women and men, girls and boys” (UNICEF, Prevention Collaborative et al., 2023). Such programmes attempt to transform parents’ gender attitudes by promoting critical reflection and dialogue of gender attitudes, norms, uses of power to support better relationships for couples, shared decision making, and a home environment free from

violence and gender stereotypes (UNICEF, Prevention Collaborative et al., 2023). An argument for gender-transformative parenting includes the rationale that gender norms discourage men's participation as carers; contribute to unequal family dynamics; influence children's opportunities and behaviours from an early age; and from early evidence that programmes can reduce VAW and VAC simultaneously (Bacchus, Colombini et al., 2024; UNICEF, Prevention Collaborative et al., 2023).

In 2024, Bacchus et al. published a review of mixed-methods studies with 30 interventions targeting both IPV and violence against children (VAC) in HICs and LMICs, including prevention and response programmes (Bacchus, Colombini et al., 2024). Authors found that all nine parenting programmes and all seven community-based programmes reported significant reductions in IPV and VAC. Mechanisms that prevented maltreatment and IPV included communications, problem-solving and conflict resolution skills; emotional regulation by parents; shared parenting; bonding and attachment with children; understanding the harmful consequences of violence on children; non-violent discipline; community and family reflection on harmful gender norms; and overall family functioning and cohesion. Their findings suggest strengthening efforts to address VAWC through coordinated prevention and response programmes.

In 2017, a review of integrated VAWC interventions (Bacchus, Colombini et al., 2017) found only six studies, four of which were randomised controlled trials. Parenting programmes focussed on improving parent-child relationships and reducing harsh and rejecting parenting. However, parent trainings also enabled couples to improve their communication skills; share decision-making in parenting, household and financial matters; and problem solve collaboratively, which acted as an indirect mechanism for gender equity that reduced conflict

between carers, improved family functioning, and encouraged positive modelling from parents to prevent future violence (Bacchus, Colombini et al., 2017).

Aspects of intervention design and implementation have also been found to influence violence prevention outcomes. As part of a six-year £25-million programme by UKAID, *What Works to Prevent Violence Against Women and Girls (What Works)*, 15 programmes were evaluated for aspects of their design and implementation that influenced reductions in violence against women and girls (VAWG) (Jewkes, Willan et al., 2020). Authors found 10 elements that were characteristic of successful interventions. Aspects of successful design included rigorously planned programmes with a robust theory of change rooted in local context; programmes that addressed multiple drivers of VAW, such as gender inequity, poverty and marital conflict; working with men and families in addition to women, particularly in highly patriarchal societies; focusing on community-level versus personal behaviour change with positive relationship skills and gender equity; group-based participatory learning methods that emphasise empowerment, communication skills, and critical reflection; age-appropriate designs for children, such as sport and play; user-friendly manuals and materials to support each programme components; and integrated support for violence survivors. Most successful group-based interventions held weekly meetings for 2-3 hours per session or twice-weekly meetings, for a total of 40-50 hours, affording in-depth discussion and rehearsal of previous sessions. An experienced implementation team who could model gender equitable attitudes and non-violent behaviours were also formative for successful outcomes (Jewkes, Willan et al., 2020; Jewkes, Willan et al., 2021).

After the many reviews of CM, child marriage, IPV, and VAWC interventions, what this research adds is methodology that quantifies the average effects of interventions and the

components that are associated with greater or lesser programme effectiveness. It does so for norm interventions, which have not yet been examined by the field of CM where parents have been the primary focus. It further widens the inquiry to structural factors that influence maltreatment and more deeply investigates not just changes in behaviours but also beliefs. For child marriage, the thesis builds on previous reviews by quantifying the average effects of norm interventions and the moderating effects of programme components. It provides a snapshot of what works for girls at a time where CM and IPV overlap. For IPV, where many meta-analyses already exist, this thesis isolates and establishes the effects from norms given their centrality to prevention outcomes. Establishing separate estimates for child maltreatment, child marriage and IPV, the thesis then synthesises results from across all three fields to identify what works *within* these fields as well as what works *across* them. This cross-cutting view enables a further step of establishing the effects of VAWC-integrated programmes with both CM and IPV outcomes.

2.4 An aetiology of norms that sustain family violence

This section explores and integrates a range of risk and protective factors for family violence to develop an aetiology of the causes and origins of norms that sustain child maltreatment and IPV, which serves as the basis for the theory of change later in section 2.5. Risk and protective factors were gathered from the literature and mapped onto Bronfenbrenner's framework in Figure 2 below, which are colour-coded by source. As the literature gives less attention to protective factors (van IJzendoorn, Bakermans-Kranenburg et al., 2020, p. 275), possible protective factors are proposed and colour-coded in black. Emerging themes for each layer were given labels in the sub headers. Whereas risk factors raise the chance of maltreatment, protective factors lower these chances, even when risk factors are present (van IJzendoorn, Bakermans-Kranenburg et al., 2020, p. 275). Risk factors are distinct from but

linked with consequences, since alcohol consumption is a risk factor for violence, which can result in increased alcohol use. A discussion of risk factors is thus enriched by consequences, but efforts are made below to distinguish them.

2.4.1 Macrosystem: ideology and authority in the cultural layer

Beginning with the most encompassing layer, Bronfenbrenner (1977) defined the cultural layer as “...The overarching institutional patterns of the culture or subculture, such as the economic, social, educational, legal, and political systems, of which micro-, meso- and exosystems are the concrete manifestations (p. 515).” In this base layer, ‘blueprints’ carry “information and ideology that, both explicitly and implicitly, endow meaning and motivation to particular agencies, social networks, roles, activities, and their interrelations (p. 515).” Whereas the exosystem contains *current* social context and programmes, the cultural level contains *historical* blueprints, such as museums, libraries, case law, scripture, folklore, or educational curriculum. Norms at this level are inherited from the cumulative *memory* of traditions, narratives, and meanings left in place by individuals acting collectively through institutions.

Approval of physical punishment is often fixed within cultural, religious, and ideological bases (Taylor, Al-Hiyari et al., 2016). The macrosystem defines the cultural ideals by which people in that society ought to live, as told in dominant narratives and ideologies, “a system of meaning that couples assertions and theories about the nature of social life with values and norms relevant to promoting or resisting social change” (Johnston & Oliver, 2000, p. 1). The Holy Bible (King James Version, 1769), for example, canonises meaning and norms that have become inseparable from world history and national cultures. It defines social roles for individuals, their subordinate status, and the terms of discipline for role non-fulfilment. In the

Old Testament, disobedient sons Cain and Ham are cursed with blackness, which helped justify the violent African slave trade (Mroczek, 2020). In the US, cultural norms from the Old Testament became embedded in laws that give parents immunity from prosecution from assault when ‘reasonable force’ is used (Straus, 2010).

“Foolishness is bound up in the heart of a child, but the rod of discipline will drive it far from him” (Proverbs 22:15)

“Do not withhold discipline from a child; although you strike him with a rod, he will not die” (Proverbs 23:13)

“A woman must learn in quietness and full submissiveness. I do not permit a woman to teach or to exercise authority over a man; she is to remain quiet. For Adam was formed first, and then Eve. And it was not Adam who was deceived, but the woman who was deceived and fell into transgression. Women, however, will be saved through childbearing, if they continue in faith, love, and holiness, with self-control” (Timothy: 11-15).

“She is loud and defiant; her feet do not remain at home” (Proverbs 7:11).

“A gracious woman gets honor, and violent men get riches” (Proverbs 11:16).

Social dominance theorists call such ideologies *legitimising myths*, or “consensually held values, attitudes, beliefs, stereotypes, and cultural ideologies” that shape decisions and behaviours of individuals, the formation of new social practices and the operations of institutions (Pratto, Sidanius et al., 2006, p. 275). “One way in which individuals justify their discriminatory actions is by supporting a wide variety of legitimising myths that have in common the notion that dominant and subordinate groups deserve their relative positions of superiority and inferiority in the social hierarchy” (Pratto, Sidanius et al., 2006, p. 281).

Ideologies that enhance hierarchy include racism, sexism, the divine right of kings, and internal attributions for poverty, while ideologies that counter dominance are called hierarchy-attenuating, such as social democracy, feminism, and human rights.

“... Ideologies are embedded not only in individuals’ minds but in the way their conversations, interaction patterns, and social practices reconstruct group histories and group relations. So, social ideologies are powerful because they organize people into relationships that constitute their societies (e.g., Foucault, 1980; Sanday, 1981); because they are so consensually known and cued by ordinary social context that they are chronically accessible (e.g., Higgins & Bargh, 1987; Pratto, 1999); and because they justify and explain why certain

people should be punished, rewarded, or given power (e.g., Jost & Banaji, 1994; Pettigrew, 1979; Pratto, Sidanius, Stallworth, & Malle, 1994) (Pratto, Sidanius et al., 2006).

Feminist analysis examines the ways that normative ideals validate men's dominance, privilege, and power over women through patriarchy (Namy, Carlson et al., 2017, p. 41), which refers to the concentration of both individual and institutional power in the hands of men (Kyegombe, Abramsky et al., 2015, p. 131; Ssetuba, 2002, p. 1). Normative ideals are formalised and conveyed by cultural sources of authority, such as the British Crown, which owns the publishing rights to the King James Bible (King James Bible Online). In Uganda, on the northern shores of Lake Victoria, proverbs of the Ganda people sustain patriarchal ideals through proverbs in folklore, which preserve belonging, 'absolute truth,' and group values (Ssetuba, 2002, pp. 1-3). Elders admonish youth preparing for marriage: "Nyinimu atiibwa (the lord of the house deserves respect)" and "gaanya bba; ng'alabye obugyo (she affords to disobey her husband once she has found an alternative haven)" (Ssetuba, 2002), which implies that respect for a husband is similar to respect for God and that autonomous women are unfaithful.

In sum, social hierarchy is established in the cultural layer and maintained by cultural authorities. The cultural layer provides an accumulated history of meaning through ideologies that "define people's very own wants" (Lukes, 1986). Ideals of how society ought to live are canonised through language, oral history, and scripture, which define both how one should live, how transgression should be punished, and who may punish. In sum, ideological norms define what is appropriate for people to want and who is deserving, which are codified and transmitted by historical sources of authority in one's culture, such as a church or monarchy. This layer contains a culture's history as told by the highest sources of authority, and justifies

group-based oppression and inequality, according to social domination theory. To understand norms at this layer, one would ask ‘who remembers and how?’

2.4.2 Exosystem: socioeconomic resources and socialisation in the institutional layer

In the institutional layer, social *structures* influence what goes on in a person's setting, including “the world of work, the neighbourhoods, the mass media, agencies of government (local, state, and national), distribution of goods and services, communication and transportation facilities and informal social networks” (Bronfenbrenner, 1977, p. 515).

Institutions enact the ideologies of the cultural layer, which legitimise resource allocation, political appointments and social policy that enhances hierarchy (Pratto, Liu et al., 2000).

Institutions allocate vast amounts of symbolic and material resources, both favourable and undesirable; have a large reach across systems and locations; can outlast individual and generational lifespan; establish internal norms that conflate individual differences; and many, such as corporations and the military, are exempted from personal culpability in some countries because of special legal status (Pratto, Sidanius et al., 2006).

Violence in the institutional layer refers to structural violence, or physical and psychological harm resulting from exploitative and unjust social, political and economic systems (Rutherford, Zwi et al., 2007). Structural violence is perhaps best evidenced by the relative deprivation of resources among women and children versus men, which is a major risk factor for violence (Wilkinson, 2004). Females account for half of the world’s population but 70% of the poor, which has been coined the ‘feminisation of poverty’ (Moghadam, 2005). Almost one-third of countries have legal and policy frameworks that discriminate against women and girls; and one-quarter to one-fifth have discriminatory policies on employment, marriage and

family, and economic benefits (UN Women, 2015; UNICEF, 2020, p. 23; United Nations, 2019). Only 20% of developing regions guarantee the same inheritance rights for women as for men (United Nations, 2015). Worldwide, nearly two-thirds of women lack basic literacy skills (United Nations, 2015, p. 35). In Kenya, women are 5% of the registered landowners, but 80% of the agricultural labour force (McFerson, 2010). More than 100 million women are reported as missing given the shortfall in the number of expected female births, which is thought to be caused by sex selective abortions, female infanticide and failure to give females comparable food and social services to males, according to Sen's 100 Million Missing Women theory (Sen, 1990).

Structural violence has devastating consequences for children. There are 559 million children under age 5 in LMICs, 156 million of whom are stunted in growth and 126 million of whom are living in absolute poverty of less than \$1 USD per day (Grantham-McGregor, Cheung et al., 2007, p. 65). Stunted children will attend an average of 2.15 grades of less schooling and learn less at school, with some recording IQs of less than -2 standard deviations (SD), the level used to diagnose mild mental retardation (IQ 50-69) (Grantham-McGregor, Cheung et al., 2007, p. 60). Such disadvantage can remain unspoken and unrecognised, regarded as 'just the way things are' (Schwebel & Christie, 2001, p. 1). The limited availability of symbolic and natural resources for women likely becomes the oppression of children and the binding of future generations.

Figure 2 Map of risk and protective factors for family violence



Sources: Capaldi (1997; 2012, pp. 7-27), Namy (2017), van Ijzendoorn (2020), Gardner (2015, p. 2), Heise (2015), Fulu (2017, pp. e518-519), Ellsberg (2015), Yakubovich (2018), Guedes (2016a), Wilkinson (2004), Pratto (2006), Anderson (2011), Levy (2020)

Policies that intend to negatively impact on minorities or women are called institutional discrimination, whereas policies with unintended negative impacts are referred to as structural discrimination (Pincus, 1996, p. 186). Institutional discrimination and other normative social practices, such as law, economic distribution systems, and gender roles maintain dominance between groups (Pratto, Liu et al., 2000). Lower status and income groups are disproportionately prosecuted by the legal system, for example (Pratto, Liu et al., 2000; Pratto, Sidanius et al., 2006). Heise et al. (2015) suggest that institutional discrimination sustains partner violence through women's unequal legal rights to child custody, inheritance of land and money, and divorce.

As seen in Figure 2, low socioeconomic status is a significant predictor of family violence. van IJzendoorn et al (2020, p. 286) conducted one of the largest studies of risk factors for child maltreatment through an umbrella synthesis of 244 meta-analyses covering more than 850,000 individuals. Authors found that low socioeconomic status was the fourth strongest predictor of maltreatment. Children from families with limited education and parents who are single, immigrants or unemployed were particularly vulnerable (van IJzendoorn, Bakermans-Kranenburg et al., 2020). Another meta-analysis of nearly 19,000 studies, mostly in the US, found that having parents with less than a high-school education and unplanned pregnancy were the strongest risk factors for women's intimate partner violence; protective factors were being older or married. Resource deprivation presents considerable stress for parents, but such scarcity is shaped by structural socio-economic limitations, such as educational opportunities (Yakubovich, Stockl et al., 2018), early marriage (van IJzendoorn, Bakermans-Kranenburg et al., 2020), immigration (van IJzendoorn, Bakermans-Kranenburg et al., 2020), and weak governance and services for families (Guedes, Bott et al., 2016a).

Likewise, increases in socioeconomic status are associated with decreases in partner violence (Heise & Kotsadam, 2015). Analysing the intimate partner violence data of nearly a half-million women in 44 countries, Heise and Kotsadam (2015) report that “for every log increase in GDP per person, the prevalence of partner violence dropped by 5.5%.” Authors suggest that intimate partner violence declines with the advance of modern social processes, which traditionally involve industrialisation and urbanisation.

“... GDP per person seems to be a marker for other social processes that often accompany socioeconomic development. These include erosion of the belief in male superiority, entry of women into the paid labour force, and increased access to education and economic assets for women. More gender-equitable norms could naturally emerge as values shift from survival issues to greater emphasis on self-actualisation, individuals, and innovation, as modernisation theorists contend” (Heise & Kotsadam, 2015).

Wilkinson emphasises social hierarchy over socioeconomic status as a determinant of violence, maintaining that violence is more common where inequality is greater, which he attributes to poorer social relations in hierarchical societies (Wilkinson, 2004). He argues that what matters is not absolute deprivation but relative deprivation and chronic stress, which is more influenced by social status than material resources. Chronic stress, he says, arises in developed societies through three main mechanisms: a) low social status, b) poor social connectedness, and c) early stress. One study followed 17,000 civil servants working together in government offices in Whitehall, finding a three-fold difference in mortality between those working at the top and bottom of the office hierarchy (Rose & Marmot, 1981; Smith, Shipley et al., 1990), suggesting that one’s social position may be more influential than material living standards. Whether measured as confiding relationships or number of friends, Wilkinson holds that social connectedness has shown to have protective effects on health, with volunteers less likely to catch colds given the same measured exposure to cold viruses, despite having the same pre-existing antibodies (Cohen, Doyle et al., 1997). Lastly, he

references the literature on stress research in infancy, whereby poor attachment, lack of stimulation or domestic conflict affects life-long stress responses such that individuals are more stressed, more likely to have higher blood pressure, and are less healthy later in life (Wilkinson, 2001).

“To summarize, the increase in violence associated with greater inequality is part of a broader shift in the nature of social relations. We can make societies more or less hierarchical, stretching them out vertically making them more unequal or horizontally by making them more equal. Which we do has a profound effect on the quality of social relations. Greater equality makes them less violent, strengthens community life and increases trust, whereas increasing inequality leads to a deterioration in the quality of social relations” (Wilkinson, 2004, p. 9).

The more hierarchical the social environment, he says, the more dominance strategies are required and the more social relations deteriorate (Wilkinson, 2004). He describes two paradigms, one with social status, or orderings based on power, coercion, and privileged access to material resources that disregard the needs of others, and another based on social obligation, reciprocity, mutuality, sharing and recognising others' needs (Wilkinson, 2004). Preventing violence, in this view, requires displacing competitive social strategies among dominance hierarchies by fostering affiliative social strategies associated with egalitarian social structures (Wilkinson, 2004).

Another key feature of violence in the literature is that it clusters through social learning, or socialisation within regions, such as countries, neighbourhoods, and communities. Described by cultural spillover theory, violence in one sphere increases its probability in other spheres (Straus, 2010, p. 11), thereby making violence in the household more common if it is common in society. Cultures of violence are jointly characterised by war, homicide, assault, combative sports, and severe criminal punishment (Ember & Ember, 1994; Lansford & Dodge, 2008, p. 266). Anthropologists Ember and Ember (1994, p. 626) conducted a cross-

cultural study of 186 societies, concluding that war causes socialisation for aggression, and socialisation for aggression causes high rates of interpersonal violence (1994).

“All kinds of violence are consequences of more or less direct learning. Why would parents want to train their children (boys in particular) to be physically aggressive? War is the threat of unpredictable natural disasters that destroy food resources. Fear of unpredictable shortages will motivate people to go to war and to take resources from others in order to protect against resource uncertainty” (Ember & Ember, 1994, p. 623).

Using a cross-cultural sample of 186 cultural groups, researchers found that corporal punishment in the home is related to higher prevalence and endorsement of violence in the society (Lansford & Dodge, 2008, p. 257). The higher the approval of corporal punishment in the US, the higher the rate of homicide overall, including infant homicide (Straus, 1996). Not only is adult violence more common where corporal punishment is prevalent (Lansford & Dodge, 2008, p. 257), but youth violence as well. A study by Elgar et al. (2018) found that 30 countries with corporal punishment bans in schools and homes experienced 69% the rate of fighting in males and 42% among females, compared to 20 countries with no ban (Elgar, Donnelly et al., 2018). Cumulatively, these findings suggest that Bandura’s theory of social learning through observation and modelling occurs not only in the home but throughout social contexts through broader socialisation.

Thus far, cultural spillover (Straus, 2010) and social dominance theories (Pratto, Sidanius et al., 2006) have suggested that legitimising myths in the cultural layer, such as political, religious, and economic doctrines, justify hierarchies that are enacted by institutions through discriminatory policies that safeguard symbolic and natural resources for dominant male groups (Pratto, Sidanius et al., 2006). Coercive policies often discriminate by age and gender, awarding adults control over children and men control over women. Consequently, children who deserve the same social, political, and economic rights as adults are not yet seen as

individuals in their own right. Relational dynamics in the home model relational dynamics in society, which are mutually reinforcing. Dominance and coercive control have become a template for relational dynamics that is mirrored across the ecological layers, and violence both enforces hierarchy and is a sanction for role non-performance. Thus, at the institutional layer, 'institutional norms' make it appropriate for certain groups to hold power, who adjudicate the provision of resources and services.

2.4.3 Mesosystem: stressors and modelling at the relational layer

Next is the relational layer, or the interrelations among settings, including family, friends, work, school and church (Bronfenbrenner, 1977). This is the backdrop for most discussions around norms. The relational layer is where problems in society come home to roost in interpersonal relationships through at least two key mechanisms. First, stressors such as marital conflict, unemployment, isolation, abuse or being a single parent may lead to family violence, especially where people lack the skills or expectations to cope productively with stress (Capaldi, Chamberlain et al., 1997; van IJzendoorn, Bakermans-Kranenburg et al., 2020). In his study on violence in the American family, Straus (2010, p. 21) used a checklist of risk factors associated with physical abuse, such as low family income, worries about livelihood, excessive drinking and part-time or unemployment, to investigate how stressors predicted corporal punishment across a nationally representative sample in the US. Of parents with scores of 0-2, only 14% had used corporal punishment, increasing to 52% for parents with scores of 9 or more.

Children have been found to identify with and model the behaviours of similar, admired or nurturing figures in their lives, from parents to TV characters, including gender-appropriate and aggressive behaviours (Bandura, Ross et al., 1961). Individuals model family behaviours

not only in institutions and cultural groups but also to new generations. Experiencing family violence as a child is the largest risk factor for perpetrating violence as adults and for experiencing violence among females (Fulu, Miedema et al., 2017; McKinney, Caetano et al., 2009; Reading, Bissell et al., 2009; van IJzendoorn, Bakermans-Kranenburg et al., 2020). As adults, individuals repeat and enlarge the cycle as both parents and partners, known as intergenerational transmission

Hitting can become synonymous with discipline even where effective parenting alternatives exist. A meta-analysis by Gershoff found that in 85% of studies, corporal punishment was significantly correlated with *less* compliance and *less* pro-social behaviour by children (Gershoff, 2010). Social information processing theory suggests that corporal punishment affects how children process information about the behaviours and intentions of others (Gershoff, 2002), biasing them to be hypervigilant to hostile cues, to attribute hostile intent to others, to respond more aggressively, and to evaluate aggression as achieving social benefits. Children are also more likely to become abusive or to be abused in their adult intimate relationships. One study found that children exposed to violence in the home were 15 times more likely to be physically or sexually assaulted than the national average (UNICEF, 2009). By contrast, social learning theory encourages positive attention and praise for desirable behaviour, clear directions, setting limits for negative behaviours and limiting criticism (O'Connor, Matias et al., 2013), which is the foundation for most successful evidence-based parenting interventions today. Yet, some parenting programmes still convey an ideal of coercion and control of children, distinct from language around the enabling potentials of motivation that is reserved for adults, as if the adult and child were separate people, which may reflect ongoing biases that infantilise children and limit their capabilities.

In sum, in the relational layer, stressors such as marital conflict, unemployment and substance abuse make family violence more likely, as does the modelling of aggression for children by parents. Survivors of violence are at much greater risk for both experiencing and also perpetrating other types of violence in cycles of intergenerational transmission. Hitting becomes assumed as necessary discipline even in light of more effective parenting alternatives. Consequently, children are not yet seen as individuals in their own right who deserve the same social, political, and economic rights as adults. I thus refer to relational norms in this layer as social beliefs that make personal beliefs and behaviours appear typical and necessary.

2.4.4 Microsystem: physiology and psychology in the individual layer

Bronfenbrenner defines the microsystem as the relationship of an individual with its setting, a physical place with roles and ‘activities’ with which they engage for a time. Norms would imprint on the individual as they become socialised into acceptable gender roles, which would affect their nutrition and care even before birth. This layer is thus adapted to include more attention on an individual’s body and biopsychosocial processes that produce social and health problems (Fraser, Richman et al., 2009, p. 47). Individuals are born with physiological characteristics, such as race, sex, and mental, physical and learning abilities, which influence violence depending on context. While financial deprivation is predictive of increased family violence, certain demographics may serve as “selection factors that influence who becomes poor” (Yoshikawa, Aber et al., 2012, pp. 273-274). Older age is usually a protective factor for adults, with older parents perpetrating less child maltreatment (Capaldi, Chamberlain et al., 1997) and older women in LMICs experiencing less IPV (Capaldi, Knoble et al., 2012; Guedes, Bott et al., 2016a).

Violence has serious consequences on the body and its effects can make violence more likely, creating a reinforcing loop that blurs the distinctions between cause and effect. Factors at the institutional layer, such as malnutrition, impact on prenatal growth factors, as do sensitive interactions with parents and foetus (van IJzendoorn, Bakermans-Kranenburg et al., 2020, p. 286). As Grantham-McGregor et al. explain, “brain development is modified by the quality of the environment” (2007, p. 61). Authors emphasise that malnutrition is pivotal to brain development in the first few years of life because the brain develops through neurogenesis, axonal and dendritic growth, synaptogenesis, cell death, synaptic pruning, myelination, and gliogenesis. Violence against children is associated with toxic stress that impairs developing brain architecture and neuroendocrine-immune networks that are associated with later impairments in learning, behaviour, and physical and mental well-being (Shonkoff & Garner, 2012), which increases stressors for parents and risk factors for further violence (Fang, 2021).

Van IJzendoorn et al (2020, p. 286) theorises that psychological and neurodevelopmental factors can also present risk factors for maltreatment, such as depressive symptoms among parents, which have been associated with parental neglect (Dubowitz, 1998), and hyper-reactivity, which has been associated with physical abuse (Stith, Liu et al., 2009). He suggests that neurobiological factors might also play a role in increasing risks for child maltreatment, such as autonomic and sympathetic nervous system responses that prepare individuals to cope with stress, but if dysregulated, responses to stressors like a baby crying might result in harsh parenting or neglect (Reijman, Bakermans-Kranenburg et al., 2016; van IJzendoorn, Bakermans-Kranenburg et al., 2020).

Normative beliefs also impinge on human biology. Status beliefs about gender communicate one’s “competence and worth” (Buchmann, 2023), existing beneath conscious awareness and

biasing evaluations, behaviours and rewards that re-create gender advantages (Rashotte & Webster, 2005). In their studies of family violence in the Global South, Namy et al (2017), Mootz et al (2019), Rees et al (2015), and Laisser et al (2011) find that violence enforces the performance of patriarchal ideals and subordinate roles, infantilising women and children (Namy, Carlson et al., 2017). In the Laisser (2011) study, male participants justified the violent domination of women on biological claims: “We men are proud. We do not want to be given instructions by women but want to instruct.... We have different blood; unlike women who use words, we cannot wait to beat” (Laisser, Nystrom et al., 2011, p. 5).

Women in the study by Laisser (2011) accepted a certain level of violence: They listed not looking after the children, being late from work, food not being ready, or refusal of sex as acceptable reasons for violent discipline. Such justifications for one’s own subservience is referred to as false consciousness, a Marxist concept of thinking that confirms one’s servitude, internalising the view of the dominant class as universally valid and as one’s own view (Scott & Marshall, 2009). Close to half of all girls and boys ages 15-19 worldwide think a husband is justified to hit his wife in some instances (UNICEF, 2014b, p. 168). In preparation for marriage, approximately 100-140 million girls and women worldwide have undergone FGM/C in which all or part of the female genitals are removed for non-medical reasons (Ellsberg, Arango et al., 2015, p. 1555; UNFPA, UNICEF et al., 2010, p. 1). Thus, I refer to norms at the individual layer as ‘embodied norms,’ which occur when social beliefs of what is typical and appropriate become internalised and maintained by the individual through physiological and psychological sanctions of the self.

To summarise, at the individual level, nurture influences nature before a life begins. Prenatal care and nutrition affect development and life chances. Individuals are born with

physiological characteristics that influence “who becomes poor” (Yoshikawa, Aber et al., 2012). Brain development is modified by the quality of the environment (Grantham-McGregor, Cheung et al., 2007), and psychological and physiological factors, such as depression or dysregulated nervous system responses, may present further risks for maltreatment by carers (van IJzendoorn, Bakermans-Kranenburg et al., 2020). Care builds attachment and quality in the child relationship, and a child’s ability to form caring attachments as parents. Adverse childhood experiences, toxic stress and false consciousness are significant risk factors for future violence and pathologies. Previous child maltreatment research has focused on risk and protective factors at the individual and interpersonal levels of the ecology (Austin, Lesak et al., 2020), but many further structural determinants at the cultural and institutional layers are proposed in Figure 2.

2.4.5 Summary and discussion

In conclusion, violence in the family is the result of multiple, accumulating risk factors at the individual, relational, institutional, and cultural levels (Timshel, Montgomery et al., 2017, p. 315). Beliefs and behaviours around violence at one level appear to reinforce and influence violence at other layers. Views and practices of family violence are legitimised in the cultural layer, ratified in the institutional layer, and enacted in relationships, while imprinting on and being internalised by the body at the individual layer. What family violence has in common at each level of the ecological model is a) resource inequality and the b) cognitive transmission of behaviours. First, at the individual level, one’s biological characteristics, or a) nature, is pre-interpreted by b) nurture, or social context. Age and gender are categories of interpretation and discrimination. Characteristics like race, gender, and age influence one’s access to cognitive and physical resources, such as nutrition and prenatal care on the one

hand, and time and skilled attention from parents on the other. Resources at the individual level are next shaped by a person's intergenerational inheritance from the relational level – particularly a) stressors from resource deprivation, and b) parental modelling of caring or coercive behaviours. Subsequently, in the institutional layer, the individual is granted privileged access to resources like voting, inheritance and property rights that are accessed and adjudicated through organisations. Institutions confer one's a) socioeconomic status that award groups with privileges and presence in decision-making, agenda-setting and policing institutions, such as government, media, religions, and military agencies. The more hierarchal the social environment, according to Wilkinson (2004), the more dominance strategies are used to protect against unpredictable shortages in resources, as suggested by Ember and Ember (1994). Socialisation and cultural spillover theory propose that violence in society makes violence in the home more likely, and vice versa. Cultural ideologies legitimise social hierarchies which are enacted by institutions through discriminatory policies that safeguard symbolic and natural resources for dominant, male groups (Pratto, Sidanius et al., 2006). Oppressive policies often discriminate by age and gender, awarding adults control over children and men control over women. Children are not yet seen as individuals in their own right who deserve the same social, political, and economic rights as adults. Individuals are born with biological characteristics that influence “who becomes poor” (Yoshikawa, Aber et al., 2012). Because the environment modifies brain development, (Grantham-McGregor, Cheung et al., 2007), adverse childhood experiences, toxic stress and false consciousness are significant risk factors for future violence and pathologies.

Norms emerge as distinct and as operating differently within each layer, warranting separate definitions. At the cultural layer, ‘ideological norms’ appear to define social ideals, what is appropriate for people to want, who is deserving, and who has authority to enforce. At the

institutional layer, ‘institutional norms’ make it appropriate for certain groups to hold power, who arbitrate the provision of resources and services. At the relational layer, relational norms refer to *social* beliefs that make *personal* beliefs and behaviours appear typical and necessary. In the individual layer, ‘embodied norms’ occur when social beliefs of what is typical and appropriate become internalised and maintained by the individual through psychological and physical sanctions of the self.

Importantly, structural determinants of IPV share many of the same risk factors as child maltreatment that emerge when applying the ecological lens. Bourey explains that structural interventions aim to change factors that are aspects of the economic, politico-legal, physical, and social environment that produce and reproduce risk (Blankenship, Friedman et al., 2006; Bourey, Williams et al., 2015). Such interventions shift the emphasis in programmes from individual to community and system-wide prevention (Blankenship, Friedman et al., 2006; Bourey, Williams et al., 2015; Gupta, Parkhurst et al., 2008). Bourey summarises structural risk factors for IPV into categories: a) Economic, including poverty, economic inequality, male control of family finances; b) physical, such as the isolation of women to private spaces; politico-legal, or legislation that reinforces female discrimination, such as property rights and dowry; and c) social, such as limited education, community norms and gender norms supporting male dominance (Bourey, Williams et al., 2015).

Similarly, a systematic review of structural risk factors for child maltreatment (Austin, Lesak et al., 2020) found similar risk factors, mostly in the US, including being younger in age and being a racial or ethnic minority, existing at the individual level; poverty, substance abuse, parental mental health and IPV at the ‘interpersonal’ level; stressors at a ‘community’ level, including neighbourhood crime from eroding social capital and collective efficacy; and

‘societal’ level factors, such as norms of gender inequity in which gender differences in workforce participant and gaps in educational and political engagement were associated with more adults endorsing severe physical discipline and supervisory neglect in the past month (Austin, Lesak et al., 2020). “While the mechanisms explaining this association are not clear, these results align with a large body of research suggesting that gains in women’s rights and empowerment are associated with positive outcomes across multiple domains of child health and development” (Austin, Lesak et al., 2020). Thus, the factors for child maltreatment, child marriage and intimate partner violence in Figure 3 below form a proposed framework of structural determinants for family violence.

2.5 Theory of change (TOC)

Having examined the risk factors for family violence, the thesis now turns to possible protective factors and a theory of change (TOC), presented in Figure 4, which Fraser et al. define as depicting a “causal chain of activities intended to produce a positive intervention outcome” (Fraser, Richman et al., 2009, p. 58). The theory of change is developed from protective factors identified in Error: Reference source not found, which function to ‘reduce vulnerability in the presence of risk’ (Fraser, Richman et al., 2009). The TOC lays out the expected steps and indicators on a causal pathway to impact so that researchers can measure and refine them in an ‘ongoing process of reflection’ (De Silva, Breuer et al., 2014). The TOC frames the research questions and approach, just as the data will inform and refine the theory in the final Discussion chapter. However, the ultimate test of a TOC is in implementation, and it should be honed in the feasibility and piloting phase of the MRC framework for developing and evaluating complex interventions (Craig, Dieppe et al., 2008; De Silva, Breuer et al., 2014).

The following sections are organised according to the theory of change encapsulated in Figure 4. Many elements in the TOC, particularly longer-term outcomes, provide broader context and understanding for the TOC but cannot be tested within the scope of this study. We begin a discussion of the TOC with the longer- and mid-term outcomes, working backwards to discuss the elements can be tested in section 2.5.3.4 that contribute to this broader picture.

2.5.1 TOC: Resources and treatment

First in the TOC, resources and treatment are linked with mid- and long-term outcomes, which are preconditions to the intended impact (De Silva, Breuer et al., 2014). Treatment refers to the resources and components required by an intervention to change the mid- to long-term determinants of family violence (Chen, 2014). Components are considered activities that can be grouped together, whether conceptually or administratively. Resources refer to the requirements needed to implement an intervention, and gaining the commitment of those resources is crucial (De Silva, Breuer et al., 2014, p. 4). I theorise that interventions will be more successful to the extent they meet at least five interconnected criteria, which will be tested in the results chapters: 1 They involve multiple stakeholders and sectors, particularly cultural authorities; 2 address multiple ecological layers simultaneously; 3 delegate leadership over the programme to local participants to inspire ownership and sustainability at the grassroots; 4 facilitate cooperative, non-coercive relationship skills; 5 foster critical awareness of power (Levy, Darmstadt et al., 2020a), and 7 engage participants' reference groups of trusted and influential others.

The following intervention types form the key inputs to influence mid-term outcomes, which will be assessed for their relative impact. Intervention types were consolidated from existing systematic reviews and meta-analyses of child maltreatment, child marriage and intimate partner violence interventions (Bourey, Williams et al., 2015; Buller, Peterman et al., 2018; Ellsberg, Arango et al., 2015; Gershoff, Lee et al., 2017; Kalamar, Lee-Rife et al., 2016; Mikton & Butchart, 2009; Poole, Seal et al., 2014; van IJzendoorn, Bakermans-Kranenburg et al., 2020):

1. **Campaigns**, including edutainment and advocacy
2. **Parent training**, including individual- and group-based
3. **Community mobilisation**, including community dialogue, activism, organising activities, knowledge-sharing discussions, information campaigns, and participatory learning
4. **Schooling support**, including fees, uniforms, books, supplies, and private tuition
5. **Lifeskills training**, including mentorship
6. **Couples counselling**, including single-gender groups
7. **Livelihoods support**, including vocational and savings support
8. **Financial support**, including cash and asset transfers

In Figure 4 Theory of change, treatments are grouped next to their most relevant outcomes. Livelihoods, financial, schooling and lifeskills support, for example, stand to improve equitable access to material resources for children and women. When building equitable beliefs in children's and women's competence and worth, efforts to influence and mobilise communities may better shift norms via trusted reference groups. Finally, parent training and couples counselling may interrupt the escalation of physical punishment, resistance, and adverse consequences that harm cognitive, mental, and physical health at the individual layer, which may become mirrored across the institutional and cultural layers.

2.5.2 TOC: Short-term outcomes

A theory to shift norms needs to not only describe new behaviours involved in an equitable society but also processes by which beliefs may change. Three common stages of norm change emerged in Legros and Cislighi's (2020) mapping of the norms literature.

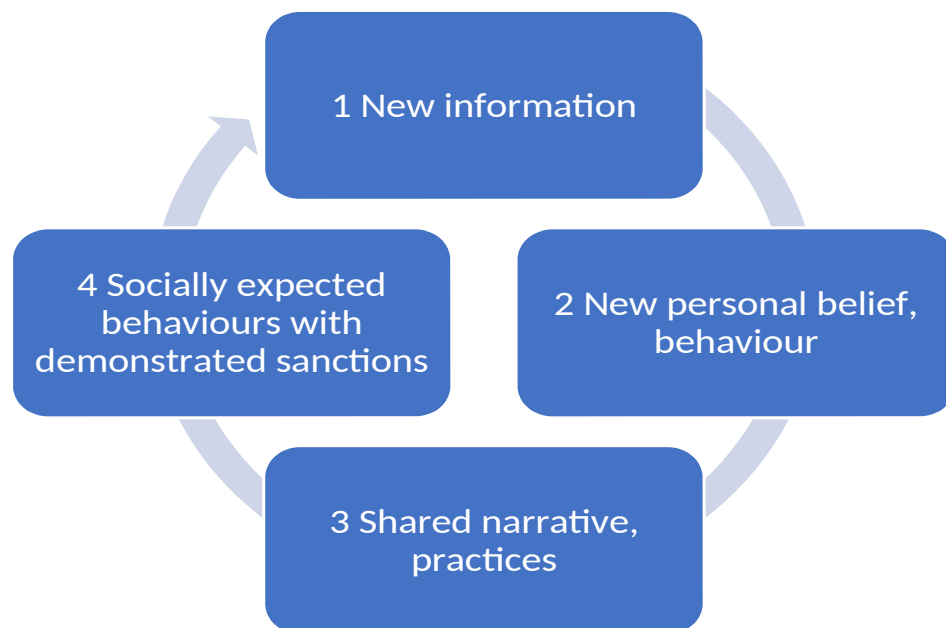
'Emergence' refers to when a norm first surfaces; second, in 'maintenance,' the norm continues to influence behaviour; and, third, 'change and disappearance' refers to when a norm's influence alters (Legros & Cislighi, 2020). They found several words used to describe the life cycle of norms from different disciplines, including creation, innovation, ideation, acquisition, assimilation, acceptance, socialisation, social learning, adoption, transmission, diffusion, stabilisation, removal, mutation, internalisation, institutionalisation, stabilisation, and diminishment (Legros & Cislighi, 2020, pp. 71-72).

Mackie and LeJeune (2009, pp. 14-15) use abandonment of harmful social practices like foot binding in China to discuss how norms change. The authors propose a four-step process by which to facilitate norm change, but emphasise that communities must be 'interdependent' through 'reciprocal obligation': 1) most people in the community gain awareness of an alternative through locally owned community discussion with genuine debate on the merits of continuing or abandoning the practice; 2) the community decides that the alternative is valued more highly than the practice and that decision is supported by the greater portion of the community; 3) the commitment is publicised so that one sees that most others abandon the practice in addition to social risks for violating the commitment; and 4) organisers monitor periodically to ensure the stability of the abandonment and to sanction transgressions (Mackie & LeJeune, 2009).

Figure 3 offers a basic model that incorporates these ideas to serve as a building blocks to develop through future refinement. First, *new information* may give new meaning and belief

to individuals who are part of a community that is inter-dependently obligated to one another. Someone might hear, for example, that some parents are using a new kind of parenting with children where parents don't shout or hit, or that some husbands are doing more care work with the children. Second, *new belief* may become *shared narrative and practices* to the extent that actors share, debate and decide with others that the new information presents a favourable alternative. For example, a cousin reports that positive discipline helped their child to be more helpful and to do better in school, and suggests that positive parenting should be shared in school. Community members might ask others about it, search for more information online, or download an app on their phone to practice positive parenting behaviours.

Figure 3 Proposed process for norm change



The shared narrative would become a shared norm to the extent that actors either visibly perform or communicate *new expected behaviours* and enact *sanctions* for compliance, which might involve intervening, gossiping, or shaking one's head if a parent shouts at or yanks their child in public. The process may halt at any point, before or after a belief becomes

normative, or the norm may *maintain* or become *supplanted* by other beliefs if behaviours and sanctions are no longer performed, such as social disapproval for hitting one's children. The Bell Bajao! Campaign, for example, leveraged bystander disapproval by encouraging neighbours to ring the bell and interrupt suspected domestic violence, which has reached more than 130 million people (Davin, 2019). While necessary, bystander campaigns are not sufficient to address the underlying endorsement of subordination through force by cultural authorities, however.

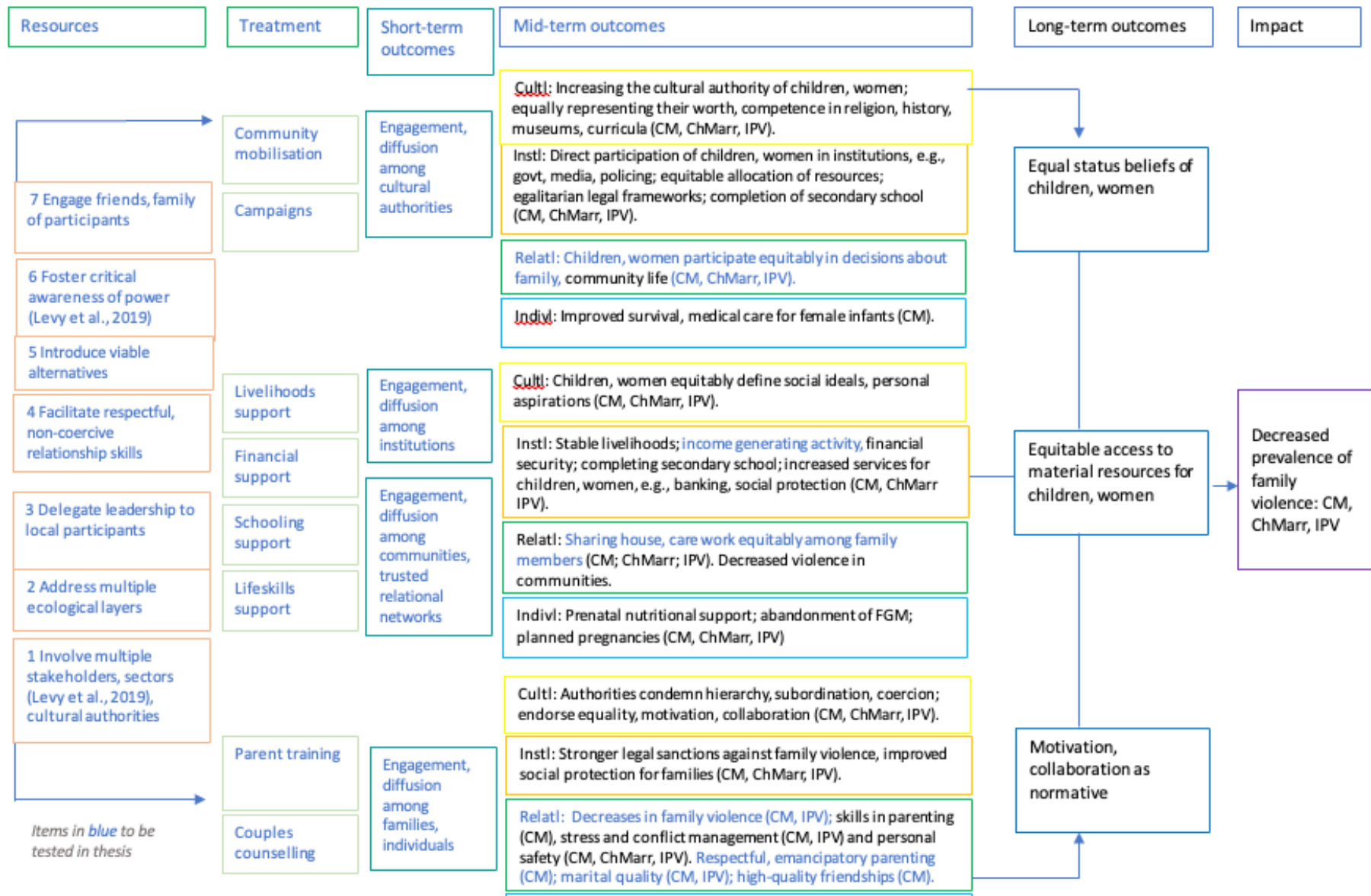
Targeting multiple layers may increase the chance of multiple interactions and norm diffusion. If a new behaviour is to survive, it needs support from expectations that others in their circle are engaging in it and expectations that most people think it should be followed – as well as sanctions that promise disapproval for violators (Bicchieri, 2017, pp. 17-47). Consequently, engaging interdependent communities across ecological layers may trigger norm change sequences within and across layers simultaneously, and sanctions across multiple layers may reinforce the sustainability of protective norms. Thus, the process of norm diffusion is thought of as an iterative cycle in which norm development might progress, regress, stall or accelerate, accumulating through engagement with actors across the ecological layers. This process is measured by two sets of short-term outcomes: first, social support from cultural authorities, institutions, peers, males, reference groups, and carers or spouses, and second, whether interventions addressed the cultural, institutional, relational or individual layers.

2.5.3 TOC: Mid- and long-term outcomes

If violence is sustained by the naturalisation of hierarchies and power inequalities, the simple goal of non-violence is not enough. Rather, imagination is needed to articulate equitable

environments across the socio-ecological model in which “everyone has the opportunity to be as healthy as possible” (U.S. Centers for Disease Control & Prevention, 2016).

Figure 4 Theory of change



While many protective factors may lessen the likelihood of family violence, I suggest that there are three mutually reinforcing conditions within each ecological layer that are necessary to decrease family violence against women and children:

- Equal status beliefs of children and women, including less hierarchal social environments (Wilkinson, 2004);
- Equitable access to resources, both natural and symbolic (Pratto, Sidanius et al., 2006) for children and women; and
- Motivation and cooperation as normative

Long-term change requires an emancipatory shift from paradigms of coercive control to agency, which is “the capacity to make purposeful choices” (Kabeer, 1999; Zimmerman, Li et al., 2019), involving equal status beliefs, equitable access to resources, and respectful cooperation and motivation. Long-term outcomes help frame and organise the mid-term outcomes, which are discussed below.

2.5.3.1 TOC: Equal status beliefs for children, women

In the cultural layer, representing the worth and competence of children -- including adolescents -- and women in religious texts, school curricula, folklore and historical repositories like museums may increase their cultural authority. In the institutional layer, we would expect increased participation of children and women in politics, government, military, policing and media bodies. One would anticipate a transition to equitable legal frameworks, such as laws on inheritance, land rights, and divorce and child custody laws.

In the institutional layer, women would be granted equal professional pay and social protections for care work, such as pensions, and equitable parental leave with their spouses. Literacy and schooling achievement would be equally prevalent among females as males. In the relational layers, children and women would participate equitably in decision making about family and community life, likely mitigating. There may also be improved pre- and

post-natal care for female babies, leading to a rise in the population of females worldwide, since more than 100 million women are deemed to be missing given the shortfall of expected female births, sex selective abortions, and failure to give females comparable social services to males (Sen, 1990).

2.5.3.2 TOC: *Equitable access to material resources for children, women*

In the cultural layer, children and women would gain more *symbolic* resources. We may find that children and women increasingly define ideologies, ideals, and aspirations, both for themselves and for societies, feminism being one example. There may be an increase of females, adolescents and children among priests, village ‘elders,’ and religious leaders. Sources are limited, but a list (Wikipedia Contributors, 2023) of religious movements showed only male founders before 500 AD; one female founder in the late 18th century, Ann Lee (Shakers); and eight female founders of new religious movements post-1800, although nearly all in high-income countries.¹ We might expect to see a similar leap in leadership by women and children. While leadership might not guarantee favourable policies, it can aid the inclusion of alternative perspectives and present aspirational, authoritative role models to others.

In the institutional layer, children and women would acquire equitable *material* resources, the means for independent financial security, and stable livelihoods, while completing education to an adult level. There would be equitable social protection and provision for basic health and education needs as well as financial services, such as banking, investment, insurance, and pension services. Inclusive government would require more direct means of voting and

¹ Mary Baker Eddy (Christian Science); Ellen G. White (Seventh-day Adventist Church); Helena Blavatsky (Theosophy); Aimee Semple McPherson (Foursquare Church); Ida B. Robinson (Mount Sinai Holy Church of America); Ruth Norman Unarius); Nirmala Srivastava (Sahaja Yoga sect of Hinduism); and Tamara Siuda (Kemetic Orthodoxy).

participating in regulatory decisions in local, national, and international arenas. In the relational layer, family members would equitably share the time required for house and care work as well material and symbolic resources in the household, such as nutrition, financial savings, and stewardship of family customs and rituals. Whereas women are currently commodified or devalued for their sexuality, in the individual layer, we would expect that sexuality becomes acknowledged as universal, respected as private, and a subject for education and personal safety, consequences of which would include the abandonment of FGM as well as education on safe, consensual sexual and reproductive health.

2.5.3.3 TOC: Motivation, collaboration as normative

In the relational layer, the dominant mode of relating and asserting oneself would give way to engaging, motivating, and collaborating respectfully with others, forgoing coercive force and acting in concert towards mutual goals. Cultural authorities would condemn hierarchy, subordination, and coercion. The King James Bible would be edited as would other scripture to afford equal status to present-day minorities, which may present the most significant lever for change. Institutionally, we would expect to see stronger legal sanctions for criminal and family violence but also the police and military being used to protect and support vulnerable groups from aggression. Impacts might include the abatement of structural violence, institutional discrimination, and institutionalised force, such as violent police tactics and strategic military offence. Media would portray and celebrate the triumph of non-violent narratives and hero figures.

Institutions would favour enforcing policies with incentives versus punishments, opting for ‘carrots’ over ‘sticks,’ or incentives over punishment. Governments are increasingly using financial incentives, for example, as ways to encourage vaccination uptake, smoking

cessation (Adams, Giles et al., 2014), and timely tax payments. The relational layer is where most parenting programmes today are aimed as well as norm interventions. Many successful evidence-based parenting programmes encourage positive attention and praise for desirable behaviour, clear directions, limiting criticism, and setting limits for negative behaviours (O'Connor, Matias et al., 2013). Positive discipline encourages mutual respect and empowerment skills like problem solving to pre-empt coercive cycles, which have been found to lead to oppositional behaviours, problems at school and association with deviant peers, which may progress from antisocial behaviour to violence and crime (Patterson, 2016).

2.5.3.4 TOC: Testable elements

Having introduced the broader aim of preventing family violence and supporting outcomes in the mid- to long-term, we turn to the elements that can be tested within the realm of this thesis. First, the research will test whether interventions are more successful if they involve multiple stakeholders, as evidenced by outcomes for structural social support, e.g. cultural and institutional support. Second, it will assess effects from interventions where multiple ecological layers were addressed simultaneously, as measured by outcomes for number of ecological layers and which ecological layers. Third, it will examine effects from interventions that delegated leadership over programmes to local participants, as assessed by the outcome 'locally led.' Fourth, the research will examine effects from interventions that fostered critical awareness of harmful and helpful power, as assessed by the outcome for critical discourse. Fifth, the research will test effects from engaging the reference groups of participants through outcomes for interpersonal social support, e.g. from peers, males, one's reference group, or carer or spouse. It's envisioned that programmes need to facilitate respectful, non-coercive relationship skills and to introduce viable alternatives to harmful behaviours, which will be tested through violence outcomes associated with couples

counselling and parent training. While lifeskills training can also support communication skills, programmes with parenting and couples counselling most focused on addressing coercion and aggression in relationships.

Intervention type will be assessed to determine which, if any, improve violence and norm outcomes, alongside accompanying behaviour change techniques. Short-term outcomes will be measured by investigating how interventions engaged social support from actors across the ecological layers: authorities in the cultural layer, such as churches; government and media bodies in the institutional layer; and trusted sources within community and family networks, including peers of similar age or sex, males more generally, trusted friends and family in one's reference group, spouses, or caregivers. We further expect to see stronger effects where interventions engaged multiple sources among ecological layers simultaneously in multi-level interventions. Targeting multiple layers may increase the chance of multiple interactions and orchestrated diffusion across the ecology, which will also be tested. It's further expected that family violence outcomes will improve, particularly in terms of non-sexual child maltreatment, child marriage, and all forms of intimate partner violence. Finally, it's anticipated that women would acquire more material resources in the short-term through income-generating activities, share in decision making about family life, and more equitably portion the time required for household chores, which I will test as secondary outcomes.

2.6 Research rationale

Norms frame the way we think, talk, and act about child violence, which is foundational for framing research and evidence to inform policy choices and programmes for norms change (Klika & Linkenbach, 2019). Norm-change has consequently become a core strategy in government and donor strategies, such as the INSPIRE and RESPECT frameworks for preventing violence against children and women, respectively (WHO, 2016, p. 24; 2019):

“The social tolerance of violence in general and intimate partner, and sexual violence in particular, stems from the low status of women and children in many societies, and cultural norms surrounding gender and masculinity. Therefore, changing gender norms relating to male entitlement over girls and women’s bodies – and control over their behaviour – is a critical strategy to achieve gender equality, reduce violence against girls, shape prevention activities and address specific care and support needs” (WHO, 2016, p. 16).

Yet we lack evidence of their effectiveness to explain norm successes or failures. The literature on norms is predominantly qualitative, and efforts to quantify norms are still in their infancy (Clark, Ferguson et al., 2018). This thesis offers the first known meta-analyses of interventions in low-to-middle-income countries for:

- The intersection of violence against women and children (VAWC)
- Child maltreatment and norms
- Child marriage
- IPV and norms

Violence against women and children have largely evolved as separate fields of practice, segregated by siloes of professional expertise, theories and instruments, which limits our understanding of how these fields overlap and prevents an integrated, coordinated response (Guedes, Bott et al., 2016a).

3 Methodology

This chapter presents the methodological considerations and perspectives that motivated and structured this research. The first section re-introduces the research question. The second section discusses the research philosophy, and the final section explains the research design and steps that were undertaken to plan and deliver the research.

3.1 Research objectives

This DPhil research is concerned with norms that sustain child maltreatment, child marriage and intimate partner violence. The aim of this DPhil research is to understand what works to change social norms that sustain family violence in LMICs. Per Table 2, the thesis seeks to answer the following *same* three questions within the three main fields of family violence – child maltreatment, child marriage, and intimate partner violence -- as building blocks towards an integrated perspective: First, what interventions exist to change norms that sustain family violence in LMICs? Second, are norm interventions to prevent family violence in LMICs effective and how? Third, how can norm interventions in LMICs to prevent family violence be improved?

Table 2 Presentation of research questions

Integrated:	Child Maltreatment	Child Marriage	Intimate Partner Violence
1 What interventions exist to change norms that sustain family violence in LMICs?	What interventions exist to change norms that sustain <i>child maltreatment</i> in LMICs?	What interventions exist to change norms that sustain <i>child marriage</i> in LMICs?	What interventions exist to change norms that sustain <i>intimate partner violence</i> in LMICs?
2 Are norm interventions to prevent family violence in LMICs effective and how?	Are norm interventions to prevent <i>child maltreatment</i> in LMICs effective and how?	Are norm interventions to prevent <i>child marriage</i> in LMICs effective and how?	Are norm interventions to prevent <i>intimate partner violence</i> in LMICs effective and how?

3 How can norm interventions in LMICs to prevent family violence be improved?	How can norm interventions in LMICs to prevent <i>child maltreatment</i> be improved?	How can norm interventions in LMICs to prevent <i>child marriage</i> be improved?	How can norm interventions in LMICs to prevent <i>intimate partner violence</i> be improved?
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Effectiveness is measured in terms of the following primary outcomes: reductions in verbal and physical child maltreatment, including corporal punishment; neglect; children witnessing IPV; verbal, physical and sexual IPV; controlling behaviours; and the personal or social acceptability of these behaviours. Establishing evidence within each field of violence enables us to identify commonalities and differences between them, and to build towards a cohesive, unified theory of and approaches to prevent family violence.

3.2 Research philosophy

To orient this research in its philosophical assumptions, this chapter references Letherby, Scott and Williams (2013), who summarise and critique formative theories in the schools of objectivity and relativity. Objectivists, on one end of the spectrum, view the world as an accurate, objective account of the world with knowledge representing the world the way it really is, independent of human beings (p. 2). Relativists, by contrast, hold that any claims of fact are relative to the standpoint of the observer and that there is no absolute ‘view from nowhere,’ where the world can be seen as it truly is, or ‘noumena’ (pp. 2-4). Rather, all observers are situated within particular positions within the world and consequently must see it from a particular view (ibid).

Nietzsche (1887) was formative in arguing that values that differ by identities such as class, ethnicity and gender require plurality over a false concept of objectivity -- a ‘situational

determination of knowledge' -- suggesting that "humans act on ideas in order to achieve particular goals, and those ideas that enhance their power to achieve those goals are retained and reinforce their drive to pursue their interests" (Letherby, Scott et al., 2013, p. 15). Weber (1904) similarly proposed that both the natural and cultural sciences impose meaning, values and ideas that are embedded in the language and perspectives that scientists bring to their observations (Letherby, Scott et al., 2013, p. 8). Scientific findings and proposals, thus, inevitably reflect value judgements, or acts of will that choose from various value standpoints. Kant (1781) went so far as to speculate that knowledge may tell us more about the "mind of the knowing subject than it does about the properties of the external world" (Letherby, Scott et al., 2013, p. 10). In this view, one theory cannot be assessed as 'better' than another but simply as 'different' and as offering greater practical power. Kuhn (1962) concluded that if there is no neutral basis on which to know the world, what matters is practical knowledge of what works to change it (Letherby, Scott et al., 2013, p. 3).

As Letherby indicates, an important question remains concerning what can be said about the reality of our observations. Mannheim (1931) concluded that a diversity of perspectives is an "inescapable consequence of the social character of human existence" (Letherby, Scott et al., 2013, p. 2). Perspective is defined by Owen as a bounded, complex network of concepts and ideas (Owen 1995: 34), while Clark maintained it derives from the practical interests that are the basis of a person's will to power (Clark 1990) (Letherby, Scott et al., 2013, p. 15). This research supports a pluralistic view that "A synthesis of a large diversity of perspectives provides a better view of the world than does a view from any one perspective alone" (Letherby, Scott et al., 2013, p. 29), which leaves room for both quantitative and qualitative representations of the world, depending on the lens required to answer the question.

While a composite of knowledges may be the consequence of a plurality of knowledges, this itself is not a totality, as Weber holds (1904, p. 72): “As soon as we attempt to reflect about the way in which life confronts us in immediate concrete situations, it presents an infinite multiplicity of successively and co-existently emerging and disappearing events, both ‘within’ and ‘outside’ ourselves.” The knowledges embedded in this thesis, thus, are considered plural and pragmatic, and must be reformulated when they no longer satisfy people’s interests, usefulness or empower us towards action (Letherby, Scott et al., 2013, pp. 15-16). The thesis also considers that subjectivity is an element to be embraced and aims to represent the situated, partial standpoint that it occupies while acknowledging and respecting the differing perspectives it encapsulates and the viewpoints that it cannot occupy. It considers that science can construct and approximate knowledge reliably that is capable of practical power and benefits (Letherby et al., p. 3) based on the systematic representation of diverse perspectives, whether with qualitative or quantitative tools.

Several acknowledgements about this research should be made. One strength of this thesis is that it includes and analyses the views of tens of thousands of participants through surveys administered by a breadth of RCTs. No matter how well derived, however, surveys can only approximate participants views in a snapshot of time and context with questions conceived from the disparate cultural lens of a Western researcher. While its aim is to benchmark the average effects of norm interventions on family violence among treated populations compared with untreated populations, a systematic review and meta-analysis necessarily aggregates studies that have narrowed and numerated participants’ views into questionnaires, which are further compressed into equations and pooled averages that will conceal unique viewpoints all together. Further, field researchers imaginably introduce concepts like inequality, human rights or violence into programmes and surveys that may bear little

resemblance to local realities. The thesis also privileges the view that practices like child marriage should be reformed due to their harmful consequences to health, even though such practices may be valued by local participants. It could further be argued that any and all attempts to intervene are misconceived. Indeed, efforts by Western researchers to improve well-being may be a poor, temporal substitute for participants conceiving of and locating the aspirations, resources and designs required to improve their own well-being. However, such interventions can also offer tools and other resources from which participants can choose and build projects of self-empowerment. It is hoped this study becomes a subject of discourse by which all parties learn and accelerate progress to the benefit of a greater collective understanding and harmonised benefit. In sum, this DPhil embodies a view that reality can only be approximated by both individuals and epistemologies but that these representations can be measured usefully and productively if only partially through including, acknowledging and respecting plural perspectives and democratic exchange.

3.3 Reflexivity

I write, first, from the perspective of a parent with two young children. I have done both the Triple P and The Incredible Years parenting courses with my partner. I have lived and worked in low-income countries, but I am not from an LMIC. I am also not a racial minority. I am a survivor of child maltreatment, although it would not have been called such at the time. Interpreting my personal history through the lens of the thesis, I could say that I have experience of social norms within a religious ethnic group, the Mormons, in which age at marriage, heterosexuality, discipline towards spouses and children, and other personal matters are interpreted for its members by God's appointed male priesthood. The calling of children and women is to serve the Church leaders, as well as fathers and husbands, who hold superior authority under the '[Patriarchal Priesthood](#).' Coercive control was commonly used to

force religious obedience, which became a source of struggle between my parents and their children. My elder brother resisted and later became a scientist, which lent me courage to break away. When I was 15, I lived for a year in kinship care with my mum's cousin who ran a foster home, which was an inspiring, transformative experience. Over the years, I benefitted from caring coaches, teachers, surrogates, therapists and friends, who supported me. Survivor wisdom has made me a fierce protector of and advocate for children. Even though my life has been lovely for a long time, I reluctantly took on the topic of family violence. While difficult, the research helped to frame and make sense of my personal experience and to provide pieces of a picture that I didn't know I was missing, a picture that I am now better prepared to leave behind.

Finally, I am a researcher and practitioner bringing extensive professional experience to academia. My goal for the thesis was to make interventions work better for practitioners, and my personal commitment is to make a tangible difference in helping marginalised groups of all ages and identities to decide and to provide for themselves. I was a qualitative researcher who was asked and able to learn statistical methods at short notice. Undertaking statistical methods was a leap with little view of what was involved, requiring that I work in close partnership with a statistics tutor and co-author Dean Langan (DL), without whom the undertaking would not have been possible.

3.4 Choice of methods

There are many potential methods possible to answer the first research question, 'What interventions exist to change norms that sustain family violence in LMICs?' A scoping review's purpose is to identify the parameters of and gaps in the literature and clarify concepts, which can inform a systematic review (Munn, Peters et al., 2018). A systematic

review, by contrast, assembles empirical evidence according to documented, pre-specified criteria to answer a specific research question (Higgins, Thomas et al., 2019, p. 4). “If the authors have a question addressing the feasibility, appropriateness, meaningfulness or effectiveness of a certain treatment or practice, then a systematic review is likely the most valid approach” (Munn, Peters et al., 2018, p. 2). A systematic review was chosen to compare the effectiveness of different interventions and to offer a balanced summary of harms and benefits of interventions, so practitioners can choose the most appropriate interventions (Higgins, Thomas et al., 2019, p. 4).

The main task was to establish a baseline estimate of the effectiveness of norm interventions to prevent family violence in a growing field of evidence, per the second and third questions: ‘Are norm interventions to prevent family violence in LMICs effective and how?’ and ‘How can norm interventions in LMICs to prevent family violence be improved?’ A meta-analysis enables researchers to benchmark effectiveness by combining and comparing the effect sizes of different programmes (Glass, 1976; UCL, 2020). Meta-analyses determine the combined strength of evidence, whether studies are helpful or harmful overall, and the consistency between studies (UCL, 2020). One of the most important criteria of a meta-analysis is how broad the objective is in scope (UCL, 2020). “It is an important feature of a meta-analysis that it may (and usually must) address a broader question than those addressed by the primary studies it includes. Thus a certain amount of diversity among the studies is not only inevitable but also desirable (Rosenblad, 2009).” We anticipated this diversity and interpret the findings with attention to the dispersion of results, as suggested by Rosenblad (2009), by grouping and exploring differences with component categories, as described in Section Error: Reference source not found below.

Such diversity can be explored through Qualitative Comparative Analysis (QCA) or meta-regression. A QCA identifies individual and combined programme components associated with higher and lesser effectiveness, which are used to identify multiple pathways to effectiveness (Melendez-Torres et al., 2019) and a ‘causal recipe’ (Thomas, O’Mara-Eves et al., 2014). Meta-regression, by contrast, investigates how components are associated with intervention effects in the meta-analyses (Higgins, Thomas et al., 2019, pp. 265-267). The coefficient from a meta-regression analysis describes how the intervention effect changes with a unit increase in the effect modifier, or component (Higgins, Thomas et al., 2019, p. 268), enabling researchers to test for differences in intervention effectiveness associated with the presence of different components (Melendez-Torres, Leijten et al., 2019b).

Both meta-regression and sub-group analysis would be viable methods, but meta-regression was preferred, first, because results emphasise the size of any change in the effect size. The main parameter estimated in this technique is the regression coefficient, which can be interpreted as a mean difference in the outcome. Sub-group analysis, by contrast, produces statistics that describe any heterogeneity between the subgroups of data. Second, subgroup analyses tend to be displayed as a forest plot and, given the number of models to be fitted, would not be a concise way to present the findings.

Cochrane and others advise that meta-regression should be considered when there are 10 studies or more in a meta-analysis (Myung, 2023), but also suggests there should be 10 or more studies for each characteristic modelled. This advice is intended, however, for a single-level model where each study has only one effect size. For multi-level analysis, the number of required effect sizes will ultimately depend on the extent of correlation within studies, with higher dependence requiring higher minimums (Maas & Hox, 2005). As noted in section

3.5.8, observations nested in higher-level clusters like schools or studies can mean that participants' behaviours are more similar and are more likely to provide dependent rather than unique information (Fernández-Castilla, Jamshidi et al., 2020). In a worst-case scenario, if one assumes complete dependence of ESs within each study, one would most conservatively expect 10 or more studies to be involved in the entire model, counting those with and without the predictor variable. Ultimately, 16 studies with 66 effect sizes were included in the child maltreatment review; 12 studies with 54 effect sizes were in the child marriage review; and 37 studies with 215 effect sizes were contained in the IPV review, as described in Chapters 4, 5 and 6. Only one predictor variable, norms for physical CM, may not meet this criteria in the analysis of VAWC-integrated studies in Table 30 but this is under a worst scenario. The number of effect sizes would be sufficient (10 with, 7 without) assuming some independence.

The quantification and comparison of norms and their effects has been perhaps the most serious limiting factor to advancement of the field. Norms have traditionally been studied with qualitative methods as they're considered to rely on context-specific perspectives. A purely qualitative stance, however, propels a wide variation in how norms are defined and measured, limiting our understanding of what actually works to change norms. Moreover, norm interventions are a relatively young field, with most studies published after 2015. Considerable heterogeneity, or dissimilarity, is expected in terms of what studies measure and the tools they use, which is reported for meta-analyses with the I-squared measure. Rosenblad (2009) suggests that a good meta-analysis anticipates this diversity and interprets the findings with attention to the dispersion of results across studies, which this study does by analysing the moderating effects of components on programme effectiveness using meta-regression. The possibility of publication bias also exists, whereby studies with negative results remain

unpublished because studies aren't submitted to journals or are peer reviewed less favourably, a process that can be subject to bias and conflicts of interest (Higgins, Thomas et al., 2019). Thus, if studies or outcomes with no effect were sometimes not published, then results in this research may reflect a positive bias and overestimate actual effects.

Sensitivity analysis is advised by Cochrane when arbitrary decisions regarding inclusion or exclusion criteria, such as participants' ages, or missing information might have influenced the results (Higgins, Thomas et al., 2019). It defines sensitivity analysis as "a repeat of the primary analysis or meta-analysis, substituting alternative decisions or ranges of values for decisions that were arbitrary or unclear" (Higgins, Thomas et al., 2019). Within meta-analyses in this research, it was found that outliers related not to arbitrary numerical thresholds but to key programme features in interventions that were associated with larger effect sizes. For example, the Safe at Home intervention (Falb, Khudejha et al., 2023) achieved outlier effects on child maltreatment overall, physical and verbal maltreatment, attitudes towards maltreatment overall, and IPV overall. It's theorised that successful effects are explained by the presence of mutually reinforcing programme components, namely parenting, couples counselling and community mobilisation, through a family strengthening programme that included children. Similarly, the SASA! programme (Abramsky, Devries et al., 2014) showed outlier effects on children witnessing IPV, sexual IPV and physical IPV, owing to a multi-level community mobilisation programme that measured effects at the population level. Thus, was not undertaken, as the outlier effects were not arbitrary but reflected necessary features of programmes predicting larger effects.

Despite the many precautions taken with the research methodology, challenges and limitations remain. Norms and interventions to change them will carry a multitude a

definitions and strategies. Child maltreatment, child marriage and IPV are distinct fields with their own taxonomies and instruments, which will confront dissimilarities within their own fields. Interventions will be measured at different time points and, while norm change is meant to strengthen outcomes over time as beliefs and behaviours change and become socially reinforced, outcomes are necessarily measured at first post-test to achieve as much consistency as possible. As it's the first meta-analysis or meta-regression of norm interventions to prevent family violence, the research is an exploratory study to benchmark how norms are currently defined and measured within interventions, to understand the effectiveness of norm interventions and what makes them effective, and to identify gaps for future research.

The DPhil was thus to undertake a series of systematic reviews with multi-level meta-analysis to summarise effect estimates from norm interventions to prevent family violence and multi-level meta-regression to test for differences in intervention effectiveness associated with key programme components: intervention type, behaviour change techniques, whether programmes were locally led, which ecological layer they addressed, the number of ecological layers, and norm type.

3.5 Methods

To better capture and describe the evidence, extensive background searches were undertaken, including SRs and MAs of interventions to prevent child maltreatment, child marriage, and intimate partner violence. A basket of studies and supporting papers were compiled, which shaped an understanding of key terms, how norms were included and measured, and intervention types and their components. These findings shaped the scope of research, research plan and protocol, and search parameters, which was piloted dozens of times until

the number of new studies found reached a plateau. The protocol was published on PROSPERO ([CRD42021192425](https://doi.org/10.1111/CRD4.2021192425)).

3.5.1 Eligibility criteria

The research adhered to the guidance from the Cochrane Handbook for Systematic Reviews of Interventions (Higgins, Thomas et al., 2019). Accordingly, the subject of the systematic review was defined by the population of interest, interventions, comparisons, outcomes and study designs that are of interest, or PICOS, framed by the question below (Higgins, Thomas et al., 2019, p. 33).

Population: In families in low- and middle-income countries,

Intervention: how effective are interventions that explicitly aim to change norms that violence is typical and acceptable, including attitudes, beliefs, approval, endorsement, agreement, intention and justification,

Comparison: compared with active and inactive controls, including no intervention, waitlist control, or alternative intervention, for

Outcomes: preventing family violence, including child maltreatment (including corporal punishment), child marriage or intimate partner violence (IPV), and the norms that sustain these practices, using

Study designs: randomised controlled trials and cluster randomised controlled trials.

3.5.1.1 Population

The population of interest was families in LMICs. Families might include married or unmarried parents of either gender, or couples without children, as well extended family members like grandparents who serve as carers and polygamous families. Family generally refers to those living with a household. The search covers interventions in current LMICs as classified by the World Bank in 2021 when the protocol, not the study, was published. For the 2021 fiscal year and for studies in the review, LMICs are those economies with a GNI per capita below \$12,535 in 2019, including a) low-income, b) lower-middle income, and c) upper-middle-income countries (World Bank, 2019). The people within these studies were

family members including adults over age 18, teens age 10-17, and children, age 0-9 years. Participants outside of LMICs as classified in 2021 were excluded.

Abuse that mainly or often occurs outside the immediate family was also excluded. Examples include non-partner sexual assault, bullying from peers, trafficking, and child sexual abuse, where parents are less likely to be the perpetrators (Whitaker, Le et al., 2008, p. 534). While some definitions of family violence include sibling and elder abuse (Rutherford, Zwi et al., 2007), a search of the literature for VAW and VAC produces more than 1.7 million results each on Google Scholar (Guedes, Bott et al., 2016a, p. 4). I therefore limit the inquiry to violence by adults against children and women in the immediate family.

3.5.1.2 Intervention

The second step of PICOS was to define what is -- and is not -- a norms-based intervention. Defining norms-based interventions presents several challenges in that they are complex; poorly defined; varied in context, delivery and measurement; work across ecological layers; and are commonly confused in interventions with attitudes, expectations, endorsements, or approval. However, norm interventions do share a common aim from which a definition can develop: Interventions that explicitly aim to change norms of what is typical and appropriate for family violence. Norms may be expressed as:

- Empirical expectations or descriptive norms
- Normative expectations or injunctive norms
- Perceptions, attitudes or beliefs about the acceptability of violence, including approval, agreement, justification, intention and endorsement

In the background search, it was found that many more studies address attitudes than norms. Further, many researchers commonly targeted social beliefs like norms but inadvertently measured personal beliefs. The Gender Equitable Men Scale (GEMS), for example, measures

“attitudes toward gender norms in intimate relationships or differing social expectations for men and women,” but assesses personal agreement with statements, such as “There are times when a woman deserves to be beaten” (Nanda, 2011). Our task was to screen out programmes that might measure attitudes but had little focus on norms, while retaining interventions aimed at norms but that mistakenly measured attitudes. I did this by stipulating that the term ‘norms’ had to be used within the study’s primary or secondary outcomes or theory of change while proxies, such as attitudes and approval, could be used for measurement. Most qualifying interventions included 7 or more references to norms.

Table 3 PICOS Inclusion Criteria

<p>Condition being studied: Social norms that sustain family violence against women and children in LMICs</p>
<p><u>Population</u> Inclusion criteria: Family members in low- and middle-income countries (LMICs) including: For IPV outcomes, adult and adolescent males and females over age 10. For violence against children outcomes, children aged 0-18.</p> <p>Exclusion criteria: Participants outside of LMICs as currently classified in 2021.</p>
<p><u>Interventions</u> Inclusion criteria: Intervention studies that explicitly aim to change social or gender norms and reduce family violence, including child maltreatment (including corporal punishment), FGM/C, child marriage or IPV. The term norms must be used in the aims of the study, or the theory of change, or the primary or secondary outcomes.</p> <p>Norms must be measured, but this may include broader norm-like words and concepts related to norms around family violence, including empirical expectations, descriptive norms, normative expectations, injunctive norms, perception, attitudes, beliefs, acceptability, approval, agreement, justification, intention, and endorsement.</p> <p>Common norms-based interventions to prevent family violence may include media campaigns, education and edutainment, community mobilisation, parent training, couples training, life skills training, livelihoods training, personal finance management, cash and asset transfers and schooling support.</p> <p>Exclusion criteria: Interventions that focus on reducing other forms of violence outside the home (E.g. bullying, youth violence, non-partner sexual assault, trafficking or sexual harassment), and other forms of violence that may take place in or outside the family, including honour killings or sexual violence against</p>

children (E.g. incest).

Comparison

Inclusion criteria:

Randomised comparisons with active and inactive controls, including no intervention, waitlist control, or alternative intervention.

Exclusion criteria:

Non-randomised comparisons

Context

Inclusion criteria:

LMICs are classified by the World Bank as a) low-income, b) lower-middle-income, and c) upper-middle-income country with a GNI per capita below \$12535. The classification is based on the year this systematic review was conducted, 2021, and not the year the study was published <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>.

Exclusion criteria:

Studies not conducted in LMICs as classified by the World Bank in 2021.

Outcomes

Inclusion criteria:

Social norms, or expectations of what is typical and acceptable in a group, regarding child maltreatment (including corporal punishment), FGM/C, child marriage, and IPV, including empirical expectations or descriptive norms; normative expectations or injunctive norms; perception; attitudes; beliefs; approval; acceptability; agreement; justification; intention; or endorsement.

Other outcomes to be extracted will include:

IPV, including psychological, physical or sexual abuse or controlling behaviours;

Witnessing IPV by a child, including psychological, physical, or sexual abuse;

Child marriage;

FGM/C;

Child maltreatment (including corporal punishment) by a parent or caregiver, including neglect, physical abuse, or harsh parenting.

Measurements may include self-reports (e.g. questionnaires or structured interviews), reports of other family members, systematic direct observations, or administrative reports.

Exclusion criteria:

Interventions that aim to change norms but fail to measure norms or attitudes.

Interventions that measure attitudes but don't explicitly aim to change norms, omitting the term 'norms' from the aims, the primary or secondary outcomes or the theory of change.

Study designs

Inclusion criteria:

Randomised controlled trials.

Exclusion criteria:

Qualitative, quasi-experimental designs and non-randomised studies.

General exclusions:
Studies not in English.
Laboratory experiments.

3.5.1.3 *Comparison*

The review compared studies that used both active and inactive controls, including no intervention, waitlist control or alternative intervention. Results with active control were labelled so any differences could be observed and subgroup analysis conducted, if needed.

3.5.1.4 *Outcomes*

The fourth step was to define the intended outcomes of the studies, which are listed and organised in Error: Reference source not found below. For violence, the research gathered outcomes for verbal, physical and sexual violence, neglect, child marriage and associated norms, and those particular to each field -- neglect and witnessing IPV among children and controlling behaviours of women. Measurement of outcomes could include self-reports (e.g. questionnaires or structured interviews), reports of other family members, systematic direct observations, or administrative reports. Both carers and children reported maltreatment outcomes, although most included studies reported perpetration by parents. For IPV outcomes, however, most studies reported victimisation. Based on the high prevalence within LMICs, the research considers only the perpetration of IPV by males in heterosexual relationships, excluding same-sex relationships and IPV perpetrated by females (Meyer, Hardt et al., 2023). A test for moderators will be undertaken to compare perpetrator with survivor reports to detect potential underreporting.

Child maltreatment outcomes included neglect, physical abuse, or harsh parenting by a parent or caregiver, including a grandparent or extended family member, but also included children witnessing IPV, including psychological, physical, or sexual abuse. Corporal punishment was categorised as verbal or physical violence within child maltreatment, since corporal punishment and child maltreatment can be difficult to distinguish, since corporal punishment is the largest risk factor for child maltreatment (Straus, 2000), and because more severe forms of corporal punishment blend with maltreatment. Child marriage outcomes included girls who were married or living as if married under the age of 18, which tended to be reported by girls in included studies.

IPV outcomes could include psychological, physical or sexual abuse or controlling behaviours, which also included economic IPV. Controlling behaviours are defined by the WHO (2012) as “isolating a person from family and friends; monitoring their movements; and restricting access to financial resources, employment, education or medical care,” which consequently includes economic IPV. Outcomes for controlling behaviours applied only to female survivors, revealing an assumption in the literature that such behaviours are not equally as important or harmful for children.

Table 4 Outcome categories from all studies

Violence:	Norms:	Adult Violence	Teen 10-17 years	Child 0-9 years
Overall	Norms_CMoverall or NormsIPVoverall	IPVoverall	IPVoverall or CMoverall	CMoverall
Sexual	Norms_IPVsexual	IPVsexual	IPVsexual or CMsexual (excluded)	CMsexual (excluded)
Physical	Norms_CMphysical or Norms_IPVphysical	IPVphysical		CMphysical
Verbal	Norms_CMverbal or Norms_IPVverbal	IPVverbal	IPVverbal or CMverbal	CMverbal
Controlling (economic)	Norms_IPV or Norms_CMcontrolling (not found)	IPVcontrolling	IPVcontrolling or CMcontrolling (not found)	CMcontrolling (not found)
Severe	Norms_IPVsevere (not found)	IPVsevere (not coded)	IPVsevere (not found)	CMsevere (not found)
Neglect	Norms_CMneglect (not found)	NA	CMneglect	CMneglect
Witnessing IPV	Norms_witnessingIPV (not found)	NA	CMwitnessIPV	CMwitnessIPV
Child marriage	Norms_ChildMarriage	NA	ChildMarriage	ChildMarriage
Gender equality	Norms_genderequal	IPVnorms_genderequal	IPVnorms_genderequal	CMnorms_genderequal (not found)
Age equality	(not found)	(not found)	(not found)	(not found)
Secondary:				
Shared decision making	IPVnorms_shareddecisionmakg	IPVshared_decisionmakg	CMshared_decisionmakg	CMshared_decisionmakg
Shared household chores	IPVnorms_sharedchores	IPVshared_chores	NA	NA
Income generating activity IGA	Norms_IGA (not found)	IPV_IGA	IPV_IGA	CM_IGA
Shaping wants	Shaping_wants (not found)	(not found)	(not found)	(not found)

Outcomes for social norms would ideally measure expectations of what is typical and acceptable in a group regarding child maltreatment, child marriage and IPV, including empirical and normative expectations about what others do and what they should do. However, significant differences in norm definitions, types of interventions, and instruments of measurement have made meta-analysis or meta-regression norm interventions difficult (Greene, Edmeades et al., 2024; Legros & Cislighi, 2020; Morris, Hong et al., 2015). In a systematic review of theories to explain norms, Legros and Cislighi (2020) found that disagreement mainly reflected disciplinary boundaries. From economics, Burke and Young discussed how to incorporate norms into economic models and how they “affect the dynamics of economic adjustment” (Benhabib, Bisin et al., 2010, p. 313), while Young (2015) reviewed how norms change in the context of evolutionary game theory. Sunstein considered norms from the standpoint of legal studies to “understand and defend the place of law in norm management” (Sunstein, 1996, p. 907) and Cialdini & Trost (1998) appraised conformity to norms from the relational perspective of social psychology. Therefore, outcomes also included personal beliefs, such as perceptions; attitudes; beliefs; approval; acceptability; agreement; justification; intention; and endorsement of beliefs.

Table 5 Normative beliefs categorised from studies

	Proxies of norms, or attitudes	Empirical expectations	Normative expectations	Violent behaviours and beliefs from studies	Coded outcome:
Women Cultural violence	Men have more competence and worth than women (Buchmann, 2023) Women have less competence and worth (Buchmann, 2023) It's men's wishes that matter	Others who are influential to me ('influential others') believe men have more competency and worth than women In other families, the man's wishes come first	Influential others believe men should have more competency and worth than women Women and children should be subordinate to men	"Important decisions should only be made by men in the family" (Ismayilova, Karimli et al., 2018)	Norms_genderequal Norms_selfdetermination (none found) Norms_coercion (not found)
Structural violence and decision-making	Men have more authority and resources than women Women should have less authority and resources	Influential others believe men have more authority and resources than women	Men should have more authority and resources than women	"Women should leave politics to men" (Stark, Seff et al., 2018b) "Men were asked who should have the final say in household decisions on major household purchases..., what to do with money the wife earns from work, and how many children to have" (Fleming, Silverman et al., 2018)	Norms_decisionmaking Norms_selfdetermination (none found) Norms_genderequality
Household chores; time use	Women should take care of the family and home	Women who are influential to me take care of the family and home	Women who matter to me believe I should take care of the family and home	"A woman's most important role is to take care of her home and cook for her family." (Chzhen, Prencipe et al., 2021)	Norms_sharedchores
Verbal, physical or sexual	Men are entitled to coerce compliance to their wishes by women,	Influential others believe men coerce compliance by	Males are entitled to coerce the submission of females, whether	"A husband is justified in hitting or beating his wife in each of the following five situations:	Norms_IPVoverall Norms_IPVverbal Norms_IPVphysical

	Proxies of norms, or attitudes	Empirical expectations	Normative expectations	Violent behaviours and beliefs from studies	Coded outcome:
Violence or controlling behaviours	whether verbally, sexually, physically or through controlling behaviours A man is justified to beat his wife for certain reasons	women, whether verbally, sexually, physically or through controlling behaviours Women are responsible for unwanted sexual attention or sex	verbally, sexually, physically or through controlling behaviours Girls should not do things that provoke rape	1) If she goes out without telling him 2) If she neglects the children 3) If she argues with him 4) If she refuses to have sex with him 5) If she burns the food" (Austrian, Soler-Hampejsek et al., 2020b)	Norms_IPVsexual Norms_IPVcontrolling Norms_selfdetermination (none found)
Children Cultural violence	Parents are more competent and knowing than children Children are incompetent and unknowing	Most people believe parents are more competent and knowing than children	Children should obey their elders	"Girls are not allowed to say no to an arranged marriage" (Amin, Saha et al., 2018)	Child_marriage Shared_decisionmaking (none found) Norms_selfdetermination (none found)
Structural violence	Parents have more authority and resources Children should not have authority or resources	Others I know have more authority and resources than their children	Influential others believe parents should have more authority and resources than children	(no studies)	Norms_selfdetermination (none found)
Verbal or physical violence or controlling behaviours -	Parents are entitled to coerce compliance by children, whether verbally, physically or through controlling behaviours	People who matter to me believe parents are entitled to coerce compliance by children, whether verbally, physically	Influential others believe parents should coerce obedience by children, whether verbally, physically or through controlling (vs encouraging)	"Mothers reported if they or other members of the household had engaged in violent or harsh discipline practices (e.g., shamed your child by having him stand on his/her knees; deprived your child of food) toward the child in the past	Norms_CMoverall Norms_CMverbal (none found) Norms_CMphysical Norms_CMneglect (none found) Norms_CMwitnessIPV

	Proxies of norms, or attitudes	Empirical expectations	Normative expectations	Violent behaviours and beliefs from studies	Coded outcome:
		or through controlling behaviours	behaviours A parent is justified to hit their child for certain reasons	year” (Ismayilova & Karimli, 2020). “Sometimes parents must hit children to make them listen; (b) Children should fear their parents; (c) Children who misbehave should be physically disciplined...” (Merrill, Knight et al., 2018)	(none found) Norms_CMsexual (excluded) Norms_CMcontrolling (no studies) Norms_selfdetermination (none found)

The categorisation of norms is perhaps a key innovation in the thesis's methodology. It was found that norms could be grouped and categorised by recording the belief that authors measured, e.g., it is best if girls marry before age 18 (normative). Such beliefs can be categorised by whether the participant thinks that something should happen (normative); usually happens (empirical), e.g., most families in my village do not send their girls to secondary school; or expects opposition (sanctions). Beliefs were consolidated and grouped by norm type and violence type as illustrated above in Table 5.

Secondary outcomes explored how interventions contributed to children's and women's empowerment, defined as processes that lift constraints and free individuals from discrimination and violence in all spheres of life (Ismayilova, Karimli et al., 2018; United Nations, 2015). Conceptually, empowerment could apply to children given there are many developmental stages and no clear finish line of adulthood (Brown & Beran, 2007), which itself does not assure competence. There is also no benefit in assuming that children's empowerment does or should not exist, and the literature can only gain from the evaluation of any evidence. The following indicators of empowerment were selected as secondary outcomes from within the mid-term outcomes: income generating activity, shared household decision-making, and shared household chores. Poverty is often cited as a key risk factor for IPV and child maltreatment (Hughes, Bolis et al., 2015; Ismayilova, Karimli et al., 2018; Jewkes, Levin et al., 2002; van IJzendoorn, Bakermans-Kranenburg et al., 2020; Vyas, Mbwambo et al., 2015). Income generating activities for girls have been successful in reducing child marriage. Harsh parenting is also associated with stressors, such as financial strains (Crnic & Acevedo, 2002; Ismayilova & Karimli, 2020), and low household income has been negatively correlated with parental responsiveness (Bradley & Corwyn, 2002; Ismayilova & Karimli, 2020; Magnuson & Duncan, 2019).

Shared household decision-making was used to assess whether people have equal decision-making power over household resources as well as control over their own well-being (Ismayilova, Karimli et al., 2018). For women at least, limited shared decision-making power is commonly associated with domestic violence (Hidrobo & Fernald, 2013; Hindin & Adair, 2002; Ismayilova, Karimli et al., 2018), although no results were found in included studies on shared decision-making for children. Finally, inequitable gender roles, such as housework, enable the exploitation of women and girls (Christofides, Hatcher et al., 2020; Santana, Raj et al., 2006) and, in high-income countries, women are estimated to perform 2.5 times more unpaid care and domestic work than men (Elson, 2017). Children also leave school for paid employment, which is a common coping strategy in poor households (Thi, Zimmerman et al., 2023). Of children ages 5 to 17, 160 million were estimated to be involved in child labour and hazardous work in 2020 (ILO & UNICEF Office of Research – Innocenti, 2022).

Because studies were grouped by outcomes, one study may be relevant to multiple chapters. A study containing outcomes for all three areas of family violence, like SASA! (Abramsky, Devries et al., 2014) for example, could appear in all three reviews. Additionally, some cross-cutting outcomes like norms for gender equality, shared decision making, shared chores, and income-generating activity could apply to multiple chapters. Such outcomes were kept with the primary outcome from their study. Hence outcomes for gender equality norms from a study where child marriage was primary were analysed in the child marriage chapter.

3.5.1.5 Study designs

The mounting adoption of RCTs means a sufficient number of interventions were found using randomised trials, which produced 46 initial RCTs across the three papers within the

thesis (Higgins, Thomas et al., 2019). In a RCT, one group is randomly divided into intervention and comparison conditions (Solotaroff & Pande, 2014). Randomisation accounts for factors such as socioeconomic status that may influence the outcome and better allow attribution of any change to the treatment, making RCTs the most rigorous way to evaluate impact (Solotaroff & Pande, 2014, p. 143). Randomisation not only removes potential for systematic error or bias, but also balances the known and unknown confounding factors that lead to wrong conclusions (Nair, 2019). Thus, the research included only interventions using RCTs so it had the highest certainty that the observed treatment effects could be attributed to the intervention, rather than external factors (Ovosi, Ibrahim et al., 2017). Excluded study designs included qualitative, quasi-experimental and non-randomised designs. The research excluded studies conducted in laboratories to improve replicability in future field work and those not published in English owing to limited resources. Studies published after 2000 were thought to be most relevant to current interventions.

3.5.2 Information sources

The search strategy was implemented across the databases below in July 2021. Further searches with Google and Google Scholar continued until February 2023 to hand search references from relevant papers and systematic reviews and the grey literature, since many interventions are produced by the international development sector in the form of unpublished reports.

Scopus; PubMed; PsynINFO; Web of Science; and ProQuest, which incorporates IBSS, ERIC, and the Social Science Citation Index. Other databases include Global Health; POPLINE; ChildData; Social Care Online; Campbell Collaboration; PsycArticles; Social Policy and Practice; Sociological Abstracts; Social Science Research Network; African Index Medicus; Academic Search Complete; Cochrane Library; Women's Studies International; Google; Google Scholar; and grey literature, including conference proceedings, unpublished studies, dissertations, and grant reports from governmental agencies and NGOs.

3.5.3 Search strategy

The following search terms were used and adapted for each database. Search terms were optimised for specificity until a reduced number of irrelevant results were returned. There were no limits on dates applied to the search strategy.

- **Population:** low? to middle?income countr* OR lower*middle*income OR LMIC* OR develop* countr* OR Afghanistan OR Burkina Faso OR Burundi OR Central African Republic OR Chad OR Democratic Republic of Congo OR Eritrea OR Ethiopia OR The Gambia OR Guinea OR Guinea-Bissau OR Haiti OR North Korea OR Liberia OR Madagascar OR Malawi OR Mali OR Mozambique OR Niger OR Rwanda OR Sierra Leone OR Somalia OR South Sudan OR Sudan OR Syria OR Tajikistan OR Togo OR Uganda OR Yemen OR Angola OR Algeria OR Bangladesh OR Benin OR Bhutan OR Bolivia OR Cabo Verde OR Cambodia OR Cameroon OR Comoros OR Republic of the Congo OR Cote d'Ivoire OR Djibouti OR Egypt OR El Salvador OR Eswatini OR Ghana OR Honduras OR India OR Kenya OR Kiribati OR Kyrgyz Republic OR Lao OR Lesotho OR Mauritania OR Micronesia OR Moldova OR Mongolia OR Morocco OR Myanmar OR Nepal OR Nicaragua OR Nigeria OR Pakistan OR Papua New Guinea OR Philippines OR Sao Tome and Principe OR Senegal OR Solomon Islands OR Sri Lanka OR Tanzania OR Timor-Leste OR Tunisia OR Ukraine OR Uzbekistan OR Vanuatu OR Vietnam OR West Bank and Gaza OR Zambia OR Zimbabwe OR Albania OR Samoa OR Argentina OR Armenia OR Azerbaijan OR Belarus OR Belize OR Bosnia OR Botswana OR Brazil OR Bulgaria OR China OR Colombia OR Costa Rica OR Cuba OR Dominica OR Dominican Republic OR Equatorial Guinea OR Ecuador OR Fiji OR Gabon OR Georgia OR Grenada OR Guatemala OR Guyana OR Indonesia OR Iran OR Iraq OR Jamaica OR Jordan OR Kazakhstan OR Kosovo OR Lebanon OR Libya OR Malaysia OR Maldives OR Marshall Islands OR Mexico OR Montenegro OR Namibia OR North Macedonia OR Paraguay OR Peru OR Russia OR Serbia OR South Africa OR St Lucia OR St Vincent OR Suriname OR Thailand OR Tonga OR Turkey OR Turkmenistan OR Tuvalu OR Venezuela
- **Intervention:** intervention* OR program* OR campaign* AND
- **Outcome:** corporal punishment OR harsh parenting OR child maltreatment OR FGM OR FGC OR child marriage OR early marriage OR intimate partner violence OR domestic violence OR family violence OR violence against (women OR children) OR (physical OR emotional OR psychological) abuse OR neglect AND social norm* OR gender norm* OR empirical expectation* OR descriptive norm* OR normative expectation* OR injunctive norm*
- stype.exact("Conference Papers & Proceedings" OR "Magazines" OR "Trade Journals" OR "Government & Official Publications" OR "Reports" OR "Books" OR "Working Papers" OR "Blogs, Podcasts, & Websites" OR "Scholarly Journals" OR "Dissertations & Theses")
- la.exact("English")
- Anywhere except full text

3.5.4 Selection process

Once no new relevant records were found, searching stopped (Higgins, Thomas et al., 2019, p. 88) and study selection began. The selection process involved (Higgins, Thomas et al., 2019, p. 93):

1. Merging search results from different sources using EndNote reference management software and removing duplicate studies;
2. Screening title and abstracts in Covidence to remove irrelevant reports;

3. Linking together multiple reports of the same study;
4. Examining the full text of reports for compliance with eligibility criteria;
5. Clarifying whether studies met eligibility criteria;
6. Deciding study inclusion and collecting data; and
7. Recording ongoing trials to add to the ongoing studies table.

KS and BS worked independently to screen and select studies for inclusion. Raters removed duplicates, and recorded the number removed. KS and BS then screened titles and abstracts to determine if title were relevant. After linking together all reports from the same study, raters applied the eligibility criteria to the full text of the studies, again documenting their decisions. Inter-rater reliability (IRR) was 92% and was considered acceptable if the score were greater than 80%.

3.5.5 Data collection process

A template for data extraction was developed in Excel. Papers for all studies were searched, collected, rated, and extracted together, with only the analysis done separately. Per the protocol, it was anticipated that KS, YS and BS would double code 10% of full-text studies; however, given the large number of results, a team of volunteers was recruited by KS to assist with the complex task of cataloguing and extracting data in exchange for co-authorship. Volunteers were Sophia Backhaus, Alexandra Blackwell, Nontokozo Langwenya, Madison Little, David Rodriguez, Bridget Steele, and Yulia Shenderovich. KS hosted two sessions with 4 hours of training in which coders worked independently and together and provided access to study files and comprehensive list of studies. Volunteers self-selected which studies to extract and most had prior experience with meta-analysis or quantitative data. Coders completed a draft of extracted studies, and KS completed and double coded extractions. Reasons for exclusion were recorded. Papers reporting data from the same study were collated and counted as one study. Authors were contacted for missing information.

3.5.6 Data items

The aim of the thesis was not only to establish what works within each field of family violence, but also what works across them. Components used by the CM field vary vastly from those used by IPV. For example, a MA of parenting interventions by van der Put et al. (2018) includes home visitation, before school, and substance-abuse interventions as well as techniques, e.g., skills building, practical support, and social support. Few IPV reviews looked at the moderating effects of programme components, but Alsina (2023) used “individual support/counseling, small-group counseling, economic empowerment, community mobilization, and IPV screening and referral,” where the first two types address types of delivery. A key challenge was thus to unify and compare measurements from the three fields of violence in a common framework. Cochrane recommends grouping differences in the synthesis where differences alter how the intervention is implemented (Higgins, Thomas et al., 2019, pp. 39-44). Interventions were thus grouped and analysed by six components: 1) norm type, 2) intervention type, 3) behaviour change techniques, 4) the number of ecological layers and 5) which layers the components addressed, as well as 6) whether interventions were locally led..

3.5.6.1 Norm type

Norm type explored whether the *type* of normative belief made a difference to the *size* of its impact on belief outcomes, including injunctive norms, empirical norms, attitudes and sanctions. This innovation enabled us to establish if injunctive norms or sanctions were associated with stronger effects on outcomes than empirical expectations or attitudes. For example, marrying your daughter older may risk your social reputation and status (sanction), which may influence you more than what you anticipate the neighbours are doing (empirical) or when they think girls should marry (injunctive norm).

3.5.6.2 *Intervention type*

Next, common but distinct intervention types were identified across reviews of child maltreatment, child marriage and IPV interventions. Intervention types were developed from extensive practice searches and rehearsal coding. Categories had to be distinct so as to be measured, and a component such as group training, for example, would not be usable since it applies to multiple types. However, group training was reflected in BCTs below under Comparing Behaviours, which denotes where participants practiced and demonstrated behaviours together. To derive the list of intervention types, several reviews were researched across all three fields of violence, intervention types were identified that applied to at least two fields, and then commonly appearing intervention types were counted, which was distilled into the list of intervention types below.

Table 6 Construction of intervention types

For child maltreatment (including corporal punishment) (Gershoff, Lee et al., 2017) (Mikton & Butchart, 2009; Poole, Seal et al., 2014; van IJzendoorn, Bakermans-Kranenburg et al., 2020):

- Campaigns, including edutainment and advocacy
- Parent training including individual- and group-based
- Community mobilisation, including community dialogue, activism, activities, and outreach
- Campaigns, including edutainment and advocacy

For child marriage (Kalamar, Lee-Rife et al., 2016):

- Schooling support, including fees, uniforms, books, supplies, private tuition, and teacher training
- Life skills training, including advice or mentoring on social networking, human rights, budgeting, or health
- Couples counselling, including men- and women-only groups; skills involved in being in intimate relationships
- Livelihoods training, including vocational and savings
- Cash and asset transfers

For intimate partner violence (Bourey, Williams et al., 2015; Buller, Peterman et al., 2018; Ellsberg, Arango et al., 2015)

- Couples training, including men-only groups
- Financial support, which is primarily for personal development, including condition or unconditional cash and asset transfers access to insurances and savings products.
- Livelihoods training, which is primarily for vocational development, including microfinance, microcredit, market connections, business or career advice or training.

- Community mobilisation, including dialogue, activism, organising leaders, activities and participatory learning
- Campaigns, including edutainment and advocacy

In Michie’s taxonomy (2011, p. 7), intervention types each serve distinct functions: training imparts skills; campaigns use persuasion to incite positive or negative feelings or action; community mobilisation changes the physical or social context through environmental restructuring; and livelihoods use enablement to increase capabilities or opportunities, but there were too many to feasibly code and analyse studies by another layer of predictor variables.

3.5.6.3 Behaviour change techniques

The myriad of techniques found in the public health literature were previously canvassed and classified into a taxonomy by Michie et al. using a Delphi method (Corker, Marques et al., 2022; Michie, Wood et al., 2015), as shown in Figure 41 in the appendix. The BCT taxonomy is widely cited, showing 7,130 citations on Google Scholar in October 2024, and is cited by the Cochrane Handbook as an example of a system for grouping interventions for synthesis (Higgins, Thomas et al., 2019, p. 41). BCTs are defined as “the smallest parts of the content of a behaviour change intervention that are observable, replicable and on their own have the potential to bring about behaviour change” (Marques, Wright et al., 2023; Michie, West et al., 2021).

Table 7 Behaviour change techniques - adapted (Michie, Richardson et al., 2013)

1. Feedback and monitoring: monitoring or feedback on behaviours by self or others, biofeedback
2. Social support: emotional support, practical buddying, mentoring, networking. This was adapted to include the following subgroups:
 - Peers: a group of others like ‘me’ that share obvious characteristics, e.g. age or gender
 - Carer or spouse

- Reference group (two or more): carers, relatives, priests, friends, teachers, neighbours
 - Males: partner's friends, males in the community
 - Institutional: village elder, doctors, schools, service providers, lawmakers
 - Cultural: churches, media, monarchs, museums
3. Shaping knowledge: skills training, understanding or re-attribution of behavioural causes
 4. Understanding consequences: information regarding health consequences, anticipated regret
 5. Comparing behaviours: demonstrating the behaviour, comparing behaviours, info about others' approval
 6. Associations: prompts, nudges, time outs, confronting feared stimulus
 7. Repetition and substitution: habit formation, graded tasks, behaviour practice, more than six sessions/encounters
 8. Comparing outcomes: listing pros and cons, using credible opinion sources, comparing possible outcomes
 9. Reward or threat: material or social reward or punishment. This was adapted to include conditional and unconditional cash transfers, a key feature in financial support interventions.
 - Conditional reward
 - Unconditional reward
 10. Regulation: reduce stress and negative emotions, pharmacological support
 11. Antecedents: changing cues, adding objects to the physical or social environment, providing supplies
 12. Identity: promoting new identity, self as example or role model, beliefs incompatible with self-image, constructing a new self-identity, re-framing perspectives on a behaviour. This was adapted to add critical discourse.
 - Critical discourse: refers to curricula or dialogue that challenged power dynamics in relationships. It indicates where participants are challenging the status quo and the distribution of power and is inclusive of gender sensitivity and human rights education.
 13. Scheduled consequences: punishment, rewarding completion, predetermined reward for performing a behaviour
 14. Self-belief: mental rehearsal, self-talk
 15. Covert learning: imaginary reward, punishment

Interventions were coded on the basis of what the intervention was mainly about. If a programme mainly concerned financial health, for example, a programme with a budgeting element was coded with Financial Support. If budgeting were a minor element, it was coded with Lifeskills Training, which could include advice or mentoring on social networking, human rights, budgeting, or health. Critical discourse refers to curricula or dialogue that challenged power dynamics in relationships. Thus, critical discourse was inclusive of gender sensitivity and human rights education. It stood as an independent BCT, because it could

apply to multiple intervention types, such as couples counselling, parenting, community mobilisation or lifeskills training. Social Support was adapted to reflect the types of data found in the studies and sub-categories were added to reflect a potential hierarchy in both relational proximity and authority that might influence norm diffusion. Reward or Threat was broken into two subtypes to reflect existing debates about the relative effectiveness of Conditional and Unconditional cash and asset transfers. Like intervention type, BCTs could be used alone or in combination with other components as all interventions were complex and contained multiple components. Ecological layers were drawn from Bronfenbrenner's ecological model of human development (Bronfenbrenner, 1977). Intervention components were classified by ecological layers according to Table 8 below.

Table 8 Construct of ecological layer

Bronfenbrenner's Model (1977):	Application:
<ul style="list-style-type: none"> • Microsystem: The relationship of an individual with its setting, a physical place with roles and activities with which they engage for a time. 	<ul style="list-style-type: none"> • Individual (micro) layer: impact on the body and its environment, including prenatal care and attachment, maternal health, nutrition, cognitive development, and learning.
<ul style="list-style-type: none"> • Mesosystem: Interrelations among settings, including family, friends, work, school and church. 	<ul style="list-style-type: none"> • Relational (meso) layer: relationships in the family, community, village, church, networks, or neighbourhood.
<ul style="list-style-type: none"> • Exosystem: A setting with social structures that influence what goes on in a person's setting, including "the world of work, the neighborhoods, the mass media, agencies of government (local, state, and national), distribution of goods and services, communication and transportation facilities and informal social networks." 	<ul style="list-style-type: none"> • Institutional (exo) layer: organisations and the distribution of goods and services, e.g., law-making, policing, lobbying, economic development, or livelihoods.
<ul style="list-style-type: none"> • Macrosystem: "...The overarching institutional patterns of the culture or subculture, such as the economic, social, educational, legal, and political systems, of which micro-, meso- and exosystems are the concrete manifestations. These "blue prints" are "carriers of information and ideology that, both explicitly and implicitly, endow meaning and motivation to particular agencies, social networks, roles, activities, and their interrelations." 	<ul style="list-style-type: none"> • Cultural (macro) layer: memory and meaning from an authoritative source, including media, religion, monarchy, museum, folklore or school curriculum.

Some categories appeared similar but touched on different things. An intervention type of ‘parent training’ means the intervention undertook dedicated session with parents, whereas ‘social support from a carer’ would indicate where a carer was involved in providing material or social support during the intervention. Similarly, ‘institutional social support’ might involve making a service available, such as an adolescent friendly banking account, while an intervention addressing the institutional layer of the ecological model would seek to transform how elements within that layer work, such as policies to mandate banking accounts for adolescents.

3.5.6.4 *Locally led*

Lastly, a range of academic disciplines in recent years have shown the benefits of prioritising local experience and participation in interventions (Scher & Chrisinger, 2023). I investigated what role local leadership and control over the intervention might play in norm diffusion and programme success. Studies were coded according to Arnstein’s ladder of participation (Arnstein, 1969), which was adapted.

Table 9 Adapted construct of locally led (Arnstein, 1969)

Manipulation — people are placed on rubberstamp advisory committees or advisory boards for the express purpose of engineering their support.

Therapy — participants are engaged in extensive activity, but the focus of it is on curing them of their "pathology" rather than changing the racism and victimisation that create their "pathologies."

Informing — informing citizens of their rights, responsibilities, and options; a one-way flow of information from administrators to participants without feedback or negotiation.

Consultation — inviting local opinions but without assurance that people’s concerns and ideas will be taken into account.

Appeasement — participants have some degree of advisory influence; administrators are responsive and accommodating but hold the majority of power.

Partnership — power is redistributed through negotiation with local stakeholders. They agree to share planning and decision-making responsibilities through such structures as joint policy boards, planning committees and mechanisms for resolving impasses.

Delegated power — local participants achieve dominant decision-making authority over a particular plan or programme. Participants have a clear majority of seats in delegated agencies or partnerships and specified powers.

Grassroots control — a degree of power whereby participants can govern a program or an institution, be in full charge of policy and managerial aspects, and be able to negotiate the conditions under which others may change them.

Studies were coded according to Arnstein's ladder of participation (Arnstein, 1969), which was adapted. Programmes were considered locally led if they delegated dominant decision-making power or control over a programme to people at the grassroots. While 'partnership' indicates some power sharing, 'delegated power' was a clearer indicator that the balance of control and resources tipped towards local groups.

3.5.7 Risk of bias assessment

Risk of bias (RoB) was assessed using Cochrane's RoB2 tool (Sterne, Savović et al., 2019) for cluster and individually randomised controlled trials. Each member of the review team worked independently to assess RoB for the study data they extracted, selecting and assessing main outcomes from each study, which included multiple results. Team members answered a series of signalling questions, made a judgement about RoB for the domain, referenced an algorithm on templates provided by Sterne et al. on a supplementary site,² and justified their response in the data extraction document (Sterne, Savović et al., 2019). The team assessed the effect of assignment to intervention at baseline regardless of whether the intervention was received, or intention-to-treat effect (Sterne, Savović et al., 2019). The team used trials, supporting studies, available curricula, and protocols to make their judgments. Final RoB judgements were confirmed and compiled by KS, who created RoB plots using the robvis tool (McGuinness & Higgins, 2020).

3.5.8 Effect measures

² Available at <https://sites.google.com/site/riskofbiastool/welcome/rob-2-0-tool>

The team extracted both dichotomous and continuous outcomes, including raw summary data where available or relevant results from the modelling process, such as beta coefficients, using adjusted outcomes for clustered effects when interventions were randomised at the community level to account for non-independence of observations. Observations nested in higher-level clusters, like schools, hospitals or studies, can mean that participants' behaviours are more similar and are more likely to provide dependent rather than unique information, which may overestimate the results (Fernández-Castilla, Jamshidi et al., 2020).

Outcomes between treatment and control groups were compared at endline. To avoid overlap and double counting, data extraction was confined to single outcomes, e.g. physical IPV or sexual IPV but not severe IPV, which is defined as one act of severe physical and/or sexual violence within the past 12 months (Heise & Hossain, 2017). As studies often measured results at different timepoints, the first post-intervention result was used. Multiple outcomes were often meta-analysed from the same study. Thus, multi-level models were applied to account for this dependence. Multi-level meta-analysis estimates variance at two levels: variation of ESs within a study and across studies in a meta-analysis (Fernández-Castilla, Jamshidi et al., 2020). Multilevel models enable researchers to add variables causing clustering that moderate effects and have been shown to be as accurate at estimating effects as other traditional random effects approaches but more flexible (Fernández-Castilla, Jamshidi et al., 2020). Only intention-to-treat (ITT) outcomes were reported to better replicate actual potential uptake of interventions, as opposed to per-protocol results among those who adhered to a treatment.

Dichotomised and continuous outcomes were standardised using formulas from Practical Meta-Analysis (Lipsey & Wilson, 2001; Wilson, 2017) also available on the Campbell

Collaboration website (Campbell Collaboration, 2001). Dichotomous outcome measures summarised by an odds ratio (OR) can be converted to a standardised mean difference (SMD) using a commonly used method, which divides the log OR by $\pi/\sqrt{3}$ (about 1.81) (Murad, Wang et al., 2019). The analysis combined standardised effect measures including z-score, standardised means difference (SMD), beta, and Cohen's d. Otherwise, frequency data was used to construct our own standardised ESs. For continuous outcomes, means, SDs and sample size were used to construct these same effect sizes. Where only summary effect measures from a t-test, like means difference, were available, ESs were calculated directly from the t-statistic (Wilson, 2016).

Where missing, SEs were constructed from confidence intervals. Missing SDs were imputed from similar summary statistics at baseline where the same outcomes had been reported with the same instrument in other studies. To gain a real-world perspective on what pooled ESs meant for reducing child maltreatment, child marriage and IPV, Cohen's d was converted to ORs using the method from Chinn (2000), whereby Cohen's d and accompanying confidence intervals were multiplied by 1.81 to derive the logOR for which the exponent was used to calculate the equivalent ES for ORs.

3.5.9 Synthesis methods

DL produced the code to conduct multi-level meta-analyses and meta-regressions. Meta-regression was performed separately on all outcomes combined as well as separated into behaviours and beliefs. Primary outcomes were used for behaviour outcomes and for belief outcomes, while both primary and secondary outcomes from included studies were used for

all outcomes combined. IGA was taken out of all outcomes because of its dissimilarity to the dynamics and interactions related to violence and gender roles that happen inside the family.

Child maltreatment (CM):

CM Behaviours: CMOverall, CMPhysical, CMVerbal, CMNeglect, CMWitnessIPV, (not IGA)

CM Beliefs: Norms_CMOverall, Norms_CMPhysical

CM All Outcomes Combined: CMOverall, CMPhysical, CMVerbal, CMNeglect, CMWitnessIPV, (not IGA), Norms_CMOverall, Norms_CMPhysical

Child marriage (ChMarr):

ChMarr Behaviours: ChMarr (not sharedchores), (not IGA)

ChMarr Beliefs: norms_ChMarr, norms_genderequal

ChMarr All Outcomes Combined: ChMarr, shared chores, (not IGA), norms_ChMarr, norms_genderequal

Intimate partner violence (IPV):

IPV Behaviours: IPV overall, IPV sexual, IPV physical, IPV verbal, IPV controlling, (not Shared Chores), (not Shared Decision Making), (not IGA)

IPV Beliefs: Gender Equal Norms, IPV Overall Norms, IPV Phys Norms, IPV Sexl Norms, (not Shared Chores Norms), (not Shared Decision Makg Norms)

IPV Overall: IPV overall, IPV sexual, IPV physical, IPV verbal, IPV controlling, Shared Chores, Shared Decision Making, (not IGA), Gender Equal Norms, IPV Overall Norms, IPV Phys Norms, IPV Sexl Norms, Shared Chores Norms, Shared Decision Makg Norms

All data synthesis was performed in R (version 4.2.2). Overall scores were removed from analyses of multiple outcome types where more than one subscale could be extracted, and subscales were used instead; for example, physical and psychological maltreatment outcomes were both included instead of maltreatment overall. Predictor variables included intervention types and behaviour change techniques that were not mutually exclusive of each other. The main meta-analyses for each outcome type were carried out using the package *meta*, while meta-regression was performed using the R package *metafor*.


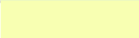



3.5.9.1 How to read the results

Interventions were complex and contained multiple configurations of components, including norm type, intervention type, behaviour change techniques, whether it was locally led, which ecological layer and number of layers it addressed, and norm type. In meta-regression tables

-- Table 12, Table 13, Table 14, Table 15, Table 19, and Table 24 -- the 'ES with' column describes the pooled effect sizes (ESs) for studies that included that component, regardless of other components the intervention contained, while 'ES difference' describes whether having that component produced comparatively better results than interventions without that component. The ES is represented by Cohen's d ; n shows the number of studies; and k represents the number of ESs. ES difference is represented by beta, or b .

ESs below ($d = 0.5$) were interpreted as small, above ($d = 0.5$) as medium, and above ($d = 0.8$) as large, based on a commonly used scale from Cohen (Cohen, 1995; Lakens, 2013). Per Figure 5, components that were significantly beneficial are shown in green, borderline effects are in yellow, those showing no effects are uncoloured, borderline adverse effects are in light red, and significantly adverse effects are in red. Significant ES differences are bolded. Where p -values 0.05-0.07 were changed by Excel's rounding function, three decimal places are used to prevent errors in rounding. As this is the first meta-analysis of norm interventions to prevent violence, no findings were considered negligible or excluded from commentary. This scale masks considerable differences, however. Most results from included studies tended to range from -0.10 to -0.50. A 95% confidence interval (CI) is reported in brackets with associated significance, or p -value; and I-squared shows heterogeneity, or dissimilarity, between studies, reported as a proportion between 0 and 1. The following thresholds were applied to interpret diversity between studies, according to Cochrane (Higgins, Thomas et al., 2019): 0-40% might not be important; 30-60% moderate heterogeneity; 50-90% substantial heterogeneity; 75-100% considerable heterogeneity.

Figure 5 Interpreting effects of intervention components

Key:	
beneficial	
borderline beneficial	
no effect	
borderline adverse	
adverse	

Since norms are behaviours about beliefs, it's important to flag at the outset that both behaviours and beliefs are considered equally important, like two legs of a body. We require an integrated understanding that reflects how programmes affect both while also detecting differences in behaviours (violence) versus beliefs (attitudes). Thus, the first set of columns in the meta-regression tables shows the association of a programme component with all outcomes combined, the second set parses out its effects on behaviour outcomes only, and the third set with belief outcomes only. Analyses of all combined outcomes are not an average of behaviour and belief outcomes, but results will be somewhere between the average behaviour ES and the average belief ES. Recommendations are made on the basis of components that showed significant ES differences, whether in all outcomes combined, behaviour outcomes, or belief outcomes. Thus, one category was not privileged over another.

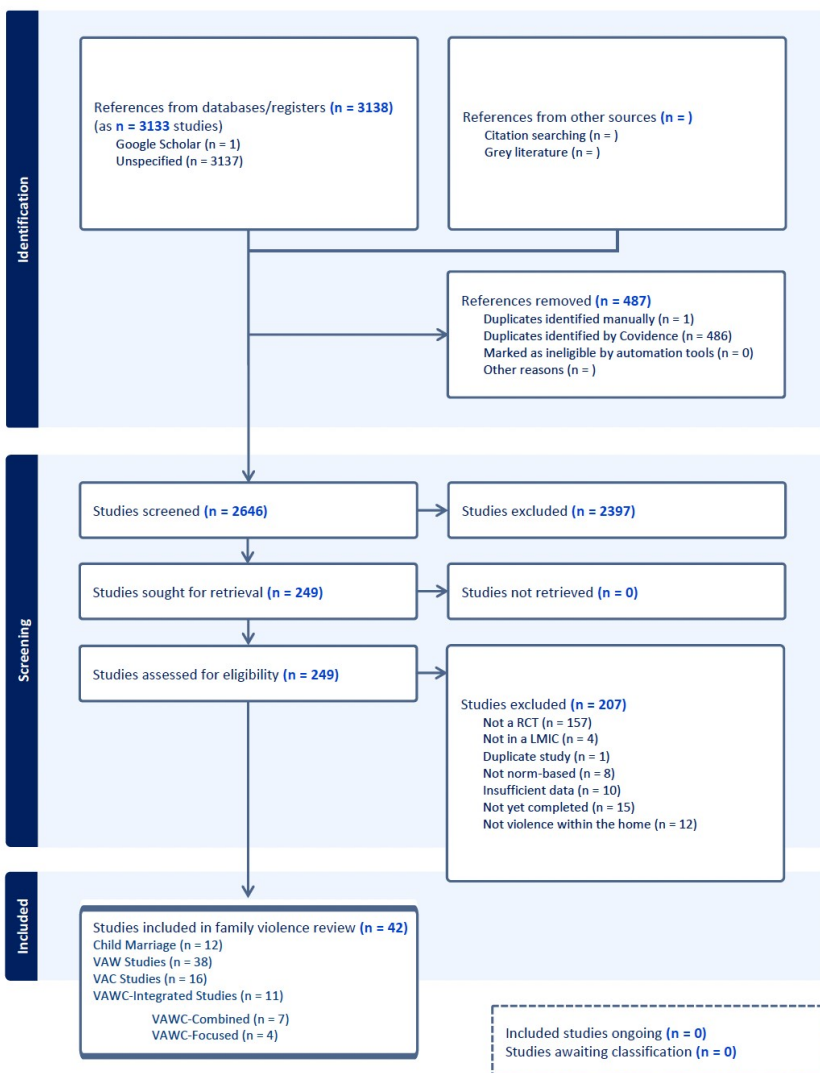
3.6 Results: study selection overall

The search identified 3,133 studies, as summarised in Figure 6. Of these, 487 were duplicates, 2,397 were excluded in screening, and 204 were excluded after full-text review. It was not possible to accurately track how many studies were found from citation searching or the grey literature. After screening, 249 studies were assessed for eligibility. Nine studies were excluded for insufficient data for statistical synthesis (Boyer, Levy Paluck et al., 2022; Bulte & Lensink, 2019; Dake, Natali et al., 2018; Dunbar, Kang Dufour et al., 2014; Heath,

Hidrobo et al., 2020; John, Adebayo et al., 2022; Kapadia-Kundu, Storey et al., 2014; Krishnan, Subbiah et al., 2012; Mehra, Sarkar et al., 2018). The most common reason for exclusion was the study design was not an RCT (n = 157). Fifteen studies were protocols and thus not yet complete. Ten studies did not address violence in the home, and two studies did not address a form of child maltreatment, child marriage or IPV. Four studies were not delivered in low- and middle-income countries, and eight were not norms based. There were 42 unique studies included in the review series on family violence. Further findings on study selection are reported in the results chapters on child maltreatment, child marriage and IPV.

Figure 6 PRISMA flow diagram

What works to change social norms that sustain family violence in low- to middle-income countries (LMICs): an ecological analysis



4 Results: Child maltreatment

This section presents the results of the child maltreatment systematic review, meta-analysis and meta-regression and accompanying analyses. The first section describes characteristics of studies and participants found in the review, together with an analysis of components contained in the trials, the construction of which are described in the previous section, Data Items.

4.1 Study characteristics

As seen in Table 10 below, the analysis for child maltreatment included 16 studies with 15 unique programmes and 88 effect sizes (ESs). A total of 55,826 individuals participated, with 29,649 in the treatment group and 26,177 in the control group. Three trials were conducted in Uganda, one in Bangladesh, one in South Africa, two in Tanzania, two in Rwanda, two in the DRC, one in Burkina Faso, one in Ethiopia, one in the Philippines, one in Thailand, and one in Pakistan. Regarding this review's primary outcomes, six studies measured outcomes for CM overall (ES = 15), eleven studies measured physical CM (ES = 22), seven measured verbal CM (ES = 15), two studies measured neglect (ES = 7), and three measured children witnessing IPV (ES = 4). Six studies measured norm outcomes for physical CM (ES = 17), and three measured CM overall (ES = 5). Only study measured a secondary outcome, income generating activity (ES = 3).

Table 10 Study characteristics - child maltreatment

Child Maltreatment:							
Citation	Country	Programme	Programme aim	Participant Gender, Age Range, Age Mean where available	Primary Edu Completed	Cultural Region	
1	Abramsky_2014	Uganda	SASA!	To change community attitudes, norms and behaviours that result in gender inequality, violence and increased HIV vulnerability for women.	Adult mixed: range 18-49, avg 28 years, avg 45% female	42% avg	African-Islamic
2	Amin_2018	Bangladesh	BALIKA (Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents)	To change deep-rooted gender norms by creating new opportunities for all girls to ensure they are perceived as valued assets rather than liabilities by their community.	Teen female: range 10-19 years, avg 15 years, 100% female	NI	West & South Asia
3	Ashburn_2017	Uganda	REAL Fathers	To increase the knowledge and skills in positive parenting and exposure to alternative nonviolent discipline strategies leads to fathers practicing more positive parenting and improved parent-child interaction.	Parent male: 16-25 years, avg 23 years, 100% male	NI	African-Islamic
4	Christofides_2020	South Africa	Sonke CHANGE (Community Health Action for Norms and Gender Equity)	To mobilise communities and develop more gender equitable norms and positive parenting in a peri-urban setting, focusing on three dimensions: 1) community mobilisation through community volunteers; 2) peer outreach and education on human rights, equitable gender attitudes, alcohol abuse and gender-based violence; and 3) local advocacy for change.	Adult male: 18-40 years, avg 27, 100% male	38% avg	West & South Asia
5	Chzhen_2021	Tanzania	Safe Youth (Ujana Salama)	To examine whether cash plus social protection programming with referrals to services improves gender attitudes and SRH and HIV health outcomes.	Teen mixed: range NI, avg 16 years, avg 45% female Parent mixed: range	NI	African-Islamic

					NI, avg 58 years, avg 66% female		
6	Dervisevic_2021	Philippines	4P (Pantawid Familyang Pilipino Program)	To prevent intergenerational poverty transmission and violence by improving the autonomy of adolescents, promoting gender-equitable attitudes, and improving parenting practices.	Teen mixed: range 12.5-15 years, 50% female	NI	West & South Asia
7	Doyle_2018	Rwanda	Bandebereho	To create a structured space for men and women to: 1) question and critically reflect on gender norms and how these shape their lives; 2) rehearse equitable and non-violent attitudes and behaviours in a comfortable space with supportive peers.	Partner male: 21-35, avg 26 years, 100% male	23% avg	African-Islamic
8	Dunkle_2020	Rwanda	Indashyikirwa	To help couples change their beliefs and manage their behaviours in non-violent ways through group reflection and support, developing greater awareness of types of power, the benefits of gender equality and non-violence, as well as developing key relationship skills, such as communication and negotiation.	Couples: range 18-49 years, avg 34 years, 50% female	33% avg	African-Islamic
9	Falb_2023	DRC	Safe at Home	To evaluate the effectiveness of an asset-based individual, couple and family approach to improve family functioning and reduce shared drivers of family violence by addressing the attitudes around gender equality and harsh discipline towards role non-fulfillment for women and children that influence unhealthy partner and caregiver-child relationships, IPV and child abuse.	Carer mixed: 18+ years, avg 32 years Children: 6-12 years, avg 10 years	Parent male: 45% avg Parent female: 32% avg	Not yet rated

10	Ismayilova_2018	Burkina Faso	Trickle UP	To examine whether the strengthening of household economy through productive assets (savings, income-generating activities) improves family functioning and has psychological and social benefits.	Teen mixed: range 10-17 years, avg NI, avg 46% female Parent female: range 18+ years, avg 37 years, 100% female	NI	African-Islamic
11	Karmaliani_2020	Pakistan	Right to Play	To reduce intolerance, gender discrimination, and violence by educating and empowering children in group settings through play and sports.	Teen mixed: range 10-14, avg 53% female	NA	African-Islamic
12	Lachman_2020	Tanzania	SPACAPS (Skilful Parenting and Agribusiness Child Abuse Prevention Study)	To examine the differential and combined effects of two community-based interventions—a parenting and family budgeting programme and an agribusiness training programme—with the overall goal to reduce child maltreatment by improving parenting behaviours and reducing family stress due to food insecurity and financial hardship.	Teen mixed: range 10-17 years, avg 13 years, avg 86% female; Parent mixed: range 18+ years, avg 43 years, avg 38% female	74% avg	African-Islamic
13	Merrill_2018	Uganda	Good Schools Toolkit	To prevent violence by shifting a school's operational culture and how students and staff experience, behave, and feel at their school, engaging stakeholders to shift an environment that sustains violence.	Student: 11-14 years, avg 13 years, 52% female Staff: age range NI, avg 35 years, 57% female Parents: age range NI, avg 42 years, 56% female	NI	African-Islamic

14	Rerkswattavorn_2019	Thailand	NA	To develop a non-violent parenting program that is suitable for communities with limited resources, such as in rural areas of Thailand.	Student mixed: 11-14 years, avg 13 years, 52% female Staff mixed: age range NI, avg 35 years, 57% female Parent mixed: age range NI, avg 42 years, 56% female	53% avg	West & South Asia
15	Stark_2018d	DRC	COMPASS	Similar to COMPASS programme in Ethiopia (see Stark_2018e). The DRC study measured the incremental impact of a caregiver curriculum on girls' experiences of violence and social outcomes, along with attitudes and characteristics of participating caregivers.	Teen mixed: 10-14 years, avg 12, avg 100% female Parent mixed: 18+ years, avg 38, avg 92% female	NI	Not yet rated
16	Stark_2016e	Ethiopia	COMPASS	To provide safe spaces, build life skills and social assets, engage adolescent girls in relationships with mentors, and engage caregivers as support systems and advocates for girls to increase their social, physical, and financial assets, protecting them risks, including IPV, community violence and transactional sex.	Teen female: 14.5 years avg, 100% female	NI	African-Islamic

The ages of participants ranged from 10 to 49 years. Completion of primary education by trial participants ranged from 23% in Rwanda to 74% in Pakistan. Teen females were the source for five studies (13 ESs), teen males were a source for two studies (5 ESs), and four studies (22 ESs) were reported by a mix of female and male teens. Female parents reported four studies (4 ESs), male parents four studies (3 ESs), and four studies (20 ESs) were reported by a mix of both female and male parents. Most studies were self-reported using a range of instruments, including the ISPCAN Child Abuse Screening Tool, the UNICEF Multiple Indicator Cluster Survey, Harsh Discipline Index, and the Parent-Child Conflict Tactics Scale. All attitude outcomes were assessed using questions devised by organisers. Only two trials were individually randomised, and the remainder were cluster randomised controlled trials. Programme duration ranged from three months to 32 months and most were measured at endline. Three studies used active controls.

4.2 Component analysis

Programme components are itemised in Table 11 below with the number of studies and ESs that contained them. They do not however contain the number of studies and ESs without these components, which are listed in the respective meta-regression tables. When looking at norm types, nine studies (ES = 21) measured proxies for norms, or attitudes, one study (ES = 3) measured empirical norms (do others in your community spank their children?), none measured injunctive norms (do your in-laws think you ought to spank your children?), and none measured sanctions (would you expect opposition for not spanking your children?). Two programmes were found to have been locally led (ES = 6), delegating control of decision making and resources to local participants.

Regarding intervention types, parent training was most common and involved in nine studies (ES = 51), community mobilisation was supported in eight studies (ES = 27), lifeskills training in eight studies (ES = 49), couples training in six studies (ES = 22), livelihoods support in four studies (ES = 34), schooling support in four studies (ES = 16), financial support in three studies (ES = 14), and campaigns in only two studies (ES = 2).

Among behaviour change techniques (BCTs), shaping knowledge was the most common (n = 15, ES = 83); followed by social support from peers with shared traits (n = 14, ES = 49 ESs); demonstrating and comparing behaviour (n = 13, ES = 76); repetition with more than six sessions (n = 13, ES = 59); and social support from a carer or spouse (n = 12, ES = 43). The least common BCTs included unconditional rewards like grants (n = 1, ES = 22); social support from cultural authorities (n = 2, ES = 2); and conditional rewards like conditional cash transfers (n = 3, ES = 17). No studies included covert learning such as imaginary rewards; comparing outcomes like pros and cons; associations, such as prompts or nudges; or schedule consequences, such as rewarding completion, which overlapped with and were less relevant to interventions with conditional rewards.

With regards to ecological layers, the relational layer was most common and was addressed in 16 studies (ES = 77); nine studies (ES = 52) addressed the institutional layer; four studies addressed the individual layer (ES = 16); and one study addressed the cultural layer (ES = 1). In terms of multi-layered interventions, seven studies (ES = 41) contained one layer, seven studies contained two layers (ES = 36); four studies contained three layers (ES = 11) and no studies contained four layers.

Table 11 Component analysis - child maltreatment

Child Maltreatment:					
Variable	studies	ESs		studies	ESs
Interv type:			Which ecological layer:		
Schooling support	4	16	Cultural	1	1
Parent training	9	51	Institutional	9	52
Livelihood support	4	34	Relational	16	77
Lifeskills training	8	49	Individual	4	16
Financial support	3	14			
Couples counsellg-parent traing	4	16	# of ecological layers:		
Couples-parentg- commtymobil	3	12	One layer	7	41
Couples counselling	6	22	Two layers	7	36
Community mobilisation	8	27	Three layers	4	11
Campaigns	2	2	Four layers	0	0
BCT:			Norm type:		
Understanding consequences	7	23	Proxy (attitudes)	9	21
Social support:			Empirical	1	3
Cultural	2	2	Injunctive	0	0
Institutional	6	21	Sanction	0	0
Peers	14	49			
Males	7	41	Locally led:	2	6
Reference group	7	27			
Carer or spouse	12	43	Outcomes:		
Shaping knowledge	15	83	CMneglect	2	7
Self-belief	7	22	CMoverall	6	15
Scheduled consequences	0	0	CMphysical	11	22
Reward: conditional	3	17	CMverbal	7	15
Reward: unconditional	1	22	CMwitnessIPV	3	4
Repetition	13	70	IGA	1	3
Regulation	9	46	norms_CMoverall	3	5
Identity	5	34	norms_CMphysical	6	17
Goals, planning	10	33			
Feedback, monitoring	5	37			
Critical discourse	6	22			
Covert learning	0	0			
Comparing behaviour	13	76			
Comparing outcomes	0	0			
Associations	0	0			
Antecedents	11	55			
TOTAL	N=16	K=66			

4.3 Risk of bias assessment

Ten of the 16 child maltreatment studies showed a low risk of bias, while three studies were rated with a high risk of bias, and three showed some concern. With regards to random sequence generation, D1, 13 studies showed low risk of bias, one had some concerns, and one showed high risk.

Figure 7 ROB2 for cluster RCTs - child maltreatment

Study	Risk of bias domains						Overall
	D1	D1b	D2	D3	D4	D5	
Abramsky_2014	+	-	-	+	+	+	-
Amin_2018	+	+	+	+	+	+	+
Ashburn_2017	-	-	-	-	X	-	X
Christofides_2020	+	-	+	+	+	+	-
Chzhen_2021	+	+	-	+	+	-	-
Dervisevic_2021	+	+	+	+	+	+	+
Dunkle_2020	X	X	+	+	X	+	X
Falb_2023	-	+	+	+	+	+	-
Ismayilova_2018	+	+	-	+	+	-	-
Karmaliani_2020	+	+	+	+	+	+	+
Lachman_2020	+	+	+	+	+	+	+
Merrill_2018	+	+	+	+	+	+	+
Stark_2018d	+	+	+	+	+	+	+
Stark_2016e	+	+	+	+	+	+	+

Domains:
D1 : Bias arising from the randomization process.
D1b: Bias arising from the timing of identification and recruitment of Individual participants in relation to timing of randomization.
D2 : Bias due to deviations from intended intervention.
D3 : Bias due to missing outcome data.
D4 : Bias in measurement of the outcome.
D5 : Bias in selection of the reported result.

Judgement
X High
- Some concerns
+ Low

Three studies had some concerns arising from the timing of the randomisation process, D1b, while one showed a high risk of bias. Two studies had some concern about deviations from the intended intervention, and the remainder showed low risk. For the third domain, D2, five studies showed some concern over deviations from the intended intervention, while the remaining trials showed no indication. With regards to the fourth domain, D3, two studies showed some concern with attrition, while the rest showed low risk. Three studies showed high risk of reporting bias, D4, while others were found to have low risk. Finally, two studies indicated some concern for reporting bias while the remaining trials showed no indication.

Figure 8 ROB2 for individual RCTs - child maltreatment

		Risk of bias domains					
		D1	D2	D3	D4	D5	Overall
Study	Rerkswattavorn_2019	+	+	-	+	+	-
	Doyle_2018	+	+	+	+	-	-

Domains:
D1: Bias arising from the randomization process.
D2: Bias due to deviations from intended intervention.
D3: Bias due to missing outcome data.
D4: Bias in measurement of the outcome.
D5: Bias in selection of the reported result.

Judgement
- Some concerns
+ Low

For individual randomised studies, two studies showed some concern. Both were low concern for bias from randomisation, deviation from intended intervention, and measurement of the outcome. One showed some concern for bias in selecting the reported result.

4.4 Results of syntheses

Below, results are presented for the statistical analyses undertaken for norm interventions with child maltreatment outcomes. Nearly all studies measured proxies, or substitutes, for norms such as attitudes that reflect personal beliefs as opposed to social beliefs. As such, analyses below that include these outcomes refer to attitudes, as opposed to norms.

4.4.1 Results of meta-analysis: main effects – child maltreatment

Results: Outcome type. As in Figure 9, programmes had a significant, small pooled effect on reducing child maltreatment (CM) overall (n = 6, k = 15, d = -0.19, CI [-0.33, -0.05], I-squared = 0.66, p = 0.01). Maltreatment overall tended to measure physical or verbal violence, as opposed to sexual abuse or neglect (Amin, Saha et al., 2018; Christofides, Hatcher et al., 2020; Falb, Khudejha et al., 2023; Ismayilova & Karimli, 2020; Ismayilova, Karimli et al., 2018). Effects were similar for physical violence against children (n = 11, k = 22, d = -0.14, CI [-0.19, -0.08], I-squared = 0.22, p < 0.01), but with a larger sample of 11 trials. The diversity of methods and instruments within CM overall may explain its

substantial heterogeneity, compared to physical CM, which was minor (Higgins, Thomas et al., 2019, p. 259). Similarly, programmes showed a significant, small effect on verbal violence ($n = 7$, $k = 15$, $d = -0.11$, CI [-0.18, -0.03], I-squared 0.21, $p < 0.01$) with low heterogeneity that was not significant. There were no effects on child neglect ($n = 2$, $k = 7$, $d = -0.08$, CI [-0.22, 0.06], I-squared = 0.00, $p = 0.23$), although there were only two studies. Programmes also did not show an effect on reducing children witnessing intimate partner violence ($n = 3$, $k = 4$, $d = -0.22$, CI [-0.47, 0.04], I-squared = 0.42, $p = 0.07$) or income generating activity ($n = 1$, $k = 3$, $d = 0.37$, CI [-3.58, 4.32], I-squared = 0.99, $p = 0.72$).

Programmes had a significant impact on reducing attitudes that support physical violence against children, $d = -0.21$ ($n = 6$, $k = 17$, CI [-0.41, -0.01], I-squared = 0.88, $p = 0.04$). Heterogeneity was substantial, likely owing to wide variation in results. Again, many more studies targeted norms for physical violence rather than norms for CM overall. Attitudes that sustain child maltreatment overall showed a large, non-significant but variable ES reduction, $d = -0.74$ ($n = 3$, $k = 5$, CI [-1.84, 0.34], I-squared = 0.90, $p = .14$) perhaps owing to fewer ESs and one outlier study (Rerkswattavorn & Chanprasertpinyo, 2019). Attitudes tolerating child maltreatment overall showed a large, non-significant ES reduction that was variable, $d = -0.74$ ($n = 3$, $k = 5$, CI [-1.84, 0.34], I-squared = 0.90, $p = .14$) perhaps owing to fewer ESs and one outlier study (Rerkswattavorn & Chanprasertpinyo, 2019).

Figure 9 Meta-analysis: Effects on child maltreatment overall

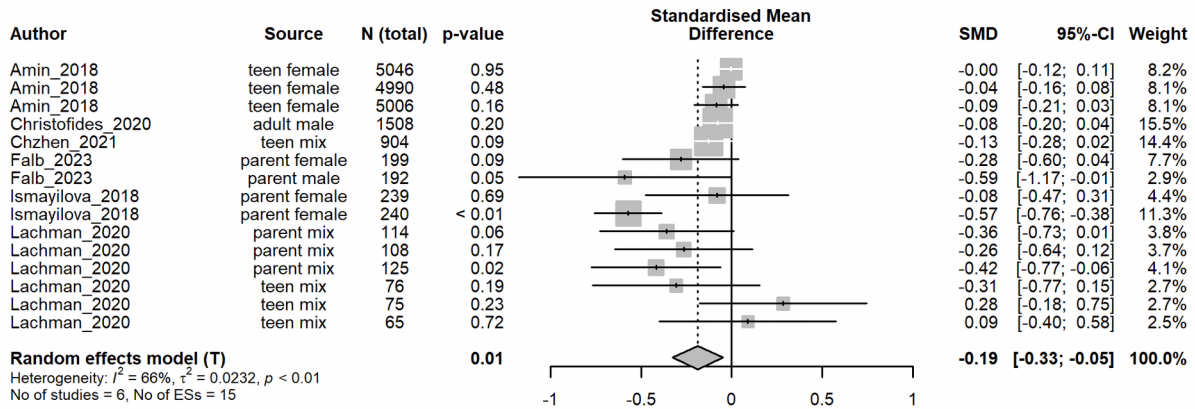


Figure 10 Meta-analysis: Effects on physical violence against children

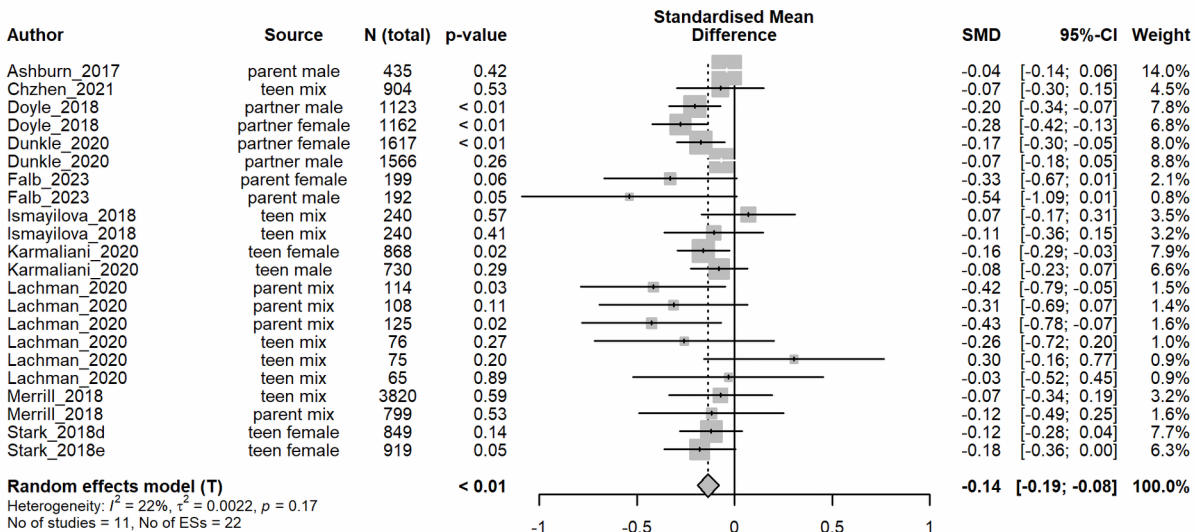


Figure 11 Meta-analysis: Effects on verbal violence against children

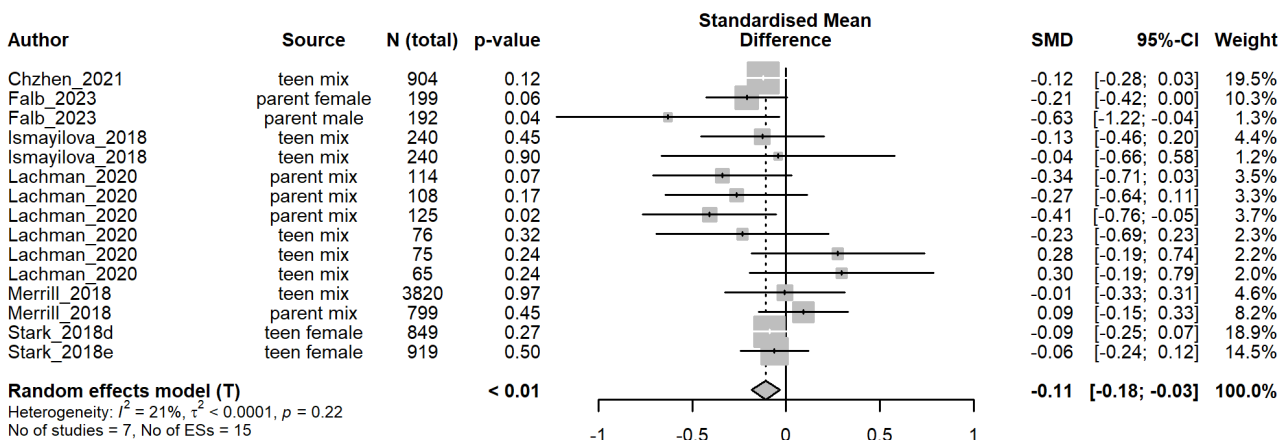


Figure 12 Meta-analysis: Effects on child neglect

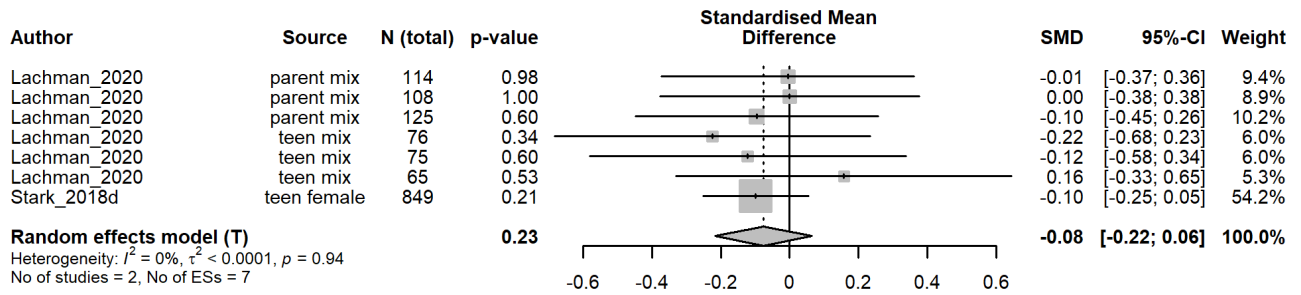


Figure 13 Meta-analysis: Effects on children witnessing IPV

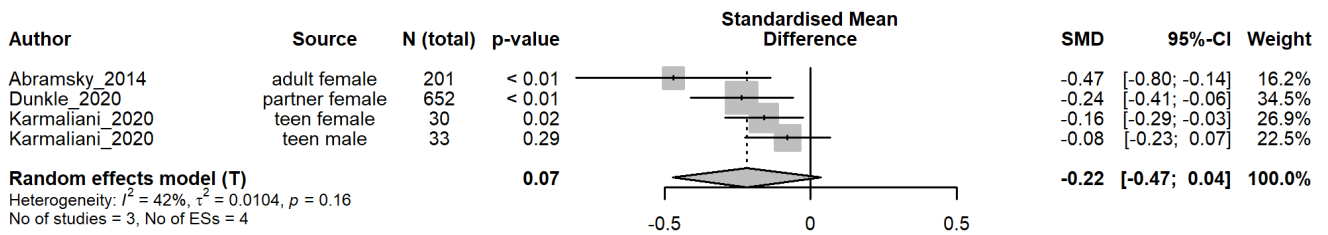


Figure 14 Meta-analysis: Effects on IGA

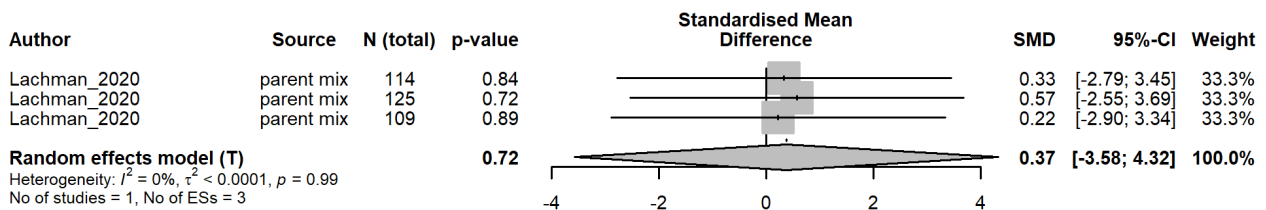


Figure 15 Meta-analysis: Effects on attitudes supporting physical violence against children

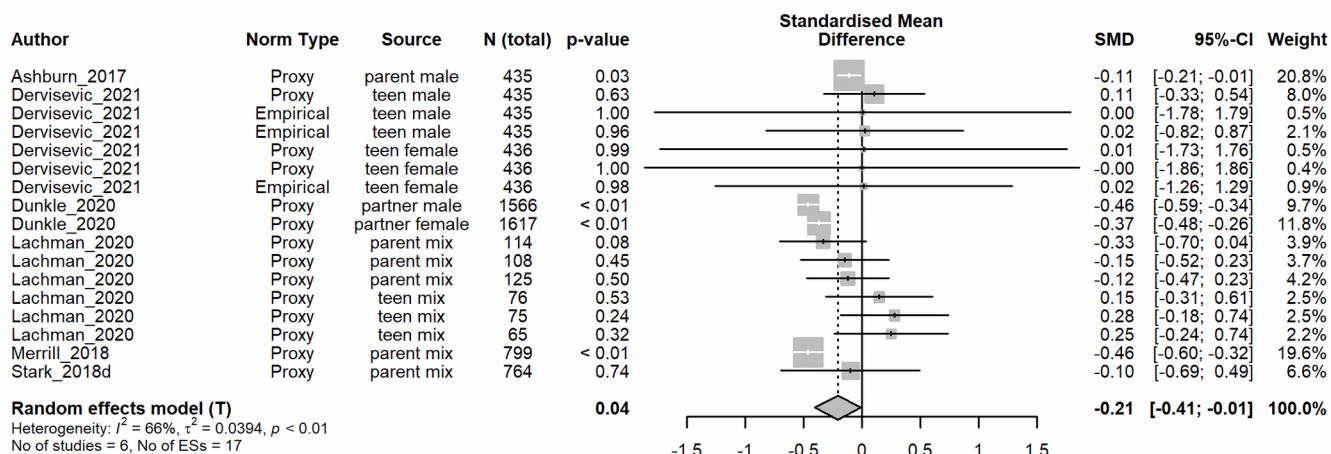
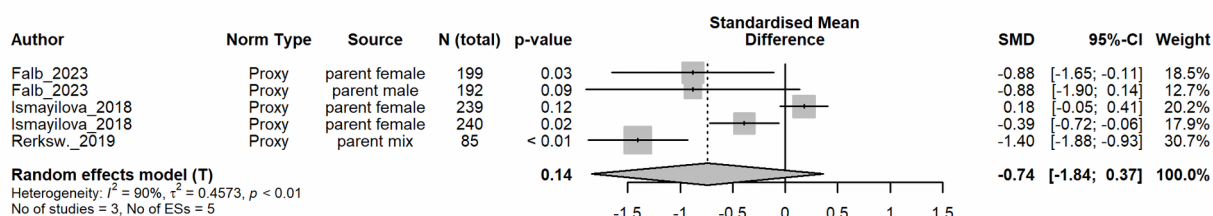


Figure 16 Meta-analysis: Effects on attitudes supporting child maltreatment overall



Converting the pooled Cohen's d from the meta-analysis above to ORs using the Chinn (2000) method, the odds of experiencing maltreatment overall were decreased by 29% (OR = 0.71, CI [0.55, 0.91]) in the treatment group versus control, the odds of verbal maltreatment were decreased by 18% (OR = 0.83, CI [0.72, 0.95]), the odds of experiencing physical CM were decreased by 22% (OR = 0.78, CI [0.70, 0.85]), and the odds of physical maltreatment being personally acceptable were decreased by 28% in the treatment group (OR = 0.72, CI [0.53, 1.00]). Impacts were primarily on personal beliefs since no studies measured views of what is socially acceptable.

The thesis also examined whether interventions had a bigger effect on behaviours versus beliefs by comparing all violence outcomes combined (CM overall, physical and verbal

violence, neglect and children witnessing IPV) with all belief outcomes combined (attitudes towards CM overall and physical violence). The outcome for CM overall was removed from studies where more than one subscale was extracted, and subscales were used. Programmes showed a small, significant impact on reducing all behaviour outcomes combined, $d = -0.12$ ($n = 14$, $k = 52$, $CI [-0.16, -0.08]$, $I^2 = 0.15$, $p < 0.01$) with low heterogeneity, or dissimilarity between studies. Studies also showed a small, significant impact on belief outcomes that tended to be higher, $d = -0.33$ ($n = 9$, $k = 22$, $k = 20$, $CI [-0.63, -0.04]$, $I^2 = 0.76$, $p < 0.01$). A multi-level meta-regression model was then fitted with the study as a random effect and with behaviour outcomes and belief outcomes as fixed moderators, excluding nested outcomes. Behaviour outcomes were significantly associated with smaller standardised effects than belief outcomes, $b = 0.13$, [$CI [0.07, 0.20]$], $p < 0.01$.

Figure 17 Meta-analysis: Effects on combined behaviour outcomes

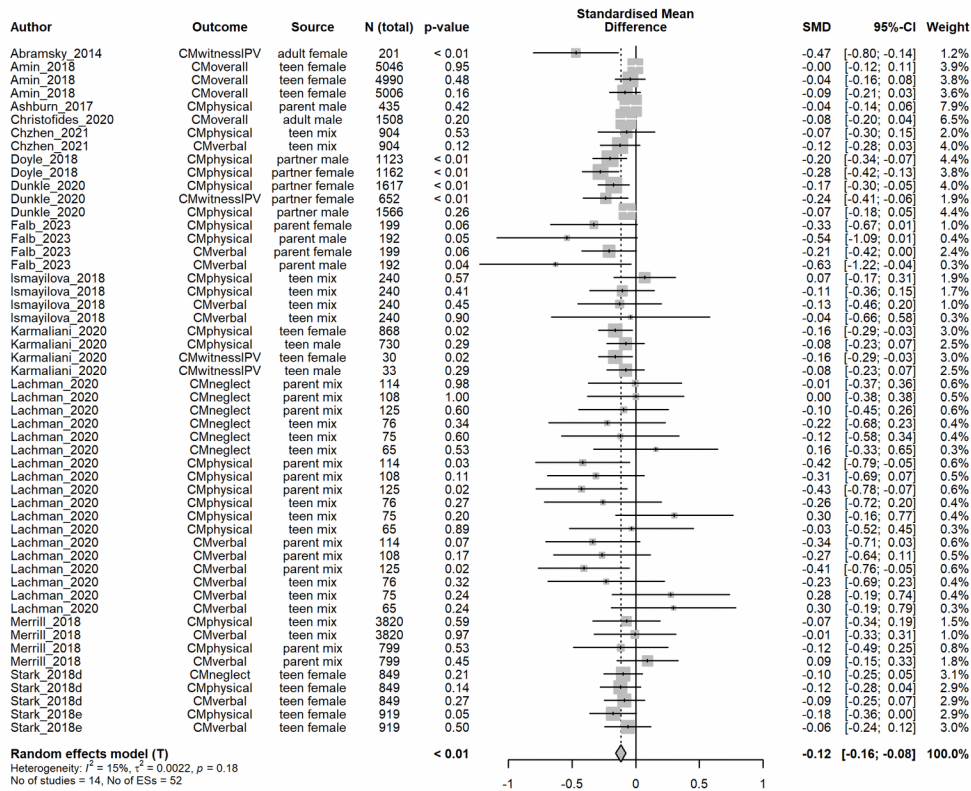
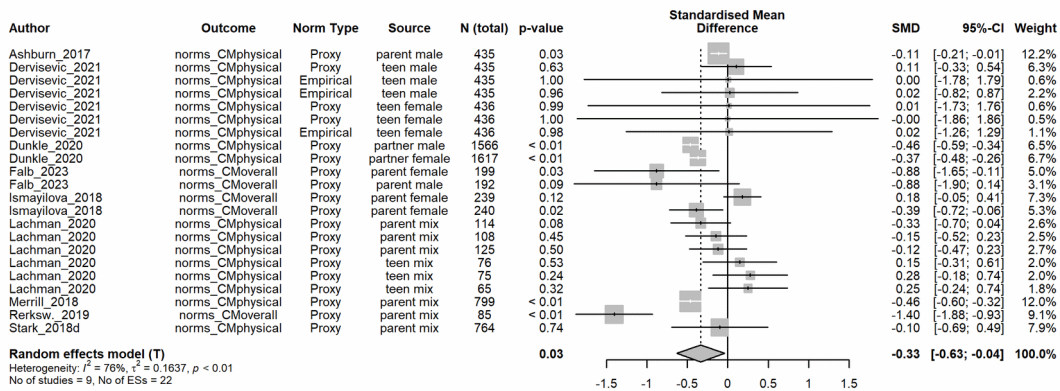


Figure 18 Meta-analysis: Effects on combined belief outcomes



Finally, many programmes were conducted with parents, partners and teen children, and six trials included both parent and teen report. A test for moderators showed that parents reported outcomes that were less physically violent but the ES difference was not significant ($n = 6$, $k = 11$, $b = -0.09$ CI $[-0.20, 0.03]$, $p = 0.13$), suggesting that there was no significant underreporting by perpetrators.

4.4.2 Results of meta-regression: component analysis -- child maltreatment

4.4.2.1 Results: Norm type

Nearly all trials measured attitudes, or proxies for norms, which had a small and significant impact ($n = 9$, $k = 19$, $d = -0.34$, $p = 0.02$). Only one trial (Dervisevic, Perova et al., 2021) measured empirical norms, which showed a small but non-significant effect ($n = 1$, $k = 3$, $d = -0.32$, $p = 0.42$), and no trials contained injunctive norms. Trials measuring attitudes did not show significantly larger effects than the one trial that measured empirical norms ($b = 0.01$, $p = 0.97$).

Table 12 Meta-regression: Moderating effects of norm type on belief outcomes

CHILD MALTREATMENT	Impact on belief outcomes only: Norms_CMOverall, Norms_CMPhysical										
	# of studies	# of ESs	95% CI lower	95% CI upper	p-value	ES Difference	95% CI lower	95% CI upper	p-value		
Norm type:											
Proxy (attitudes)	9	19	-0.34	-0.63	-0.05	0.02					
Empirical vs Proxy	1	3	-0.32	-1.11	0.46	0.42	0.01	-0.74	0.76	0.97	

4.4.2.2 Results: Intervention type

Interventions that included parent training showed significant, small effects on all outcomes combined ($n = 9, k = 42, d = -0.25, p < 0.01$), behaviour outcomes ($n = 7, k = 26, d = -0.16, p < 0.01$), and significant medium effects on belief outcomes ($n = 7, k = 16, d = -0.44, p = 0.01$), with significantly larger effects than programmes without parent training on all outcomes combined ($n = 9, k = 42, b = -0.14, p = 0.02$) and belief outcomes ($n = 7, k = 16, b = -0.28, p = 0.03$) but not behaviour outcomes ($n = 7, k = 26, b = -0.07, p = 0.07$).

Programmes with couples counselling also showed significant, small effects on all outcomes combined ($n = 6, k = 19, d = -0.25, p < 0.01$) and behaviour outcomes ($n = 6, k = 13, d = -0.17, p < 0.01$), but significant, medium effects on belief outcomes ($n = 4, k = 6, d = -0.62, p < 0.01$), with significantly larger effects across outcomes than programmes without couples counselling (all outcomes combined $n = 6, k = 19, b = -0.14, p = 0.02$; behaviour outcomes $n = 6, k = 13, b = -0.08, p = 0.044$; and belief outcomes $n = 4, k = 6, b = -0.45, p = 0.01$).

Programmes that combined parent training with couples counselling presented significant, small effects on all outcomes combined ($n = 4, k = 13, d = -0.26, p < 0.01$) and behaviour outcomes ($n = 4, k = 9, d = -0.17, p < 0.01$), but significant, medium-sized effects on belief outcomes ($n = 3, k = 4, d = -0.69, p < 0.01$), while significantly improving effects compared to interventions without this combination for belief outcomes ($n = 3, k = 4, b = -0.47, p = 0.01$), but not behaviour outcomes ($n = 4, k = 9, b = -0.07, p = 0.16$) or all outcomes combined ($n = 4, k = 13, b = -0.12, p = 0.12$).

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Table 13 Meta-regression: Moderating effects of components on effectiveness -- child maltreatment

-0.35, $p = 0.12$) or belief outcomes ($n = 1, k = 2, d = -0.41, p = 0.44$), although there were only two studies. Compared to programmes that delivered the combination together, those with parenting separately tended to show improved effects for all outcomes combined (all outcomes combined $n = 2, k = 6, b = -0.07, p = 0.76$) but weaker effects for behaviour outcomes ($n = 2, k = 4, b = 0.03, p = 0.73$) and belief outcomes ($n = 1, k = 2, b = 0.06, p = 0.88$), but ES differences were not significant. Programmes that included couples counselling without parent training were associated with small effects that bordered on significance for all outcomes combined ($n = 4, k = 13, d = -0.28, p = 0.059$) and significant small effects for behaviour outcomes ($n = 4, k = 9, d = -0.14, p = 0.02$) but no significant effects on belief outcomes ($n = 3, k = 4, d = -0.36, p = 0.21$). Compared to programmes that delivered parenting and couples counselling together, programmes with couples counselling separately tended to show improved effects for all outcomes combined ($n = 4, k = 13, b = -0.14, p = 0.61$) and behaviour outcomes ($n = 4, k = 9, b = -0.04, p = 0.73$) but not belief outcomes ($n = 3, k = 4, b = 0.01, p = 0.98$), although ES differences were not significant.

Given that community mobilisation is the main vehicle for diffusing norms that emerged in the literature, the second analysis compared programmes that delivered community mobilisation-parenting- couples counselling together with those that delivered these components separately. Programmes that delivered community mobilisation separately were associated with smaller effects than those with combination, which was significant for behaviour outcomes ($n = 3, k = 8, b = 0.13, p = 0.05$) but not for the limited number of belief outcomes ($n = 1, k = 1, b = -0.01, p = 0.99$) or all outcomes combined ($n = 3, k = 9, b = -0.12, p = 0.70$). Programmes with parent training alone tended to go in a stronger, non-significant direction for all outcomes combined ($n = 5, k = 29, b = -0.06, p = 0.79$), but in a weaker, non-significant direction for behaviour outcomes ($n = 3, k = 17, b = 0.04, p = 0.60$) and belief

outcomes ($n = 4$, $k = 12$, $b = 0.09$, $p = 0.87$). There were no programmes with couples counselling that did not also have community mobilisation or parenting.

Table 14 Moderating effects of component combinations -- child maltreatment

CHILD MALTREATMENT	Impact on all outcomes combined:											Impact on behaviour outcomes only:											Impact on belief outcomes only:													
	#		95% CI		95% CI		ES		95% CI		95% CI		#		95% CI		95% CI		ES		95% CI		95% CI		#		95% CI		95% CI		ES		95% CI		95% CI	
	studies	# ESs	with	with ES	with	with ES	with	with ES	with	with ES	with	with ES	with	with ES	with	with ES	with	with ES	with	with ES	with	with ES	with	with ES	with	with ES	with	with ES	with	with ES	with	with ES	with	with ES		
Parentg-Couples	5	29	-0.21	-0.52	0.09	0.17	NA	NA	NA	NA	NA	3	17	-0.17	-0.28	-0.06	0.00	NA	NA	NA	NA	4	12	-0.42	-1.07	0.22	0.20	NA	NA	NA	NA	NA	NA			
Couples counsellg only	4	13	-0.28	-0.57	0.01	0.059	-0.14	-0.69	0.40	0.61	0.02	0.02	4	9	-0.14	-0.26	-0.02	0.02	-0.04	-0.24	0.16	0.73	3	4	-0.36	-0.92	0.20	0.21	0.01	-1.22	1.24	0.98				
Parenting only	2	6	-0.35	-0.80	0.10	0.12	-0.07	-0.49	0.35	0.76	0.02	0.02	2	4	-0.21	-0.37	-0.04	0.02	0.03	-0.13	0.19	0.73	1	2	-0.41	-1.46	0.64	0.44	0.06	-0.79	0.92	0.88				
Commtly-Parentg-Coupl	3	10	-0.22	-0.56	0.13	0.22	NA	NA	NA	NA	0.00	0.00	3	7	-0.18	-0.27	-0.08	0.00	NA	NA	NA	NA	2	3	-0.45	-1.35	0.44	0.32	NA	NA	NA	NA				
Community Mobil only	3	9	-0.12	-0.46	0.22	0.49	0.10	-0.39	0.58	0.70	0.35	0.35	3	8	-0.04	-0.14	0.05	0.35	0.13	0.00	0.27	0.05	1	1	-0.46	-1.67	0.75	0.45	-0.01	-1.51	1.50	0.99				
Parenting only	5	29	-0.28	-0.56	0.01	0.056	-0.06	-0.51	0.39	0.79	0.00	0.00	3	17	-0.14	-0.24	-0.05	0.00	0.04	-0.10	0.17	0.60	4	12	-0.36	-1.00	0.27	0.26	0.09	-1.01	1.19	0.87				

Only two interventions contained campaigns, which showed significant, small effects for behaviour outcomes (n = 2, k = 2, d = -0.15, p = 0.05) but not all outcomes combined (n = 2, k = 2, d = -0.20, p = 0.09), while no studies measured belief outcomes. There were no improved effects for programmes with campaigns relative to programmes without (all outcomes combined n = 2, k = 2, b = -0.03, p = 0.79); behaviour outcomes n = 2, k = 2, b = -0.03, p = 0.70). Interventions with schooling support showed a significant, small effect on all outcomes combined (n = 4, k = 16, d = -0.12, p = 0.04) but no effect on behaviour or belief outcomes (behaviour outcomes n = 3, k = 9, d = -0.07, p = 0.08; belief outcomes n = 2, k = 7, d = -0.21, p = 0.52), and no better effects than programmes without schooling support (all outcomes combined n = 4, k = 16, b = -0.06, p = 0.30; behaviour outcomes n = 3, k = 9, b = 0.06, p = 0.18; belief outcomes n = 2, k = 7, b = -0.17, p = 0.65).

Programmes offering livelihood support presented significant, small effects for all outcomes combined ($n = 4, k = 25, d = -0.15, p < 0.01$) and behaviour outcomes ($n = 4, k = 19, d = -0.11, p < 0.01$) but not belief outcomes ($n = 2, k = 6, d = -0.32, p = 0.11$) with no larger results than programmes without this support (all outcomes combined $n = 4, k = 25, b = -0.01, p = 0.77$; behaviour outcomes $n = 4, k = 19, b = -0.01, p = 0.87$; belief outcomes $n = 2, k = 6, b = 0.03, p = 0.88$). Programmes with lifeskills training showed significant, small effects on all outcomes combined ($n = 8, k = 42, d = -0.16, p < 0.01$); behaviour outcomes ($n = 7, k = 30, d = -0.10, p < 0.01$); and belief outcomes ($n = 4, k = 12, d = -0.33, p = 0.061$) with no improvements to outcomes relative to programmes without lifeskills training (all outcomes combined $n = 8, k = 42, b = -0.02, p = 0.72$; behaviour outcomes $n = 7, k = 30, b = 0.03, p = 0.46$; belief outcomes $n = 4, k = 12, b = 0.01, p = 0.93$). Interventions offering financial support predicted no effect on all outcomes combined ($n = 3, k = 13, d = -0.15, p = 0.12$) or belief outcomes ($n = 2, k = 8, d = -0.18, p = 0.57$) but significant, small effects on behaviour outcomes ($n = 2, k = 5, d = -0.13, p = 0.01$), with no improvements to outcomes relative to programmes without financial support (all outcomes combined $n = 3, k = 13, b = 0.03, p = 0.75$; behaviour outcomes $n = 2, k = 5, b = -0.01, p = 0.84$; belief outcomes $n = 2, k = 8, b = 0.21, p = 0.58$). Finally, the thesis examined whether adding lifeskills training to programmes with livelihood and financial support made a difference to economic strengthening programmes. One programmes that combined livelihood and financial support with lifeskills training showed no effect across all outcomes combined ($n = 1, k = 2, d = -0.11, p = 0.46$) or behaviour outcomes ($n = 1, k = 2, d = -0.11, p = 0.20$) but did not measure belief outcomes and showed no larger effects than interventions without this combination (all outcomes combined $n = 1, k = 2, b = 0.07, p = 0.65$; behaviour outcomes $n = 1, k = 2, b = 0.02, p = 0.85$).

4.4.2.3 Results: Behaviour change techniques

Programmes that helped participants understand the harmful consequences of violence showed significant small effects on all outcomes combined ($n = 7, k = 21, d = -0.25, p < 0.01$), behaviour outcomes ($n = 6, k = 15, d = -0.16, p < 0.01$) and belief outcomes ($n = 4, k = 6, d = -0.62, p < 0.01$) with significantly larger effects than programmes without for all outcomes combined ($n = 7, k = 21, b = -0.15, p = 0.01$) and behaviour outcomes ($n = 6, k = 15, b = -0.08, p = 0.04$) with borderline significance for all belief outcomes ($n = 4, k = 6, b = -0.50, p = 0.060$). Programmes that questioned power in relationships through critical discourse also predicted significant, small to medium impacts (all outcomes combined $n = 6, k = 20, d = -0.23, p < 0.01$; behaviour outcomes $n = 6, k = 15, d = -0.16, p < 0.01$; belief outcomes $n = 3, k = 5, d = -0.54, p = 0.03$) and significantly larger results than programmes without critical discourse for all outcomes combined ($n = 6, k = 20, b = -0.13, p < 0.01$) but not behaviour outcomes ($n = 6, k = 15, b = -0.06, p = 0.09$) or belief outcomes ($n = 3, k = 5, b = -0.31, p = 0.32$).

Programmes that enlisted social support from a carer or spouse also appeared effective with significant, small to medium effects across outcomes (all outcomes combined $n = 12, k = 39, d = -0.19, p < 0.01$; behaviour outcomes $n = 12, k = 31, d = -0.12, p < 0.01$; belief outcomes $n = 6, k = 8, d = -0.52, p < 0.01$) and significantly larger effects on belief outcomes ($n = 6, k = 8, b = -0.43, p = 0.01$) but not behaviour outcomes ($n = 12, k = 31, b = -0.03$). Similarly, programmes with social support from a trusted reference group, such as friends or family, also showed significant positive impacts across outcomes (all outcomes combined $n = 7, k = 24, d = -0.24, p < 0.01$; behaviour outcomes $n = 7, k = 20, d = -0.14, p < 0.01$; belief outcomes $n = 3, k = 4, d = -0.72, p < 0.01$) and significantly improved belief outcomes compared to programmes without ($n = 3, k = 4, b = -0.61, p < 0.01$) but not behaviour

outcomes ($n = 7, k = 20, b = -0.04, p = 0.36$) or all outcomes combined ($n = 7, k = 24, b = -0.11, p = 0.08$). Most programmes with other forms of social support appeared effective across all outcomes combined and behaviour outcomes but tended to show higher effects on belief outcomes. Programmes offering social support from peers who shared similar characteristics, such as age or gender, presented significant, small to medium effects across outcomes (all outcomes combined $n = 14, k = 44, d = -0.18, p < 0.01$; behaviour outcomes $n = 13, k = 34, d = -0.11, p < 0.01$; belief outcomes $n = 7, k = 10, d = -0.44, p < 0.01$), showing no improved outcomes compared to programmes without peer support (all outcomes combined $n = 14, k = 44, b = -0.11, p = 0.36$; behaviour outcomes $n = 13, k = 34, b = 0.04, p = 0.61$; belief outcomes $n = 7, k = 10, b = -0.46, p = 0.17$). $p = 0.64$) or all outcomes combined ($n = 12, k = 39, b = -0.09, p = 0.18$).

Seven programmes engaged social support from males (all outcomes combined $n = 7, k = 33, d = -0.19, p < 0.01$; behaviour outcomes $n = 7, k = 24, d = -0.15, p < 0.01$; belief outcomes $n = 4, k = 9, d = -0.37, p < 0.04$), but did not improve outcomes relative to programmes with male support (all outcomes combined $n = 7, k = 33, b = -0.05, p = 0.34$; behaviour outcomes $n = 7, k = 24, b = -0.06, p = 0.07$; belief outcomes $n = 4, k = 9, b = -0.05, p = 0.74$). Six programmes involved social support from institutions, such as government or business, which showed significant, small effects for all outcomes combined ($n = 6, k = 20, d = -0.20, p < 0.01$) and behaviour outcomes ($n = 5, k = 11, d = -0.13, p < 0.01$) but not belief outcomes ($n = 3, k = 9, d = -0.28, p = 0.30$) and no improved outcomes relative to programmes without support from institutions (all outcomes combined $n = 6, k = 20, b = -0.06, p = 0.27$; behaviour outcomes $n = 5, k = 11, b = -0.01, p = 0.79$; belief outcomes $n = 3, k = 9, b = 0.10, p = 0.77$). There were only two programmes with social support from cultural bodies, such as churches or media, which also showed significant small effects (all outcomes combined $n =$

2, $k = 2$, $d = -0.24$, $p < 0.01$; behaviour outcomes $n = 2$, $k = 2$, $d = -0.19$, $p < 0.01$), but did not measure belief outcomes and showed no ES difference (all outcomes combined $n = 2$, $k = 2$, $b = -0.08$, $p = 0.27$; behaviour outcomes $n = 2$, $k = 2$, $b = -0.07$, $p = 0.28$).

Economic strengthening programmes commonly offered conditional rewards, such as cash transfers, which showed no effect across outcomes (all outcomes combined $n = 3$, $k = 14$, $d = -0.04$, $p = 0.60$; behaviour outcomes $n = 2$, $k = 6$, $d = -0.08$, $p = 0.21$; belief outcomes $n = 2$, $k = 8$, $d = 0.03$, $p = 0.91$), although there were only three studies, and showed weaker but non-significant outcomes relative to programmes without (all outcomes combined $n = 3$, $k = 14$, $b = 0.14$, $p = 0.11$; behaviour outcomes $n = 2$, $k = 6$, $b = 0.05$, $p = 0.47$; belief outcomes $n = 2$, $k = 8$, $b = 0.48$, $p = 0.14$). Programmes offering unconditional rewards, such as grants or asset transfers, showed borderline effects on all outcomes combined ($n = 1$, $k = 16$, $d = -0.15$, $p = 0.069$) but no effect on behaviour outcomes ($n = 1$, $k = 12$, $d = -0.13$, $p = 0.073$) or belief outcomes ($n = 1$, $k = 4$, $d = -0.37$, $p = 0.09$), although there was only one study. Programmes with unconditional rewards showed no improvements to effects relative to programmes without them (all outcomes combined $n = 1$, $k = 16$, $b = -0.01$, $p = 0.87$; behaviour outcomes $n = 1$, $k = 12$, $b = -0.02$, $p = 0.84$; belief outcomes $n = 1$, $k = 4$, $b = -0.03$, $p = 0.86$).

Economic programmes also often offered antecedents, or pre-requisite materials and supplies, which showed some significant, small effects across outcomes (all outcomes combined $n = 11$, $k = 46$, $d = -0.13$, $p < 0.01$; behaviour outcomes $n = 11$, $k = 36$, $d = -0.10$, $p < 0.01$; belief outcomes $n = 5$, $k = 10$, $d = -0.30$, $p = 0.057$); however, effects were significantly smaller than programmes without antecedents for all outcomes combined ($n = 11$, $k = 46$, $b = 0.12$, $p = 0.02$) and behaviour outcomes ($n = 11$, $k = 36$, $b = 0.08$, $p = 0.04$) but not belief outcomes ($n = 5$, $k = 10$, $b = 0.07$, $p = 0.64$).

Programmes that compared behaviours by practicing and demonstrating them showed significant, small effects (all outcomes combined $n = 13$, $k = 62$, $d = -0.18$, $p < 0.01$; behaviour outcomes $n = 12$, $k = 47$, $d = -0.13$, $p < 0.01$; belief outcomes $n = 7$, $k = 15$, $d = -0.38$, $p = 0.04$) but no improved effects compared to programmes that did not (all outcomes combined $b = -0.06$, $p = 0.54$; behaviour outcomes $n = 12$, $k = 47$, $b = -0.08$, $p = 0.20$; belief outcomes $n = 7$, $k = 15$, $b = -0.17$, $p = 0.65$). Interventions that offered feedback and monitoring on behaviours, whether from a coach or mentor, showed significant, small effects on all outcomes combined ($n = 5$, $k = 29$, $d = -0.13$, $p < 0.01$) and behaviour outcomes ($n = 5$, $k = 22$, $d = -0.10$, $p < 0.01$) but not belief outcomes ($n = 3$, $k = 7$, $d = -0.31$, $p = 0.09$) and no improved effects compared to programmes without feedback (all outcomes combined $n = 5$, $k = 29$, $b = 0.04$, $p = 0.33$; behaviour outcomes $n = 5$, $k = 22$, $b = 0.03$, $p = 0.42$; belief outcomes $n = 3$, $k = 7$, $b = 0.04$, $p = 0.79$). Programmes that helped to set goals and plan presented significant, small effects for all outcomes combined ($n = 10$, $k = 30$, $d = -0.16$, $p < 0.01$) and behaviour outcomes ($n = 10$, $k = 24$, $d = -0.11$, $p < 0.01$) but not belief outcomes ($n = 4$, $k = 6$, $d = -0.26$, $p = 0.27$), with no improved effects relative to programmes without goals and planning (all outcomes combined $n = 10$, $k = 30$, $b = 0.02$, $p = 0.75$; behaviour outcomes $n = 10$, $k = 24$, $b = 0.01$, $p = 0.80$; belief outcomes $n = 4$, $k = 6$, $b = 0.16$, $p = 0.63$).

Interventions that encouraged re-framing of self-identity, like seeing oneself as a role model, presented significant, small effects for all outcomes combined ($n = 5$, $k = 28$, $d = -0.18$, $p < 0.01$) and behaviour outcomes ($n = 5$, $k = 22$, $d = -0.12$, $p < 0.01$) and belief outcomes ($n = 3$, $k = 6$, $d = -0.33$, $p = 0.079$) with no larger results than programmes without identity (all outcomes combined $n = 5$, $k = 28$, $b = -0.01$, $p = 0.88$; behaviour outcomes $n = 5$, $k = 22$, $b = -0.01$, $p = 0.85$; belief outcomes $n = 3$, $k = 6$, $b = 0.01$, $p = 0.93$). Programmes that fostered self-belief in one's abilities presented significant, small effects for all outcomes combined (n

= 7, $k = 21$, $d = -0.18$, $p < 0.01$) and behaviour outcomes ($n = 6$, $k = 17$, $d = -0.10$, $p < 0.01$) and significant, medium effects for belief outcomes ($n = 3$, $k = 4$, $d = -0.63$, $p = 0.01$), but did not significantly improve outcomes compared with programmes without self-belief (all outcomes combined $n = 7$, $k = 21$, $b = -0.02$, $p = 0.79$; behaviour outcomes $n = 6$, $k = 17$, $b = 0.03$, $p = 0.48$; belief outcomes $n = 3$, $k = 4$, $b = -0.43$, $p = 0.13$).

Programmes that helped regulate negative emotions and stress presented significant, small to medium effects across outcomes (all outcomes combined $n = 9$, $k = 38$, $d = -0.20$, $p < 0.01$; behaviour outcomes $n = 8$, $k = 29$, $d = -0.14$, $p < 0.01$; belief outcomes $n = 5$, $k = 9$, $d = -0.42$, $p = 0.01$) but no larger effects than programmes without regulation (all outcomes combined $n = 9$, $k = 38$, $b = -0.06$, $p = 0.20$; behaviour outcomes $n = 8$, $k = 29$, $b = -0.05$, $p = 0.18$; belief outcomes $n = 5$, $k = 9$, $b = -0.15$, $p = 0.32$). Interventions that repeated more than six sessions showed significant, small effects across outcomes (all outcomes combined $n = 13$, $k = 59$, $d = -0.16$, $p < 0.01$; behaviour outcomes $n = 11$, $k = 40$, $d = -0.13$, $p < 0.01$; belief outcomes $n = 7$, $k = 18$, $d = -0.32$, $p = 0.03$) but not larger effects than programmes without repetition (all outcomes combined $n = 13$, $k = 59$, $b = 0.02$, $p = 0.75$; behaviour outcomes $n = 11$, $k = 40$, $b = -0.06$, $p = 0.25$; belief outcomes $n = 7$, $k = 18$, $b = 0.06$, $p = 0.70$). Finally, shaping knowledge was one of the most common techniques, which presented some significant, small effects across outcomes (all outcomes combined $n = 15$, $k = 69$, $d = -0.16$, $p < 0.01$; behaviour outcomes $n = 13$, $k = 48$, $d = -0.12$, $p < 0.01$; belief outcomes $n = 8$, $k = 21$, $d = -0.32$, $p = 0.056$) but no improved effects relative to programmes without shaping knowledge (all outcomes combined $n = 15$, $k = 69$, $b = 0.08$, $p = 0.57$; behaviour outcomes $n = 13$, $k = 48$, $b = -0.12$, $p = 0.19$; belief outcomes $n = 8$, $k = 21$, $b = 0.14$, $p = 0.78$). No programmes were reported to contain associations, such as prompts, cues or nudges; comparing outcomes,

such as pros and cons; covert learning, such as imaginary punishment; or scheduled consequences, such as rewarding progress or completion.

4.4.2.4 Results: Local leadership

Programmes that delegated dominant decision making and resources to local participants showed significant, small to medium effects for all outcomes combined ($n = 2$, $k = 6$, $d = -0.30$, $p < 0.01$) and behaviour outcomes ($n = 2$, $k = 4$, $d = -0.18$, $p < 0.01$) but not belief outcomes ($n = 1$, $k = 2$, $d = -0.41$, $p = 0.36$) with larger effects than programmes that were not locally led that bordered on significance (all outcomes combined $n = 2$, $k = 6$, $b = -0.16$, $p = 0.068$; behaviour outcomes $n = 2$, $k = 4$, $b = -0.07$, $p = 0.29$; belief outcomes $n = 1$, $k = 2$, $b = -0.08$, $p = 0.87$), although there were only two studies.

4.4.2.5 Results: Ecological layers

One intervention was aimed at changes in the cultural layer, integrating gender and power into the leadership roles of religious figures, which presented a significant, medium effect on behaviour outcomes ($n = 1$, $k = 1$, $d = -0.47$, $p = 0.02$) but did not measure belief outcomes, yet significantly improved behaviour outcomes ($n = 1$, $k = 1$, $b = -0.36$, $p = 0.05$ compared to programmes that did not. Programmes that aimed at changes in the institutional layer, whether through policy reform or allocation of resources, showed significant, small effects across outcomes (all outcomes combined $n = 9$, $k = 43$, $d = -0.17$, $p < 0.01$; behaviour outcomes $n = 8$, $k = 28$, $d = -0.11$, $p < 0.01$; belief outcomes $n = 5$, $k = 15$, $b = -0.32$, $p = 0.06$) but no improvements compared to programmes that did not address this layer (all outcomes combined $n = 9$, $k = 43$, $b = -0.01$, $p = 0.88$; behaviour outcomes $n = 8$, $k = 28$, $b = 0.01$, $p = 0.80$; belief outcomes $n = 5$, $k = 15$, $b = 0.05$, $p = 0.77$). Programmes most commonly addressed changes among family or neighbourhood networks at the relational

layer, such as parent training or couples counselling, which also showed significant, small effects across outcomes (all outcomes combined $n = 16$, $k = 66$, $d = -0.17$, $p < 0.01$; behaviour outcomes $n = 14$, $k = 44$, $d = -0.13$, $p < 0.01$; belief outcomes $n = 9$, $k = 20$, $d = -0.34$, $p = 0.02$), but no improved effects relative to programmes without (all outcomes combined $n = 16$, $k = 66$, $b = -0.15$, $p = 0.09$; behaviour outcomes $n = 14$, $k = 44$, $b = -0.12$, $p = 0.21$; belief outcomes $n = 9$, $k = 20$, $b = -0.11$, $p = 0.54$). Interventions that addressed the individual layer often supported an uptake in health services, such as family planning or sexual and reproductive health, which presented significant, small effects for behaviour outcomes ($n = 3$, $k = 9$, $d = -0.09$, $p = 0.02$) but not all outcomes combined ($n = 4$, $k = 15$, $d = -0.07$, $p = 0.26$) or belief outcomes ($n = 1$, $k = 6$, $d = 0.07$, $p = 0.87$), with no improvements relative to programmes without the individual layer (all outcomes combined $n = 4$, $k = 15$, $b = 0.12$, $p = 0.11$; behaviour outcomes $n = 3$, $k = 9$, $b = 0.04$, $p = 0.35$; belief outcomes $n = 1$, $k = 6$, $b = 0.46$, $p = 0.33$).

Interventions that contained only one layer had significant, small effects across outcomes (all outcomes combined $n = 7$, $k = 33$, $d = -0.16$, $p < 0.01$; behaviour outcomes $n = 6$, $k = 24$, $d = -0.13$, $p < 0.01$; belief outcomes $n = 5$, $k = 9$, $d = -0.36$, $p = 0.05$). Programmes that contained two layers presented significant, small to medium effects (all outcomes combined $n = 7$, $k = 31$, $d = -0.17$, $p < 0.01$; behaviour outcomes $n = 7$, $k = 24$, $d = -0.10$, $p < 0.01$; belief outcomes $n = 4$, $k = 7$, $d = -0.43$, $p = 0.02$), which did not significantly improve outcomes compared to programmes with one layer (all outcomes combined $n = 7$, $k = 31$, $d = -0.01$, $p = 0.87$; behaviour outcomes $n = 7$, $k = 24$, $d = 0.04$, $p = 0.38$; belief outcomes $n = 4$, $k = 7$, $d = 0.07$, $p = 0.65$).

Table 15 Meta-regression: Moderating effects of ecological layers on effectiveness -- child maltreatment

CHILD MALTREATMENT	Impact on all outcomes combined: CMOverall, CMPhysical, CMVerbal, CMNeglect, CMWitnessIPV, (not IGA), Norms_CM											Impact on behaviour outcomes only: CMOverall, CMPhysical, CMVerbal, CMNeglect, CMWitnessIPV, (not IGA)											Impact on belief outcomes only: Norms_CMOverall				
	# studies	# ESs	95% CI		p-value	ES Difference	95% CI		p-value				# studies	# ESs	95% CI		p-value	ES Difference	95% CI		p-value	# studies	# ESs	95% CI		p-value	
	with	with	lower	upper			lower	upper				with	with	lower	upper			lower	upper		with	with	lower	upper			
Which ecological layer:																											
Cultural	1	1	-0.47	-0.86	-0.08	0.02	-0.32	-0.71	0.08	0.12		1	1	-0.47	-0.81	-0.13	0.01	-0.36	-0.70	-0.01	0.04	0	0				
Institutional	9	43	-0.17	-0.25	-0.09	0.00	-0.01	-0.10	0.08	0.88		8	28	-0.11	-0.17	-0.06	0.00	0.01	-0.06	0.08	0.80	5	1				
Relational	16	66	-0.17	-0.23	-0.10	0.00	-0.15	-0.32	0.02	0.09		14	46	-0.12	-0.16	-0.08	0.00	-0.12	-0.31	0.07	0.21	9	2				
Individual	4	15	-0.07	-0.20	0.06	0.26	0.12	-0.03	0.27	0.11		3	9	-0.09	-0.16	-0.02	0.02	0.04	-0.04	0.13	0.35	1	1				
# of ecological layers:	# of studies	# of ESs	95% CI		p-value	ES Difference	95% CI		p-value			# of studies	# of ESs	95% CI		p-value	ES Difference	95% CI		p-value	# of studies	# of ESs	95% CI		p-value		
	with	with	lower	upper			lower	upper			with	with	lower	upper			lower	upper		with	with	lower	upper				
One layer	7	33	-0.16	-0.26	-0.06	0.00					6	24	-0.13	-0.19	-0.07	0.00					5	5					
Two layers vs one	7	31	-0.17	-0.26	-0.08	0.00	-0.01	-0.13	0.11	0.87		7	24	-0.10	-0.15	-0.04	0.00	0.04	-0.04	0.12	0.38	4	4				
Three layers vs one	4	10	-0.20	-0.33	-0.07	0.00	-0.04	-0.20	0.12	0.63		3	4	-0.15	-0.25	-0.05	0.00	-0.02	-0.13	0.10	0.80	1	1				
Four layers vs one	0	0									0	0									0	0					
Combo of eco layers vs Relatl only:	# of studies	# of ESs	95% CI		p-value	ES Difference	95% CI		p-value			# of studies	# of ESs	95% CI		p-value	ES Difference	95% CI		p-value	# of studies	# of ESs	95% CI		p-value		
	with	with	lower	upper			lower	upper			with	with	lower	upper			lower	upper		with	with	lower	upper				
Relatl only	7	25	-0.19	-0.29	-0.09	0.00					6	18	-0.15	-0.21	-0.08	0.00					5	5					
Instltl vs Relatl	1	8	-0.04	-0.22	0.14	0.67	0.15	-0.03	0.34	0.11		1	6	0.00	-0.19	0.19	0.99	0.14	-0.05	0.34	0.14	1	1				
Indivl-Relatl	2	6	-0.05	-0.20	0.09	0.48	0.14	-0.04	0.31	0.12		2	6	-0.07	-0.16	0.02	0.11	0.07	-0.04	0.18	0.21	0	0				
Relatl Instltl	5	25	-0.19	-0.30	-0.09	0.00	0.00	-0.13	0.13	1.00		5	18	-0.10	-0.18	-0.03	0.01	0.04	-0.06	0.14	0.40	4	4				
Indivl-Instltl-Cultrl	3	9	-0.10	-0.25	0.05	0.21	0.10	-0.08	0.28	0.29		2	3	-0.11	-0.23	0.00	0.05	0.03	-0.10	0.16	0.63	1	1				
Relatl-Instltl-Cultrl	1	1	-0.47	-0.87	-0.07	0.02	-0.28	-0.69	0.14	0.19		1	1	-0.47	-0.82	-0.12	0.01	-0.32	-0.68	0.03	0.07	0	0				

Four programmes contained three layers, presenting significant, small effects for all outcomes combined (n = 4, k = 10, d = -0.20, p < 0.01) and behaviour outcomes (n = 3, k = 4, d = -0.15, p < 0.01), but not belief outcomes (n = 1, k = 6, d = 0.07, p = 0.87), with no significant improvements over programmes with only one layer (all outcomes combined n = 4, k = 10, b = -0.04, p = 0.63; behaviour outcomes n = 3, k = 4, b = -0.02, p = 0.80; belief outcomes n = 1, k = 6, d = 0.43, p = 0.39).

To clarify whether a particular ecological layer or the number of layers were associated with effects, exploratory analysis was run with all six combinations of ecological layers that were present in the data, which were compared to ESs containing the relational layer only. One intervention addressed the institutional layer only, which showed smaller, non-significant effects than programmes with the relational layer (n = 1, k = 8, b = 0.15, p = 0.11). Programmes that added the institutional layer to the relational layer had similar depressed effects (n = 2, k = 6, b = 0.14, p = 0.12), although not significant with only two studies. Programmes that added relational to an existing institutional layer increased the effects,

returning to the same level of effectiveness as those with relational layer only ($n = 5$, $k = 25$, $b = 0.00$, $p = 1.00$). Effectiveness appeared to weaken, although not significantly, when programmes included individual, institutional and cultural layers instead of the relational layer only ($n = 3$, $k = 9$, $b = 0.10$, $p = 0.29$). One programme (Abramsky, Devries et al., 2014) addressing all layers except the individual layer presented a significant, medium effect ($n = 1$, $k = 1$, $d = -0.47$, $p = 0.02$), but was not significantly better than programmes containing only the relational layer ($p = 0.19$). Thus, maltreatment outcomes tended to be dampened by programmes involving the individual layer but improved by those that addressed all other layers.

4.5 Summary of child maltreatment findings

While most programmes were effective for violence outcomes, collectively there were stronger effects on belief outcomes. Interventions had a small but significant impact on physical violence against children. More studies measured physical violence than child maltreatment overall, which mainly covered verbal and physical violence. Programmes showed a significant, small reduction in verbal violence towards children and a non-significant decrease in children witnessing intimate partner violence, although there were only three studies. Programmes showed a small, non-significant impact on neglect. Attitudes tolerating physical violence against children showed a small, significant decrease. Again, many more studies targeted attitudes towards physical violence than maltreatment overall, which showed a large, variable ES that was not significant. Collectively, all programmes showed small, significant effects on violence, or behaviour outcomes, but tended to show higher effects on attitude, or belief, outcomes. Only one study contained a secondary outcome, income generating activity, which had non-significant results. Norm interventions showed significant, small impacts on child maltreatment, yet small effects still translated to

important gains for children. Converting Cohen's *d* to odd ratios, the odds of experiencing CM overall were decreased by 29% (OR = 0.71, CI [0.55, 0.91]) in the treatment group versus control. The odds of experiencing physical CM were decreased by 22% (OR = 0.78, CI [0.70, 0.85]), and the odds of experiencing verbal CM were decreased by 18% (OR = 0.83, CI [0.72, 0.95]). The odds of physical CM being personally or socially acceptable were decreased by 32% (OR = 0.68, CI [0.48, 0.98]).

Nearly all studies measured norm proxies, which are personal attitudes and beliefs, and only one study measured empirical norms, which are social beliefs of what others do (Dervisevic, Perova et al., 2021). No interventions measured injunctive norms, which are social beliefs regarding the acceptability of child violence, which are more likely to be accompanied by sanctions and reflective of norms. Programmes that measured norm proxies were associated with significant, small effects and only one programmed measured empirical norms, which showed no effect.

Some components were associated with improved outcomes, such as the delivery of parenting interventions, couples counselling, the combination of parent training with couple counselling, understanding the harmful consequences of violence, questioning power dynamics through critical discourse, social support from a carer or spouse and from a reference group, and addressing the cultural layer. As shown in Table 14, exploratory analysis was conducted to better understand whether key components were more effective delivered together or separately. Interventions that delivered couples counselling separately from parent training were associated with borderline significant effects on all outcomes combined and significant effects on behaviour outcomes only, while those that provided parent training separately from couples counselling predicted significant effects for behaviour

outcomes. Programmes delivering couples counselling separately from parenting predicted ES differences that trended in a stronger direction than programmes with the combination for all outcomes combined and behaviour outcomes only but not belief outcomes only, although differences were not significant. Those delivering parent training separately from couple counselling predicted ES differences that trended in a stronger direction than programmes with the combination for all outcomes combined but not behaviour outcomes or belief outcomes, but again differences were not significant. Interventions that included couples counselling or parent training predicted better outcomes than interventions with other types, while programmes that delivered both tended to show higher effects than parenting or couples counselling alone.

Programmes with community mobilisation predicted significant, small effects for all outcomes combined and behaviour outcomes but approached a significant, medium size for belief outcomes, although did not show a significant ES difference. Per Table 14, programmes that added community mobilisation to parenting and couples counselling showed significant, small effects on behaviour outcomes but not all outcomes combined or belief outcomes. Programmes that delivered parent training separately from couples counselling and community mobilisation showed small, borderline effects on all outcomes combined and significant effects on behaviour outcomes but not belief outcomes.

Programmes that delivered parent training only tended to show stronger effects than those with couples counselling and community mobilisation for all outcomes combined but weaker effects for behaviour and belief outcomes, although effects were not significant. Programmes that delivered community mobilisation separately from parenting and couples counselling showed no significant effects across outcomes and significantly weaker effects than combined programmes for behaviour outcomes. Programmes with lifeskills training and

livelihood support also tended to show significant, small effects, but no better outcomes than programmes without. Programmes that delivered campaigns also showed marginal effects, although there were only two studies.

Interventions with social support from a reference group, or carer or spouse, were associated with better results, as were those with critical discourse that questioned power dynamics and helped participants understand the harmful consequences of violence. Programmes that offered other forms of social support were broadly positive but not particularly more so than programmes that did not, including support from cultural bodies, government and business institutions, groups of peers, and males. Similarly, programmes with shaping knowledge, self-belief, regulation, identity, repetition and comparing behaviours appeared effective, while those with identity, goals and planning, and feedback and monitoring lacked significance for belief outcomes. Programmes with conditional and unconditional rewards showed minimal to no effects, and those with antecedents showed significantly weaker effects than programmes without them. No programmes were found to contain associations, comparing outcomes, covert learning or scheduled consequences.

Programmes that were locally led also showed larger outcomes than programmes that were not, although effects bordered on significance. Interventions that addressed one to three ecological layers simultaneously showed positive effects across most outcomes, while no programmes addressed all four layers. Programmes addressing most ecological layers appeared effective, while one intervention that contained the cultural layer significantly improved effects than interventions that did not.

4.6 Discussion of child maltreatment findings

4.6.1 General interpretation of results

The data suggests that both couples counselling and parent training are important to maltreatment outcomes. Marital quality has long been established as a risk factor for child maltreatment and IPV (Guedes, Bott et al., 2016a; van IJzendoorn, Bakermans-Kranenburg et al., 2020) but may play more of a role in child maltreatment outcomes than expected, given the spillover effects of couples counselling on CM outcomes. At least one quarter of young adults in the US are estimated to be affected by parents who experience IPV and marital conflict (van IJzendoorn, Bakermans-Kranenburg et al., 2020). “The spillover hypothesis submits that marital quality is related to parent-child relationship quality (Engfer, 1988), and IPV may be particularly predictive of child abuse (Krishnakumar & Buehler, 2000), both because of the stress experienced by parents who are victim of IPV and because violence is modelled as a way to deal with interpersonal conflicts that may also emerge in the parent-child relationship” (van IJzendoorn, Bakermans-Kranenburg et al., 2020). “Failing to address VAC and VAW is a missed opportunity, and it may even undermine the desired outcomes of parenting programmes...” (UNICEF, Prevention Collaborative et al., 2023). Many children experience maltreatment in families without IPV (Devries, Knight et al., 2017), and children who experience less maltreatment can still be exposed to IPV and its long-term consequences (Prevention Collaborative; Global Office of Research and Foresight, 2023). It may be, therefore, that one cannot be reduced without the other. Given the growing literature on the independence of VAWC and the nascent nature of the field, further development and testing of VAWC-integrated programmes is urgently needed.

It is surprising that programmes that delivered parent training separately from couples counselling did not predict higher effects. This review did not cover the hundreds of other trials of parenting interventions in LMICs that focus on promoting positive parent-child relationships at an interpersonal level (Backhaus, Gardner et al., 2023; Backhaus, Leijten et al., 2023; Baldwin, Wang et al., 2023; Fang, Liu et al., 2024; Gubbels, van der Put et al., 2019; Knerr, Gardner et al., 2013; McCoy, Melendez-Torres et al., 2020; van der Put, Assink et al., 2018). In a meta-analysis of parenting interventions, Backhaus et al (2023) found a larger, pooled ES, $d = -.59$, for physical/verbal child maltreatment at the same post-test that reduced to $d = -.18$ at 7+ months. A few factors may explain the difference between the two reviews. First, the thesis did not examine whether norm-based or *non*-norm-based parenting interventions are more effective, but what works to change norms that sustain CM. Second, this research analysed CM outcomes from studies with a range of aims, such as child marriage, IPV, sexual and reproductive health, and microfinance, not just parenting interventions.

Third, studies with CM outcomes lacked adherence to evidence-based parenting interventions. Only six of the 16 trials in the CM review targeted maltreatment as a primary outcome (Ashburn, Kerner et al., 2017; Chzhen, Prencipe et al., 2021; Falb, Asghar et al., 2023; Ismayilova & Karimli, 2020; Lachman, Wamoyi et al., 2020; Rerkswattavorn & Chanprasertpinyo, 2019), while the remainder involved parents in a more tokenistic way. Fourth, parenting interventions may have mentioned norms in their aims but mostly only addressed behaviours. Community mobilisation is the main vehicle for norm diffusion, because social enforcement from one's trusted reference group is a defining criterion of norms. Yet only two of the six interventions that targeted maltreatment contained community mobilisation (Ashburn, Kerner et al., 2017; Falb, Asghar et al., 2023). The meta-analysis of

parenting interventions by Van der Put et al. (2018) theorised that involving more social support to families would strengthen programmes' sustainability, since results need time to emerge as parents acquire skills and confidence that become reinforced by positive responses from children and social networks. Our findings agree that programmes with social support, such as a reference group of friends and family, led to better outcomes, which is also a natural entry point for norm change. Research is needed to assess the effects of robust norm-centred interventions on the effects of parenting interventions in terms of size, scalability and sustainability of effects.

Ecological layers presented confounded results in which it wasn't clear whether an ecological layer or the number of layers were associated with effects. Exploratory analysis was run with all six combinations of ecological layers that were present in the data, which were compared to ESs containing the relational layer only, per Table 26. Interventions addressing multiple layers were effective, presenting significant, small effects. One intervention addressed the institutional layer only, which had a smaller effect than programmes with the relational layer ($n = 1$, $k = 8$, $b = 0.15$, $p = 0.11$), although this was not significant. Programmes that added the institutional layer to the relational layer had similar depressed effects ($n = 2$, $k = 6$, $b = 0.14$, $p = 0.12$), although not significant with only two studies. Programmes that added the individual to the relational and institutional layers increased the effects, returning to the same level of effectiveness as those with relational layer only ($n = 5$, $k = 25$, $b = 0.00$, $p = 1.00$), which were also not significant. Effectiveness appears to weaken again, although not significantly, when programmes added the cultural layer to the relational and institutional layers instead of the individual layer ($n = 3$, $k = 9$, $b = 0.10$, $p = 0.29$). One programme (Abramsky, Devries et al., 2014) with all four ecological layers presented a significant, medium effect ($n = 1$, $k = 1$, $d = -0.47$, $p = 0.02$), but was not significantly better than programmes without Individual-

Relational-Institutional-Cultural. Thus, maltreatment outcomes tended to be dampened by programmes involving the individual layer, which commonly involved health education and the uptake of health services, but improved by those that addressed the institutional layer.

4.6.2 Implications of the results for practice, policy, and future research

The findings suggest, first, broadening the focus of child maltreatment to violence in the home, inclusive of violent dynamics among parents and marital quality. Second, programmes aiming to change parents' behaviours may need to integrate and adhere to targeted, evidence-based parenting interventions, which have presented better maltreatment outcomes elsewhere. Recommendations must also acknowledge what is lacking in the data and indicate where results can be strengthened. Community mobilisation is a key means of facilitating social support from participants' reference groups, carer or spouse, critical discourse, local leadership and addressing authorities at the cultural layer, which predicted significant improvements to outcomes. Interventions with community mobilisation likely need further strengthening, since community mobilisation approached a significant, medium size but only for belief outcomes and did not predict improvements over interventions without.

To orchestrate norm change, programme designers could engage sympathetic actors as prospective activists who facilitate knowledge-sharing discussions and debate within their respective communities of influence, which may include cultural authorities, such as churches; institutions like media or government; and trusted sources within community and family networks, including in-laws, elders, healers and teachers. In the SASA! programme, for example, normal people interested in violence issues as well as police officers, healthcare providers, and local government and cultural leaders were selected, trained, and mentored as community activists to explore gender inequality and healthy versus harmful uses of power in

their leadership roles and with their networks (Abramsky, Devries et al., 2014). Identifying their own personal experiences of disempowerment, community members were invited to envision how to use their power positively (i.e., power ‘with’ versus power ‘over’) to affect change in their communities. Activities included seminars within offices at the institutional level as well as door-to-door visits, community dramas, chats, and film viewings that developed towards problematising violence, building community connections and alliances, and publicly celebrating formal changes. Organised diffusion may be a cost-effective strategy for scaling programme effects (Cislaghi, Denny et al., 2019), because programmes are delivered through the networks and influence of volunteers and because *who* is trained may be more important than *how many*. A novel community diffusion approach to a parenting intervention in South Africa used carers’ networks to disseminate new parenting skills, for example, finding that carers tended to use similar parenting behaviours to others within their network (Kleyn, Hewstone et al., 2021). In a pre-post design, authors detected significant increases in positive parenting behaviour across the community, including involvement, supervision, consistent discipline and reduced corporal punishment (Kleyn, Hewstone et al., 2021).

Community mobilisation can be amplified and reinforced by campaigns, but campaigns were used in only two studies. SASA! used campaigns to diffuse ideas and new behaviours to community members using mass media channels, like TV, radio and posters; ‘mid media channels’ like community dramas; and conversations with change agents involving quick chats and community conversations, anticipating that others will be indirectly exposed to messages through interpersonal communications among peers, neighbours and elders (Starmann, Heise et al., 2018). Organisers found that mid media channels and communication materials expanded awareness, while the influence of change agents and interpersonal

communications more frequently facilitated behaviour change (Abramsky, Devries et al., 2014).

Programmes that were locally led may have shown larger outcomes than programmes that were not for a range of reasons, including people being more intrinsically motivated when they invest their own time and resources; trusting programme messages if received from familiar others; or programmes being more responsive to local needs and context. Locally led interventions can work closely with local NGOs and government partners but also go a step beyond partnerships to delegate dominant resources and decision-making to participants. Cislaghi (2017) reflects on the potentially colonial implications of programmes, proposing that despite having a positive outcome in mind, non-locally led programmes can choke the possibility of alternative solutions emerging that are not the intervenor's design. It is not the organiser's vision that matters but rather the participants', who need a role in articulating and realising possibilities for themselves (Cislaghi, 2017).

The promise of locally led programmes may indicate that clearer guidelines are needed for developing and reporting partnership agreements, as review studies referred to a variety of non-descript agreements. Recommended criteria for participatory research from a scoping review (Scher & Chrisinger, 2023) may prove helpful, which have been amended in italics below to further reflect aspects of ownership from Arnstein (1969).

- Considerations for study design:
 - Built relationships and trust with individuals and community stakeholder groups
 - Employed a collaborative approach in the design of ethical protocols
 - *Delegated powers to prepare the plan or elements within it (Arnstein, 1969)*
 - Sought to understand cultural context and respected cultural norms
- Early-stage considerations:
 - Considered who to involve in study, including advisory group
 - *Ensured stakeholders have a clear majority of seats and genuine specified powers, including veto rights (Arnstein, 1969)*

- Provided varied and flexible avenues for participation
- Built capacity for *ownership* and participation in the community of interest
- Compensation
 - *Issued subcontracts to resident dominated groups to plan or operate programme components, which might include agreed budgets and programme specifications (Arnstein, 1969)*
- *Delivery, data collection and analysis:*
 - Included community members throughout the project (research planning and design; executing the research; dissemination)
 - *Civic control: Guaranteed that participants could govern a programme or institution, be fully in charge of policy and managerial aspects, and negotiate the conditions under which 'outsiders' may change them, potentially without financial intermediaries (Arnstein, 1969)*
 - Accounted for additional logistical considerations (time and transparency; budget; staff and structural supports; clear communication, expectations and feedback; reflexivity)
 - Ensured appropriate reporting of research designs and procedures in publications
- Participatory research recommendations for academic institutions:
 - Provided appropriate training to researchers on participatory approaches
 - Provided funding for training
 - Made participatory research part of institutional norms

In conclusion, the evidence suggests combining established parenting interventions with couples counselling. Interventions aiming to change norms should better develop community mobilisation to facilitate critical discourse, social support from a reference group or carer or spouse, natural consequences, local leadership and buy-in at the cultural layer, which each showed the greatest impact on maltreatment outcomes. It also recommends more effectively testing norm interventions and potential diffusion.

5 Results: Child marriage

This section presents the results of the child marriage systematic review, meta-analysis and meta-regression and accompanying analyses. The first section describes characteristics of the studies and participants that were found in the review and an analysis of components contained in the trials, the construction of which are described in section 3.5.6.

In this chapter, child marriage is the main and only form of violence, as opposed to verbal IPV or physical child maltreatment. Studies were grouped by outcomes, making one study relevant to multiple chapters, as described in the Methodology. Cross-cutting outcomes like norms for gender equality that applied to both child marriage and the IPV, were analysed together with the violence type that was primary in that study. This means that norms for gender equality in this chapter come from studies in which child marriage was a primary aim. Finally, child marriage results are stated in terms of ‘marrying’ older to align in the same direction with other beneficial outcomes, such as gender equality. Whereas other chapters analyse programme effects on combined behaviour outcomes, in this chapter, this comprises only the child marriage outcome.

5.1 Study characteristics

As seen in Table 16, the child marriage review included 12 studies with 11 unique intervention programmes that were delivered in 10 countries with 54 ESs. A total of 256,213 individuals participated, with 82,430 in treatment and 92,529 in control groups. Two studies were delivered in Bangladesh, one in Zambia, one in Uganda, two in Tanzania, one in the Philippines, two in India, one in Pakistan, one in the DRC and one in Ethiopia.

Table 16 Study characteristics - child marriage

Child Marriage:							
Citation	Country	Programme	Programme aim	Participant Gender, Age Range, Age Mean where available	Primary Education Completed	Cultural Region	
1 Amin_2018	Bangladesh	BALIKA (Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents)	To change deep-rooted gender norms by creating new opportunities for all girls to ensure they are perceived as valued assets rather than liabilities by their community.	Teen female: range 10-19 years, avg 15 years, 100% female	NI	West & South Asia	
2 Austrian_2020	Zambia	AGEP (Adolescent Girls Empowerment Program)	To address challenges to the healthy development of young women, including early marriage and child bearing, gender-based violence, and HIV, with mentor-led group meetings on health, life skills and financial education.	Teen female: range 14 years, avg 14 years, 100% female	72% avg	African-Islamic	
3 Bandiera_2020	Uganda	ELA (Empowerment & Livelihoods for Adolescents)	To test whether jump-starting young women's human capital accumulation improves their access to labour markets and control over their bodies, thereby lessening their dependence on men.	Teen female: range 14-20 years, avg 16 years, 100% female	NI	African-Islamic	
4 Buchmann_2023	Bangladesh	Kishori Kontha	To test a theoretical prediction that early marriage persists because older brides mean negative bride quality, pushing less conservative women who would benefit most from delaying marriage to marry early to signal their quality.	Teen female: range 10-19 years, avg 14.9 years, 100% female	NI	West & South Asia	
5 Buehren_2017	Tanzania	ELA (Empowerment & Livelihoods for Adolescents)	To improve the human capital of young women in Tanzania by providing them with vocational training and information on sex, reproduction, marriage, life skills as well microcredit services.	Teen female: range 13-19 years approx, 100% female	NI	African-Islamic	

6	Chzhen_2021	Tanzania	Safe Youth (Ujana Salama)	To examine whether cash plus social protection programming with referrals to services improves gender attitudes and SRH and HIV health outcomes.	Teen mixed: range NI, avg 16 years, avg 45% female Parent mixed: range NI, avg 58 years, avg 66% female	NI	African-Islamic
7	Dervisevic_2021	Philippines	4P (Pantawid Familyang Pilipino Program)	To prevent intergenerational poverty transmission and violence by improving the autonomy of adolescents, promoting gender-equitable attitudes, and improving parenting practices.	Teen mixed: range 12.5-15 years, 50% female	NI	West & South Asia
8	Dhar_2018	India	Legion of Stars	To change fundamental gender attitudes and ultimately influence a wide range of behaviours related to female education, mobility, work, marriage and fertility.	Teen mixed: avg 11.8 years, 55% female	NI	West & South Asia
9	Karmaliani_2020	Pakistan	Right to Play	To reduce intolerance, gender discrimination, and violence by educating and empowering children in group settings through play and sports.	Teen mixed: range 10-14, avg 53% female	NA	African-Islamic
10	Prakash_2019	India	Samata	To address norms relating to girls' education, gender roles, early marriage, sexual initiation through a multilayered intervention with girls, their families boys and other key stakeholders in the community.	Teen female: range 13-16 years, 100% female	NI	West & South Asia
11	Stark_2018d	DRC	COMPASS	Similar to COMPASS programme in Ethiopia (see Stark_2018e). The DRC study measured the incremental impact of a caregiver curriculum on girls' experiences of violence and social outcomes, along with attitudes and characteristics of participating caregivers.	Teen mixed: 10-14 years, avg 12, avg 100% female Parent mixed: 18+ years, avg 38, avg 92% female	NI	Not yet rated
12	Stark_2016e	Ethiopia	COMPASS	To provide safe spaces, build life skills and social assets, engage adolescent girls in relationships with mentors, and engage caregivers as support systems	Teen female: 14.5 years avg, 100% female	NI	African-Islamic

and advocates for girls to increase their social, physical, and financial assets, protecting them risks, including IPV, community violence and transactional sex.

Eleven studies reported outcomes for child marriage (ES = 20), seven studies measured outcomes for gender equality norms (ES = 22), six studies contained norms for child marriage (ES = 11), four measured income generating activity (ES = 7), and one measured shared chores (ES = 2). One study measured norms for child marriage but not whether participants married older, which was allowed by the inclusion criteria that stipulated that only norms be measured. Programme duration ranged from 12 months to 42 months, and most were measured at endline. All 12 studies were cluster randomised controlled trials. No studies used active controls.

Teen participants ranged from 10 to 20 years in age. Most did not report the percentage of participants who had completed primary education. Most instruments were devised by organisers. Reporting sources included teen females in eight studies (ES = 36), teen males in two studies (ES = 3), a mix of male and female teens in two studies (ES = 10), female and male parents in one study (ES = 3), and a mix of parents and family members in one study (ES = 10).

5.2 Component analysis

For norm types, eight studies measured proxies for norms, or attitudes (e.g., should girls marry early?) (ES = 21). One study measured empirical norms (ES = 3) (e.g., do others in your village marry their daughters early?); two studies measured injunctive norms (ES = 6) (e.g., does your family think your daughter should marry early?); and sanctions were measured in one study (ES = 3) (e.g., would you face opposition for marrying your daughter older?).

Looking at intervention types, all studies involved lifeskills training (n = 12, ES = 61), six studies involved schooling support (ES = 30), and four studies contained livelihood support (ES = 18), and four studies offered financial support (ES = 12). Three studies of two interventions involved parent training (ES = 5), and one study contained community mobilisation (ES = 12). No interventions contained couples counselling or campaigns.

Among behaviour change techniques (BCTs), the following components were found in each study (n = 12, ES = 54): comparing participant behaviours, repetition with more than six sessions, shaping knowledge, and social support from peers. Most interventions also provided pre-requisite supplies and materials, or antecedents, which were the second most common (n = 11, ES = 54). Among the least common BCTs were unconditional rewards like grants (n = 1, ES = 2), feedback and monitoring of behaviours (n = 2, ES = 6), critical discourse that questioned power dynamics (n = 3, ES = 14), social support from males (n = 3, ES = 22), conditional rewards like cash transfers (n = 3, ES = 8), and understanding consequences (n = 3, ES = 8). No studies were found to contain covert learning, such as imaginary rewards; comparing outcomes like pros and cons; or scheduled consequences, which overlapped with and were less relevant than conditional rewards.

All interventions addressed the relational layer (n = 12, ES = 54). Ten studies addressed the individual layer (ES = 52), seven studies contained the institutional layer (ES = 24), and no studies addressed the cultural layer. In terms of multi-layered interventions, seven studies contained three layers (ES = 24), six studies contained two layers (ES = 32), and four studies addressed one layer (ES = 10). No studies addressed all four ecological layers. One intervention (ES = 4) was considered to have been locally led.

Table 17 Component analysis - child marriage

Child Marriage						
Variable	studies	ESs			studies	ESs
Interv type:				Which ecological layer:		
Schooling support	6	30		Cultural	0	0
Parent training	3	5		Institutional	7	24
Livelihood support	4	18		Relational	12	58
Lifeskills training	12	61		Individual	10	52
Financial support	4	12				
Couples counselling	0	0		# of ecological layers:		
Community mobilisation	1	12		One layer	4	10
Campaigns	0	0		Two layers	6	32
				Three layers	7	20
BCT:				Four layers	0	0
Understanding consequences	3	8				
Social support:				Norm type:		
Cultural	3	16		Proxy (attitudes)	8	21
Institutional	9	39		Empirical	1	3
Peers	12	61		Injunctive	2	6
Males	3	22		Sanction	1	3
Reference group	7	43				
Carer or spouse	10	49		Locally led:	1	4
Shaping knowledge	12	61				
Self-belief	9	41		Outcomes:		
Scheduled consequences	0	0		ChildMarriage	11	20
Reward: conditional	3	8		IGA	4	7
Reward: unconditional	1	2		norms_ChildMarriage	6	11
Repetition	12	61		norms_genderequal	7	22
Regulation	9	29		sharedchores	1	2
Identity	4	17				
Goals, planning	6	21				
Feedback, monitoring	2	6				
Critical discourse	3	14				
Covert learning	0	0				
Comparing behaviour	12	61				
Comparing outcomes	0	0				
Associations	0	0				
Antecedents	11	54				
TOTAL	N=12	K=54				

5.3 Risk of bias assessment

Figure 19 presents the results of the risk of bias (RoB) assessment using Cochrane's RoB2 tool (Sterne, Savović et al., 2019) for cluster randomised studies. The interventions being compared are experimental studies, which contained child marriage outcomes, and active and inactive controls, although no child marriage studies provided active controls with alternative interventions. Each member of the review team worked independently to assess RoB for the

study data they extracted, selecting and assessing main outcomes from each study, which included multiple results. The team assessed the effect of assignment to intervention at baseline regardless of whether the intervention was received, or intention-to-treat effect (Sterne, Savović et al., 2019). Team members answered a series of signalling questions, made a judgement about RoB for the domain, referenced an algorithm on templates provided by Sterne et al. on a supplementary site,³ and justified their response in the data extraction document (Sterne, Savović et al., 2019). The team used trials, supporting studies, available curricula, and protocols to make their judgments. Final RoB judgements were confirmed and compiled by KS, who created RoB plots using the robvis tool (McGuinness & Higgins, 2020).

No child marriage studies were rated with a high risk of bias. The risk was low for 9 of the 12 studies, and 3 showed some concern. For the first domain, one study did not provide information on random sequence generation, while other studies had no concern. Two studies had some concerns arising from the timing of the randomisation process, randomising clusters before participants were identified or not providing information. Two studies had some concern about deviations from the intended intervention, and the remainder showed low risk. For the third domain, D2, two studies showed some concern over deviations from the intended intervention, such as trials shortened by funding pressures. For attrition bias, D3, one study showed some concern with attrition over 40%. Two studies had some concern over bias in measuring the outcome, D4, from lack of information. Finally, three studies showed some concern for reporting bias while the remaining trials showed no indication.

³ Available at <https://sites.google.com/site/riskofbiastool/welcome/rob-2-0-tool>

Figure 19 ROB2 for cluster RCTs - child marriage

		Risk of bias domains						
		D1	D1b	D2	D3	D4	D5	Overall
Study	Prakash_2019	+	+	-	+	+	+	+
	Amin_2018	+	+	+	+	+	+	+
	Buehren_2017	-	-	+	-	-	-	-
	Austrian_2020	+	-	+	+	+	+	+
	Stark_2018e	+	+	+	+	+	+	+
	Dervisevic_2021	+	+	+	+	+	+	+
	Stark_2018d	+	+	+	+	+	+	+
	Karmaliani_2020	+	+	+	+	+	+	+
	Bandiera_2020	+	+	-	+	+	-	-
	Buchmann_2021	+	+	+	+	+	+	+
	Dhar_2018	+	+	+	+	-	-	-
	Chzhen_2021	+	+	+	+	+	+	+

Domains:
D1 : Bias arising from the randomization process.
D1b: Bias arising from the timing of identification and recruitment of Individual participants in relation to timing of randomization.
D2 : Bias due to deviations from intended intervention.
D3 : Bias due to missing outcome data.
D4 : Bias in measurement of the outcome.
D5 : Bias in selection of the reported result.

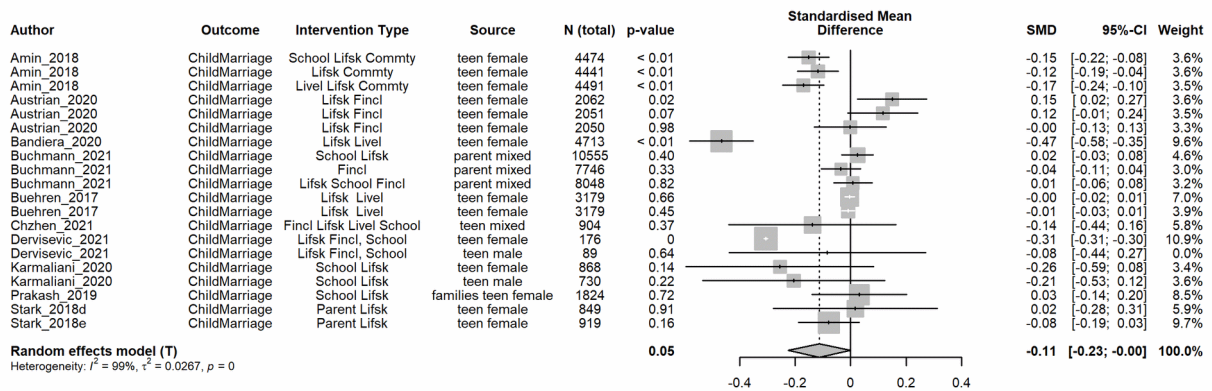
Judgement
- Some concerns
+ Low

5.4 Results of syntheses

5.4.1 Results of meta-analysis: main effects – child marriage

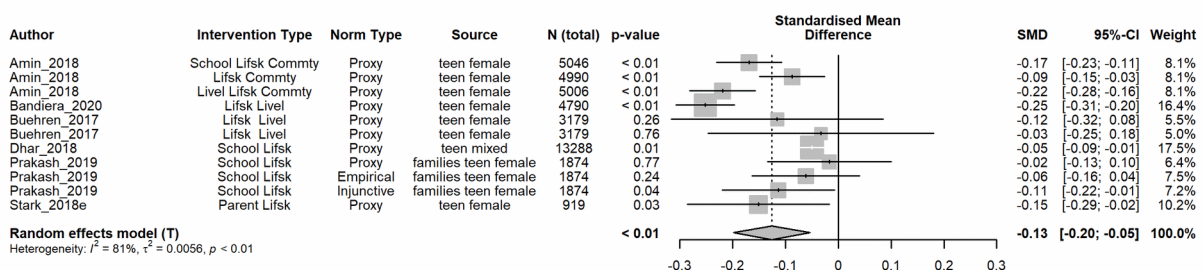
Results: Outcome type. In Figure 20, programmes showed a small, significant impact on child marriage, $d = -0.11$ ($n = 11$, $k = 20$, $CI [-0.23, -0.00]$, I -squared = 0.99, $p = 0.05$). There was large heterogeneity, or dissimilarity, likely owing to variability between studies, including large effects on child marriage from two studies (Bandiera, Buehren et al., 2020; Dervisevic, Perova et al., 2021), many studies showing negligible effects, adverse effects from one study (Austrian, Soler-Hampejsek et al., 2020a)

Figure 20 Meta-analysis: Effects of interventions on child marriage



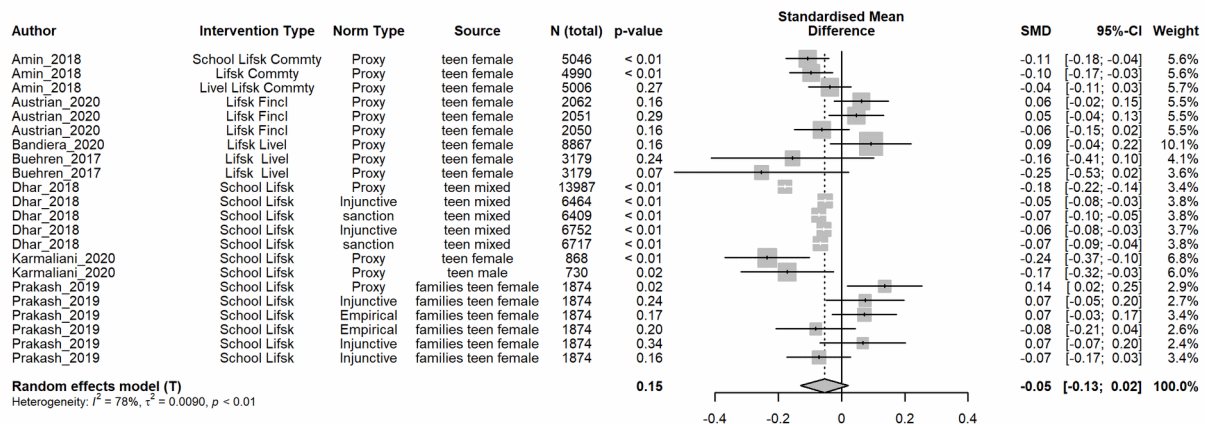
Studies also showed a small but significant effect on norms that approve of child marriage, $d = -0.13$ ($n = 6$, $k = 11$, $CI [-0.20, -0.05]$, I -squared = 0.81, $p < 0.01$), per Figure 21. The substantial heterogeneity may partly owe to factors, such as different contexts, populations, intervention types and measurement instruments used (Higgins, Thomas et al., 2019, p. 259).

Figure 21 Meta-analysis: Effects of interventions on child marriage norms



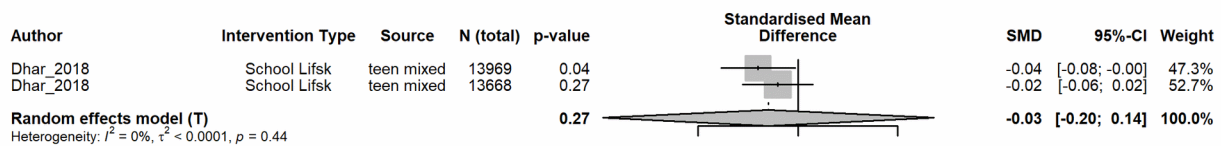
Studies showed a negligible impact on norms supporting gender equality, $d = -0.05$ ($n = 7$, $k = 22$, $CI [-0.13, 0.02]$, I -squared = 0.78, $p = 0.15$), as seen in Figure 22.

Figure 22 Meta-analysis: Effects of interventions on gender equality norms



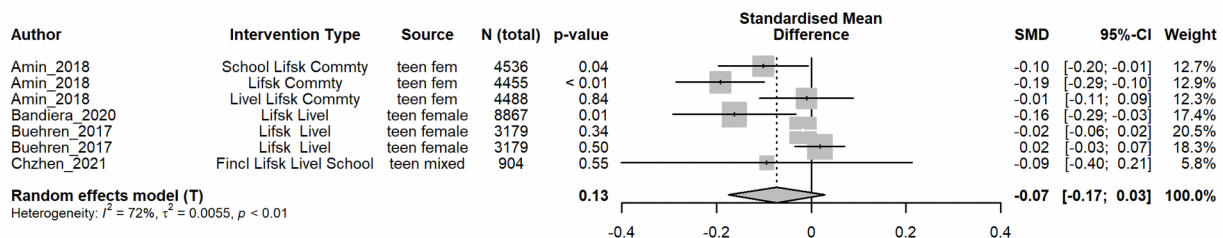
Based on one study, there was no significant impact on sharing household chores for girls, $d = -0.03$ ($n = 1$, $k = 2$, $CI [-0.20, 0.14]$, I -squared = 0.00, $p = 0.27$), per Figure 23.

Figure 23 Meta-analysis: Effects of interventions on shared chores



Studies showed a small, insignificant impact on income generating activity (IGA), $d = -0.07$ ($n = 4$, $k = 7$, $CI [-0.17, 0.03]$, I -squared = 0.72, $p = 0.13$), per Figure 24.

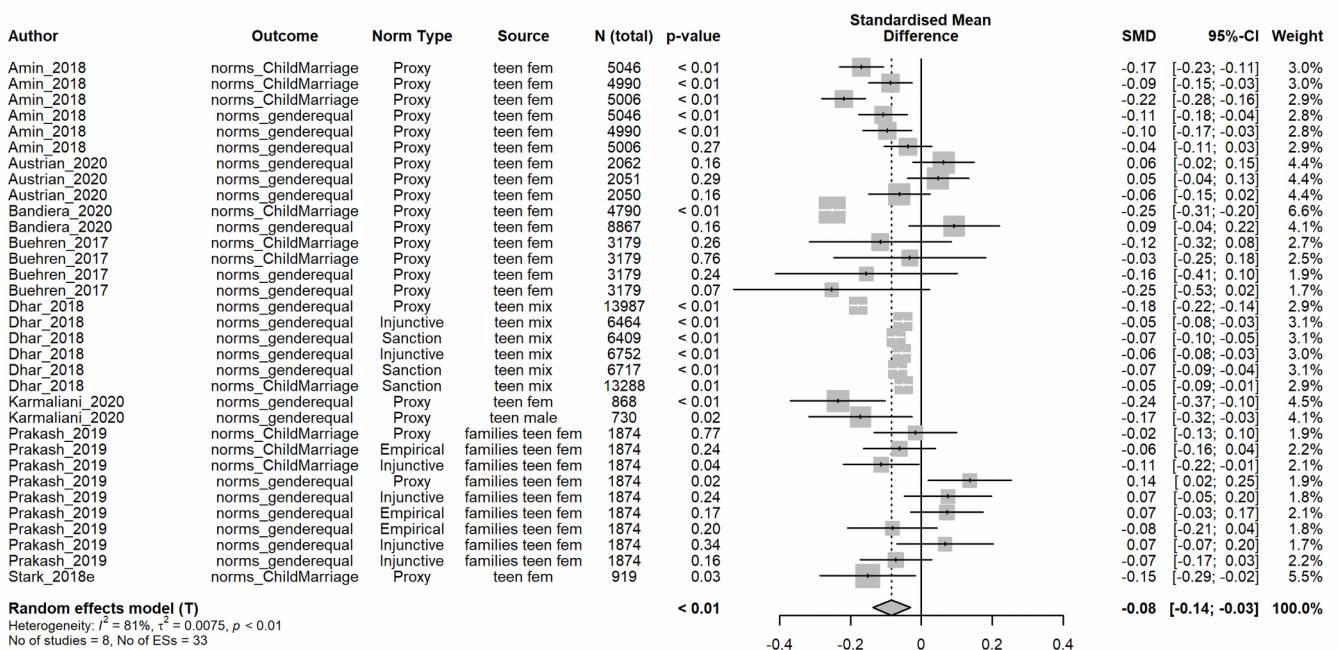
Figure 24 Meta-analysis: Effects of interventions on income generating activity



Combined violence outcomes (i.e., the child marriage outcome) were also compared with combined norm outcomes (norms for child marriage and gender equality) to contrast the effects of programmes on beliefs versus behaviours. For beliefs, programmes had a combined

effect of $d = -0.08$ ($n = 8$, $k = 33$, $CI [-0.14, -0.03]$, I -squared = 0.81, $p < 0.01$), as shown in Figure 25. For the behaviour of child marriage, the pooled effect was $d = -0.11$ ($n = 11$, $k = 20$, $CI [-0.23, -0.00]$, I -squared = 0.99, $p = 0.05$), as shown in Figure 25. The test for moderators showed a significant difference, with behaviour outcomes 0.03 closer to zero (less beneficial) than belief outcomes ($n = 12$, $k = 29$, $CI [-0.15, -0.02]$, $p = 0.02$).

Figure 25 Meta-analysis: Effects of interventions on all belief outcomes combined



5.4.1 Results of meta-regression: component analysis

5.4.1.1 Results: Norm type

Interventions showed no effect on empirical norms, or expectations of what others do, ($n = 2$, $k = 6$, $d = -0.07$, $p = 0.14$). One study assessed attitudes, which showed significant, small effects ($n = 1$, $k = 3$, $d = -0.12$, $p < 0.01$). Interventions measuring injunctive norms, or expectations of what should be done, presented non-significant effects ($n = 8$, $k = 21$, $d = -0.03$, $p = 0.37$), but significantly weaker outcomes than programmes without them ($n = 8$, $k =$

21, $b = 0.09$, $p < 0.01$). Similarly, programmes measuring potential sanctions, or opposition, showed non-significant effects ($n = 1$, $k = 3$, $d = -0.04$, $p = 0.26$), but significantly weaker outcomes than programmes without them ($n = 1$, $k = 3$, $d = 0.09$, $p < 0.01$).

Table 18 Meta-regression: Moderating effects of norm type on belief outcomes

CHILD MARRIAGE	Impact on belief outcomes only: norms_ChMarr, norms_genderequal									
Norm type:	# of studies with	# of ESs with	ES with	95% CI lower	95% CI upper	p-value	ES Difference	95% CI lower	95% CI upper	p-value
Proxy (attitudes)	1	3	-0.12	-0.18	-0.07	0.00				
Empirical vs Proxy	2	6	-0.07	-0.16	0.02	0.14	0.05	-0.03	0.13	0.20
Injunctive vs Proxy	8	21	-0.03	-0.09	0.03	0.37	0.09	0.05	0.13	0.00
Sanction vs Proxy	1	3	-0.04	-0.10	0.03	0.26	0.09	0.05	0.12	0.00

5.4.1.2 Results: Intervention type

Among intervention types, those with schooling support showed a significant impact on all outcomes combined ($n = 6$, $k = 29$, $d = -0.10$, $p = 0.01$) and belief outcomes ($n = 4$, $k = 19$, $d = -0.11$, $p < 0.01$) but not behaviour outcomes ($n = 5$, $k = 8$, $d = -0.10$, $p = 0.08$) and no larger outcomes than programmes without it (all outcomes combined $n = 6$, $k = 29$, $b = -0.01$, $p = 0.72$; behaviour outcomes $n = 5$, $k = 8$, $b = 0.02$, $p = 0.49$; belief outcomes $n = 4$, $k = 19$, $b = -0.02$, $p = 0.45$). Interventions providing livelihoods support presented small significant effects across outcomes (all outcomes combined $n = 4$, $k = 13$, $d = -0.12$, $p < 0.01$; behaviour outcomes $n = 4$, $k = 5$, $d = -0.15$, $p = 0.02$; belief outcomes $n = 3$, $k = 8$, $d = -0.12$, $p < 0.01$) but showed no improved effects relative to programmes without (all outcomes combined $n = 4$, $k = 13$, $b = -0.02$, $p = 0.29$; behaviour outcomes $n = 4$, $k = 5$, $b = -0.05$, $p = 0.26$; belief outcomes $n = 3$, $k = 8$, $b = -0.03$, $p = 0.24$).

Programmes that offered lifeskills training presented significant, small effects across outcomes (all outcomes combined $n = 12$, $k = 54$, $d = -0.10$, $p < 0.01$; behaviour outcomes $n = 11$, $k = 19$, $d = -0.11$, $p = 0.04$; belief outcomes $n = 8$, $k = 33$, $d = -0.10$, $p < 0.01$) with no improvements to outcomes over programmes without lifeskills, although there were no belief outcomes without lifeskills (all outcomes combined $n = 12$, $k = 54$, $b = 0.05$, $p = 0.25$; behaviour outcomes $n = 11$, $k = 19$, $b = 0.05$, $p = 0.23$). Programmes with financial support were effective when all outcomes were combined ($n = 4$, $k = 11$, $d = -0.12$, $p < 0.01$) and for behaviour outcomes ($n = 4$, $k = 8$, $d = -0.13$, $p = 0.03$) but not on beliefs ($n = 1$, $k = 3$, $d = 0.02$, $p = 0.83$), while showing no improvements over outcomes without financial support (all outcomes combined $n = 4$, $k = 11$, $b = -0.03$, $p = 0.33$; behaviour outcomes $n = 4$, $k = 8$, $b = -0.03$, $p = 0.39$; belief outcomes $n = 1$, $k = 3$, $b = 0.13$, $p = 0.09$). Interventions with parent training showed significant, small effects for all outcomes combined ($n = 3$, $k = 5$, $d = -0.18$, $p < 0.01$) but not behaviour outcomes ($n = 3$, $k = 4$, $d = -0.15$, $p = 0.17$) or belief outcomes ($n = 1$, $k = 1$, $d = -0.15$, $p = 0.15$), based on three trials, two of which were of the same programme in different countries (Stark, Asghar et al., 2018b; Stark, Seff et al., 2018a), which predicted no improvements over outcomes without parenting (all outcomes combined $n = 3$, $k = 5$, $b = -0.10$, $p = 0.20$; behaviour outcomes $n = 3$, $k = 4$, $b = -0.05$, $p = 0.69$; belief outcomes $n = 1$, $k = 1$, $b = -0.05$, $p = 0.62$). Community mobilisation was only undertaken in one trial (Beattie, Bhattacharjee et al., 2015), which showed no effect on outcomes (all outcomes combined $n = 1$, $k = 9$, $d = -0.13$, $p = 0.28$; behaviour outcomes $n = 1$, $k = 3$, $d = -0.15$, $p = 0.40$; belief outcomes $n = 1$, $k = 6$, $d = -0.12$, $p = 0.15$) or ES differences (all outcomes combined $n = 1$, $k = 9$, $b = -0.03$, $p = 0.79$; behaviour outcomes $n = 1$, $k = 3$, $b = -0.04$, $p = 0.84$; belief outcomes $n = 1$, $k = 6$, $b = -0.02$, $p = 0.79$). There were no interventions with couples counselling, campaigns, couples counselling combined with parenting, or couples counselling combined with parenting and community mobilisation.

5.4.1.3 Results: Behaviour change techniques

Programmes with social support from cultural bodies, such as churches or media, showed significant small effects across outcomes (all outcomes combined $n = 3$, $k = 15$, $d = -0.13$, $p < 0.01$; behaviour outcomes $n = 3$, $k = 3$, $d = -0.15$, $p = 0.02$; belief outcomes $n = 3$, $k = 12$, $d = -0.12$, $p < 0.01$), while also presenting significantly improved effects on all outcomes combined ($n = 3$, $k = 15$, $b = -0.04$, $p = 0.05$) but not behaviour outcomes ($n = 3$, $k = 3$, $b = -0.05$, $p = 0.21$) or belief outcomes ($n = 3$, $k = 12$, $b = -0.03$, $p = 0.25$). Similarly, programmes that involved social support from institutions, such as government or business, showed significant small effects across outcomes (all outcomes combined $n = 9$, $k = 35$, $d = -0.12$, $p < 0.01$; behaviour outcomes $n = 8$, $k = 10$, $d = -0.13$, $p = 0.02$; belief outcomes $n = 6$, $k = 23$, $d = -0.11$, $p < 0.01$), with significantly improved effects relative to programmes without institutional support for all outcomes combined ($n = 9$, $k = 35$, $b = -0.04$, $p = 0.05$) but not behaviour outcomes ($n = 8$, $k = 10$, $b = -0.05$, $p = 0.22$) or belief outcomes ($n = 6$, $k = 23$, $b = -0.03$, $p = 0.24$). Programmes offering social support from peers who shared obvious characteristics, such as age or gender, presented significant, small effects across outcomes (all outcomes combined $n = 12$, $k = 54$, $d = -0.10$, $p < 0.01$; behaviour outcomes $n = 11$, $k = 19$, $d = -0.11$, $p = 0.04$; belief outcomes $n = 8$, $k = 33$, $d = -0.10$, $p < 0.01$), with no larger effects than programmes without peer support (all outcomes combined $n = 12$, $k = 54$, $b = 0.05$, $p = 0.25$; behaviour outcomes $n = 11$, $k = 19$, $b = 0.05$, $p = 0.23$), with none measuring belief outcomes. Lastly, interventions that engaged social support from males showed no effect (all outcomes combined $n = 3$, $k = 22$, $d = -0.09$, $p = 0.21$; behaviour outcomes $n = 2$, $k = 3$, $d = -0.09$, $p = 0.53$; belief outcomes $n = 3$, $k = 17$, $d = -0.09$, $p = 0.09$) or improvements to outcomes relative to programmes without male support (all outcomes combined $n = 3$, $k =$

22, $b = 0.01$, $p = 0.86$; behaviour outcomes $n = 2$, $k = 3$, $b = 0.03$, $p = 0.85$; belief outcomes $n = 3$, $k = 17$, $b = 0.03$, $p = 0.67$).

Interventions that supported an understanding of the harmful consequences of violence showed significant, small effects for belief outcomes ($n = 1$, $k = 2$, $d = -0.20$, $p = 0.01$) and borderline effects for all outcomes combined ($n = 3$, $k = 7$, $d = -0.09$, $p = 0.057$) but no effects on behaviour outcomes ($n = 3$, $k = 5$, $d = -0.10$, $p = 0.13$) and no improvement over programmes without understanding consequences (all outcomes combined $n = 3$, $k = 7$, $b = 0.01$, $p = 0.72$; behaviour outcomes $n = 3$, $k = 5$, $b = 0.02$, $p = 0.55$; belief outcomes $n = 1$, $k = 2$, $b = -0.11$, $p = 0.16$). Programmes that included comparing behaviour, repetition, and shaping knowledge were deployed equally and showed the same, small but significant effects across outcomes (all outcomes combined $n = 12$, $k = 54$, $d = -0.10$, $p = 0.01$; behaviour outcomes $n = 11$, $k = 19$, $d = -0.11$, $p = 0.04$; belief outcomes $n = 8$, $k = 33$, $d = -0.10$, $p < 0.01$), although no improvements over programmes without these components (all outcomes combined $n = 12$, $k = 54$, $b = 0.05$, $p = 0.25$; behaviour outcomes $n = 11$, $k = 19$, $b = 0.05$, $p = 0.23$) and no studies without belief outcomes to calculate an ES difference.

Programmes with goals and planning predicted significant, small effects across outcomes (all outcomes combined $n = 6$, $k = 17$, $d = -0.13$, $p < 0.01$; behaviour outcomes $n = 6$, $k = 8$, $d = -0.14$, $p = 0.02$; belief outcomes $n = 4$, $k = 9$, $d = -0.13$, $p < 0.01$) and significantly larger outcomes for all outcomes combined ($n = 6$, $k = 17$, $b = -0.04$, $p = 0.03$) and belief outcomes ($n = 4$, $k = 9$, $b = -0.05$, $p = 0.0$) but not behaviour outcomes ($n = 6$, $k = 8$, $b = -0.04$, $p = 0.24$). Those with conditional rewards like cash transfers showed significant, small effects when all outcomes were combined ($n = 3$, $k = 7$, $d = -0.11$, $p < 0.01$) and on behaviour outcomes ($n = 3$, $k = 5$, $d = -0.12$, $p = 0.03$) but not belief outcomes ($n = 1$, $k = 2$, $d = -0.10$, p

= 0.33), with no improvements over outcomes without them (all outcomes combined $n = 3$, $k = 7$, $b = -0.01$, $p = 0.41$; behaviour outcomes $n = 3$, $k = 5$, $b = -0.01$, $p = 0.48$; belief outcomes $n = 1$, $k = 2$, $b = 0.00$, $p = 1.00$). Programmes with unconditional rewards like grants showed no effects, although did not measure belief outcomes (all outcomes combined $n = 1$, $k = 1$, $d = -0.14$, $p = 0.47$; behaviour outcomes $n = 1$, $k = 1$, $d = -0.14$, $p = 0.55$), and showed no improvements over programmes without them (all outcomes combined $n = 1$, $k = 1$, $b = -0.04$, $p = 0.83$; behaviour outcomes $n = 1$, $k = 1$, $b = -0.03$, $p = 0.91$). Interventions that offered pre-requisite supplies and antecedents, such as seeds or tools, presented significant small effects across outcomes (all outcomes combined $n = 11$, $k = 47$, $d = -0.10$, $p = 0.01$; behaviour outcomes $n = 11$, $k = 20$, $d = -0.11$, $p = 0.04$; belief outcomes $n = 7$, $k = 27$, $d = -0.11$, $p < 0.01$), but no larger effects than programmes without antecedents (all outcomes combined $n = 11$, $k = 47$, $b = -0.04$, $p = 0.76$; belief outcomes $n = 7$, $k = 27$, $b = -0.04$, $p = 0.70$), while all studies had behaviour outcomes so there was no ES difference.

Programmes that gave feedback or monitoring from a mentor or coach significantly impacted all combined outcomes ($n = 2$, $k = 5$, $d = -0.10$, $p = 0.02$) and belief outcomes ($n = 2$, $k = 3$, $d = -0.10$, $p = 0.01$) but not behaviour outcomes ($n = 2$, $k = 2$, $d = -0.09$, $p = 0.15$) with no improvements over programmes without feedback (all outcomes combined $n = 2$, $k = 5$, $b = 0.00$, $p = 0.92$; behaviour outcomes $n = 2$, $k = 2$, $b = 0.02$, $p = 0.59$; belief outcomes $n = 2$, $k = 3$, $b = 0.00$, $p = 0.89$). Interventions that helped re-frame identity, e.g., self as role model, did not significantly influence all outcomes combined ($n = 4$, $k = 17$, $d = -0.09$, $p = 0.19$) or behaviour outcomes ($n = 4$, $k = 5$, $d = -0.07$, $p = 0.51$), but did show significant, small effects on belief outcomes ($n = 3$, $k = 12$, $d = -0.11$, $p = 0.05$) with no improved effects over programmes without it (all outcomes combined $n = 4$, $k = 17$, $b = 0.01$, $p = 0.86$; behaviour outcomes $n = 4$, $k = 5$, $b = 0.07$, $p = 0.56$; belief outcomes $n = 3$, $k = 12$, $b = -0.01$, $p = 0.88$).

Similarly, interventions that fostered positive self-belief, such as through self-talk, presented significant, small effects for all outcomes combined ($n = 9, k = 36, d = -0.09, p = 0.02$) and belief outcomes ($n = 6, k = 20, d = -0.12, p < 0.01$) but not behaviour outcomes ($n = 8, k = 14, d = -0.10, p = 0.08$) and did not improve outcomes relative to programmes without self-belief (all outcomes combined $n = 9, k = 36, b = 0.04, p = 0.27$; behaviour outcomes $n = 8, k = 14, b = 0.04, p = 0.27$; belief outcomes $n = 6, k = 20, b = -0.06, p = 0.38$). Interventions that facilitated critical discourse among young women showed no effects on all outcomes combined ($n = 3, k = 13, d = -0.06, p = 0.12$) or behaviour outcomes ($n = 2, k = 2, d = -0.07, p = 0.27$) but showed small effects approaching significance for belief outcomes ($n = 3, k = 9, d = -0.06, p = 0.063$), while presenting significantly weaker effects on all outcomes combined and belief outcomes than interventions without critical discourse (all outcomes combined $n = 3, k = 13, b = 0.05, p = 0.03$; behaviour outcomes $n = 2, k = 2, b = 0.04, p = 0.26$; belief outcomes $n = 3, k = 9, b = 0.05, p = 0.04$). Interventions that helped participants reduce or regulate negative emotions through regulation were associated with small, significant effects for all outcomes combined ($n = 9, k = 27, d = -0.08, p = 0.03$) and belief outcomes ($n = 6, k = 14, d = -0.09, p = 0.01$), but not behaviour outcomes ($n = 8, k = 11, d = -0.10, p = 0.09$). However, programmes with regulation predicted significantly weaker effects than programmes without for all outcomes combined ($n = 9, k = 27, b = 0.04, p = 0.04$), but not behaviour outcomes ($n = 8, k = 11, b = 0.04, p = 0.21$) or belief outcomes ($n = 6, k = 14, b = 0.03, p = 0.18$). There were no interventions found to support comparing outcomes, covert learning, associations like prompts or cues, or scheduled consequences.

5.4.1.4 *Results: Local leadership*

One programme was locally led, delegating dominant decision making and resources to participants, which showed significant small to medium effects across outcomes (all

outcomes combined $n = 1, k = 3, d = -0.24, p = 0.03$; behaviour outcomes $n = 1, k = 1, d = -0.47, p < 0.01$; belief outcomes $n = 1, k = 2, d = -0.20, p = 0.01$) with significantly larger effects on behaviour outcomes compared to programmes without (all outcomes combined $n = 1, k = 3, b = -0.16, p = 0.18$; behaviour outcomes $n = 1, k = 1, b = -0.39, p < 0.01$; belief outcomes $n = 1, k = 2, b = -0.11, p = 0.16$).

5.4.1.5 *Results: Ecological layers*

When examining effects at different ecological levels, interventions that addressed the institutional layer demonstrated significant small effects across outcomes (all outcomes combined $n = 7, k = 19, d = -0.13, p < 0.01$; behaviour outcomes $n = 7, k = 10, d = -0.14, p = 0.01$; belief outcomes $n = 4, k = 9, d = -0.13, p < 0.01$), with significantly larger effects on behaviour outcomes and borderline improvements to belief outcomes, relative to programmes at other layers (all outcomes combined $n = 7, k = 19, d = -0.05, p < 0.01$; behaviour outcomes $n = 7, k = 10, b = -0.06, p = 0.04$; belief outcomes $n = 4, k = 9, b = -0.04, p = 0.06$).

Programmes touching on the relational layer presented significant, small effects across outcomes (all outcomes combined $n = 12, k = 51, d = -0.10, p < 0.01$; behaviour outcomes $n = 11, k = 18, d = -0.11, p = 0.04$; belief outcomes $n = 8, k = 31, d = -0.10, p < 0.01$), but no increases over programmes that did not address the relational layer (all outcomes combined $n = 12, k = 51, b = 0.03, p = 0.15$; behaviour outcomes $n = 11, k = 18, b = 0.04, p = 0.16$; belief outcomes $n = 8, k = 31, b = 0.02, p = 0.49$).

Table 20 Moderating effects of ecological layers on effectiveness – child marriage

CHILD MARRIAGE	Impact on all outcomes combined: ChMarr, shared chores, (not IGA), norms_ChMarr, norms_genderequal										Impact on behaviour outcomes only: ChMarr (not sharedchores), (not IGA)																	
	#										#																	
	studies	# ESs	95% CI		ES	95% CI		95% CI		p-value	Difference	lower	upper	p-value	studies	# ESs	95% CI		ES	95% CI		p-value	Difference	lower	upper	p-value		
Which ecological layer:	with	with	ES with	lower	upper	p-value	Difference	lower	upper	p-value	Difference	lower	upper	p-value	with	with	ES with	lower	upper	p-value	Difference	lower	upper	p-value	Difference	lower	upper	p-value
Cultural	0	0													0	0												
Institutional	7	19	-0.13	-0.19	-0.06	0.00	-0.05	-0.08	-0.01	0.01	0.03	-0.01	0.07	0.15	7	10	-0.14	-0.24	-0.04	0.01	-0.06	-0.11	0.00	0.04	0.04	-0.02	0.11	
Relational	12	51	-0.10	-0.17	-0.03	0.01	0.00	-0.05	0.04	0.81	0.00	0.03	-0.01	0.07	11	18	-0.11	-0.22	0.00	0.04	0.04	-0.02	0.11	0.04	-0.02	0.11		
Individual	10	45	-0.10	-0.17	-0.03	0.00	0.00	-0.05	0.04	0.81	0.00	-0.05	0.04	0.81	9	15	-0.11	-0.22	0.00	0.05	0.02	-0.04	0.08	0.02	-0.04	0.08		
# of ecological layers:	# of studies	# of ESs	95% CI		ES	95% CI		95% CI		p-value	Difference	lower	upper	p-value	# of studies	# of ESs	95% CI		ES	95% CI		p-value	Difference	lower	upper	p-value		
One layer	4	10	-0.08	-0.15	0.00	0.04	0.00	-0.04	0.04	0.91	0.00	-0.04	0.04	0.91	4	5	-0.12	-0.23	0.00	0.04	0.03	-0.03	0.09	0.03	-0.03	0.09		
Two layers vs one	6	30	-0.08	-0.14	-0.01	0.03	-0.06	-0.12	0.01	0.075	-0.06	-0.12	0.01	0.075	5	7	-0.08	-0.19	0.03	0.13	-0.02	-0.10	0.07	-0.02	-0.10	0.07		
Three layers vs one	6	15	-0.14	-0.21	-0.06	0.00	-0.06	-0.12	0.01	0.075	-0.06	-0.12	0.01	0.075	6	8	-0.13	-0.24	-0.02	0.02	-0.02	-0.10	0.07	-0.02	-0.10	0.07		
Four layers vs one	0	0												0	0													
Combo of eco layers vs Relatl only:	# of studies	# of ESs	95% CI		ES	95% CI		95% CI		p-value	Difference	lower	upper	p-value	# of studies	# of ESs	95% CI		ES	95% CI		p-value	Difference	lower	upper	p-value		
Relatl only	3	6	-0.05	-0.13	0.03	0.25	-0.06	-0.11	0.00	0.04	-0.06	-0.11	0.00	0.04	3	3	-0.07	-0.20	0.05	0.27	-0.07	-0.16	0.02	-0.07	-0.16	0.02		
Instl only	2	4	-0.10	-0.18	-0.02	0.01	-0.06	-0.11	0.00	0.04	-0.06	-0.11	0.00	0.04	2	2	-0.14	-0.26	-0.02	0.02	-0.07	-0.16	0.02	-0.07	-0.16	0.02		
Indivl-Relatl	6	30	-0.08	-0.15	-0.01	0.03	-0.03	-0.08	0.02	0.24	-0.03	-0.08	0.02	0.24	5	7	-0.09	-0.20	0.02	0.10	-0.02	-0.11	0.07	-0.02	-0.11	0.07		
Indivl-Relatl-Instl	6	15	-0.14	-0.22	-0.07	0.00	-0.09	-0.17	-0.02	0.01	-0.09	-0.17	-0.02	0.01	6	8	-0.14	-0.25	-0.03	0.01	-0.07	-0.18	0.04	-0.07	-0.18	0.04		

Interventions that addressed any number of ecological layers simultaneously appeared effective for most outcomes. Interventions with one layer showed significant, small effects for all outcomes combined (n = 4, k = 10, d = -0.08, p = 0.04), behaviour outcomes (n = 4, k = 5, d = -0.12, p = 0.04) but not belief outcomes (n = 2, k = 5, d = -0.06, p = 0.11).

Interventions with two layers showed significant, small effects for all outcomes combined (n = 6, k = 30, d = -0.08, p = 0.03) and belief outcomes (n = 5, k = 21, d = -0.08, p = 0.02), but not behaviour outcomes (n = 5, k = 7, d = -0.08, p = 0.13), and no improvements in effects over programmes with one layer (all outcomes combined n = 6, k = 30, b = 0.00, p = 0.91; behaviour outcomes n = 5, k = 7, b = 0.03, p = 0.32; belief outcomes n = 5, k = 21, b = -0.02, p = 0.55). Interventions with three layers presented significant, small effects across outcomes (all outcomes combined n = 6, k = 15, d = -0.14, p < 0.01; behaviour outcomes n = 6, k = 8, d = -0.13, p = 0.02; belief outcomes n = 3, k = 7, d = -0.17, p < 0.01), with significantly larger effects for belief outcomes than programmes containing fewer layers (all outcomes combined n = 6, k = 15, b = -0.06, p = 0.075; behaviour outcomes n = 6, k = 8, b = -0.02, p = 0.70; belief outcomes n = 3, k = 7, b = -0.11, p = 0.03). No interventions addressed four layers.

5.5 Summary of child marriage findings

This review examined the effects of a range of intervention types and behaviour change techniques at different ecological levels on child marriage outcomes that were mostly reported by female adolescents. It also explored whether joining efforts across multiple layers of the ecological model deepened the impact, and whether the type of normative belief made a difference to the size of its impact on belief outcomes.

Interventions showed small but significant impacts on delaying marriage and on norms that support delaying marriage. Trials predicted a negligible impact on norms for gender equality. They did, however, show a small, significant effect when norms for delaying marriage and gender equality were combined. Outcomes for beliefs and behaviours were similarly small, but significant, indicating that one was no easier to change than the other. The odds of child marriage were decreased by 18% (OR = 0.82, CI [0.66, 1.00]) in the treatment group versus control, while the odds of child marriage being personally or socially acceptable were decreased by 21% (OR = 0.79, CI [0.70, 0.91]). There was no significant impact on sharing household chores or on income generative activity (IGA), although these were based on only one trial.

Child marriage interventions measured a full range of normative expectations, from proxies for norms like attitudes to injunctive norms and sanctions. Programmes which measured attitudes (girls should marry early), injunctive norms (my family says I should marry daughters early) and sanctions (others will oppose me if I don't) were associated with small, significant effects, although empirical norms (most families marry daughters early) showed no significant effect. However, programmes that measured injunctive norms of what should

be done and sanctions of social enforcement presented significantly adverse effects compared to programmes measured attitudes.

Some components predicted larger effects on child marriage outcomes. No programmes with an intervention type presented better outcomes than programmes with other types.

Programmes that enlisted social support from cultural bodies, such as religious groups, and institutions like the government significantly improved all combined outcomes, as did programmes that addressed the institutional layer, included all three Indivl-Relatl-Institl layers, or that facilitated goals and planning. Interventions that were locally led or that address the institutional layer significantly predicted better outcomes for behaviour outcomes, relative to programmes without, while those that facilitated goals and planning, or that addressed the Indivl-Relatl-Institl layers together, significantly improved effects compared to programmes that did not. Programmes with a handful of components presented significantly weaker effects than programmes without them, including regulating conflict and stress, which depressed all outcomes combined, and critical discourse, which depressed all outcomes and belief outcomes.

5.6 Discussion of child marriage findings

5.6.1 General interpretation of results

Our review shows that trials had small, significant effects on child marriage. The odds of being married or living as if married at endline decreased by 18% (OR = 0.82) in the treatment group versus control, and the odds of child marriage being personally or socially acceptable decreased by 21% (OR = 0.79). Programmes that measured girls' perceptions of injunctive norms (others think I should marry early) and sanctions of social enforcement

(others will oppose me if I don't) presented significantly smaller effects on norm outcomes than programmes that did not, even though one study showed positive effects on attitudes. While norms may still be effective as attitudes, results may also indicate that participants (young women) have a more negative expectation of how others will judge or oppose them for delaying marriage or for having more gender equitable views. It would make sense that girls may fear reprisals if interventions have changed their personal beliefs but not social beliefs, particularly those of their families. Results should be cautiously interpreted given the limited number of studies and given the reference group of proxy contained only one study. However, it bears considering that interventions may expose girls to harmful risks if interventions help to change adolescents' minds but not their parents.' Empirical norms appeared to be a weak predictor of effects on norm outcomes.

Nearly all interventions focused on adolescent girls, even though it is parents who control decisions about marriage (Lee-Rife, Malhotra et al., 2012). While interventions with social support from carers showed positive significant effects on combined outcomes as well as behaviours and beliefs, trials with parents were limited and showed different effects. One programme to prevent sexual violence against girls was tested by two trials. COMPASS was delivered in 8 sessions to parents in Ethiopia and 13 sessions in the DRC (Stark, Asghar et al., 2018b). Both trials reported negligible effects on child marriage, but the DRC study with more carer support showed improved supportive parenting behaviours. In the Samata study (Prakash, Beattie et al., 2020), the odds of child marriage were four times greater when family attitudes supported child marriage (aOR: 3.99 [95% CI 2.68, 5.94] and 2.3 times greater if parents perceived that child marriage was expected of them by others (injunctive norm) (aOR: 2.32; 95% CI 1.60, 3.36). The Samata evaluation concluded that, given how strongly social and personal beliefs were associated with behaviours, organisers should have

engaged family members earlier, instead of working with young women alone (Prakash, Beattie et al., 2020). Given the central role played by parents in marriage decisions but limited and conflicting evidence in the review, further exploration of parenting interventions is needed.

Programmes with parent training tended to present higher ESs, although not formally compared to other components and there were only three studies. Interventions offering schooling, lifeskills, livelihoods and financial support did show small but significant effects in the meta-regression, which may prove a useful starting point for young women. This finding broadly agrees with findings by Malhotra et al. (2021a) and Kalamar et al. (2016), who reported that financial support for schooling, and cash and asset transfers were successful, while Malhotra et al. found that building livelihoods and lifeskills were also successful. However, our findings reveal that even beneficial effects are quite small. Anecdotally, the programmes with the largest impact on child marriage were the ELA programme from BRAC, which offered livelihood support and lifeskills training, ($n = 2357$, $d = -0.47$, $SE 0.06$) and 4P (Dervisevic, Perova et al., 2021), which combined lifeskills training, financial support, and schooling support ($n = 176$, $d = -0.31$, $SE = 0.01$).

Social support from institutions had a significant impact across outcomes. Support took a variety of forms, including a curriculum to re-shape gender attitudes that was delivered by trained schools in India (Dhar, Jain et al., 2018); a programme in Zambia with economic strengthening and SRH training that arranged adolescent-friendly savings accounts allowing low opening balances and transactions by minors (Austrian, Soler-Hampejsek et al., 2020a); and training for young women on locally available female occupations, including computing, photography, and health screening in Bangladesh (Amin & Chandra-Mouli, 2014). Similarly,

programmes that helped young women with goals and planning showed significant effects across outcomes (Amin & Chandra-Mouli, 2014; Austrian, Soler-Hampejsek et al., 2020a; Bandiera, Buehren et al., 2020; Stark, Asghar et al., 2018b; Stark, Seff et al., 2018a) as did those that provided conditional cash transfers (Buchmann, Field et al., 2023; Buehren, Goldstein et al., 2017; Dervisevic, Perova et al., 2021).

Programmes with regulation and critical discourse predicted significantly weaker outcomes. The Legion of Stars programme (Dhar, Jain et al., 2018) in India sought to influence gender attitudes among teens, including marriage, fertility, and sexual violence, by questioning unfair gender discrimination while helping students to have knowledge-sharing conversations with their families and girls to negotiate greater independence, freedom of movement, and choices with their parents. The BALIKA programme in Bangladesh supported girls with schooling support, gender rights and livelihoods in three arms, with the second arm developing negotiation, critical thinking and negotiation skills to resist the pressures of child marriage and traditional gender roles. The Adolescent Girls Empowerment Program (AGEP) in Zambia (Austrian, Soler-Hampejsek et al., 2020b) offered a lifeskills curricula with training on conflict resolution, sexual and reproductive health, leadership and avoiding sexual violence, which was complemented by a health voucher in arm two and savings account in arm three. It's possible that programmes that support adolescents to challenge the status quo alone – without their friends and family -- potentially isolates teens and weakens programme effects, which warrants further research.

Interventions directed at the institutional layer of the ecology showed a positive impact across all outcomes and showed more impact than interventions that did not. Such trials would have involved social structures that influence “the world of work, the neighbourhoods, the mass

media, agencies of government (local, state, and national), distribution of goods and services, communication and transportation facilities and informal social networks” (Bronfenbrenner, 1977, p. 515). Programmes tended to involve financial support through conditional cash transfers (CCTs), such as Safe Youth in Tanzania, which offered livelihood and lifeskills training, mentoring, asset transfer and adolescent friendly HIV and SRH services, layered onto a national social protection programme (Chzhen, Prencipe et al., 2021). Another programme, ELA, did not provide CCTs but rather training and mentoring on income-generating activities, such as tailoring, poultry rearing and hairdressing, taught by local entrepreneurs in Bangladesh (Bandiera, Buehren et al., 2020). Implemented by BRAC, ELA was locally led and significantly improved norms for gender equality and delaying marriage.

Ecological layers initially presented a confounded picture in which it wasn't clear whether an ecological layer or the number of layers were associated with effects. Further analysis was run comparing all four combinations of ecological layers that were present in the data to ESs involving the relational layer only, per Table 20. Table 19. Programmes with the relational layer only showed no effects (all outcomes combined $n = 3$, $k = 6$, $d = -0.05$, $p = 0.25$; behaviour outcomes $n = 3$, $k = 3$, $d = -0.07$, $p = 0.27$; belief outcomes $n = 2$, $k = 3$, $d = -0.04$, $p = 0.29$), while interventions with the institutional layer showed significantly larger effects for all outcomes combined than those with the relational layer only (all outcomes combined $n = 2$, $k = 4$, $b = -0.06$, $p = 0.04$; behaviour outcomes $n = 2$, $k = 2$, $b = -0.07$, $p = 0.14$; belief outcomes $n = 1$, $k = 2$, $b = -0.04$, $p = 0.24$). Programmes addressing the individual, relational and institutional layers together showed significantly larger effects for all outcomes combined and belief outcomes than programmes containing fewer layers (all outcomes combined $n = 6$, $k = 15$, $b = -0.09$, $p = 0.01$; behaviour outcomes $n = 6$, $k = 8$, $b = -0.07$, $p = 0.20$; belief outcomes $n = 3$, $k = 7$, $b = -0.13$, $p < 0.01$). Findings suggest that effects could

potentially be larger when harmonised together and that future research could explore how efforts at one layer influence effects at another. Authors of the ELA programme, for example, theorised that economic empowerment, which influenced the institutional layer, would give young women more bargaining power with men, could slow rates of teen marriage and pregnancy, and afford young women more control over their body (Bandiera, Buehren et al., 2020, p. 119). If a girl remains unmarried and unpregnant at endline, the trial would have already achieved some effect on the individual layer. Similarly, programmes aimed at the individual layer might also boost economic participation at the institutional layer, creating a virtuous cycle.

This review, which focuses on randomised trials, could not support some findings from other reviews. While the analysis found that interventions containing conditional cash transfers to be more effective than unconditional transfers, Malhotra et al. (2021a) reported that conditional transfers were successful in only half of the studies. Malhotra et al. (2021a) found that enhancing girls' human capital – through schooling, life skills, gender rights training, and making economic opportunities more visible – was the most promising path forward, which our findings do not support. None of the trials in this study facilitated access to job markets, however. If child marriage is a means for parents to secure a financial future for daughters, it would follow that parents require a reliable economic alternative, which micro-finance may not guarantee (Banerjee & Duflo, 2011; Banerjee, Duflo et al., 2015). One non-norm intervention from outside our review provided recruiting services for three years to help female teens into jobs at call centres near Indian villages (Jensen, 2012). Young women were significantly less likely to get married or have children during that period, opting for jobs or more schooling, and expressed wanting less children and increased aspirations for a career (Jensen, 2012). It may be unreasonable to expect that researchers can exogenously increase

the labour force, but early evidence from Malhotra and other reviews (Lee-Rife, Malhotra et al., 2012; Malhotra & Elnakib, 2021a) does indicate that strengthening livelihoods is a promising path. Livelihood support may require adapting interventions to prevailing market trends and to the risk appetites of participants, which deserves further exploration.

5.7 Implications for practice, policy and future research

A further question that remains is how responsive child marriage is to interventions. If early marriage is a collective behaviour that arises out of need, it is likely less to be a norm and more likely to be a custom sustained by a shortage of economic opportunities for women, according to the definition in Table 1: “A pattern of behaviour such that individuals (unconditionally) prefer to conform to it because it meets their needs” (Bicchieri, 2017, pp. 15-16). Given the central role played by parents in marriage decisions but limited evidence in the review, further exploration of parenting interventions is needed. The key challenge remains to shift prevailing social expectations among parents and their networks that they should marry daughters young. With successful parenting programmes being scaled across the globe (Backhaus, Leijten et al., 2023), this study speculates that interventions might reach parents by dovetailing on parenting interventions with integrated child marriage messaging, which may pose several advantages.

First, incorporating child marriage into parenting interventions responds to calls from multilateral institutions for gender-transformative parenting programmes to address the causes of gender-based inequalities and to challenge harmful gender roles, transforming parents’ gender attitudes by promoting critical reflection on power dynamics, better relationships for couples, shared decision making, and homes free from violence and gender

discrimination (UNICEF, Prevention Collaborative et al., 2023). Second, recent evidence suggests that addressing violence against women and children together through integrated strengthening programmes for whole families shows significant potential for reducing child maltreatment and IPV (Bacchus, Alkaiyat et al., 2020; Bacchus, Colombini et al., 2017; Guedes, Bott et al., 2016a), which is supported by this research. Working with adolescents within the context of their families may increase acceptability and trust in the intervention as well as investment and commitment to outcomes from carers, siblings and extended family members, such as grandparents who are also often carers. Messages about child marriage could be tested with carers in parent trainings and through an arm that offers a small subset of sessions for older children, such as communications and conflict resolution skills, safeguarding and sexual violence, gender roles, and financial and vocational readiness. Third, working within parenting interventions may leverage overhead and programme costs while providing a structure on which to overlay and pilot incremental components, such as messaging to understand the harmful consequences of marrying early.

More research is needed on viable ways to secure a financial future for girls that combine livelihood and financial support with social support. Interventions broadly agreed that providing livelihood, financial, schooling and lifeskills support all showed some benefit. A family strengthening arm could test an asset transfer component for children, such as rearing poultry and selling eggs, which may support school fees, provide a valuable means for young girls to accrue savings and acquire financial literacy, stay in school, improve nutrition, increase opportunities for self-determination, and demonstrate their breadwinning skills to parents before the age of menarche when decisions about their future are formed. Finally, embedding parenting interventions with local schools or NGOs like BRAC who operate

programmes like ELA may facilitate local ownership over intervention resources and decision making, which showed promise.

In conclusion, interventions showed small, significant effect on girls delaying marriage and on norms approving of delayed marriage but no effect on norms for gender equality.

Interventions were aimed at empowering young women, whether through schooling, livelihoods or lifeskills support, even though decisions about marriage are primarily made by the parents. This study proposes that interventions shift their focus to changing perceived norms and sanctions among parents and among trusted networks, including opinion leaders, which requires research and testing. We speculatively suggest ways in which livelihood, financial, schooling and lifeskills support to adolescents could be incorporated in future research.

6 Results: Intimate partner violence

This section presents the results of the IPV systematic review with meta-analysis and meta-regression results. The first section describes characteristics of the interventions and the participants in included studies, together with an analysis of components contained in the trials, the construction of which are described in section 3.5.6.

6.1 Study characteristics

Per Table 21 and Table 22, the IPV review included 37 studies with 35 unique programmes and 258 ESs. A total of 298,966 individuals participated with 160,931 in treatment and 138,035 in control groups. Five interventions were delivered in Uganda, five in South Africa, one in Zambia, five in Tanzania, two in Ethiopia, two in Rwanda, two in the DRC, two in Côte d'Ivoire, one in Burkina Faso, one in Liberia, one in Somalia, one in Nepal, three in India, one in Bangladesh, one in the Philippines, one in Afghanistan, and one in Colombia.

In terms of primary outcomes, 19 studies measured IPV overall (ES = 31), 12 measured verbal IPV (ES = 20), 19 measured physical IPV (ES = 28), 21 measured sexual IPV (ES = 30), 10 measured controlling behaviours (ES = 18), only three measured norms for IPV overall (ES = 4), 17 measured norms for physical IPV (ES = 31), only five measured norms for sexual IPV (ES = 7), and 21 measured norms for gender equality (ES = 40). Regarding secondary outcomes, seven studies measured shared decision making (ES = 23), four studies contained share chores (ES = 10), and six measured income generating activity (ES = 10). Two studies measured norms supporting shared decision making (ES = 3) and shared chores (ES = 3). Programme duration ranged from one month to 36 months, while measurement ranged from endline to 48 months. Outcomes were measured with a range of instruments,

including those devised by organisers, the WHO Multi-Country Study on Women's Health and Domestic Violence, and the Gender Equitable Men (GEM) Scale, which measured attitudes about norms. All but six studies were cluster randomised controlled trials, and four used active controls.

Participants ranged from children ages 6 to adults aged 96. The percentage of participants who had completed primary education also varied, ranging from 8% to 91%. Reporting sources included adult females (n = 15, ES = 65), adult males (n = 6, ES = 20), mixed adults (n = 1, ES = 6), female parents (n = 2, ES = 17), male parents (n = 2, ES = 9), parents of mixed genders (n = 2, ES = 2), female partners (n = 7, ES = 53), male partners (n = 6, ES = 41), female teens (n = 8, ES = 30), male teens (n = 1, ES = 10), and mixed teens (n = 1, ES = 5).

6.2 Component analysis

Looking at norm types, most studies measured attitudes, or proxies for norms (n = 30, ES = 76), with only two programmes measuring empirical norms (ES = 9), two measuring injunctive norms (ES = 4), and none measuring sanctions.

Among intervention types, studies with couples counselling (n = 18, ES = 160), community mobilisation (n = 13, ES = 88) and lifeskills training (n = 12, ES = 48) were the most common. However, programmes that encompassed economic strengthening were equally common, including livelihood support to develop vocations (n = 10, ES = 54) and financial support for shorter-term personal use (n = 9, ES = 76), such as cash transfers. Seven studies contained parent training (ES = 56), and seven included campaigns (ES = 43). Only one programme contained schooling support (ES = 24).

Table 21 Study characteristics - IPV

Intimate Partner Violence (IPV)							
	Citation	Country	Programme	Programme aim	Participant Gender, Age Range, Age Mean	Primary Edu	Cultural Region
1	Abrahamsky_2014	Uganda	SASA!	To change community attitudes, norms and behaviors that result in gender inequality, violence and increased HIV vulnerability for women.	Adult mixed: range 18-49, avg 28 years, avg 45% female	42% avg	African-Islamic
2	Amin_2018	Bangladesh	BALIKA (Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents)	To change deep-rooted gender norms by creating new opportunities for all girls to ensure they are perceived as valued assets rather than liabilities by their community.	Teen female: range 10-19 years, avg 15 years, 100% female	NI	West & South Asia
3	Ashburn_2017	Uganda	REAL Fathers	To increase the knowledge and skills in positive parenting and exposure to alternative nonviolent discipline strategies among fathers.	Parent male: 16-25 years, avg 23 years, 100% male	NI	African-Islamic
4	Australian_2020	Zambia	AGEP (Adolescent Girls Empowerment Program)	To address challenges to the healthy development of young women, including early marriage and child bearing, gender-based violence, and HIV, with mentor-led group meetings on health, life skills and financial education.	Teen female: range 14 years, avg 14 years, 100% female	72% avg	African-Islamic
5	Bandiera_2020	Uganda	ELA (Empowerment & Livelihoods for Adolescents)	To test whether jump-starting young women's human capital accumulation improves their access to labour markets and control over their bodies, thereby lessening their dependence on men.	Teen female: range 14-20 years, avg 16 years, 100% female	NI	African-Islamic
6	Christofides_2020	South Africa	Sonke CHANGE (Community Health Action for Norms and Gender Equity)	To develop more gender equitable norms and positive parenting through 1) community mobilisation by community volunteers; 2) peer outreach and education on human rights, equitable gender attitudes, alcohol abuse and gender-based violence; and 3) local advocacy for change.	Adult male: 18-40 years, avg 27, 100% male	38% avg	West & South Asia

7	Chzen_2021	Tanzania	Safe Youth (Ujana Salama)	To examine whether cash plus social protection programming with referrals to services improves gender attitudes and SRH and HIV health outcomes.	Teen mixed: range NI, avg 16 years, avg 45% female Parent mixed: range NI, avg 58 years, avg 66% female	NI	African-Islamic
8	Clark_2020	Nepal	Change Starts at Home	To reduce IPV through improved conflict resolution techniques, couple communications, and attitudes toward gender equity and IPV.	Adult mixed: range 18-49 years, avg 34 years, 100% female respondents	24% avg	Not yet rated
9	DeFilippo_2023	South Africa	ChattyCuz	To prevent IPV among young women using a digital app that supports equitable gender roles, relationship skills and social support.	Adult female: range 18-24, avg 21 years, 100% female	NI	African-Islamic
10	Dervisevic_2021	Philippines	4P (Pantawid Pamilyang Pilipino Program)	To prevent intergenerational poverty transmission and violence by improving the autonomy of adolescents, promoting gender-equitable attitudes, and improving parenting practices.	Teen mixed: range 12.5-15 years, 50% female	NI	West & South Asia
11	Doyle_2018	Rwanda	Bandebereho	To create a structured space for men and women to 1) question and critically reflect on gender norms and how these shape their lives; 2) rehearse equitable and non-violent attitudes and behaviors in a space with supportive peers.	Partner male: 21-35, avg 26 years, 100% male	23% avg	African-Islamic
12	Dunkle_2020	Rwanda	Indashyikirwa	To help couples change their beliefs and manage behaviours in non-violent ways through group reflection and support, developing greater awareness of types of power, the benefits of gender equality and non-violence, as well as developing key relationship skills, such as communication and negotiation.	Couples: range 18-49 years, avg 34 years, 50% female	33% avg	African-Islamic
13	Falb_2023	DRC	Safe at Home	To evaluate the effectiveness of an asset-based individual, couple and family approach to improve family functioning and reduce shared drivers of family violence by addressing the attitudes around gender equality and harsh discipline towards role non-fulfilment for women and children that influence unhealthy partner and caregiver-child relationships, IPV and child abuse.	Carer mixed: 18+ years, avg 32 years Children: 6-12 years, avg 10 years	Parent male: 45% avg Parent female: 32% avg	Not yet rated

14	Fleming_2018	India	CHARM (Counselling Husbands to Achieve Reproductive Health and Marital Equity)	To improve contraceptive use and reduce pregnancy while improving contraceptive communication and reducing IPV perpetration and acceptability in rural India.	Adult mixed: range 18-30, avg 26 years	NI	African-Islamic
15	Gibbs_2020a	Afghanistan	NA	To improve women's economic stability, health and well-being, community participation and decision-making, and social networks.	Adult female: 18-49 years, avg NI	NI	Not yet rated
16	Gibbs_2020s	South Africa	Stepping Stones and Creating Futures	To transform gender attitudes and strengthen livelihoods, based on adult learning theories, such as discussion and critical thinking, through group-based activities, such as role-plays, body mapping, and participatory diagramming.	Mixed adults: range 18-30 years, male avg 24 years, female avg 24 years, 50% female	11% male avg; 8% female avg	West & South Asia
17	Glass_2019	Somalia	Communities Care	First, to increase the quality, access and coordination of compassionate care and support to women and girls who experience sexual violence and other forms of GBV in conflict-affected settings by strengthening community-based response services across diverse sectors. Second, to change social norms that tolerate GBV and catalyse community-led prevention actions.	Mixed adults: range 15-60+, 51% female	15% avg	African-Islamic
18	Gottert_2020	South Africa	Tsima	To address social barriers to HIV testing, linkages to and retention in HIV care -- specifically, poor understanding of HIV care; fear and stigma associated with HIV infection, clinic attendance, and disclosure; lack of social support; and gender norms that deter men from accessing care.	Adult mixed: 18-49 years, avg 31 years, avg 50% female	NI	West & South Asia
19	Green_2015	Uganda	WINGS (Women's Income Generation Support)	To reduce IPV by increasing women's income and autonomy using joint engagement with males and couples counselling.	Stipulated that three-fourths of women be 14 to 30, avg 28 years, avg 86% female	NI	African-Islamic
20	Green_2020	Uganda	NA	To change the social acceptability of violence against women and to encourage reporting using edutainment.	Adult mixed: 18-50 years, avg 29 years, 31% female	NI	African-Islamic

21	Gupta_2013	Cote d'Ivoire	NA	To address structural factors that enable IPV, empower communities, and improve women's safety in a conflict-affected setting by evaluating the incremental impact of gender dialogue groups to an economic empowerment programme.	Adult female: 18+ years, avg 38 years, 100% female	22% avg	Not yet rated
22	Harvey_2021	Tanzania	MAISHA II	To prevent IPV and empower women by building knowledge, relationships skills and social capital.	Adult female: range 20-50 years, avg 33 years, 100% female	60% avg	African-Islamic
23	Hossain_2014	Cote d'Ivoire	Men and Women in Partnership Initiative	To influence inequitable gendered attitudes, behaviours and expectations among men in a conflict-affected setting, ultimately reducing intimate partner violence.	Adult mixed: range 15-85 years, avg 40 years men, avg 33 years women	NI	Not yet rated
24	Ismaïlov_2018	Burkina Faso	Trickle UP	To examine whether the strengthening of household economy through productive assets (savings, income-generating activities) improves family functioning and has psychological and social benefits.	Teen mixed: range 10-17 years, avg NI, avg 46% female Parent female: range 18+ years, avg 37 years, 100% female	NI	African-Islamic
25	Javalkar_2019	India	Samvedana Plus	To reduce violence and to increase consistent condom use within intimate relationships of sex workers.	Adult female: avg 35 years, 100% female	NI	African-Islamic
26	Kapiga_2019	Tanzania	MAISHA	To empower women, prevent IPV, and promote healthy relationships by increasing knowledge and awareness of the consequences of normative attitudes to IPV; by developing relationship skills, such as communication and conflict resolution; and by improving group dynamics and stability, such as increased peer support and social capital.	Adult female: age range NI, avg 40 years, 100% female	64% avg	African-Islamic
27	Maman_2020	Tanzania	NA	To reduce STI prevalence and the perpetration of IPV by transforming gender norms and addressing structural determinants among young men in Tanzania.	Adult male: 18-40 years, avg 25 years, 100% male	43% avg	African-Islamic

28	Minnis_2015	South Africa	Couples Health CoOp (CHC); Men's Health CoOp (MHC); Women's Health CoOp (WHC)	To achieve shifts in relationship power among couples from South African townships through group-based HIV prevention that directly addresses gender norms around sex and roles in relationships, gender equality, and relationship communication.	Adult female: range 18-39 years, avg 24 years, 100% women	NI	West & South Asia
29	Ozler_2020	Liberia	Girl Empower	To equip adolescent girls with the skills and experiences necessary to make healthy, strategic life choices and to stay safe from sexual abuse.	Teen female: range 13-14 years, avg 14 years, 100% female	NI	African-Islamic
30	Pettifor_2018	South Africa	Tsima	To promote healthy, equitable relationships and support men and boys to take action to end domestic and sexual violence.	Adult mixed: range 18-35 years, avg 24 years, 50% female	NI	West & South Asia
31	Pronyk_2006	South Africa	IMAGE (Intervention With Microfinance for AIDS and Gender Equity)	To improve household economic wellbeing, social capital, and empowerment and thus reduce vulnerability to IPV, while raising levels of communication and collective action on HIV and gender issues to reduce vulnerability to HIV infection.	Adult female: range 18-96 years, avg 42 years, 100% female	NI	West & South Asia
32	Santhya_2019	India	Do Kadam	To empower youth through skills building, health promotion, changing hierarchical gender attitudes, and creating links between young people and the health system.	Teen male: 13-21 years, avg 16 years, 100% male	91% avg	West & South Asia
33	Settegrin_2018	Tanzania	Tathmini GBV	To increase knowledge of GBV, decrease acceptance of GBV as a norm, shift gender norms toward greater equity, strengthen community responses to GBV, and increase availability and access to GBV services.	Mixed female: range 15-49 years, avg 29 years, 100% female	NI	African-Islamic
34	Sharma_2020	Ethiopia	Unite for Better Life (UBL)	To reduce physical and sexual IPV and HIV risk behaviors as well as promote healthier, more equitable relationships.	Mixed adults: range 18-49 years, avg NI, 50% female	22% avg	African-Islamic

35	Stark _201 8d	DRC	COMPASS	Building on the COMPASS programme in Ethiopia (see Stark_2018e), the study in the DRC measured the incremental impact of a caregiver curriculum on girls' experiences of violence and social outcomes, along with attitudes and characteristics of participating caregivers.	Teen mixed: 10-14 years, avg 12, avg 100% female Parent mixed: 18+ years, avg 38, avg 92% female	NI	Not yet rated
36	Stark _201 8e	Ethiopia	COMPASS	To provide safe spaces, build life skills and social assets, engage adolescent girls in relationships with mentors, and engage caregivers as support systems and advocates for girls to increase their social, physical, and financial assets, protecting them risks, including IPV, community violence and transactional sex.	Teen female: 14.5 years avg, 100% female	NI	African-Islamic
37	Tank ard_ 2019	Colombia	Proyecto Crecer	To assess whether control over resources through a savings account and health services affected women's social empowerment, IPV victimisation, and health.	Adult female: range 18-55 years, avg 33 years, 100% female	77% avg	Latin America

The most frequently used behaviour change techniques (BCTs) were shaping knowledge (n = 35, ES = 253), followed by social support from peers of a similar age or gender (n = 34, ES = 249), comparing behaviour through demonstration and approval (n = 33, ES = 245) and repetition from programmes offering more than six sessions (n = 32, ES = 202). No programmes were found to measure covert learning. BCTs that were least commonly used included scheduled consequences like rewarding completion were used in digital apps (n = 2, ES = 4), social support from cultural authorities (n = 4, ES = 32), comparing outcomes like pros and cons (n = 4, ES = 15), and associations like prompts and nudges (n = 4, ES = 30). Four programmes were locally led (ES = 28), delegating dominant decision-making and resources to local participants.

Among the ecological layers, programmes most often addressed the relational layer (n = 23, ES = 253), the institutional layer (n = 23, ES = 145), and the individual layer (n = 8, ES = 60), followed by the cultural layer (n = 4, ES = 32). Programmes with one layer (n = 17, ES = 118) were most common, followed by those with two layers (n = 14, ES = 74), three layers (n = 6, ES = 40), and four layers (n = 3, ES = 26).

Table 22 Component analysis - IPV

Intimate Partner Violence					
Variable	studies	ESs		studies	ESs
Interv type:			Which ecological layer:		
Schooling support	1	24	Cultural	4	32
Parent training	7	56	Institutional	23	145
Livelihood support	10	54	Relational	35	253
Lifeskills training	12	48	Individual	8	60
Financial support	9	76			
Couples counselling	18	159	# of ecological layers:		
Community mobilisation	13	88	One layer	17	118
Campaigns	7	43	Two layers	14	74
			Three layers	6	40
			Four layers	3	26
BCT:					
Understanding consequences	18	160			
Social support:			Norm type:		
Cultural	4	32	Proxy (attitudes)	30	76
Institutional	21	136	Empirical	2	9
Peers	34	249	Injunctive	2	4
Males	19	144	Sanction	0	0
Reference group	14	82			
Carer or spouse	23	159	Locally led:	4	28
Shaping knowledge	35	253			
Self-belief	10	39	Outcomes:		
Scheduled consequences	2	4	IGA	6	10
Reward: conditional	8	56	IPVcontrolling	10	18
Reward: unconditional	7	43	IPVoverall	19	31
Repetition	32	242	IPVphysical	19	28
Regulation	25	184	IPVsexual	21	30
Identity	14	67	IPVverbal	12	20
Goals, planning	27	189	norms_genderequal	21	40
Feedback, monitoring	5	22	norms_IPVoverall	3	4
Critical discourse	14	127	norms_IPVphysical	17	31
Covert learning	0	0	norms_IPVsexual	5	7
Comparing behaviour	33	245	norms_sharedchores	2	3
Comparing outcomes	4	15	norms_shareddecisionmakg	2	3
Associations	4	30	sharedchores	4	10
Antecedents	27	167	shareddecisionmakg	7	23
TOTAL	N=37	K=258			

6.3 Risk of bias for included studies

Figure 26 and Figure 27 summarise the risk of bias for included studies. Studies that were individually randomised showed less risk of bias than cluster RCTs. Two showed low concern, two indicated some concern, and two showed high risk. Among cluster RCTs, 12 studies were considered to have low risk of bias, 10 showed some concern, and 10 were deemed to have a high risk of bias. The main concerns for bias among the studies were

allocation concealment, missing outcome data, and blinding of assessors. Some interventions were implemented in areas where natural disasters or security concerns affected programme delivery, while other studies did not disclose their processes for allocation concealment. Blinding of participants or assessors to treatment was also not always possible in large-scale programmes where people are either exposed to treatment or are not.

Figure 26 ROB2 for Individually RCTs - IPV

		Risk of bias domains					
		D1	D2	D3	D4	D5	Overall
Study	De Filippo_2023						
	Doyle_2018						
	Gibbs_2020a						
	Gibbs_2020s						
	Gupta_2013						
	Tankard_2019						

Domains:
D1: Bias arising from the randomization process.
D2: Bias due to deviations from intended intervention.
D3: Bias due to missing outcome data.
D4: Bias in measurement of the outcome.
D5: Bias in selection of the reported result.

Judgement
 High
 Some concerns
 Low

Figure 27 ROB2 for Cluster RCTs - IPV

Study	Risk of bias domains						Overall
	D1	D1b	D2	D3	D4	D5	
Amin_2018	+	+	+	+	+	+	+
Ashburn_2017	-	-	-	-	X	-	X
Austrian_2020	+	-	+	+	+	+	-
Bandiera_2020	+	+	-	+	+	-	-
Buehren_2017	-	-	+	-	-	-	X
Christofides_2020	+	+	+	+	-	+	-
Chzhen_2021	+	+	+	+	+	+	+
Clark_2020	+	-	+	+	+	+	-
Dervisevic_2021	+	+	+	+	+	+	+
Dunkle_2020	X	X	+	+	X	+	X
Falb_2023	-	+	+	+	+	+	-
Fleming_2018	+	+	+	+	+	+	+
Glass_2019	+	+	+	-	+	+	-
Gottert_2020	+	+	+	+	-	+	-
Green_2015	+	+	+	+	+	+	+
Green_2020	+	X	-	+	X	+	X
Harvey_2021	+	+	+	X	+	-	X
Hossain_2014	-	X	X	X	+	-	X
Ismayilova_2018	+	+	-	+	+	-	-
Javalkar_2019	-	+	+	X	+	+	X
Kapiga_2019	+	+	+	+	+	+	+
Maman_2020	+	+	+	+	+	+	+
Minnis_2015	-	-	X	+	+	-	X
Ozler_2020	+	+	+	+	+	+	+
Pettifor_2018	+	+	-	+	-	+	-
Pryonk_2006	X	-	X	X	X	+	X
Santhya_2019	+	+	+	+	+	+	+
Settergren_2018	+	X	+	+	X	-	X
Sharma_2020	+	+	+	+	+	+	+
Stark_2018d	+	+	+	+	+	+	+
Stark_2018e	+	+	+	+	+	+	+

Domains: D1 : Bias arising from the randomization process. D1b: Bias arising from the timing of identification and recruitment of Individual participants in relation to timing of randomization. D2 : Bias due to deviations from intended interventions. D3 : Bias due to missing outcome data. D4 : Bias in measurement of the outcome. D5 : Bias in selection of the reported result.

Judgement: High (Red X), Some concerns (Yellow -), Low (Green +)

6.4 Results of syntheses – meta-analysis

Outcome type: Small, significant effects were found for most of the review’s primary outcomes for IPV. Interventions to prevent IPV overall showed a Cohen’s d of -0.16 (n = 19, k = 31, CI [-0.27, -0.05], I-squared = 0.74, p < 0.01) with moderate to substantial

heterogeneity, as seen in Figure 28. Studies showed a similar effect on physical IPV, $d = -0.19$ ($n = 19$, $k = 28$, $CI [-0.31, -0.07]$, I -squared = 0.82, $p < 0.01$) with slightly larger heterogeneity, per Error: Reference source not found. Likewise, there were small, significant effects on sexual IPV, $d = -0.17$ ($n = 21$, $k = 30$, $CI [-0.27, -0.07]$, I -squared = 0.81, $p < 0.01$) with substantial heterogeneity. Programmes also had a small, significant effect on verbal IPV, $d = -0.18$ ($n = 12$, $k = 20$, $CI [-0.35, -0.02]$, I -squared = 0.78, $p = 0.03$). However, there was no significant effect on controlling behaviours, as shown in Figure 30 ($d = -0.13$ ($n = 10$, $k = 18$, $CI [-0.26, 0.01]$, I -squared = 0.84, $p = 0.07$)).

The pooled effect on norms for IPV overall showed no significant change, $d = -0.18$ ($n = 3$, $k = 4$, $CI [-0.52, 0.17]$, I -squared = 0.78, $p = 0.20$), although there were only three studies. However, effects on norms for physical IPV showed significant, small effects, $d = -0.29$ ($n = 17$, $k = 31$, $CI [-0.45, -0.12]$, I -squared = 0.95, $p < 0.01$), with considerable heterogeneity, per Error: Reference source not found. Similarly, small effects were found on norms for sexual IPV indicated, but this was not significant, $d = -0.29$ ($n = 5$, $k = 7$, $CI [-0.78, 0.20]$, I -squared = 0.95, $p = 0.20$), per Figure 31. Finally, interventions produced a small, significant overall effect on norms for gender equality, $d = -0.18$ ($n = 21$, $k = 40$, $CI [-0.28, -0.08]$, I -squared = 0.82, $p < 0.01$), per Figure 33.

Figure 28 Meta-analysis: Effects of interventions on IPV overall

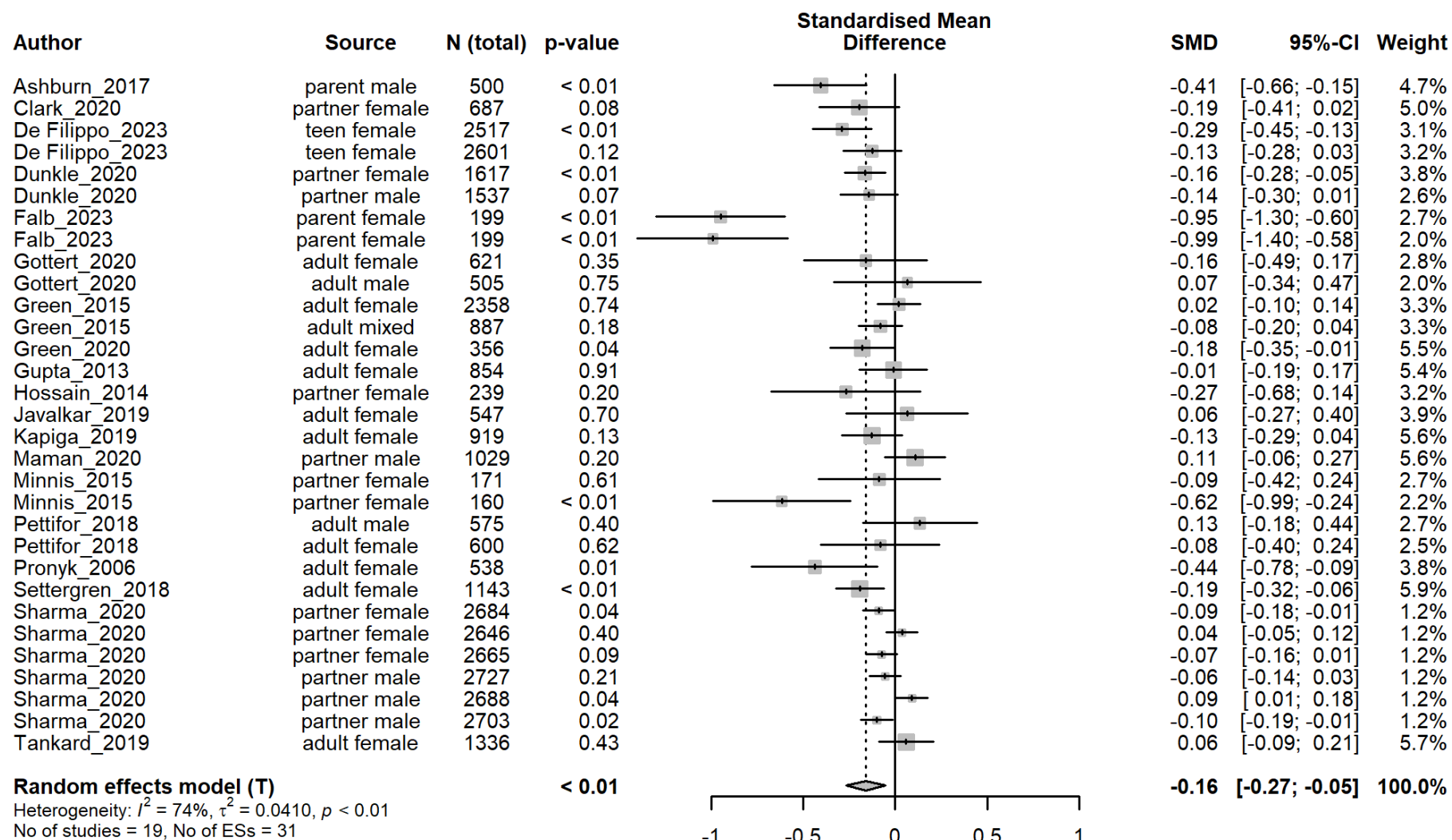


Figure 29 Meta-analysis: Effects of interventions on physical IPV

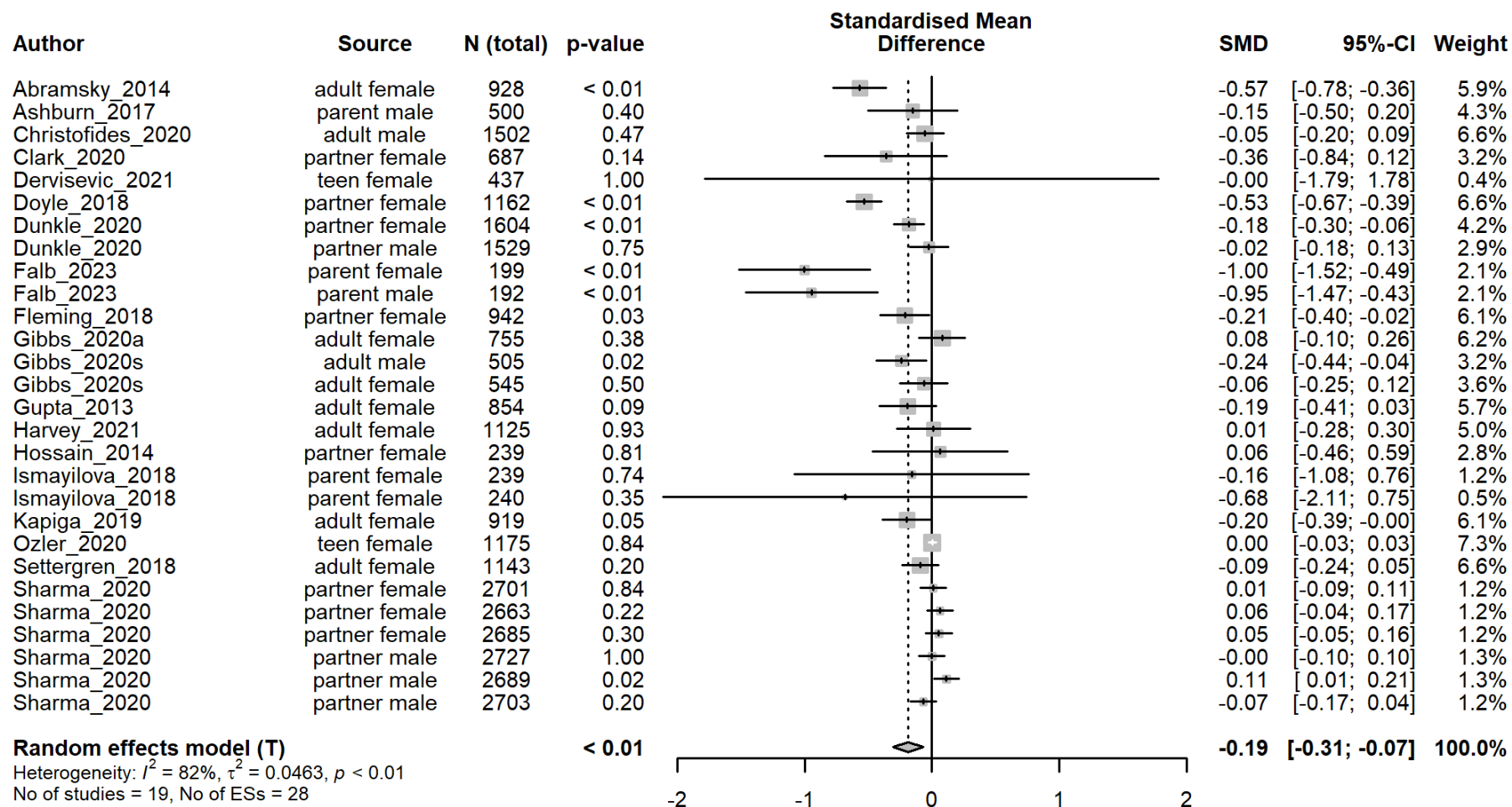


Figure 30 Meta-analysis: Effects of interventions on controlling behaviours

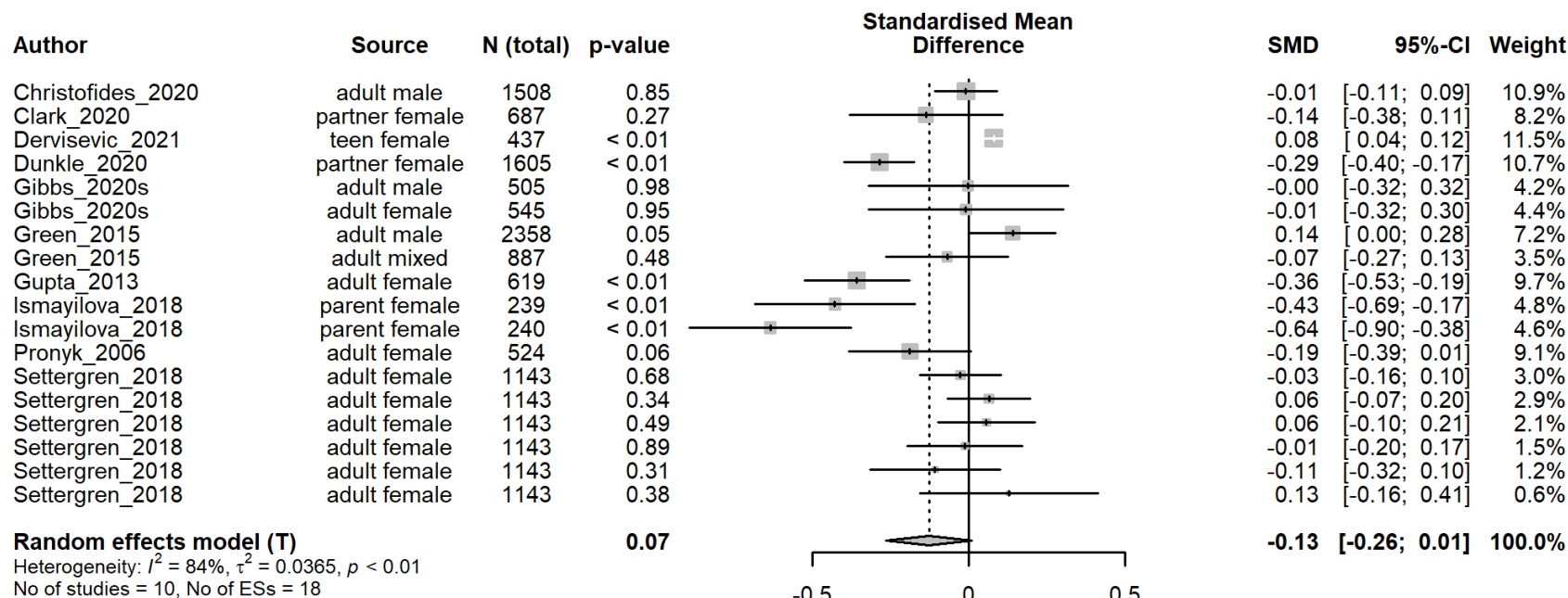


Figure 31 Meta-analysis: Effects of interventions on norms for sexual IPV

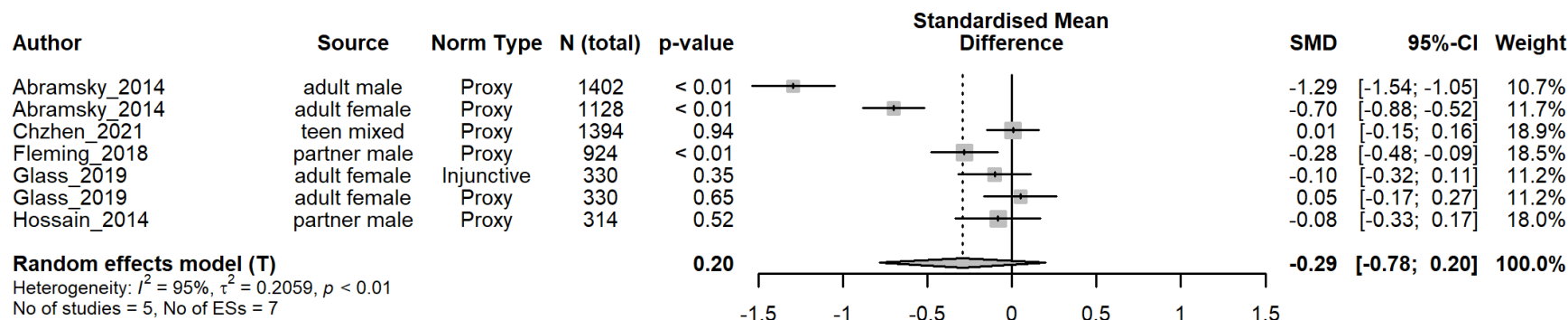


Figure 32 Meta-analysis: Effects of interventions on norms for physical IPV

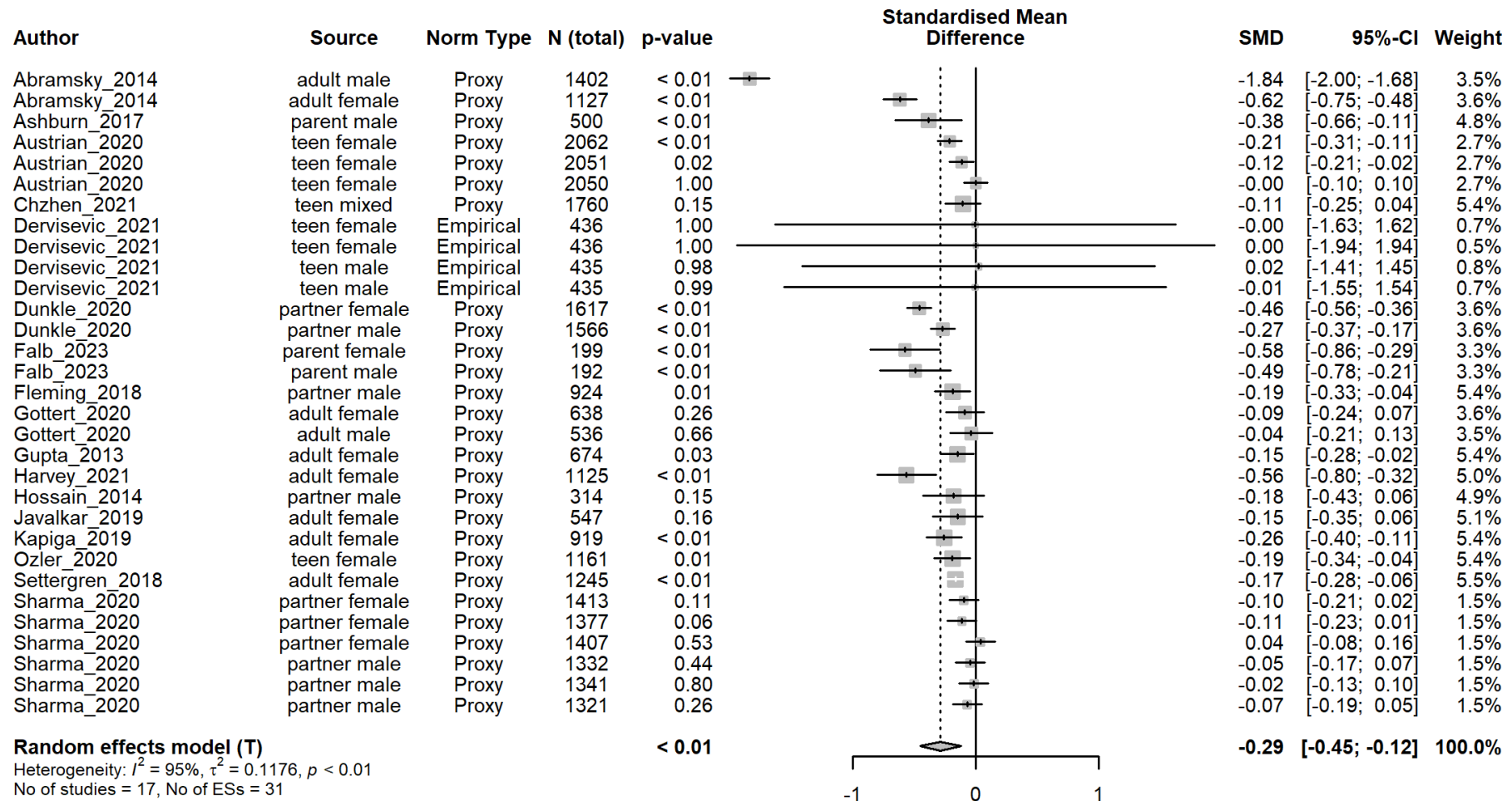


Figure 33 Meta-analysis: Effects of interventions on norms for gender equality

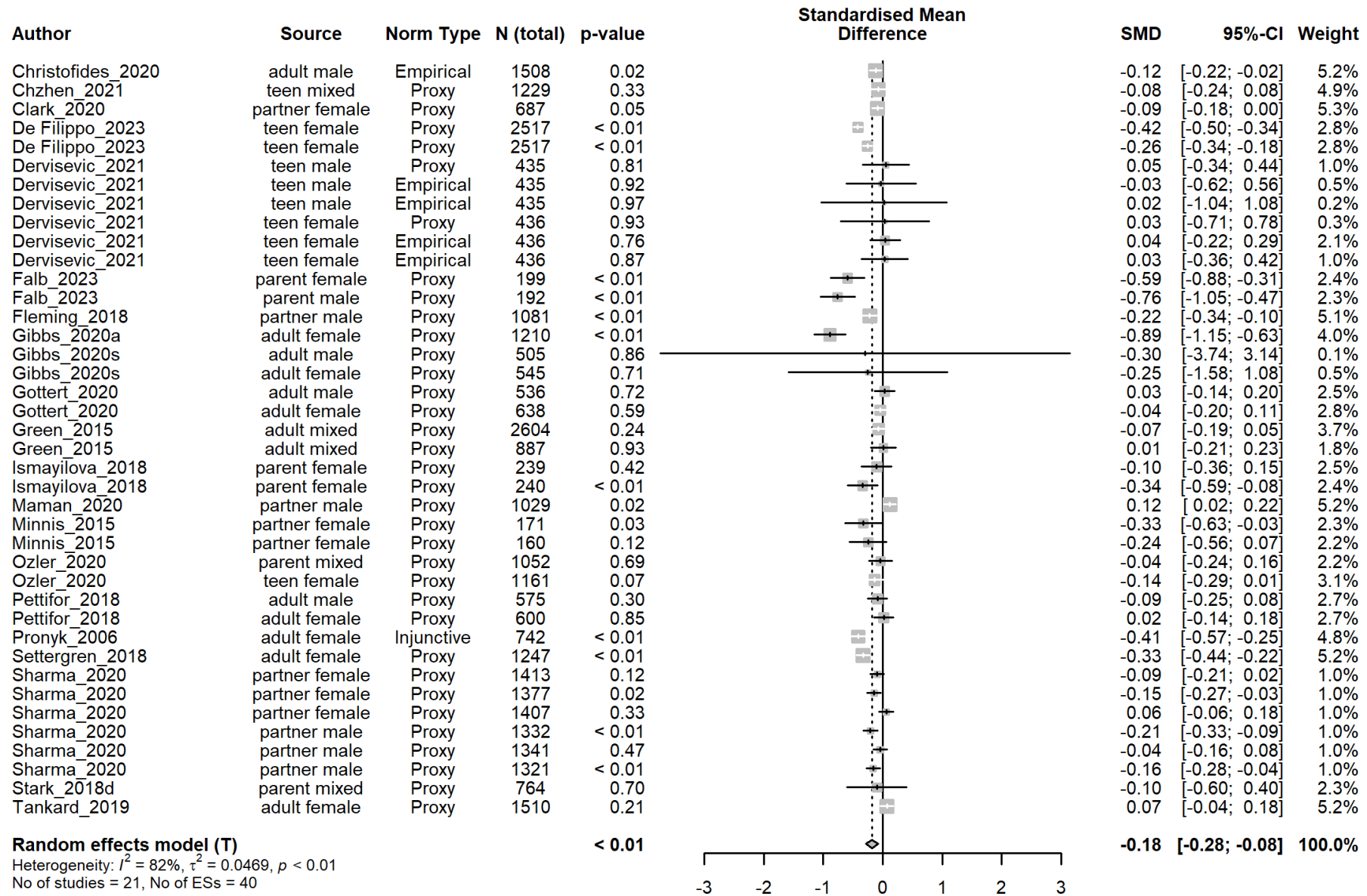


Figure 34 Meta-analysis: Effects of interventions on shared decision making

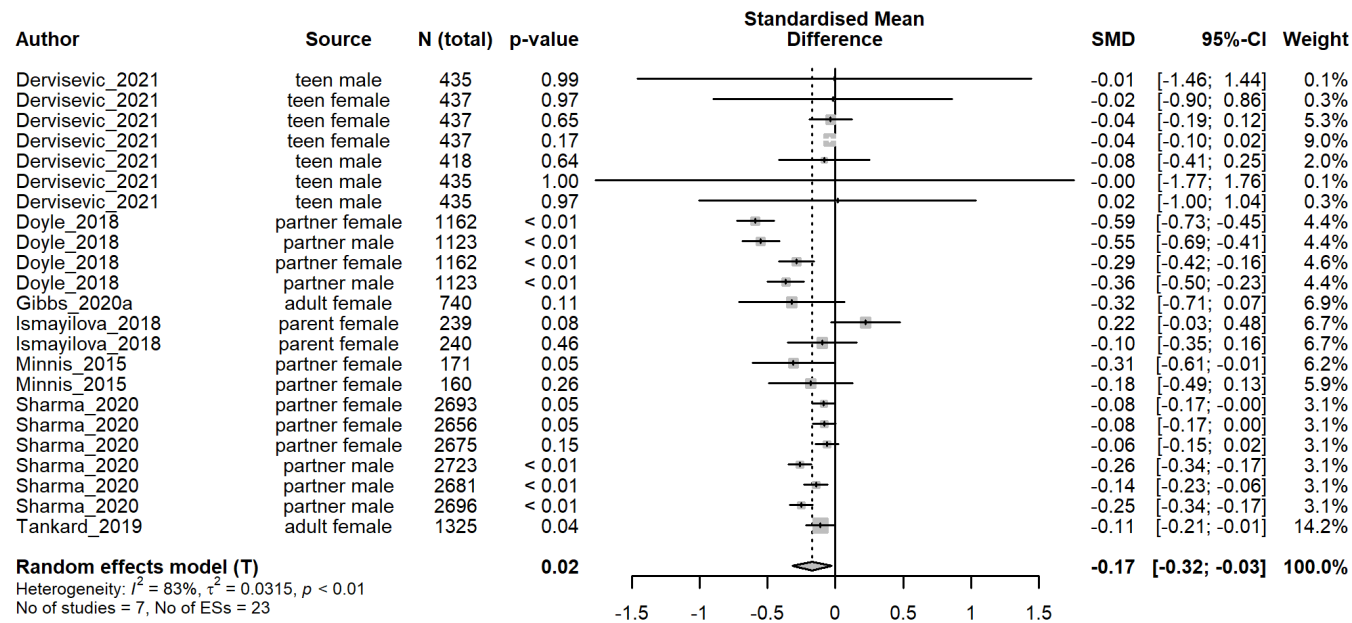


Figure 35 Meta-analysis: Effects of interventions on shared chores

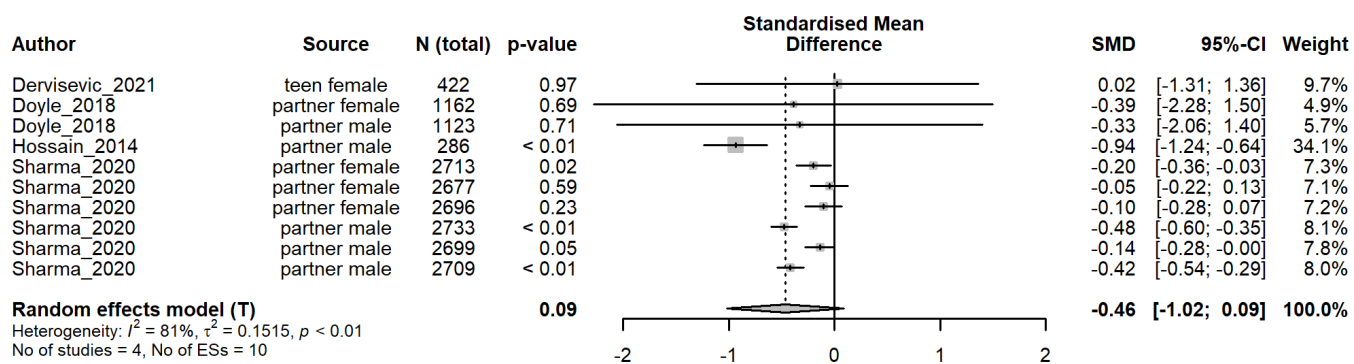


Figure 36 Meta-analysis: Effects of interventions on combined behaviour outcomes

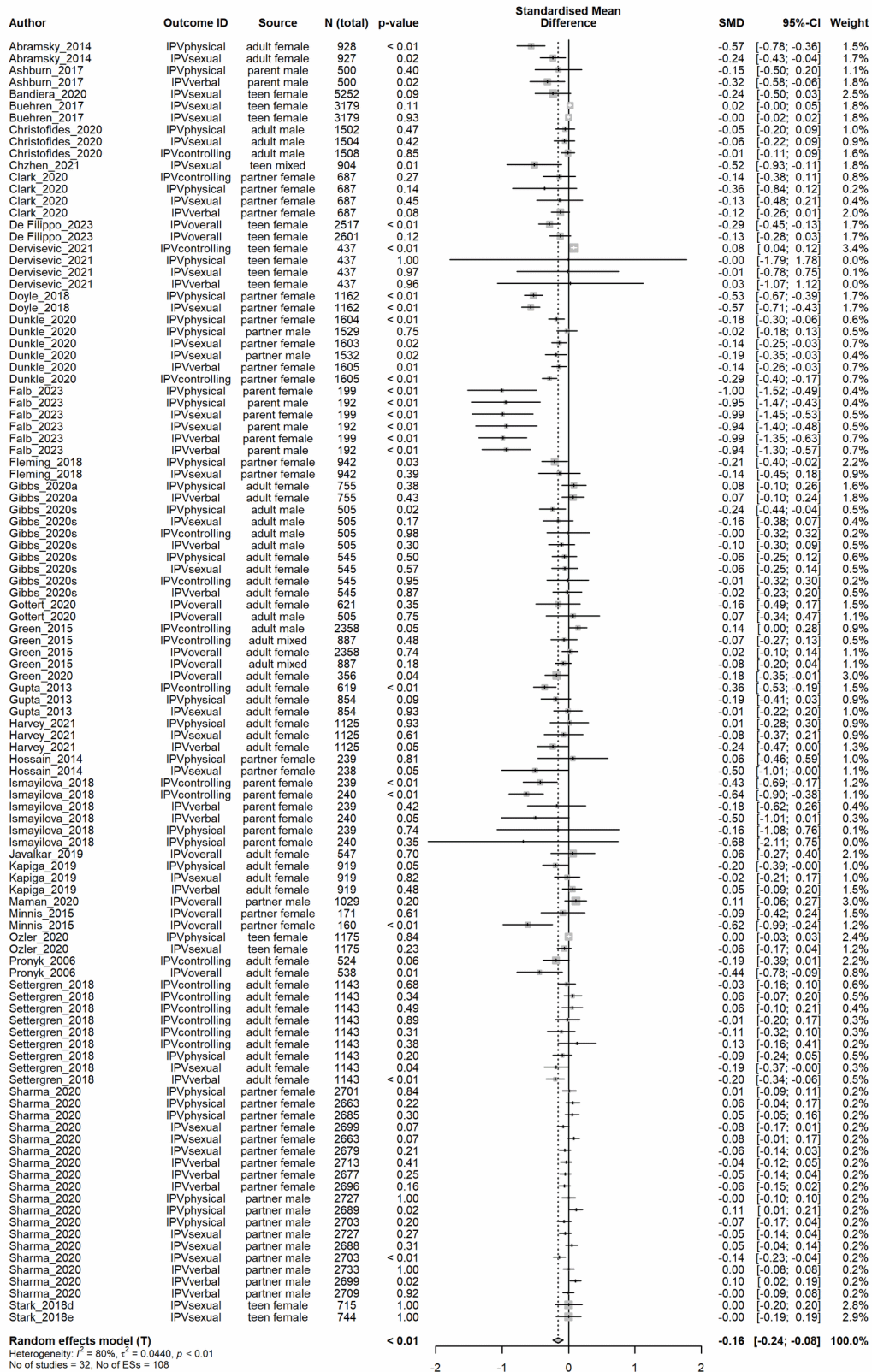
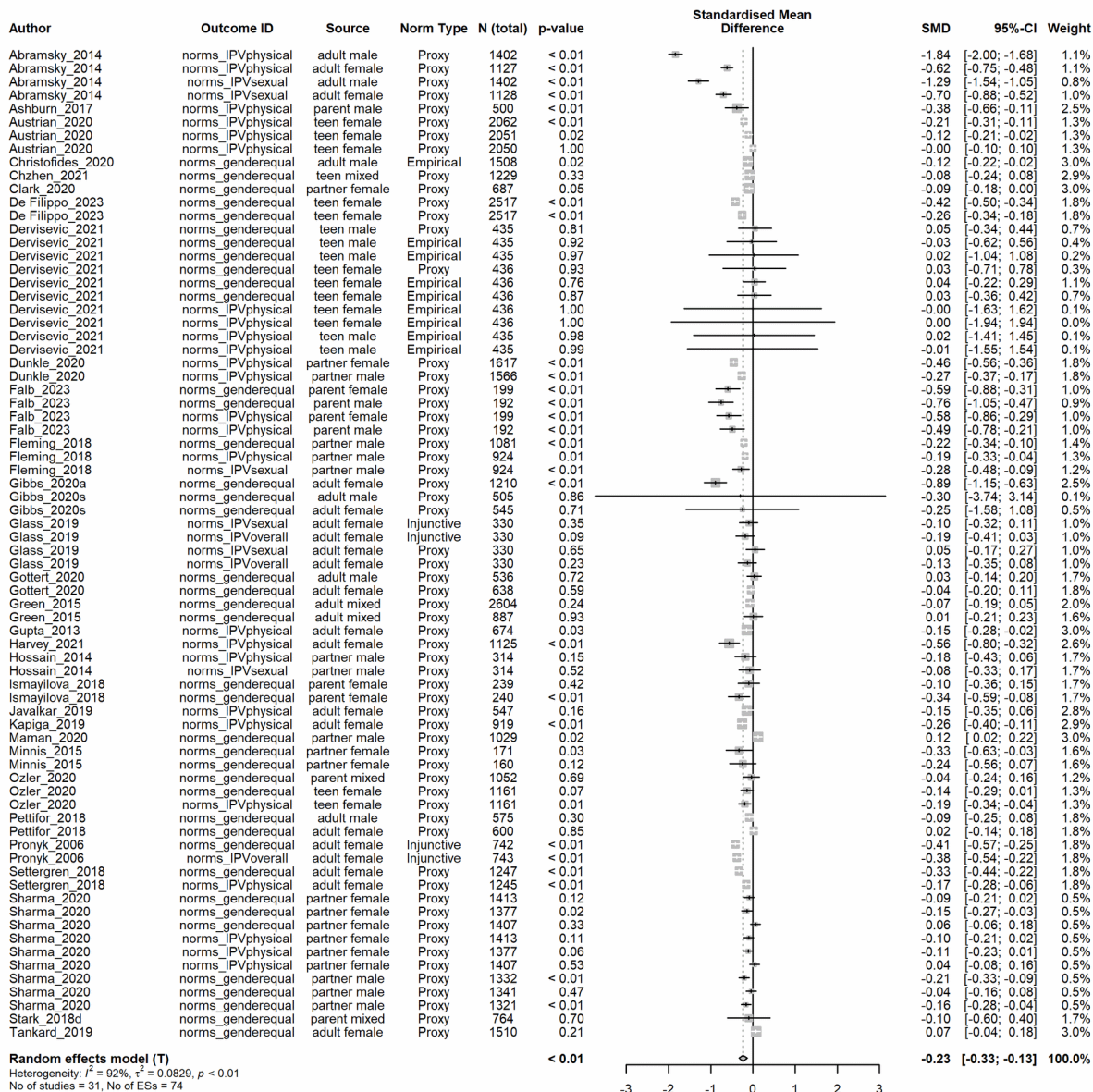


Figure 37 Meta-analysis: Effects of interventions on combined belief outcomes



In terms of secondary outcomes, interventions showed a small, significant effect on shared decision making, $d = -0.17$ ($n = 7$, $k = 23$, $CI [-0.32, -0.03]$, I -squared = 0.83, $p = 0.02$), and a non-significant effect on shared chores ($d = -0.46$ ($n = 4$, $k = 10$, $CI [-1.02, 0.09]$, I -squared = 0.81, $p = 0.09$)), based on only four studies. Interventions showed no effect on norms for shared decision making ($d = -0.06$ ($n = 2$, $k = 3$, $CI [-0.35, 0.22]$, I -squared = 0.09, $p = 0.45$)), or on norms for shared chores ($d = -0.09$ ($n = 2$, $k = 3$, $CI [-0.51, 0.32]$, I -squared =

0.65, $p = 0.43$)), which were based on only two studies drawn from subscales of the Gender Equality Men scale (Pulerwitz & Barker, 2007) and showed comparatively smaller heterogeneity. Interventions presented no significant effect on income generating activity, $d = -0.19$ ($n = 5$, $k = 9$, $CI [-0.51, 0.13]$, I -squared = 0.91, $p = 0.21$).

In Figure 36 and Figure 37Error: Reference source not found, all violence outcomes were combined and compared with all norm outcomes to contrast behaviours with beliefs. For behaviours, interventions had a combined effect of $d = -0.16$ ($n = 32$, $k = 108$, $CI [-0.24, -0.08]$, I -squared = 0.80, $p < 0.01$) and for beliefs, effects were $d = -0.23$ ($n = 31$, $k = 74$, $CI [-0.33, -0.13]$, I -squared = 0.92, $p < 0.01$). The test for moderators showed a significant difference, with behaviour outcomes 0.11 closer to zero than belief outcomes ($n = 32$, $k = 108$, $CI [-0.19, -0.05]$, $p < 0.01$). Finally, programmes were conducted with a mix of participants, including teens, parents, and partners, both male and female, with a handful of studies measuring perpetration of physical and sexual IPV by adult males. A test for moderators showed no significant difference in physical IPV or sexual IPV between male and female reporting sources, with physical IPV outcomes 0.01 more favourable for males ($n = 6$, $k = 8$, $CI [-0.08, 0.06]$, $p = 0.85$) and sexual IPV outcomes 0.03 more favourable for males ($n = 5$, $k = 7$, $CI [-0.10, 0.03]$, $p = 0.33$), and thus no significant underreporting by perpetrators.

6.5 Results of syntheses – meta-regression

6.5.1 Norm type

Per Table 23, only two studies measured empirical and injunctive norms, and no studies measured sanctions; thus, most beliefs reflect participants' personal attitudes about IPV, as opposed social beliefs about what others do and believe should be done. Those that measured personal attitudes showed significant, small effects ($n = 29$, $k = 61$, $d = -0.23$, $p < 0.01$) on

these outcomes, while those that measured injunctive norms of what should be done tended to show higher effects ($n = 2, k = 4, d = -0.33, p < 0.01$), although no difference in ES from attitudes ($n = 2, k = 4, b = -0.10, p = 0.31$). Programmes that measured empirical norms showed neither significant effects ($n = 2, k = 9, d = -0.14, p = 0.33$) nor different effects than programmes that measured attitudes ($n = 2, k = 9, b = 0.08, p = 0.56$), but there were only two studies.

Table 23 Meta-regression: Moderating effects of norm type on belief outcomes - IPV

Norm type:	# of studies with	# of ESs with	95% CI			ES	95% CI			
			ES with	lower	upper		Difference	lower	upper	p-value
Proxy (attitudes)	29	61	-0.23	-0.32	-0.13	0.00				
Empirical vs Proxy	2	9	-0.14	-0.43	0.14	0.33	0.08	-0.20	0.37	0.56
Injunctive vs Proxy	2	4	-0.33	-0.54	-0.12	0.00	-0.10	-0.30	0.10	0.31

6.5.2 Intervention type

Interventions that included parent training predicted significant, small effects on all combined outcomes ($n = 7, k = 51, d = -0.32, p < 0.01$), behaviour outcomes ($n = 7, k = 19, d = -0.32, p < 0.01$), and belief outcomes ($n = 5, k = 17, d = -0.34, p < 0.01$), while showing significantly larger effects than programmes without parent training for all outcomes combined ($n = 7, k = 51, b = -0.18, p = 0.01$) and behaviour outcomes ($n = 7, k = 19, b = -0.20, p = 0.01$) but not belief outcomes ($n = 5, k = 17, b = -0.13, p = 0.27$).

Similarly, programmes that included couples counselling showed significant, small effects for all combined outcomes ($n = 18, k = 135, d = -0.29, p < 0.01$), behaviour outcomes ($n = 18, k = 74, d = -0.24, p < 0.01$), and belief outcomes ($n = 17, k = 39, d = -0.31, p < 0.01$), with significantly larger effects than programmes without couples counselling across all three categories (all outcomes combined $n = 18, k = 135, b = -0.23, p < 0.01$; behaviour outcomes $n = 18, k = 74, b = -0.18, p < 0.01$; and belief outcomes $n = 17, k = 39, b = -0.19, p = 0.02$). Four programmes contained parent training together with couples counselling (Ashburn, Kerner et al., 2017; Doyle, Levitov et al., 2018; Falb, Khudejha et al., 2023; Ismayilova, Karimli et al., 2018), which were associated with significant, medium effects for all outcomes combined ($n = 4, k = 26, d = -0.45, p < 0.01$), effects for behaviour outcomes ($n = 4, k = 13, d = -0.56, p < 0.01$), and medium effects for belief outcomes ($n = 3, k = 6, d = -0.46, p < 0.01$). Relative to programmes without this combination, programmes with parenting and couples counselling predicted significantly larger effects for all outcomes combined ($n = 4, k = 26, b = -0.31, p < 0.01$) and behaviour outcomes ($n = 4, k = 13, b = -0.46, p < 0.01$), with borderline effects on belief outcomes ($n = 3, k = 6, b = -0.25, p = 0.055$). Interventions containing community mobilisation predicted significant, small effects (all outcomes combined $n = 13, k = 71, d = -0.27, p < 0.01$; behaviour outcomes $n = 11, k = 39, d = -0.26, p < 0.01$; belief outcomes $n = 12, k = 26, d = -0.30, p < 0.01$), while presenting significantly larger results than programmes without community mobilisation for all outcomes combined ($n = 13, k = 71, b = -0.16, p = 0.02$) and for behaviour outcomes that bordered on significance ($n = 11, k = 39, b = -0.16, p = 0.04$) but not belief outcomes ($n = 12, k = 26, b = -0.11, p = 0.23$).

Table 25 Moderating effects of component combinations – IPV

INTIMATE PARTNER VIOLENCE	Impact on all outcomes combined:										Impact on behaviour outcomes only:										Impact on belief outcomes only:									
	# of studies with	# of ESs with	95% CI lower	95% CI upper	p-value	ES Difference	95% CI lower	95% CI upper	p-value		# of studies with	# of ESs with	95% CI lower	95% CI upper	p-value	ES Difference	95% CI lower	95% CI upper	p-value		# of studies with	# of ESs with	95% CI lower	95% CI upper	p-value	ES Difference	95% CI lower	95% CI upper	p-value	
Commtty-Parentg-Coupl	3	21	-0.52	-0.67	-0.37	0.00	NA	NA	NA	NA	3	10	-0.60	-0.78	-0.42	0.00	NA	NA	NA	NA	2	5	-0.52	-0.75	-0.30	0.00	NA	NA	NA	NA
Community Mobil only	5	18	-0.11	-0.23	0.00	0.05	0.41	0.22	0.60	0.00	3	7	-0.11	-0.29	0.07	0.22	0.49	0.23	0.74	0.00	5	11	-0.13	-0.25	-0.01	0.03	0.39	0.13	0.65	0.00
Couples counsellg only	9	77	-0.19	-0.27	-0.10	0.00	0.33	0.16	0.50	0.00	9	39	-0.13	-0.23	-0.03	0.01	0.47	0.27	0.68	0.00	9	23	-0.22	-0.31	-0.12	0.00	0.30	0.06	0.55	0.01
Parenting only	3	25	0.01	-0.15	0.17	0.87	0.53	0.32	0.75	0.00	3	6	0.03	-0.14	0.21	0.70	0.63	0.38	0.89	0.00	2	11	0.00	-0.26	0.27	0.98	0.52	0.18	0.87	0.00

In Table 25 above, exploratory analysis formally compared whether combinations of components delivered together were more effective than those delivered separately without this combination. Since couples counselling, parent training and community mobilisation tended to predict the strongest ESs, the analysis compared programmes that delivered these components together and separately. Programmes that delivered community mobilisation separately were associated with significantly smaller effects than those with combination across all outcomes (all outcomes combined $n = 3$, $k = 8$, $b = 0.13$, $p = 0.05$; behaviour outcomes $n = 1$, $k = 1$, $b = -0.01$, $p = 0.99$; belief outcomes $n = 3$, $k = 9$, $b = -0.12$, $p = 0.70$). Programmes that delivered couples counselling separately were associated with significantly smaller effects than those with combination across all outcomes (all outcomes combined $n = 3$, $k = 8$, $b = 0.13$, $p = 0.05$; behaviour outcomes $n = 1$, $k = 1$, $b = -0.01$, $p = 0.99$; belief outcomes $n = 3$, $k = 9$, $b = -0.12$, $p = 0.70$). Programmes that delivered parent training separately were associated with significantly smaller effects than those with combination across all outcomes (all outcomes combined $n = 3$, $k = 8$, $b = 0.13$, $p = 0.05$; behaviour outcomes $n = 1$, $k = 1$, $b = -0.01$, $p = 0.99$; belief outcomes $n = 3$, $k = 9$, $b = -0.12$, $p = 0.70$).

Three programmes that contained community mobilisation with parent training as well as couples counselling predicted significant, medium effects across all outcome groups (all outcomes combined $n = 3$, $k = 21$, $d = -0.52$, $p < 0.01$; behaviour outcomes $n = 3$, $k = 10$, $d = -0.60$, $p < 0.01$; belief outcomes $n = 2$, $k = 5$, $d = -0.50$, $p = 0.01$). Relative to programmes without this combination, trials offering parenting, couples counselling and community mobilisation together presented the largest ES difference relative to programmes without this combination for all outcomes combined ($n = 3$, $k = 21$, $b = -0.37$, $p < 0.01$) and for all behaviour outcomes ($n = 3$, $k = 10$, $b = -0.49$, $p < 0.01$) but not belief outcomes ($n = 2$, $k = 5$, $b = -0.29$, $p = 0.13$), which had only two studies. Exploratory analysis was conducted to formally compare the effects of interventions with the couples-parenting-community mobilisation combination on all IPV outcomes combined with the effects of each component alone: The effects of interventions with community mobilisation alone were significantly smaller ($n = 5$, $k = 18$, $b = 0.41$, $p < 0.01$), as well as those with couples counselling alone ($n = 9$, $k = 77$, $b = -0.33$, $p < 0.01$) and parent training alone ($n = 3$, $k = 25$, $b = -0.53$, $p < 0.01$), meaning that interventions with the combination of three components were significantly associated with greater effects on all outcomes combined than any component alone. However, analyses excluded interventions where any two of the three components were present; thus, there were only three studies with parent training but not community mobilisation or couples counselling.

Interventions that developed vocations through livelihood support showed significant small effects for belief outcomes ($n = 8$, $k = 12$, $d = -0.24$, $p = 0.02$), but no effect on all outcomes combined ($n = 10$, $k = 45$, $d = -0.11$, $p = 0.09$) or behaviour outcomes ($n = 10$, $k = 30$, $d = -0.12$, $p = 0.10$), with small, adverse ES differences that were non-significant across outcome categories (all outcomes combined $n = 10$, $k = 45$, $b = 0.09$, $p = 0.26$; behaviour outcomes $n =$

10, $k = 30$, $b = 0.06$, $p = 0.47$; belief outcomes $n = 8$, $k = 12$, $b = -0.01$, $p = 0.91$). Similarly, programmes providing shorter-term financial support for personal use, such as cash transfers, appeared significantly effective for belief outcomes ($n = 9$, $k = 24$, $d = -0.19$, $p = 0.04$), but not behaviour outcomes ($n = 7$, $k = 26$, $d = -0.09$, $p = 0.27$) or all outcomes combined ($n = 9$, $k = 60$, $d = -0.10$, $p = 0.15$). Like livelihood support, ES differences for programmes with financial support were in the adverse direction but were not significant (all outcomes combined $n = 9$, $k = 60$, $b = 0.10$, $p = 0.18$; behaviour outcomes $n = 7$, $k = 26$, $b = 0.09$, $p = 0.35$; belief outcomes $n = 9$, $k = 24$, $b = 0.05$, $p = 0.64$).

Programmes using campaigns, such as edutainment or advocacy, predicted small, significant effects for all outcomes combined ($n = 7$, $k = 33$, $d = -0.20$, $p = 0.01$) and belief outcomes ($n = 6$, $k = 12$, $d = -0.26$, $p = 0.01$) but not behaviour outcomes ($n = 6$, $k = 21$, $d = -0.14$, $p = 0.12$). Interventions with campaigns did not predict significantly larger effects than intervention without campaigns (all outcomes combined $n = 7$, $k = 33$, $b = -0.03$, $p = 0.70$; behaviour outcomes $n = 6$, $k = 21$, $b = 0.02$, $p = 0.83$; belief outcomes $n = 6$, $k = 12$, $b = -0.04$, $p = 0.72$). Interventions involving lifeskills training appeared effective for belief outcomes ($n = 9$, $k = 17$, $d = -0.22$, $p = 0.02$), but not behaviour outcomes ($n = 11$, $k = 23$, $d = -0.08$, $p = 0.24$) or all outcomes combined ($n = 12$, $k = 41$, $d = -0.09$, $p = 0.11$) with ES differences in the adverse direction that were not significant (all outcomes combined $n = 12$, $k = 41$, $b = 0.12$, $p = 0.10$; behaviour outcomes $n = 11$, $k = 23$, $b = 0.12$, $p = 0.13$; belief outcomes $n = 9$, $k = 17$, $b = 0.01$, $p = 0.91$). One programme offering schooling support, such as fees or tutoring, showed no significant effects (all outcomes combined $n = 1$, $k = 22$, $d = 0.04$, $p = 0.85$; behaviour outcomes $n = 1$, $k = 4$, $d = 0.08$, $p = 0.70$; belief outcomes $n = 1$, $k = 10$, $d = 0.03$, $p = 0.90$) or ES differences (all outcomes combined $n = 1$, $k = 22$, $b = 0.22$, $p = 0.04$).

= 0.28; behaviour outcomes $n = 1$, $k = 4$, $b = 0.25$, $p = 0.24$; and belief outcomes $n = 1$, $k = 10$, $b = 0.27$, $p = 0.32$).

6.5.3 Behaviour change techniques

Programmes using critical discourse to question power relations showed significant, small ESs for all outcomes combined ($n = 14$, $k = 109$, $d = -0.28$, $p < 0.01$), behaviour outcomes ($n = 13$, $k = 54$, $d = -0.24$, $p < 0.01$) and belief outcomes ($n = 13$, $k = 34$, $d = -0.30$, $p < 0.01$), while also predicting larger effects for all outcomes combined ($n = 14$, $k = 109$, $b = -0.18$, $p = 0.01$) and borderline effects on behaviour outcomes ($n = 13$, $k = 54$, $b = -0.15$, $p = 0.057$) relative to programmes that did not, but no improved effects on belief outcomes ($n = 13$, $k = 34$, $b = -0.13$, $p = 0.18$). Programmes that involved social support, such as emotional support, buddying, networking or mentoring, also appeared effective. First, interventions that enlisted more proximal social support from participants' reference groups, such as friends, family and other trusted sources, showed significant, small effects across outcomes (all outcomes combined $n = 14$, $k = 70$, $d = -0.27$, $p < 0.01$, behaviour outcomes $n = 12$, $k = 35$, $d = -0.27$, $p < 0.01$; belief outcomes $n = 12$, $k = 26$, $d = -0.29$, $p < 0.01$), while significantly improving ES differences, relative to programmes without, for all outcomes combined ($n = 14$, $k = 70$, $b = -0.15$, $p = 0.01$) and behaviour outcomes ($n = 12$, $k = 35$, $b = -0.17$, $p = 0.02$), but not belief outcomes ($n = 12$, $k = 26$, $b = -0.09$, $p = 0.28$). Programmes that involved support from participants' spouses showed small, significant effects across outcomes (all outcomes combined $n = 23$, $k = 130$, $d = -0.20$, $p < 0.01$; behaviour outcomes $n = 22$, $k = 64$, $d = -0.18$, $p < 0.01$; belief outcomes $n = 20$, $k = 45$, $d = -0.25$, $p < 0.01$), and significantly larger effects on all outcomes combined ($n = 23$, $k = 130$, $b = -0.06$, $p < 0.01$) and behaviour outcomes ($n = 22$, $k = 64$, $b = -0.05$, $p = 0.02$), but not belief outcomes ($n = 20$, $k = 45$, $b = -0.05$, $p = 0.14$),

compared with programmes that did not involve spouses. Third, interventions that enlisted social support from males, including non-spouses, also produced small, significant effects (all outcomes combined $n = 19$, $k = 117$, $d = -0.21$, $p < 0.01$; behaviour outcomes $n = 18$, $k = 63$, $d = -0.21$, $p < 0.01$; belief outcomes $n = 18$, $k = 37$, $d = -0.22$, $p < 0.01$), while predicting significantly larger effects on all outcomes combined ($n = 19$, $k = 117$, $b = -0.08$, $p < 0.01$) and behaviour outcomes ($n = 18$, $k = 63$, $b = -0.10$, $p < 0.01$), but not belief outcomes ($n = 18$, $k = 37$, $b = 0.02$, $p = 0.66$), relative to programmes that did not involve male support.

Programmes that offered more distal forms of social support appeared mostly effective but not significantly more so than programmes without. Based on four studies, programmes with support from cultural figures, such as priests, showed significant, small effects for all outcomes combined ($n = 4$, $k = 25$, $d = -0.28$, $p = 0.01$) and belief outcomes ($n = 4$, $k = 12$, $d = -0.35$, $p = 0.01$), but not behaviour outcomes ($n = 3$, $k = 13$, $d = -0.17$, $p = 0.18$), and no difference in effects relative to programmes without cultural support (all outcomes combined $n = 4$, $k = 25$, $b = -0.12$, $p = 0.27$; behaviour outcomes $n = 3$, $k = 13$, $b = -0.01$, $p = 0.92$; belief outcomes $n = 4$, $k = 12$, $b = -0.15$, $p = 0.28$). Although programmes containing support from institutions, such as governments and state services, appeared effective for all outcomes combined ($n = 21$, $k = 110$, $d = -0.11$, $p < 0.01$) and belief outcomes ($n = 19$, $k = 45$, $d = -0.18$, $p < 0.01$), but not behaviour outcomes ($n = 18$, $k = 55$, $d = -0.08$, $p = 0.09$) while predicting significantly *weaker* results across all outcomes relative to programmes without (all outcomes combined $n = 21$, $k = 110$, $b = 0.14$, $p < 0.01$; behaviour outcomes $n = 18$, $k = 55$, $b = 0.18$, $p = 0.01$; belief outcomes $n = 19$, $k = 45$, $b = 0.12$, $p = 0.02$). Programmes that involved social support from peers with shared traits, such as age or sex, predicted significant, small effects across outcomes (all outcomes combined $n = 34$, $k = 209$, $d = -0.17$, $p < 0.01$; behaviour outcomes $n = 31$, $k = 106$, $d = -0.16$, $p < 0.01$; belief outcomes $n = 29$, k

= 71, $d = -0.23$, $p < 0.01$) but no improved effects over interventions without peer support (all outcomes combined $n = 34$, $k = 209$, $b = 0.00$, $p = 0.98$; behaviour outcomes $n = 31$, $k = 106$, $b = 0.05$, $p = 0.83$; belief outcomes $n = 29$, $k = 71$, $b = -0.10$, $p = 0.61$).

Programmes that helped participants to understand the consequences of violence predicted small, significant effects across outcomes (all outcomes combined $n = 18$, $k = 131$, $d = -0.22$, $p < 0.01$; behaviour outcomes $n = 16$, $k = 57$, $d = -0.21$, $p < 0.01$; belief outcomes $n = 15$, $k = 45$, $d = -0.23$, $p < 0.01$), with no improved effects over programmes without this component (all outcomes combined $n = 18$, $k = 131$, $b = -0.10$, $p = 0.14$; behaviour outcomes $n = 16$, $k = 57$, $b = -0.09$, $p = 0.25$; belief outcomes $n = 15$, $k = 45$, $b = 0.00$, $p = 0.97$). Programmes with goal-setting and planning showed beneficial results with significant, small effects on outcomes (all outcomes combined $n = 27$, $k = 157$, $d = -0.17$, $p < 0.01$; behaviour outcomes $n = 24$, $k = 81$, $d = -0.15$, $p < 0.01$; belief outcomes $n = 24$, $k = 53$, $d = -0.24$, $p < 0.01$), with no larger effects than programmes (all outcomes combined $n = 27$, $k = 157$, $b = 0.02$, $p = 0.82$; behaviour outcomes $n = 24$, $k = 81$, $b = 0.04$, $p = 0.71$; belief outcomes $n = 24$, $k = 53$, $b = -0.04$, $p = 0.74$). Programmes that monitored or offered immediate feedback on participants' behaviours showed significant, small effects across outcomes (all outcomes combined $n = 4$, $k = 17$, $d = -0.30$, $p < 0.01$; behaviour outcomes $n = 3$, $k = 9$, $d = -0.33$, $p < 0.01$; belief outcomes $n = 4$, $k = 5$, $d = -0.35$, $p < 0.01$), while predicting significantly larger effects on all outcomes (all outcomes combined $n = 4$, $k = 17$, $b = -0.14$, $p < 0.01$; behaviour outcomes $n = 3$, $k = 9$, $b = -0.18$, $p = 0.05$; belief outcomes $n = 4$, $k = 5$, $b = -0.14$, $p = 0.01$), relative to programmes without feedback and monitoring. Programmes that promoted self-belief, such as positive mental rehearsal and self-talk, were associated with significant, small effects for all outcomes combined ($n = 10$, $k = 31$, $d = -0.14$, $p = 0.04$) and belief outcomes ($n = 8$, $k = 12$, $d = -0.29$, $p < 0.01$), but not behaviour outcomes ($n = 9$, $k = 18$, $d = -0.10$, $p = 0.20$).

predicting no improvements in outcomes (all outcomes combined $n = 10$, $k = 31$, $b = 0.05$, $p = 0.54$; behaviour outcomes $n = 9$, $k = 18$, $b = 0.08$, $p = 0.36$; belief outcomes $n = 8$, $k = 12$, $b = -0.08$, $p = 0.48$), compared to programmes that did not.

Programmes containing scheduled consequences that rewarded desired behaviours, such as a gamified digital app promoting gender-equitable relationships (De Filippo, Bellatin et al., 2023a), showed significant, small effects on all outcomes (all outcomes combined $n = 2$, $k = 4$, $d = -0.31$, $p < 0.01$; behaviour outcomes $n = 2$, $k = 2$, $d = -0.23$, $p = 0.03$; belief outcomes $n = 2$, $k = 2$, $d = -0.36$, $p < 0.01$), but there were only two studies (De Filippo, Bellatin et al., 2023b; Maman, Mulawa et al., 2020). Those with scheduled consequences predicted larger effects than programmes without this component for all outcomes combined ($n = 2$, $k = 4$, $b = -0.14$, $p < 0.01$) and belief outcomes ($n = 2$, $k = 2$, $b = -0.14$, $p = 0.01$), but not behaviour outcomes ($n = 2$, $k = 2$, $b = -0.08$, $p = 0.44$). In contrast to scheduled consequences, programmes using conditional rewards like cash transfers or micro loans showed significant, small effects for all outcomes combined ($n = 8$, $k = 52$, $d = -0.18$, $p < 0.01$) and behaviour outcomes ($n = 8$, $k = 22$, $d = -0.17$, $p < 0.01$), but not belief outcomes ($n = 7$, $k = 20$, $d = -0.14$, $p = 0.14$), and no better results than interventions without conditional rewards (all outcomes combined $n = 8$, $k = 52$, $b = -0.02$, $p = 0.30$; behaviour outcomes $n = 8$, $k = 22$, $b = -0.02$, $p = 0.27$; belief outcomes $n = 7$, $k = 22$, $b = 0.11$, $p = 0.33$). Programmes that offered unconditional rewards, such as grants and unconditional cash transfers, however, showed no significant impacts (all outcomes combined $n = 7$, $k = 34$, $d = -0.05$, $p = 0.49$; behaviour outcomes $n = 6$, $k = 19$, $d = -0.02$, $p = 0.85$; belief outcomes $n = 7$, $k = 13$, $d = -0.16$, $p = 0.12$), while predicting *weaker* results compared to programmes without for all outcomes combined ($n = 7$, $k = 34$, $b = 0.15$, $p = 0.064$) and behaviour outcomes ($n = 6$, $k = 19$, $b =$

0.18, $p = 0.059$), which bordered on significance, and showed no effect on belief outcomes ($n = 7$, $k = 13$, $b = 0.08$, $p = 0.50$).

Programmes that shaped knowledge by building skills or understanding presented significant, small effects across outcomes (all outcomes combined $n = 35$, $k = 213$, $d = -0.18$, $p < 0.01$; behaviour outcomes $n = 32$, $k = 108$, $d = -0.16$, $p < 0.01$; belief outcomes $n = 30$, $k = 73$, $d = -0.24$, $p < 0.01$), with no larger effects than interventions without shaping knowledge for all outcomes combined ($n = 35$, $k = 213$, $b = -0.15$, $p = 0.46$) but not belief outcomes ($n = 30$, $k = 73$, $b = -0.31$, $p = 0.23$), and there were behaviour outcomes without shaping knowledge for ES comparison. Programmes involving repetition with more than six sessions appeared generally effective (all outcomes combined $n = 32$, $k = 202$, $d = -0.16$, $p < 0.01$; behaviour outcomes $n = 27$, $k = 98$, $d = -0.15$, $p < 0.01$; belief outcomes $n = 26$, $k = 63$, $d = -0.21$, $p < 0.01$), although not more effective than programmes without repetition (all outcomes combined $n = 32$, $k = 202$, $b = 0.13$, $p = 0.23$; behaviour outcomes $n = 27$, $k = 98$, $b = 0.07$, $p = 0.54$; belief outcomes $n = 26$, $k = 63$, $b = 0.12$, $p = 0.35$). Programmes with comparing behaviour similarly showed significant, small effects (all outcomes combined $n = 33$, $k = 205$, $d = -0.18$, $p < 0.01$; behaviour outcomes $n = 30$, $k = 103$, $d = -0.16$, $p < 0.01$; belief outcomes $n = 28$, $k = 70$, $d = -0.24$, $p < 0.01$) but no larger effects than interventions without comparing behaviour (all outcomes combined $n = 33$, $k = 205$, $b = -0.04$, $p = 0.73$; behaviour outcomes $n = 30$, $k = 103$, $b = -0.04$, $p = 0.78$; belief outcomes $n = 28$, $k = 70$, $b = -0.11$, $p = 0.50$).

Programmes that helped regulate stress and negative emotions predicted significant, small effects across outcomes (all outcomes combined $n = 24$, $k = 154$, $d = -0.18$, $p < 0.01$; behaviour outcomes $n = 22$, $k = 73$, $d = -0.19$, $p < 0.01$; belief outcomes $n = 21$, $k = 52$, $d = -$

0.21, $p < 0.01$), but no improved effects over programmes that did not (all outcomes combined $n = 24$, $k = 154$, $b = -0.03$, $p = 0.51$; behaviour outcomes $n = 22$, $k = 73$, $b = -0.08$, $p = 0.12$; belief outcomes $n = 21$, $k = 52$, $b = 0.06$, $p = 0.29$). Programmes that involved re-framing identity, such as self as role model, similarly appeared effective overall (all outcomes combined $n = 31$, $k = 58$, $d = -0.18$, $p < 0.01$; belief outcomes $n = 12$, $k = 22$, $d = -0.20$, $p < 0.01$; behaviour outcomes $n = 12$, $k = 35$, $d = -0.19$, $p < 0.01$) but relative to programmes without identity, presented no greater effects (all outcomes combined $n = 13$, $k = 58$, $b = -0.01$, $p = 0.71$; behaviour outcomes $n = 12$, $k = 35$, $b = -0.05$, $p = 0.32$; belief outcomes $n = 12$, $k = 22$, $b = 0.04$, $p = 0.45$). Interventions that compared outcomes, such as pros and cons, showed no effect across outcomes (all outcomes combined $n = 4$, $k = 9$, $d = -0.03$, $p = 0.58$; behaviour outcomes $n = 4$, $k = 5$, $d = -0.03$, $p = 0.70$; belief outcomes $n = 3$, $k = 4$, $d = -0.07$, $p = 0.30$) and relative to programmes without it, significantly weaker effects for all outcomes combined ($n = 4$, $k = 9$, $b = 0.16$, $p < 0.01$) and belief outcomes ($n = 3$, $k = 4$, $b = 0.17$, $p < 0.01$) but not behaviour outcomes ($n = 4$, $k = 5$, $b = 0.14$, $p = 0.11$). Programmes with antecedents that added pre-requisite supplies, showed significant, small effects across outcomes (all outcomes combined $n = 27$, $k = 137$, $d = -0.14$, $p < 0.01$; behaviour outcomes $n = 23$, $k = 70$, $d = -0.13$, $p < 0.01$; belief outcomes $n = 24$, $k = 53$, $d = -0.20$, $p < 0.01$) but significantly *smaller* effects compared to programmes without for all outcomes combined ($n = 27$, $k = 137$, $b = 0.14$, $p < 0.01$) and belief outcomes ($n = 24$, $k = 53$, $b = 0.13$, $p = 0.02$) but not behaviour outcomes ($n = 23$, $k = 70$, $b = 0.11$, $p = 0.20$). Programmes with associations, such as prompts and nudges, showed no effects on any outcome (all outcomes combined $n = 4$, $k = 21$, $d = -0.12$, $p = 0.24$; belief outcomes $n = 4$, $k = 8$, $d = -0.16$, $p = 0.21$; behaviour outcomes $n = 3$, $k = 13$, $d = -0.11$, $p = 0.40$) or ES differences (all outcomes combined $n = 4$, $k = 21$, $b = 0.06$, $p = 0.60$; behaviour outcomes $n = 3$, $k = 13$, $b = 0.05$, $p = 0.69$; belief

outcomes $n = 4$, $k = 8$, $b = 0.08$, $p = 0.57$). No programmes were considered to contain covert learning, such as imagined consequences or vicarious learning.

6.5.4 Locally led

Programmes that were locally led predicted significant, small to medium effects on belief outcomes ($n = 3$, $k = 8$, $d = -0.48$, $p < 0.01$) and significant, small effects on all outcomes combined ($n = 4$, $k = 19$, $d = -0.35$, $p < 0.00$) and behaviour outcomes ($n = 4$, $k = 11$, $d = -0.22$, $p = 0.55$). Relative to those that were not, locally led programmes predicted significantly larger results for belief outcomes ($n = 3$, $k = 8$, $b = -0.28$, $p = 0.05$), which were marginally significant for all outcomes combined ($n = 4$, $k = 19$, $b = -0.20$, $p = 0.060$) but not behaviour outcomes ($n = 4$, $k = 11$, $b = -0.07$, $p = 0.57$).

6.5.5 Which ecological layer

Programme appeared effective among most ecological layers but programmes were no more effective if they addressed one ecological layer or another. Programmes addressing the cultural layer, such as religious bodies, showed significant, small effects for all outcomes combined ($n = 4$, $k = 25$, $d = -0.28$, $p = 0.01$) and belief outcomes ($n = 4$, $k = 12$, $d = -0.35$, $p = 0.01$) but not behaviour outcomes ($n = 3$, $k = 13$, $d = -0.17$, $p = 0.19$), and showed no significantly different effects than interventions addressing other layers (all outcomes combined $n = 4$, $k = 25$, $b = -0.12$, $p = 0.27$; behaviour outcomes $n = 3$, $k = 13$, $b = -0.01$, $p = 0.92$; belief outcomes $n = 4$, $k = 12$, $b = -0.15$, $p = 0.28$). Programmes aiming at changes in the institutional layer, such with governments or livelihoods, predicted significant, small effects across outcomes (all outcomes combined $n = 23$, $k = 120$, $d = -0.15$, $p < 0.01$; behaviour outcomes $n = 19$, $k = 62$, $d = -0.11$, $p = 0.03$; belief outcomes $n = 20$, $k = 46$, $d = -$

0.23, $p < 0.01$), but no greater effects on behaviour outcomes relative to programmes that were not (all outcomes combined $n = 23$, $k = 120$, $b = 0.06$, $p = 0.21$; behaviour outcomes $n = 19$, $k = 62$, $b = 0.12$, $p = 0.10$; belief outcomes $n = 20$, $k = 46$, $b = 0.00$, $p = 0.99$).

Programmes targeting changes in community or household networks at the relational layer were the most common, showing significant, small effects across outcomes (all outcomes combined $n = 35$, $k = 213$, $d = -0.18$, $p < 0.01$; behaviour outcomes $n = 32$, $k = 108$, $d = -0.16$, $p < 0.01$; belief outcomes $n = 30$, $k = 73$, $d = -0.24$, $p < 0.01$), but none more successful relative to interventions that did not (all outcomes combined $n = 35$, $k = 213$, $b = -0.15$, $p = 0.46$; belief outcomes $n = 30$, $k = 73$, $b = -0.31$, $p = 0.23$), while there were no behaviour outcomes without the relational layer for ES comparison. Programmes addressing the individual layer through health services, such as HIV testing or antenatal care, showed no effect on any outcome (all outcomes combined $n = 8$, $k = 48$, $d = -0.06$, $p = 0.26$; behaviour outcomes $n = 6$, $d = -0.09$, $p = 0.30$; belief outcomes $n = 6$, $k = 19$, $d = -0.09$, $p = 0.35$), while predicting significantly weaker effects relative to programmes targeting other layers on all outcomes combined ($n = 8$, $k = 48$, $b = 0.15$, $p < 0.01$) and belief outcomes ($n = 6$, $k = 21$, $b = -0.16$, $p < 0.01$), but not behaviour outcomes ($n = 6$, $k = 19$, $b = 0.09$, $p = 0.40$).

Table 26 Moderating effects of ecological layers on effectiveness -- IPV

INTIMATE PARTNER VIOLENCE																				
Impact on all outcomes combined:										Impact on behaviour outcomes only:										
IPV overall, IPV sexual, IPV physical, IPV verbal, IPV controlling, Shared Chores, Shared Decis										IPV overall, IPV sexual, IPV physical, IPV verbal, IPV controlling, (not Shared Chores), (
Gender Equal Norms, IPV Overall Norms, IPV Phys Norms, IPV Sexl Norms, Shared Chores Norms, Shared Decision Makg Norms																				
	#										# of									
	studies with	# ESs with	95% CI lower	95% CI upper	p-value	ES Difference	95% CI lower	95% CI upper	p-value		studies with	# of ESs with	95% CI lower	95% CI upper	p-value	ES Difference	95% CI lower	95% CI upper	p-value	
Which ecological layer:																				
Cultural	4	25	-0.28	-0.48	-0.08	0.01	-0.12	-0.33	0.09	0.27	3	13	-0.17	-0.43	0.09	0.19	-0.01	-0.28	0.26	
Institutional	23	120	-0.15	-0.23	-0.07	0.00	0.06	-0.04	0.16	0.21	19	62	-0.11	-0.20	-0.01	0.03	0.12	-0.02	0.26	
Relational	35	213	-0.18	-0.25	-0.11	0.00	-0.15	-0.56	0.25	0.46	32	108	-0.16	-0.24	-0.08	0.00				
Individual	8	48	-0.06	-0.16	0.04	0.26	0.15	0.05	0.24	0.00	6	19	-0.09	-0.27	0.10	0.35	0.09	-0.12	0.29	
# of ecological layers:																				
One layer	16	97	-0.22	-0.31	-0.12	0.00					14	46	-0.23	-0.34	-0.11	0.00				
Two layers vs one	14	64	-0.18	-0.28	-0.09	0.00	0.03	-0.07	0.14	0.54	12	41	-0.09	-0.22	0.03	0.13	0.13	-0.03	0.29	
Three layers vs one	6	35	-0.09	-0.21	0.03	0.14	0.13	-0.01	0.26	0.063	5	10	-0.17	-0.37	0.04	0.11	0.06	-0.17	0.29	
Four layers vs one	3	19	-0.08	-0.32	0.17	0.54	0.14	-0.12	0.40	0.28	2	11	-0.06	-0.37	0.26	0.72	0.17	-0.17	0.51	
Combo of eco layers vs Relatl only:																				
Relatl only	15	95	-0.22	-0.29	-0.14	0.00					14	46	-0.23	-0.34	-0.11	0.00				
Institl vs Relatl	1	2	-0.02	-0.33	0.28	0.88	0.19	-0.12	0.51	0.23	0	0	-0.06	-0.37	0.25	0.72	0.13	-0.02	0.29	
Relatl-Institl	14	64	-0.16	-0.23	-0.08	0.00	0.06	-0.03	0.15	0.19	12	41	-0.10	-0.22	0.03	0.12	0.12	-0.13	0.38	
Indivl-Relatl-Institl	5	29	-0.02	-0.13	0.08	0.66	0.19	0.07	0.32	0.00	4	8	-0.10	-0.33	0.12	0.37	-0.16	-0.60	0.28	
Relatl-Institl-Cultrl	1	6	-0.88	-1.19	-0.57	0.00	-0.66	-0.98	-0.35	0.00	1	2	-0.39	-0.82	0.04	0.077	0.17	-0.16	0.50	
Indivl-Relatl-Institl-Cultrl	3	19	-0.08	-0.26	0.10	0.41	0.14	-0.05	0.34	0.16	2	11	-0.06	-0.37	0.25	0.72				

6.5.6 Number of ecological layers

Programmes appeared similarly successful whether they simultaneously addressed one, two, three or four layers. Programmes with one layer were the most common and presented significant, small effects (all outcomes combined $n = 16$, $k = 97$, $d = -0.22$, $p < 0.01$; behaviour outcomes $n = 14$, $k = 46$, $d = -0.23$, $p < 0.01$; belief outcomes $n = 13$, $k = 29$, $d = -0.24$, $p < 0.01$). Programmes with two layers predicted significant, small effects for all outcomes combined ($n = 14$, $k = 64$, $d = -0.18$, $p < 0.01$) and belief outcomes ($n = 13$, $k = 20$, $d = -0.28$, $p < 0.01$), but not behaviour outcomes ($n = 12$, $k = 41$, $d = -0.09$, $p = 0.13$). Programmes addressing two layers predicted no improvements over programmes with one layer (all outcomes combined $n = 14$, $k = 64$, $b = 0.03$, $p = 0.54$; behaviour outcomes $n = 12$, $k = 41$, $b = 0.13$, $p = 0.10$; belief outcomes $n = 13$, $k = 20$, $b = -0.04$, $p = 0.53$). Programmes with three layers showed significant, small effects on belief outcomes ($n = 4$, $k = 17$, $d = -0.15$, $p = 0.04$) but not all outcomes combined ($n = 6$, $k = 35$, $d = -0.09$, $p = 0.14$) or behaviour outcomes ($n = 5$, $k = 10$, $d = -0.17$, $p = 0.11$), while, relative to programmes with

one layer, predicted weaker results that bordered on significance for all outcomes combined ($n = 6$, $k = 35$, $b = 0.13$, $p = 0.63$), but not behaviour outcomes ($n = 5$, $k = 10$, $b = 0.06$, $p = 0.61$) or belief outcomes ($n = 4$, $k = 17$, $b = 0.08$, $p = 0.34$). Three programmes addressed all four layers of the ecology, which showed significant, small effects for belief outcomes ($n = 3$, $k = 8$, $d = -0.15$, $p = 0.04$), but no effect on all outcomes combined ($n = 3$, $k = 19$, $d = -0.08$, $p = 0.54$) or behaviour outcomes ($n = 2$, $k = 11$, $d = -0.06$, $p = 0.72$, predicting weaker effects that were not significant over programmes with one layer (all outcomes combined $n = 3$, $k = 19$, $b = 0.14$, $p = 0.28$; behaviour outcomes $n = 2$, $k = 11$, $b = 0.17$, $p = 0.32$; belief outcomes $n = 3$, $k = 8$, $b = 0.12$, $p = 0.48$).

6.6 Summary of IPV findings

This review compared the effects of norm interventions to prevent IPV, including a range of intervention types and behaviour change techniques at different ecological levels on IPV outcomes that were reported by a mix of female and male adults. It also explored whether linking efforts across multiple layers of the ecological model increased effects, whether interventions achieve better results at one ecological layer than another, and whether the type of norm that was measured impacts differently on belief outcomes.

In sum, programmes showed significant, small effects on IPV behaviours and beliefs, with greater influence on beliefs. Significant, small effects were found on most primary outcomes for IPV, including IPV overall, verbal IPV, physical IPV, and sexual IPV. There were no significant effects on controlling behaviours. Studies further showed a significant, small pooled effect size on norms for physical and sexual IPV; no significant effect on norms for IPV overall; and significant, small effects on norms for gender equality. In terms of secondary outcomes, studies presented a significant, small effect on shared decision making

among women, but non-significant effects on norms for shared decision-making, shared chores, norms for shared chores, and on income generating activity.

Examining the moderating effects of programme components, nearly all studies but two measured attitudes, or personal beliefs, and not norms, which are social beliefs. Studies measuring attitudes showed significant, small effects, while those that measured injunctive norms of what ought to be done tended to show higher effects, but not significantly larger effects than studies measuring attitudes, although there were only two studies.

Programmes that included parent training predicted larger effects than interventions without, particularly for behaviour outcomes, while programmes with couples counselling were associated with larger effects for both behaviour and belief outcomes. Programmes that contained both parent training *and* couples counselling together showed larger effects than programmes with other intervention types, which impacted both behaviour and also belief outcomes. Additionally, programmes that involved community mobilisation predicted larger effects than programmes that did not, showing larger effects on behaviour than belief outcomes. However, programmes that facilitated parent training together with couples counselling and community mobilisation tended to present larger improvements to outcomes than programmes without all three. While programmes offering livelihood support, financial support and lifeskills training appeared effective for belief outcomes, they showed no effect on behaviour outcomes or outcomes overall, and no better results overall. Programmes offering campaigns were effective for belief outcomes and outcomes overall but not behaviour outcomes and predicted no improved results relative to programmes without campaigns. One programme with schooling support showed no effects across outcomes.

Programmes with some behaviour change techniques presented significant improvements to outcomes over programmes without those components: social support from a carer or spouse, from a reference group like friends or family, and from males more generally; critical discourse that questions power dynamics; scheduled consequences like rewarding progress; and feedback from a mentor or coach. Programmes with other techniques appeared generally effective: most forms of social support, self-belief, conditional rewards, repetition, regulation, identity, goals and planning, and comparing behaviour -- but not unconditional rewards, such as unconditional cash transfers; comparing outcomes like pros or cons; pre-requisite supplies and antecedents; or social support from the institutional layer, such as financial and government bodies, which presented significantly weaker outcomes than programmes without them.

With regards to local leadership, the largest contribution to beliefs tended to come from programmes that delegated dominant decision making and resources to local participants. For ecological layer, programmes addressing the cultural, institutional, and relational layers appeared to be generally effective for all outcomes combined, while programmes containing the institutional layer were less effective for behaviour outcomes than programmes without. Programmes that addressed the individual layer predicted no effect across outcome categories and smaller effects on all outcomes combined and belief outcomes compared with programmes that addressed other layers.

6.6.1 Discussion of IPV findings

6.6.1.1 *General interpretation of results*

Even though norms are central to IPV prevention (WHO, 2016, 2019), most programmes measured attitude, and only two measured injunctive norms. Programmes might have achieved more had they measured injunctive norms, yet still had a sizable impact on beliefs. Converting results from Cohen's *d* to OR, the odds of experiencing IPV overall were decreased by 25% (OR = 0.75, CI [0.61, 0.91]) in the treatment group versus control. The odds of experiencing physical IPV were decreased by 28% (OR = 0.72, CI [0.58, 0.88]), while the odds of experiencing verbal IPV were decreased by 28% (OR = 0.72, CI [0.53, 0.96]), and the odds of experiencing sexual IPV were decreased by 26% (OR = 0.74, CI [0.61, 0.88]). In terms of beliefs, the odds of physical IPV being personally or socially acceptable were decreased by 41% (OR = 0.59, CI [0.44, 0.80]) in the treatment group versus control, while the odds of gender equality being personally or socially acceptable were increased by 28% (OR = 0.72, CI [0.60, 0.87]), and the odds of women and girls sharing in decision making increased by 26% (OR = 0.74, CI [0.56, 0.95]) in the treatment group versus control. While changing individual-level attitudes may be an inefficient lever for changing population-level beliefs, attitudes do matter and may possibly serve as an influential first step in a larger cycle of social cognition and norm change.

The largest effects tended to come from programmes that combined parenting with couples counselling and community mobilisation. The Bandedereho intervention, for example, offered a 15-session curriculum for fathers and eight sessions for their partners that addressed gender and power; fatherhood; couple communication and decision-making; IPV; caregiving; child development; and male engagement in reproductive and maternal health (Doyle, Levitov et al., 2018). The programme aimed to give couples a space to question and become aware of gender roles and inequalities, to reflect on the costs of harmful norms, and to practice gender

equitable skills, such as communications and shared decision-making, in a supportive peer environment.

Organised diffusion may be a cost-effective strategy for scaling programme effects (Cislaghi, Denny et al., 2019), because programmes are delivered through the networks and influence of volunteers who share what they learned with their networks. A parenting intervention in South Africa used carers’ networks to disseminate new parenting skills, for example, finding that carers tended to use similar parenting behaviours to others within their network (Kleyn, Hewstone et al., 2021). Using longitudinal network analysis, authors detected significant increases in positive parenting behaviour across the community, including involvement, supervision, consistent discipline and reduced corporal punishment (Kleyn, Hewstone et al., 2021).

Ecological layers presented confounded relationships in which it wasn’t initially clear whether an ecological layer or the number of layers were associated with effects. In Table 27, for example, we find that programmes addressed the relational layer first, the institutional layer second, and did not address the individual and cultural layers unless they contained three or four layers, with the cultural layer last.

Table 27 Number of ecological layers compared with which ecological layer

# of ecological layers:	Indivl	Relatl	Institi	Cultrl
One layer	0	18	1	0
Two layers vs one	0	15	15	0
Three layers vs one	6	7	7	1
Four layers vs one	3	3	3	3

Further analysis was run with all six combinations of ecological layers that were present in the data and compared to ESs involving the relational layer only, per Table 27. Only one intervention contained the institutional layer only, which had minimal effect ($d = -0.02$). However, interventions that added the institutional layer to the relational layer were effective ($n = 14$, $k = 64$, $d = -0.16$, $p < 0.01$). When the cultural layer was added to Relatl-Institl, there were large, significant effects ($n = 1$, $k = 6$, $d = -0.88$, $p < 0.01$), but this contained only one study (Abramsky, Devries et al., 2014). There were four studies that did include the cultural layer, however, which showed significant, small effects for all outcomes combined and belief outcomes. Further studies are needed to investigate whether targeting the cultural layer first could identify its relative importance.

Conversely, interventions that included the individual and not the institutional layer (Individual-Relational-Institutional) showed no effect ($n = 5$, $k = 29$, $d = -0.02$, $p = 0.66$) and significantly weaker results than those with Relational only ($b = 0.19$, $p < 0.01$). Hence, while it first appeared that programmes with the institutional layer were counterproductive for behaviour outcomes, it was likely because they also addressed the individual layer. Three programmes addressed all four layers (Individual-Relational-Institutional-Cultural), but showed non-significant, smaller effects than interventions with the relational layer alone ($n = 3$, $k = 19$, $b = 0.14$, $p = 0.16$), also likely due to the individual layer. Interventions with the individual layer tended to involve lifeskills for sexual and reproductive health and livelihood or financial support (Austrian, Soler-Hampejsek et al., 2020a; Bandiera, Buehren et al., 2020; Chzhen, Prencipe et al., 2021; Dervisevic, Perova et al., 2021; Gottert, Barrington et al., 2018; Settergren, Mujaya et al., 2018). It may be that the individual layer could be more difficult to change, that changes take more time to come to fruition, or that change is directional within the social ecology, with effects first felt at the relational layer or trickling

top-down from the cultural layer to individuals who would be most remote to the process. Similarly, some layers were more effective in combination with other layers. Generally, however, findings suggest that diverse components at different levels of the ecology tended to be useful, as reported by Heymann and Levy (Heymann, Levy et al., 2019; Levy, Darmstadt et al., 2020a) and as indicated by BCTs, which influenced social and individual processes differently. Such possibilities are not exhaustive or mutually exclusive, warranting further testing of coordinated and phased approaches.

Finally, interventions that supported economic strengthening showed marginal results. Programmes with livelihood or financial support showed small effects only for belief outcomes, although did not improve results compared to programmes without them. Similarly, while programmes with conditional rewards like cash or asset transfers showed significant effects across outcome groups, unconditional rewards presented significantly weaker effects, and neither were associated with better outcomes relative to other components. Additionally, programmes with economic strengthening tended to offer pre-requisite supplies, or antecedents, which predicted significantly smaller effects than those without them. Previous IPV reviews found that effects on behaviours increased over time, at latest post-test (Leight, Cullen et al., 2023; Turner, Riedel et al., 2020), as well as with the duration of programme activities over time, distinct from contact hours (Leight, Cullen et al., 2023). It may be that economic strengthening takes time to emerge or that it enables women to leave abusive relationships, as marital dependency theory suggests (Eggers del Campo & Steinert, 2022), but that may apply only to a minority of severe cases if, among the majority, IPV remains personally or socially acceptable. Using DHS data for 580,000 women across sub-Saharan Africa, Cools & Kotsadam (2015) found that resource inequality was associated with more abuse in households, but that employed women faced increased risks where there

was higher acceptance of wife-beating. Mackie (1996) argued that harmful social practices born from norms, like foot binding in China, ended only when community members were informed of its harmful consequences, of alternatives to binding, and of other members' commitments to abandon the practice. It's possible that IPV reduction may require not only material resources, but also critical consciousness, understanding the harmful consequences of violence, and skills to improve family relational quality, as suggested by review studies. Without new skills to equalise power imbalances and transform coercive control, economic strengthening programmes may introduce new material resources to families that inadvertently reinforce old patterns of social domination and violence in the household.

Collectively, these findings support the family functioning model, which focuses on dynamics that help all family members to improve relationships and well-being, such as cohesion, emotional responsiveness, communication, problem-solving, household roles, and boundaries (Blackwell, Asghar et al., 2022; Taliep, Ismail et al., 2014). Families in this model are more broadly defined as a social group connected through marriage, kinship or attachment, including extended systems beyond the immediate family (Blackwell, Asghar et al., 2022; Taliep, Ismail et al., 2014). As Blackwell (2022) explains, the model incorporates intersectionality, which seeks to understand how a person's social and political identities combine to create hierarchy, discrimination and subordination, which links with inequality and cycles of abuse within the family while also considering socioeconomic factors. Both IPV and child maltreatment are normalised within patriarchal family and social structures, which reinforce control and subordination by children to their parents, and by women to men. Authors created the Feminist-Grounded Family Functioning Scale that conceptualises a healthy family as one without gender and power hierarchies (Falb, Blackwell et al., 2023). It suggests that power hierarchies in the family reflect power hierarchies in society and that

norms validate violence in the family as a legitimate sanction when social expectations and hierarchies for children and women are violated (Falb, Blackwell et al., 2023).

Falb et al. (2023) emphasised the multiplicative effects of family strengthening programmes, theorising that stress management and empathy building improved parent and couples' relationships, while changes in harsh discipline against children may have been helped by a feminist understanding of power hierarchies in the home. Imaginably, involving children may also help supplant harmful parental modelling with productive ways to manage stress and conflict as they progress into adolescence. Lastly, given that violence in the family is linked with violence in society, involving social networks based on the model's broader definition of family is important for changing collectively held expectations, status beliefs, and sanctions.

6.6.2 Implications for practice, policy and future research

Evidence from norm interventions that combined parenting, couples counselling, and community mobilisation supports the extension of parenting programmes to household and community members. While there is a large body of evidence for effective, open-source parenting programmes that have been tested across LMICs (Backhaus, Leijten et al., 2023; Cluver, Meinck et al., 2018), there were only three programmes to combine parenting, couples counselling and community mobilisation (Ashburn, Kerner et al., 2017; Doyle, Levitov et al., 2018; Falb, Khudejha et al., 2023). A larger evidence base is needed with effective ways to, first, integrate parenting and couples counselling and, second, incorporate whole families. Given their relevance to a range of health outcomes, parenting interventions have been proposed as a means for addressing a wide range of sustainable development goals (SDGs) (Sanders, Divan et al., 2022), but studies disagree on the implications of adding

multiple components to parenting programmes, including impacts on costs, context and core components (Foster, Olchowski et al., 2007; Melendez-Torres, Leijten et al., 2019b). Foster et al. (2007) found that delivering a social learning theory-based intervention to teachers or parents and children simultaneously improved child behaviour outcomes and were cost-effective, while a qualitative comparative analysis by Melendez-Torres et al. (2019a) found that successful interventions contained two essential components: alternative punishment strategies and parental self-management strategies, whereas many of the least effective interventions contained multiple strategies. Further piloting is needed to protect the fidelity of effective, evidence-based parenting interventions when adapting them for couples and families.

Among intervention types, community mobilisation is the main way to diffuse norms. ‘Organised diffusion’ is an established approach for community mobilisation whereby participants are supported to interact with others as change agents, which produced more significant results for outcomes in IPV studies than messaging from researchers or media alone (Cislaghi et al., 2019; Clark et al., 2020; Starmann et al., 2018). Illustratively, an intervention might identify key stakeholders to act as advocates within their respective communities at the relational, institutional and cultural layers – trusted, key influencers who facilitate critical discourse to re-frame power (e.g., power ‘with’ vs power ‘over’) but who might also discuss the harmful consequences from violence. Opinion leaders might be authority figures within families and villages or principals within a school system at the relational layer, members of a political party or media watchdog at the institutional layer, or pastors within a religious order or interfaith coalition at the cultural layer. Mackie (2009) emphasised that community actors need to perceive the benefits from and obligations to

cooperate with each other and that harmful practices end only when community members are informed of harmful consequences and alternatives (1996).

Cislaghi et al. (2019) examined to what extent organised diffusion as a method contributed to norm change by analysing three interventions that target FGM, intimate partner violence, and gender equality. Authors concluded that diffusion strategies achieved greater and wider impact when organisers supported participants to share their knowledge with others, the listener and speaker knew each other well, and there was frequent communication to spread the information along the social network (Cislaghi & Heise, 2019). Studies in the areas of IPV have similarly found that interacting with family and friends as change agents was more effective than messaging from researchers or media alone (Cislaghi, Denny et al., 2019; Clark, Batayeh et al., 2020; Starman, Heise et al., 2018). They proposed that norms are formed when information takes on new meaning to individuals and communities, when new meaning takes on personal and social belief, and when collective belief forms a shared narrative of acceptable actions (Cislaghi, Denny et al., 2019, p. 944). A parenting intervention in South Africa with a community diffusion approach found that carers appeared to use similar parenting behaviour to other carers within their network, especially when attending a parenting intervention (Kleyn, Hewstone et al., 2021). Using a pre-post design, authors detected increases in positive parenting behaviour across the community, including involvement, supervision, consistent discipline and reduced corporal punishment (Kleyn, Hewstone et al., 2021).

Programme diffusion might also occur spontaneously, surfacing as contamination in field experiments. For example, a successful parenting intervention, Parenting for Lifelong Health (PLH), to prevent violence against adolescents in South Africa (Cluver, Meinck et al., 2018) trained 552 randomised families in 40 villages. Local pastors and school principals

disseminated the programme into neighbouring villages, which established their own parenting groups, presenting contamination issues to the study and leading organisers to randomise the trial at the cluster level instead of the family level. A norms component would encourage and anticipate such contamination by adapting the study design to include peer networks as participants and by facilitating and monitoring fidelity (Cluver, Meinck et al., 2016). Such contamination may indicate where there is underlying collective will among community members, in which the majority value the alternative norm more highly when given a choice (Mackie & LeJeune, 2009).

Shifting social beliefs through organised diffusion is a long-term process that is not likely to be captured by interventions at first post test. What can be captured, however, is whether interventions engaged trusted influencers at each socio-ecological layer: cultural authorities, such as churches; institutions like media or government; and trusted sources within community and family networks, including in-laws, elders, healers and teachers. We would further expect to see larger results where interventions engaged multiple sources among ecological layers simultaneously in multi-level interventions.

A pilot programme might identify key stakeholders who are supported to interact with others as change agents – trusted, key influencers who facilitate critical discourse to re-frame power within their respective communities at the relational, institutional and cultural layers. Opinion leaders might be trusted authority figures within families and villages or principals within a school system at the relational layer, members of a political party or the media at the institutional layer, or pastors within a religious order or interfaith coalition at the cultural layer – so long as community actors perceive the benefits from and obligations to cooperate with each other (Mackie & Centre, 2009).

As suggested by local leadership, interventions might be more widely and cost effectively scaled through participants' own efforts, which may increase the sustainability of programme effects and intracultural norm diffusion. Conceivably, locally led programmes could be supported by training and co-delivering trials with schools, which are a natural convening point for families and community leaders. The promise of local leadership may also indicate that clearer guidelines are needed for developing and reporting partnership agreements, since many review studies referred to a variety of non-descript agreements.

Other findings that deserve investigation include the measurement of norms. Norm change should be assessed by encouraging beliefs and behaviours to spill over with participants' reference groups while also testing injunctive norms and expected sanctions. A set of minimal, simple questions are needed, in addition to attitudes that ask people about empirical beliefs (e.g., What do your friends and family do about X), about injunctive beliefs (e.g. What do your friends and family believe should be done about X), and expected sanctions (e.g. If you didn't conform, what opposition would you expect from them, and how strongly would that influence what you do about X?). Lastly, testing messaging to help people understand the consequences of violence would appear beneficial, provided that feasible alternatives are offered.

In conclusion, for IPV reduction, the evidence suggests testing the extension of parenting interventions to family and community members with programmes containing parent training, couples counselling and community mobilisation. It speculatively suggests a locally owned model for community mobilisation that supports local stakeholders to act as change agents, facilitating critical discourse in their respective communities to better understand the

consequences of violence and to engage social support from trusted friends and family, while integrating other components that showed the greatest effects on IPV reduction.

7 Overarching discussion

The aim of this thesis was to investigate what works to change social norms that sustain family violence in LMICs, namely child maltreatment, child marriage and intimate partner violence. Specifically, it examined the following three questions across these fields to identify similarities and differences towards an integrated perspective: First, what interventions exist to change norms that sustain family violence in LMICs? Second, are norm interventions to prevent family violence in LMICs effective and what explains their effectiveness? Third, how can norm interventions in LMICs to prevent family violence be improved?

This research fills a number of gaps in the existing literature. It presents the first systematic reviews with meta-analyses of interventions in LMICs for norms and child maltreatment, child marriage, and intimate partner violence, and for child marriage. It is also the first to integrate findings from across these fields and the first to meta-analyse programmes that simultaneously targeted violence against women and children in LMICs.

After the introduction, Chapter 2 provides an overview of the key literature in child maltreatment, child marriage and intimate partner violence, including prevalence and effects, key theories, evidence from existing interventions, and an aetiology of norms in family violence, based on a synthesis of risk and protective factors. This is integrated into an overarching theory of change for family violence, which is followed by the research rationale.

Chapter 3 states the research objectives, orients them within philosophical assumptions, reflects on personal positionality within the research, discusses the choice of methods, and outlines the steps within these methods to conduct the systematic reviews and multi-level meta-analyses and meta-regressions. It then discusses the construction of components used for meta-regressions, which tested for differences in intervention effectiveness. It presents the methods by which the results of included studies were combined and then summarises the results of the search that was conducted for the three systematic reviews, including the PRISMA diagram.

Chapter 4 presents the results for child maltreatment, Chapter 5 for child marriage, and Chapter 6 for IPV. These chapters begin by describing the key characteristics from included studies, including countries of delivery, programme aims, and programme components and outcomes. Risk of bias is assessed using Cochrane's ROB2 tool, before results are presented for the meta-analyses and meta-regressions. Each chapters contains a summary of the results with a discussion that interprets the results, addresses limitations of the data and processes in the review, and also explores implications of the results for practice, policy and future research. Each results chapter thus investigates the same research questions: 1) what interventions exist, 2) are they effective and what explains their effectiveness, and 3) how can they be improved? Having established the evidence of effectiveness within each field, the thesis summarises and synthesises findings in the final chapter, Discussion.

7.1 Overarching summary

7.1.1 Study characteristics

Three systematic reviews produced 65 studies with 42 unique programmes delivered to more than 368,000 participants to prevent child maltreatment, child marriage, and intimate partner

violence. The majority of programmes were predominantly undertaken in the African-Islamic region; West & South Asia were the second most common, and with only one in Latin America. The reviews captured violence outcomes among a range of different groups at critical points in the lifespan, from children to teens to adulthood. Participants were universally disadvantaged, with the percentage completing primary school ranging from 15% average in Somalia to 91% in India.

7.1.2 Results of meta-analyses for all intervention fields

Norm interventions to reduce family violence in LMICs presented significant, small reductions in physical violence for children and women in LMICs. Per Table 28, significant effects are shown in green, non-significant effects in white, and grey cells did not apply.

Table 28 Summary: Average effects of norm interventions to prevent family violence

Outcomes:	Child Maltreatment	Child Marriage	IPV
Verbal	n = 7, d = -0.11, 18% (OR = 0.82, CI [0.72, 0.95])		n = 12, d = -0.18, 28% (OR = 0.72, CI [0.53, 0.96])
Physical	n = 11, d = -0.14, 22% (OR = 0.78, CI [0.70, 0.85])		n = 19, d = -0.19, 28% (OR = 0.72, CI [0.58, 0.88])
Sexual			n = 21, d = -0.17, 26% (OR = 0.74, CI [0.61, 0.88])
Overall	n = 6, d = -0.19, 29% (OR = 0.71, CI [0.55, 0.91])		n = 19, d = -0.16, 25% (OR = 0.75, CI [0.61, 0.91])
Controlling			n = 10, d = -0.13, p = 0.07
Neglect	n = 2, d = -0.08, p = 0.23		
Witnessing IPV	n = 3, d = -0.22, p = 0.07		
Child marriage		n = 11, d = -0.11, 18% (OR = 0.82, CI [0.66, 1.00])	
Norms, gender equality		n = 7, d = -0.05, p = 0.15	n = 21, d = -0.18, 28% (OR = 0.72, CI [0.60, 0.87])
Norms, physical	n = 6, d = -0.21, 28% (OR = 0.68, CI [0.48, 0.98])		n = 17, d = -0.29, 41% (OR = 0.59, CI [0.44, 0.80])
Norms, sexual			n = 5, d = -0.29, p = 0.20
Norms, overall	n = 3, d = -0.74, p = 0.14		n = 3, d = -0.18, p = 0.20
Norms, ChMarr		n = 6, d = -0.13, 21% (OR = 0.79, CI [0.70, 0.91])	
Shared decision making			n = 7, d = -0.17, 26% (OR = 0.74, CI [0.56, 0.95])
Shared chores		n = 1, d = -0.03, p = 0.27	n = 4, d = -0.46, p = 0.09
IGA	n = 1, d = -0.37, p = 0.72	n = 4, d = -0.07, p = 0.13	n = 5, d = -0.19, p = 0.21
Norms, shared DMg			n = 2, d = -0.06, p = 0.45
Norms, shared chores			n = 2, d = -0.09, p = 0.43

The odds of experiencing CM overall were decreased by 29% (OR = 0.71, CI [0.55, 0.91]) in the treatment group versus control. The odds of experiencing physical CM were decreased by 22% (OR = 0.78, CI [0.70, 0.85]), and the odds of experiencing verbal CM were decreased by 18% (OR = 0.83, CI [0.72, 0.95]). In terms of beliefs, the odds of physical CM being personally or socially acceptable were decreased by 32% (OR = 0.68, CI [0.48, 0.98]). For child marriage, the odds were decreased by 18% (OR = 0.82, CI [0.66, 1.00]) in the treatment group versus control, while the odds of child marriage being personally or socially acceptable were decreased by 21% (OR = 0.79, CI [0.70, 0.91]). The odds of experiencing IPV overall were decreased by 25% (OR = 0.75, CI [0.61, 0.91]) in the treatment group versus control. The odds of experiencing physical IPV were decreased by 28% (OR = 0.72, CI [0.58, 0.88]), while the odds of experiencing verbal IPV were decreased by 28% (OR = 0.72, CI [0.53, 0.96]), and the odds of experiencing sexual IPV were decreased by 26% (OR = 0.74, CI [0.61, 0.88]). In terms of beliefs, the odds of physical IPV being personally or socially acceptable were decreased by 41% (OR = 0.59, CI [0.44, 0.80]), while the odds of gender equality being personally or socially acceptable were increased by 28% (OR = 0.72, CI [0.60, 0.87]) and the odds of women and girls sharing in decision making increased by 26% (OR = 0.74, CI [0.56, 0.95]) in the treatment group versus control.

Looking at violent behaviours across fields of family violence, programmes showed significant, small reductions in violence overall as well as physical and verbal violence against children and women. Interventions presented no effect on controlling behaviours towards women, on children witnessing IPV, or on child neglect. Programmes had a significant, small impact on child marriage. There were no significant differences between perpetrator and survivor reports, both for parent and child sources of physical maltreatment outcomes, and also for male and female reports of physical and sexual IPV outcomes.

In terms of beliefs, interventions mostly measured attitudes as opposed to norms, reflecting more the personal acceptability of violent behaviours as opposed to social acceptability. Attitudes towards violence overall against children and women showed no effect, but attitudes towards physical violence against both showed significant, small effects. Attitudes towards gender equality showed significant small improvements in IPV interventions but did not for interventions where child marriage was the primary outcome. Lastly, effects on attitudes towards sexual IPV were not significant. Overall, interventions tended to have a larger influence on beliefs than behaviours. Behaviour outcomes for child maltreatment were 0.17 closer to zero ($p < 0.01$), 0.03 closer to zero ($p = 0.02$) for child marriage, and 0.11 closer to zero ($p < 0.01$) for IPV.

For secondary outcomes, there were no significant impacts on shared chores, income generating activity, or norms for shared decision making and shared chores across child maltreatment, child marriage and IPV interventions, but IPV programmes showed significant, small effects on shared decision making.

7.1.3 Results of meta-regressions for all components

Meta-regressions tested the general effectiveness associated with intervention components for child maltreatment, child marriage and IPV outcomes, which are summarised in Table 29 with components that presented significant improvements in effect size over interventions without those components. While many components were effective and necessary for interventions, significant ES differences are the basis for the recommendations in section 7.5.

Programmes that measured proxies for norms, such as attitudes, had significant, small effects on child maltreatment, child marriage and IPV outcomes. Programmes that measured empirical norms of what others believe are typical behaviours showed no effect across all three fields of violence, indicating its limited predictive value, although may still serve as a baseline measures of current expectations. Programmes that measured injunctive norms about what others believe are acceptable behaviours had significant, small effects and good predictive value on IPV outcomes but were not included in child maltreatment outcomes. For IPV, injunctive norms tended to predict higher effects than empirical expectations or attitudes while predicting significantly smaller effects on child marriage outcomes than attitudes, which will be discussed in section 7.2 below. Sanctions, or expected opposition to norm violations, are more likely to accompany injunctive norms and therefore have more predictive value but were measured only by child marriage studies, which showed significantly smaller effects than attitudes, discussed in section Error: Reference source not found below.

With regards to intervention type, programmes with schooling support showed some small, significant effects on child maltreatment and child marriage outcomes but not IPV, with no improvements to outcomes versus programmes without it. Programmes with either parent training or couples counselling, however, presented significant ES differences for both child maltreatment and IPV outcomes but not child marriage. Programmes involving community mobilisation were effective for child maltreatment and IPV outcomes, showing significantly

Table 29 Summary: Moderating effects of components on programme effectiveness

	CHILD MALTREATMENT			CHILD MARRIAGE			INTIMATE PARTNER VIOLENCE				
	All	Behavs	Beliefs	All	Behavs	Beliefs	All	Behavs	Beliefs		
	ES Difference	ES Difference	ES Difference	ES Difference	ES Difference	ES Difference	ES Difference	ES Difference	ES Difference		
Intervention types:				Intervention types:				Intervention types:			
Schooling support				Schooling support				Schooling support			
Parent training				Parent training				Parent training			
Livelihood support				Livelihood support				Livelihood support			
Lifeskills training				Lifeskills training				Lifeskills training			
Financial support				Financial support				Financial support			
Couples counsellg-parent traing				Couples counsellg-parent traing				Couples counsellg-parent traing			
Couples-parentg- commtmobil				Couples-parentg- commtmobil				Couples-parentg- commtmobil			
Couples counselling				Couples counselling				Couples counselling			
Community mobilisation				Community mobilisation				Community mobilisation			
Campaigns				Campaigns				Campaigns			
Behaviour Change Techniques:				Behaviour Change Techniques:				Behaviour Change Techniques:			
Understanding consequences				Understanding consequences				Understanding consequences			
Social support:				Social support:				Social support:			
Cultural				Cultural				Cultural			
Institutional				Institutional				Institutional			
Peers				Peers				Peers			
Males				Males				Males			
Reference group				Reference group				Reference group			
Carer or spouse				Carer or spouse				Carer or spouse			
Shaping knowledge				Shaping knowledge				Shaping knowledge			
Self-belief				Self-belief				Self-belief			
Scheduled consequences				Scheduled consequences				Scheduled consequences			
Reward: conditional				Reward: conditional				Reward: conditional			
Reward: unconditional				Reward: unconditional				Reward: unconditional			
Repetition				Repetition				Repetition			
Regulation				Regulation				Regulation			
Identity				Identity				Identity			
Goals, planning				Goals, planning				Goals, planning			
Feedback, monitoring				Feedback, monitoring				Feedback, monitoring			
Critical discourse				Critical discourse				Critical discourse			
Covert learning				Covert learning				Covert learning			
Comparing behaviour				Comparing behaviour				Comparing behaviour			
Comparing outcomes				Comparing outcomes				Comparing outcomes			
Associations				Associations				Associations			
Antecedents				Antecedents				Antecedents			
Locally led:				Locally led:				Locally led:			
Which ecological layer:				Which ecological layer:				Which ecological layer:			
Cultural				Cultural				Cultural			
Institutional				Institutional				Institutional			
Relational				Relational				Relational			
Individual				Individual				Individual			
# of ecological layers:				# of ecological layers:				# of ecological layers:			
One layer				One layer				One layer			
Two layers vs one				Two layers vs one				Two layers vs one			
Three layers vs one				Three layers vs one				Three layers vs one			
Four layers vs one				Four layers vs one				Four layers vs one			
Combo of eco layers vs Relati only:				Combo of eco layers vs Relati only:				Combo of eco layers vs Relati only:			
Relati only				Relati only				Relati only			
Institi vs Relati				Institi vs Relati				Institi vs Relati			
Relati-Institi				Relati-Institi				Relati-Institi			
Indivi-Relati-Institi				Indivi-Relati-Institi				Indivi-Relati-Institi			
Relati-Institi-Cultri				Relati-Institi-Cultri				Relati-Institi-Cultri			
Indivi-Relati-Institi-Cultri				Indivi-Relati-Institi-Cultri				Indivi-Relati-Institi-Cultri			
Norm type:				Norm type:				Norm type:			
Proxy (attitudes)				Proxy (attitudes)				Proxy (attitudes)			
Empirical vs Proxy				Empirical vs Proxy				Empirical vs Proxy			
Injunctive vs Proxy				Injunctive vs Proxy				Injunctive vs Proxy			
Sanctions vs Proxy				Sanctions vs Proxy				Sanctions vs Proxy			

=> Components associated with improved effects:

Parent training: CM, IPV

Couples counselling: CM, IPV

Parenting + couples: CM, IPV

Parenting + couples + community mobilisation: IPV

Social support, carer or spouse: CM, IPV

Social support, reference group: CM, IPV

Social support, males: IPV

Critical discourse of power dynamics: CM, IPV

Understanding consequences of violence: IPV

Scheduled consequences: IPV

Local leadership: CM, ChMarr, IPV

Relational-Institutional-Cultural layers: IPV

Cultural layer: CM

Institutional and Individual-Relational-Institutional layers: ChMarr

*Bolted items apply to two or more fields of violence

Key:	
beneficial	
borderline beneficial	
no effect	
borderline adverse	
adverse	

larger effects for IPV outcomes but not CM outcomes. Programmes that contained both parenting and couples counselling presented significantly larger effects for both child maltreatment and IPV outcomes, while three studies that combined parenting, couples counselling and community mobilisation together significantly improved effects for IPV outcomes. Interventions with livelihood support showed some positive effects for child maltreatment, child marriage and IPV outcomes, although effects were small and no larger than interventions without it. Programmes with financial support tended to be similar, with no improved effects relative to programmes without. Programmes with lifeskills were among the most common but limited in effect. They showed no effect on child maltreatment outcomes, small effects on IPV beliefs, and significant effects across child marriage outcomes, but no better results than programmes without lifeskills. Campaigns were rarely used but presented some positive effects for child maltreatment and IPV, although no child marriage programmes contained campaigns.

With regards to behaviour change techniques (BCTs), a handful of components were associated with improved effectiveness across the fields of violence. Interventions that helped participants understand the consequences of violence significantly improved effects for child maltreatment and IPV outcomes, but not for child marriage. Similarly, interventions that facilitated critical discourse of power dynamics in relationships predicted significant improvements to child maltreatment and IPV outcomes, but weaker effects for child marriage outcomes. Interventions offering social support to participants appeared generally more effective across child maltreatment, child marriage and IPV outcomes, although different kinds of support improved effects for different fields. Programmes with social support from a reference group, or carer or spouse, significantly increased child maltreatment and IPV outcomes, while those with social support from males improved IPV outcomes, and social

support from institutions improved child marriage outcomes. Programmes that contained scheduled consequences, such as rewards for progress, showed significant, small effects for IPV outcomes and larger effects than programmes without it, but was not found in child maltreatment and child marriage outcomes.

Interventions that contained conditional rewards, such as loans or conditional cash or asset transfers, tended to be effective across the three fields, but significantly improved outcomes for child maltreatment. Programmes that offered unconditional rewards, like grants or cash, showed some positive effects for child maltreatment outcomes, but no effect on child marriage outcomes, and significantly smaller effects for IPV outcomes, compared to programmes without them. Programmes with repetition of more than six sessions appeared effective across maltreatment, child marriage and IPV outcomes, but also showed no better effects than programmes without repetition.

Interventions that contained shaping knowledge were among the most common BCTs and were also generally effective across the three fields. Programmes with regulation would have helped participants to regulate stress and negative emotions, which tended to be effective for child maltreatment and IPV outcomes but somehow presented weaker effects for child marriage outcomes. Programmes that supported identity through affirming or changing ideas about the self showed some effects on child maltreatment, child marriage and IPV outcomes, but no improvements compared to programmes without identity. Interventions that included goal setting and planning saw some small, significant results across violence outcomes but none with greater effects than interventions without. Interventions that monitored or provided feedback on behaviours, such as mentoring or coaching, showed some significant, small

effects across child maltreatment and child marriage outcomes while predicting significantly stronger IPV outcomes than programmes that did not.

Programmes that compared behaviours, such as through demonstrating behaviours or providing information about others' approval, saw significant, small effects across the three fields, but none larger than programmes without this component. Programmes that contained comparing outcomes, such as pros or cons from a credible source, were found only in IPV outcomes, showing negligible effects that were significantly weaker than programmes without it. There were no child maltreatment or child marriage interventions that indicated the clear use of associations, or reminders, nudges, or cues, as a strategy, but programmes with associations showed no effect on any IPV outcomes. Finally, those that contained antecedents, such as pre-requisite supplies and materials, showed limited effects across violence areas with weaker effects on child maltreatment and IPV outcomes than programmes without. Programmes that demonstrated local leadership by delegating dominant control of resources and decision making to participants or partners presented significant, small to large effects, and improved effects for child maltreatment, child marriage and IPV outcomes, compared with programmes that were not locally led.

Interventions that contained the relational, institutional or cultural layers of the ecology showed positive effects across most child maltreatment, child marriage and IPV outcomes. Programmes with the institutional layer showed better effects for child marriage outcomes, and programmes with the cultural layer predicted larger effects for maltreatment outcomes while showing promise for IPV outcomes. For CM outcomes, interventions with one, three and four layers all predicted significant effects but one study with Relational-Institutional-Cultural tended to be higher. For child marriage outcomes, interventions with one and three

layers were effective but three layers tended to show higher effects and predicted a significant ES difference. For IPV outcomes, interventions with one, two and three layers showed significant effects, but those with three layers predicted a significant ES difference. By further analysing combinations of ecological layers that were present in the data, the following combinations posed promise for different outcomes: Relational-Institutional-Cultural for IPV outcomes, Individual-Relational-Institutional for child marriage outcomes, and Relational-Institutional-Cultural for child maltreatment outcomes.

Finally, Table 29 shows how some programme components predicted different effects for belief and behaviour outcomes. Components that were associated with significant improvements for child maltreatment behaviours included interventions with couples counselling, understanding consequences, and addressing the cultural layer. For child marriage, only interventions that included local leadership and the institutional layer showed effects on behaviours. For IPV, there were many more components that predicted improved effects on behaviours, which is likely due to its larger sample of studies: programmes that included parent training, couples counselling, couples counselling with parent training, community mobilisation, and couples counselling with parenting together with community mobilisation, as well as social support from males, reference groups, and carers or spouses, in addition to feedback with monitoring and critical discourse.

For belief outcomes, more components predicted significant improvements. For child maltreatment, this included parent training, couples counselling, and couples counselling with parenting, as well as social support from reference groups and carers or spouses. For beliefs supporting child marriage, it was goals and planning and addressing the individual-relational-institutional layers of the social ecology that showed significant ES differences. For IPV

beliefs, it was programmes that included couples counselling, couples counselling with parenting, scheduled consequences, feedback with monitoring, local leadership, and that addressed the relational-institutional-cultural layers.

There were some notable variations. Programmes that included social support predicted significant effects on beliefs for maltreatment outcomes, but for IPV outcomes, influenced behaviours. Programmes that were locally led predicted improvements for child marriage behaviours, but for IPV, influenced beliefs. Programmes with a handful of components influenced all outcomes combined without preference to behaviours or beliefs, including critical discourse (CM outcomes), social support from cultural and institutional group (child marriage outcomes), and those that targeted the institutional layer (child marriage outcomes).

In sum, programmes with local leadership presented better results across all three fields, while parent training, couples counselling, parenting with couples counselling, and critical discourse predicted better results for child maltreatment and IPV outcomes. The same component could sometimes predict improvements for behaviours while at others predict improvements for beliefs, but the most discernible pattern was that both behaviour and belief outcomes contributed to all outcomes combined.

7.2 General interpretation of results

The findings are synthesised and discussed using the model from theory of change in section 2.5, which is updated below in Error: Reference source not found. Overall, the reviews found norm interventions from a young field with most studies published from 2015 onwards. As such, there were variations in key definitions, such as norms, and considerable heterogeneity in what was measured and the tools that were used.

7.2.1 Theory of change (TOC) after results

7.2.1.1 *Tested elements*

Resources

The theory of change from Figure 4 initially proposed that interventions would be more successful to the extent they meet at least seven interconnected criteria: 1 They involved multiple stakeholders and sectors; 2 addressed multiple ecological layers simultaneously, particularly cultural authorities; 3 they delegated leadership over the programme to local participants and partners to inspire ownership and sustainability at the grassroots; 4 they facilitated respectful, non-coercive relationship skills; 5 they introduced viable alternatives; 6 fostered critical awareness of power; and 7 engaged the peer groups of participants, such as family friends, coaches, pastors and teachers. The intervention types from the components formed the key treatments -- community mobilisation, campaigns, livelihoods support, financial support schooling support, lifeskills support, parent training, and couples counselling – that were envisioned to influence short-term outcomes. The results broadly supported many of the hypotheses, which are consolidated below into four findings.

First, results indicated that involving multiple stakeholders was useful, including trusted reference groups of friends and family networks. Across violence areas, a variety of sources improved programme success – social support from participants’ reference groups and carer or spouse significantly improved effects for child maltreatment and IPV outcomes, while support from males more generally improved IPV outcomes and support from institutions improved child marriage outcomes. While ‘social support’ involved material or emotional support from sources at different ecological layers, the ‘number of ecological layers’ and ‘which layers’ assessed where programmes were aiming to make changes. Programmes that

addressed multiple ecological layers simultaneously tended to be more successful than programmes that did not. Programmes that touched on the cultural layer improved effects for child maltreatment outcomes, for example, while those with the institutional layer presented better results for child marriage outcomes. Programmes with one, two or three layers tended to be effective across violence fields, and those with three layers showed larger results than programmes with one layer for child marriage outcomes.

In general, the data indicated that programmes addressing multiple layers of the ecology were helpful, but no one particular pattern emerged. Interventions that contained the relational, institutional or cultural layers of the ecology generally showed positive effects across many child maltreatment, child marriage and IPV outcomes. However, programmes with the individual layer tended to show better effects for child maltreatment outcomes but weakened IPV outcomes, as with programmes that addressing the Individual-Relational-Institutional layers. It might be that the individual layer could be more difficult to change or that change is directional within the social ecology with effects trickling top-down from the cultural layer to individuals. Norm interventions by nature deal with social beliefs and the social determinants of violence. It might be that applying a structural lens filters out many interpersonal interventions that would otherwise show greater effects at the individual layer and, conversely, selects structural interventions that show more success across upper layers of the ecology.

I would propose that the individual layer might be the least effective because it is not individual behaviour change that matters as much as social relationships and the ‘hive mind’ when it concerns norm change. Interventions at the individual layer mostly involved improving the uptake of lifeskills and sexual and reproductive health (SRH) services,

alongside financial or livelihood support, which depend more for their success on individual behaviour change. Imagine that a young woman has just completed a family planning or child marriage programme. On the one hand, her parents, in-laws, and sacral authorities may believe that obedience to one's husband (or parents) is God's will, which will be socially enforced. Obedience is likely also the only way to live, since participants are embedded in a social system designed for material dependence on males by females (and on adults by children). On the other hand, a programme delivered by strangers says that females should have equal rights, but the programme comes to an end and the organisers depart. Despite agreeing with programme messages personally, programme participants may still be at odds with social expectations. In child marriage outcomes, young women's personal beliefs about child marriage and gender inequality showed significant improvement but injunctive norms and sanctions significantly weakened, suggesting that their views of what *others* think may have worsened. In section 5.6.1, I cautiously suggested that participants may have developed a negative expectation of how others will judge or oppose them for delaying marriage despite reporting more gender equitable attitudes, which may put participants at risk of sanctions.

Second, programmes that introduced alternatives to violence, such as relationship skills, tended to show better results than others. Those that supported parenting and couples counselling presented significantly larger effects than programmes that did not, while interventions offering them simultaneously showed the largest ES difference across child maltreatment and IPV outcomes. While couples programmes emphasised equality and power sharing, this focus was mainly absent from parenting programmes, which may reflect a reticence by organisers to challenge prevalent norms of 'childism,' a bias in which children are not yet seen as individuals with social, political and economic rights (Young-Bruehl, 2012) that could affect programme feasibility. Further exploration should be given to



Figure 38 Theory of change - revised

extending the project of empowerment from gender inequality to age inequality, which may not need to address equality directly but rather give children indirect opportunities for shared decision-making, positive discipline guided by motivation versus punishment, and opportunities to build skills and experience such as financial literacy and savings. Third, interventions that helped participants to question power dynamics through critical discourse presented significantly improved child maltreatment and IPV outcomes, but significantly weaker child marriage outcomes. As suggested above, interventions may expose individuals like young women to harmful risks if interventions help to change their minds but not the minds of those with authority to whom they are accountable, whether parents, spouses or cultural leaders, which points to the importance of local leadership over programmes discussed further below. Similarly, changes to children's empowerment are difficult to imagine without the tacit agreement and buy-in from carers and similar authority figures. It may be that critical discourse on power dynamics is more inclusive and relevant to authority figures than the discussions on rights found in lifeskills training, facilitating the ownership of an idea rather than imposing it, as theorised by SASA! organisers (Abramsky, Devries et al., 2014). Critical discourse could be integrated into interventions of any type, but tended to be associated with community mobilisation, couples counselling and even parent training, while less frequently associated with schooling and livelihoods support.

Fourth, one of the main effects was from interventions that delegated leadership over programmes to local participants and partners, which presented significantly better results across violence fields than programmes that were not locally led. Local leadership may increase the trustworthiness, credibility and relevance of programmes, while also embedding and sustaining progress among relational networks across institutions and communities.

Given the small number of child maltreatment and child marriage studies that were locally led, further research is needed to explore these effects in different contexts.

Treatment

Meta-regression tested for differences in intervention effectiveness (Melendez-Torres, Leijten et al., 2019a) associated with treatment components, including eight intervention types.

Interventions that involved both parent training and also couples counselling tended to show larger effects and higher ES differences for child maltreatment and IPV outcomes than interventions without this combination. For child maltreatment outcomes, interventions with parent training and couples counselling tended to predict slightly higher effects on belief outcomes when together, compared to those without, but this was not significant for all outcomes combined. For IPV, for all outcomes combined, interventions with parenting showed an ES difference of $b = -0.18$, with couples counselling showed $b = -0.22$, and with community mobilisation showed $b = -0.16$, while interventions with couples counselling and parent training together showed an ES difference of $b = -0.31$, and couples counselling, parent training and community mobilisation together was an ES difference of $b = -0.37$, compared to interventions without these combinations. Programmes involving community mobilisation were generally effective for child maltreatment and IPV outcomes, while showing significantly larger effects than programmes without it for IPV outcomes but not child maltreatment outcomes.

Programmes with livelihood support showed some positive effects across violence outcomes, but none with better results than programmes without, and those with financial support showed infrequent effects. Programmes with economic strengthening also frequently offered pre-requisite supplies, or antecedents, which showed some positive effects, but predicted

significantly weaker effects for maltreatment and IPV outcomes than programmes without supplies. I speculate that violent behaviours, such as IPV, may persist if it remains personally or socially acceptable among the majority. Household violence reduction may require not only material resources, but also changes in relationships facilitated by critical consciousness, by understanding the harmful consequences of violence, and by the skills necessary to improve relationship quality. Offering cash or asset transfers may simply introduce new resources over which to exert existing relational patterns of dominance and control. As the family is the seat of social learning and modelling, not only do parents require alternative strategies for relating to children respectfully and equitably, but males also require skills for communicating and cooperating respectfully and equitably with spouses. It is not one individual who must change their behaviours, but relationships and their dynamics among the group, which is a long-term, multi-faceted process. Thus, economic strengthening programmes may not have sufficiently addressed relational dynamics that enable violence, which appear rooted in hierarchy and which justify coercive control, which takes time to unravel. It may be that introducing economic strengthening following relationship-strengthening would be more effective.

Relatedly, programmes with schooling support showed small but inconsistent effects. Like economic strengthening, schooling support would theoretically seem important for long-term outcomes since more education is a protective factor against family violence. In the short term, however, schooling support may be more effective as part of a larger package that also supports relational skills, understanding the consequences from violence, and questioning power. Programmes with lifeskills appeared to be mildly effective across maltreatment, child marriage and IPV outcomes, but presented no better effects than programmes without lifeskills. Lifeskills training could contain advice or training on health, finances, human

rights, and communications, which might overlap with elements in couples counselling or parent training, but with the aim of improving personal life management, absent of other relationships. If programmes with lifeskills focused on individual behavioural change, it might help explain their limited effects. Similarly, positive effects from campaigns may have been more common if they addressed social behavioural change.

Short-term outcomes

In the theory of change, short term outcomes describe the processes by which beliefs were expected to build and spill over into diffusion, including engagement and diffusion among cultural authorities, institutions, communities and trusted relational networks, families, and finally internalised assumptions among individuals. However, most studies did not capture social norms, or social beliefs, but rather attitudes, which are personal beliefs. To more fully understand norms and their effectiveness, a long-term picture is needed that would capture a) results at two or more years after the intervention; b) the impact on participants' reference groups, *and* c) social, not personal, beliefs. Interventions that did not enrol friends or family (reference groups) as participants would have missed measuring spillover effects from norm change. Successful norm change would involve trusted friends and family, re-framing how communities think, talk and act about child marriage, but only two child marriage studies included outcomes from parents (Buchmann, Field et al., 2023) or family members (Prakash, Beattie et al., 2020). Unless such trusted reference groups are measured, there's no way to assess whether the norm spills over and 'cascades' (Sunstein, 2019) into collectively held expectations. Finally, only results at first post-test were captured, whereas norms are long-term processes that likely have sleeper effects, suggesting that interventions be further measured at two years post intervention.

While attitudes mattered, effect sizes for programmes measuring injunctive norms, or social beliefs, tended to be higher for the child marriage and IPV outcomes that measured them, showing promise that programmes that accurately measure norms might show larger effects. As Van der Put (2018) found, larger intervention effects on child maltreatment surfaced only later after the intervention, indicating sleeper effects in which results need time, as parents acquire skills and confidence that become reinforced by positive responses from children and social networks. “It takes a considerable amount of time until positive parenting practices sink in with parents, simply because replacing adverse parenting practices and/or beliefs with positive parenting strategies cannot be expected to occur within a short time period” (van der Put, Assink et al., 2018).

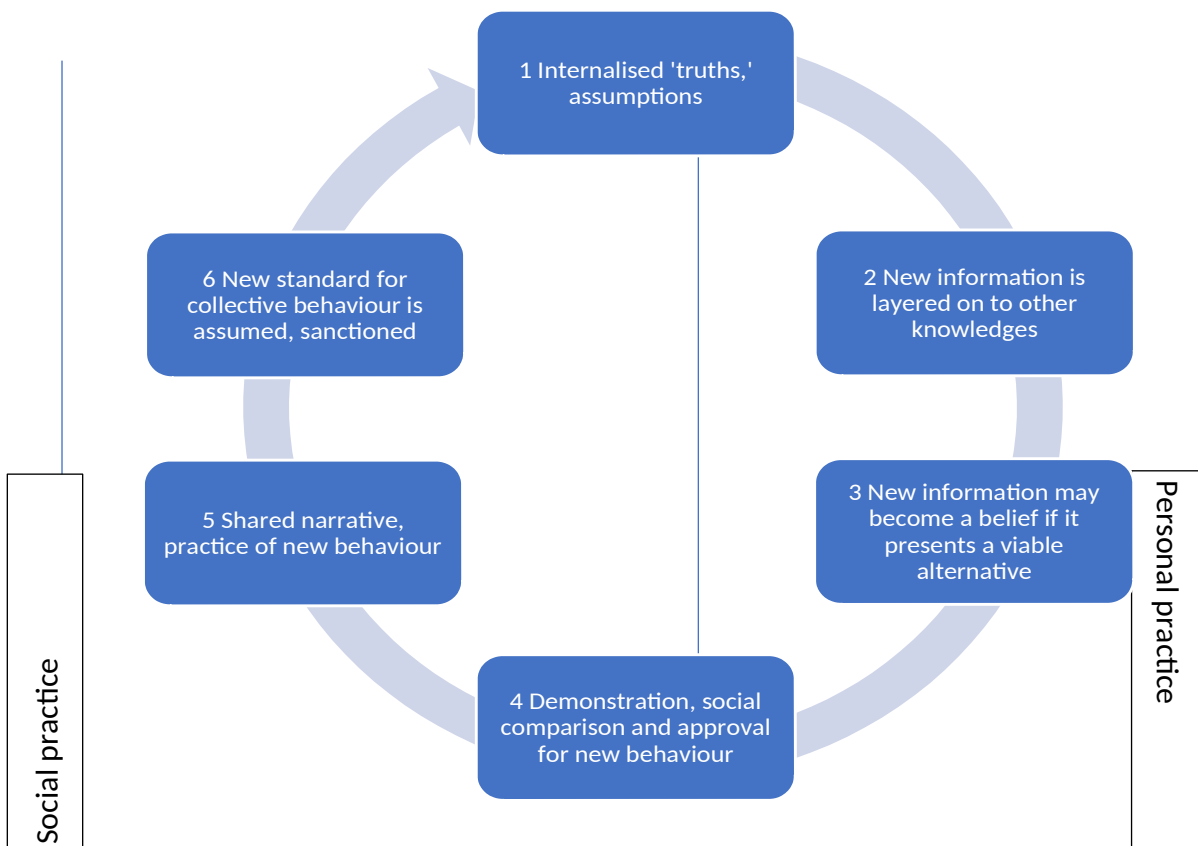
Are norm interventions worthwhile? This thesis finds that even small effects have made important, material changes to survival and well-being for children and for women, that norm interventions are nascent in their development, and that their potential for addressing shared determinants of violence against children and women is only beginning to be realised. The findings from this thesis on norm interventions that integrated VAW and VAC are more promising still, showing that in VAWC-combined studies, the odds of experiencing physical IPV decreased by 47% (n=8, OR=0.53, CI [0.39, 0.70]), while the odds of physical IPV being acceptable decreased by 58% (n=6, OR=0.42, CI [0.29, 0.60]). In VAWC-focused programmes, the odds of experiencing physical IPV decreased further, by 61% (n=3, OR=0.39, CI [0.21, 0.72]), while the odds of IPV being acceptable decreased by 45% (n=3, OR=0.55, CI [0.30, 1.00]). As norms are rules of behaviour, and all rules come from somewhere, the real potential of norms will be realised when interventions change who gets to make the rules.

Because most interventions did not measure norms accurately, it's difficult to extract patterns from the data but some observations about social behaviour change can be noted from the research. The first step should acknowledge pre-existing assumptions that are already internalised as truths from trusted sources – carers, family members, friends, pastors and healers – such as false consciousness, as discussed in section 2.4.4. Second, *new information* may give new meaning to old assumptions, which individuals can internalise and layer onto existing knowledges, which can co-exist even if beliefs appear contradictory (Jovchelovitch, 2019). Parents, for example, may be aware of the harms of child marriage but still choose it as the least harmful way to secure a financial future for their daughters in a world where few economic alternatives exist. Third, new information may form beliefs and behaviours if it becomes a viable alternative to a previous way of thinking. A parent who introduces non-violent disciplinary techniques may notice improved well-being in themselves and their children, for example, building confidence as new techniques bear fruit over time.

Fourth, *new personal behaviours* may become *publicly demonstrated and compared*, subjected to social approbation or disapproval. Participants in parent trainings would notionally demonstrate protective parenting behaviours in new networks, such as their neighbourhood, in the markets, at matches, churches, or schools, which may or may not inspire social learning and modelling, depending on their level of influence. Alternatively, through organised diffusion, participants could be supported to have knowledge-sharing conversations with trusted others in their friends and family networks. Fifth, compared behaviours might become *a shared narrative and collective practice* if enough members of a reference group consider them a more valuable alternative and adopt them. Lastly, a collective belief about a behaviour may become assumed as typical and appropriate, an

assumed standard, but I hold that a norm is born only when a) it becomes enforced by sanctions like social disapproval that form the cost-benefit of a viable alternative and b) when it changes who gets to make the rules, which will be discussed further below. While the reworking of this theory is consistent with various observations from the research, it requires testing in the field.

Figure 39 Revised theory of social behaviour change



Because norms are beliefs about behaviours, according to Bicchieri’s definition (2017), the theory of change proposed that beliefs and behaviours are interdependent and mutually reinforcing. It’s tempting to speculate that one is more important than or precedes the other. However, one’s beliefs about bicycle riding can be as important as cycling itself, a mutually reinforcing loop in which positive associations encourage more ability, which inspires more confidence, more practice, and so forth. Equally, we can suspend a harmful behaviour like

slapping for a time without believing it will make a difference. Thus, beliefs and behaviours are two legs that work best when they work together.

Differences in effects on behaviours versus beliefs may be explained by a mix of context, programme strategies or timing. As Van der Put et al. (2018) found in their meta-analysis, parenting interventions had sleeper effects. They theorised that more social support to families would magnify sleeper effects and increase sustainability, since results need time to emerge as parents gain skills and confidence, reinforced by positive responses from their children and social networks. Additionally, individual beliefs might not always precede social beliefs but might sometimes follow. The SASA! programme, for example, targeted “spheres of influence” within the ecological layers, working with a range of stakeholders and people in potential positions of authority, who can influence individual beliefs (Abramsky, Devries et al., 2012). There are many types of community mobilisation, from large-scale community engagement to intimate knowledge-sharing conversations. Organised diffusion can occur when and where participants are supported to interact as change agents within their ‘spheres of influence’ (Abramsky, Devries et al., 2012), which may include key stakeholders at different ecological layers that may in turn trickle down or up.

I thus suggest that norms complement or amplify behaviour outcomes, whether through improved effects, sustainability or scalability. The goal should be to leverage both behaviours and beliefs as tools towards better outcomes, supplanting notions that focus exclusively on behaviours will lead to beliefs, or vice versa, or that beliefs are irrelevant if one can change behaviours. I further propose that norms can be shifted within each layer of the ecology because norm change deals with *beliefs* held by individuals that affect *behaviours*, which

have become canonised in groups, institutional policy, and cultural history, but who are still operated by individuals who influence respective networks and processes. Indeed, many studies involved stakeholders across multiple sectors, which produced effective outcomes.

Mid-term outcomes

The theory of change contained 12 mid-term outcomes that each addressed four layers of the ecology. A subset of outcomes were tested by this research. First, the research examined whether interventions reduced the frequency and acceptability of family violence -- child maltreatment, child marriage and IP, and whether they supported more equitable decision making about family life, increased income generating activity, and sharing of housework and chores. While effects on violence were small, they still translated to important gains. For young women, the odds of being married or living as if married at endline decreased by 18%. The odds of experiencing physical IPV decreased by 28% in the treatment group, versus control, and the odds of experiencing sexual IPV by 26%. For beliefs about acceptability, small results also mattered. The odds of physical IPV being personally or socially unacceptable were increased by 41%, given exposure to treatment, and the odds of gender equality being personally or socially acceptable were increased by 28%. Significant effects tended to focus on physical violence, as opposed to verbal violence, which had small effects for women in IPV programmes but showed no significant effect on child maltreatment. Programmes presented no significant impact on controlling behaviours towards women, on child neglect, or on children witnessing IPV, but significantly reduced child marriage as well as child maltreatment and IPV overall. This may be because norm interventions are relatively new, underdeveloped, under-resourced or lacking an evidence base, having mainly emerged in the last 10 years. It may also be because violence is still assumed as part of ‘the way things are.’ Programmes that helped participants to regulate stress and negative emotions tended to

be effective for child maltreatment but not IPV outcomes. It might be that violence against children is more clearly influenced by situational stress and losing one's temper, whereas violence against women could be more socially ingrained as an appropriate way to interact with one's spouse.

Other mid-term outcomes, which were not tested, include increasing the cultural authority of children and women by representing their value and competence in curricula, museums, scripture and other repositors of cultural history at the cultural level. Children and women would also define their own personal aspirations and wants, while cultural authorities would condemn subordination and coercion in favour of motivation and cooperation. At the institutional layer, children and women would participate in institutions that adjudicate material and symbolic resources, such as government and media. They could participate in income generating activity and financial services to build material security. There would also be stronger legal protections against family violence and social protection for children and women. At the relational layer, it's expected that children and women would participate equitably in decisions about family and community life. They would share house and care work equitably among family members. Violence in the family would decrease alongside improvements in respectful parenting and communications skills, stress and conflict management, resulting in better quality marital and family relationships. At the individual layer, improved survival and medical care for mothers and female infants would be expected as would better nutrition, planned pregnancies and abandonment of female genital mutilation (FGM). Girls would marry and parent when older and mental health for parents would improve.

Long-term outcomes

In Figure 39, treatments are grouped next to their most relevant short- to mid- to long-term outcomes. Livelihoods, financial, schooling and lifeskills support, for example, may potentially improve equitable access to resources, both material and symbolic, for children and women. However, it was parent training, couples counselling and community mobilisation that showed the most promise in this research. Parent training and couples counselling may interrupt the escalation of physical punishment, resistance, and adverse consequences that harm cognitive, mental, and physical health at the individual layer, which may become mirrored across the institutional and cultural layers. When building equitable beliefs in children's and women's competence and worth and in the value of motivation over coercion, efforts to influence and mobilise communities may better diffuse and shift norms via peer networks.

If violence is sustained by the naturalisation of hierarchies and power inequalities, the simple goals of non-violence are not enough. Rather, imagination is needed to articulate equitable environments across the socio-ecological model in which “everyone has the opportunity to be as healthy as possible” (U.S. Centers for Disease Control & Prevention, 2016) and “the capacity to make purposeful choices” (Kabeer, 1999; Zimmerman, Li et al., 2019). While many protective factors may lessen the likelihood of family violence, I suggest that there are three mutually reinforcing conditions within each ecological layer that are necessary to decrease the prevalence of family violence:

- Equal status beliefs of children and women;
- Equitable access to resources, both natural and symbolic (Pratto, Sidanius et al., 2006) for children and women; and
- Motivation and cooperation as normative among ecological layers.

Progress towards these goals, however, depends on how dynamics within social relationships are transformed, both within the household and within communities. Evidence from norm interventions that involved parenting, couples counselling, and community mobilisation supports the extension of parenting programmes to household and community members. The current segregation of child maltreatment and IPV presents a serious challenge, however. Only a small number of scholars and practitioners work across both fields. Traditionally, the literature and evidence are highly segmented, often appearing in different journals and databases and funded by bodies with different goals. Norm interventions to prevent violence against girls tended to involve parents in sessions in a more tokenistic way, are dissimilar to established, evidence-based parenting interventions, whose success would rely on fidelity to core components (Melendez-Torres, Leijten et al., 2019a). Terms, measurement instruments, and assumptions differ, with discrimination central to violence prevention for women but not children, and there is very limited evidence on integrated interventions to draw from.

7.2.2 Effects of integrated interventions to prevent VAWC

Towards this end, exploratory analysis was conducted on interventions that addressed violence against women and children (VAWC), which are referred to as ‘VAWC-integrated’ programmes. Analyses could be approached two ways: First, by comparing the effects of any study with both CM and IPV outcomes, *whether primary or secondary*, compared to all other studies, which are defined as ‘VAWC-combined’ interventions. Second, VAWC-integrated programmes can be analysed by isolating only those studies that identified both CM and also IPV as *primary* outcomes and comparing them with all other studies, which have been called ‘VAWC-focused’ programmes. Of the 11 ‘VAWC-combined’ interventions (Abramsky, Devries et al., 2014; Ashburn, Kerner et al., 2017; Christofides, Hatcher et al., 2020; Chzhen,

Prencipe et al., 2021; Dervisevic, Perova et al., 2021; Doyle, Levtov et al., 2018; Dunkle, Stern et al., 2020; Falb, Khudejha et al., 2023; Ismayilova, Karimli et al., 2018; Stark, Asghar et al., 2018a; Stark, Seff et al., 2018a), four studies were VAWC-focused with both CM and IPV as primary outcomes (Ashburn, Kerner et al., 2017; Chzhen, Prencipe et al., 2021; Falb, Blackwell et al., 2023; Ismayilova, Karimli et al., 2018). As VAWC-combined programmes may not have intentionally targeted CM and IPV, analysis focuses on VAWC-focused programmes. However, meta-regression was run with both models to help build an evidence base for integrated programmes and because VAWC-combined programmes had the benefit of more trials. Four outcomes were used for analysis – physical CM, physical IPV, norms for physical CM and physical IPV – as they were un-nested and offered the largest sample of studies.

As presented in , programmes that combined VAWC showed significant, small effects on physical CM ($n = 8$, $k = 12$, $d = -0.13$, $p < 0.01$) and positive but non-significant effects on norms for physical CM ($n = 4$, $k = 10$, $d = -0.17$, $p = 0.20$), which may have been under-powered and showed more variation given its wide confidence interval [CI -0.43, 0.09]. In terms of ES differences, VAWC-combined programmes presented no significant improvements to physical CM ($n = 8$, $k = 12$, $b = 0.02$, $p = 0.78$) or norms for physical CM ($n = 4$, $k = 10$, $b = 0.08$, $p = 0.70$), compared to programmes that did not combine VAWC. For IPV outcomes, however, VAWC-combined programmes showed significant, small effects on physical IPV ($n = 8$, $k = 11$, $d = -0.36$, $p < 0.01$) and significant, small to medium effects on norms for physical IPV ($n = 6$, $k = 12$, $d = -0.48$, $p < 0.01$), while significantly improving outcomes for physical IPV ($n = 8$, $k = 11$, $b = -0.27$, $p = 0.01$ and norms for physical IPV ($n = 6$, $k = 12$, $b = -0.30$, $p = 0.02$), compared to programmes that did not combine VAWC. This means that, in VAWC-combined studies, the odds of experiencing physical CM were

decreased by 21% (OR = 0.79, CI [0.70, 0.88]) in the treatment group versus control, while the odds of experiencing physical IPV were decreased by 47% (OR = 0.53, CI [0.39, 0.70]) and the odds of physical IPV being personally or socially acceptable were decreased by 58% (OR = 0.42, CI [0.29, 0.60]).

Per , VAWC-focused programmes showed no significant effects on physical CM (n = 4, k = 6, d = -0.07, p = 0.11), or norms for physical CM, which may have similarly been under-powered (n = 1, k = 1, d = -0.11, p = 0.62), while presenting significant, medium effects on physical IPV (n = 3, k = 5, d = -0.52, p < 0.01) and small effects on norms for physical IPV (n = 3, k = 4, d = -0.33, p = 0.05). VAWC-focused programmes tended to go in a weaker direction for CM outcomes compared to programmes without a VAWC focus, and those with IPV outcomes tended to go in an improved direction (norms for physical IPV b = -0.07, p = 0.71). VAWC-focused programmes showed significant improvements for physical IPV outcomes, relative to programmes without a VAWC focus (physical IPV b = -0.37, p = 0.04). Converting effect sizes to odds ratios, in VAWC-focused studies, the odds of experiencing physical IPV were decreased by 61% (OR = 0.39, CI [0.21, 0.72]) surprisingly, while the odds of physical IPV being personally or socially acceptable were decreased by 45% (OR = 0.55, CI [0.30, 1.00]) in the treatment group versus control.

Table 30 Meta-regression: Moderating effects of VAWC programmes on effectiveness

VAWC-Combined	# of studies		# of ESs		ES with	95% CI			ES without	95% CI			ES Difference	95% CI		
	with	with	without	without		lower	upper	p-value		lower	upper	p-value		lower	upper	p-value
CMphysical	8	12	3	10	-0.13	-0.19	-0.07	0.00	-0.15	-0.25	-0.04	0.01	0.02	-0.11	0.14	0.78
norms_CMphysical	4	10	2	7	-0.17	-0.43	0.09	0.20	-0.25	-0.59	0.08	0.13	0.08	-0.34	0.51	0.70
IPVphysical	8	11	11	17	-0.36	-0.51	-0.20	0.00	-0.08	-0.20	0.04	0.18	-0.27	-0.47	-0.07	0.01
norms_IPVphysical	6	12	11	19	-0.48	-0.69	-0.28	0.00	-0.18	-0.32	-0.04	0.01	-0.30	-0.55	-0.05	0.02
VAWC-Focused																
CMphysical	4	6	7	16	-0.07	-0.15	0.02	0.11	-0.16	-0.21	-0.11	0.00	0.09	-0.01	0.19	0.073
norms_CMphysical	1	1	5	16	-0.11	-0.55	0.33	0.62	-0.23	-0.45	0.00	0.05	0.11	-0.38	0.61	0.65
IPVphysical	3	5	16	23	-0.52	-0.86	-0.18	0.00	-0.15	-0.26	-0.04	0.01	-0.37	-0.72	-0.01	0.04
norms_IPVphysical	3	4	14	27	-0.33	-0.67	0.00	0.05	-0.27	-0.42	-0.11	0.00	-0.07	-0.43	0.30	0.71

With only four studies, it is difficult to definitively explain the sizable moderating effects of VAWC-focused interventions on outcomes for physical violence against children and women in Error: Reference source not found. Below, Table 31 further explores whether the presence of intervention components may explain differences in effectiveness. Study arms with parenting, couples counselling and community mobilisation tended to show positive effects for both CM and IPV outcomes, whereas studies with livelihood support tended to be weaker. Assuming the traditional route of deriving a confidence interval, ESs twice the size of the standard error (SE) would be significant, which are bolded. While tentative, results are in keeping with the findings that programmes make greater reductions in violence when they simultaneously deliver parent training and couples counselling together with community mobilisation. It may be that parents treating their spouses badly more likely affects

the relationship with their children, whereas, treating their children badly is less likely to affect their relationship with their spouses. The results from Ismayilova (2018) were more

successful than indicated in Error: Reference source not foundError: Reference source not found and Error: Reference source not found, which analysed only physical maltreatment. For child maltreatment overall, carers reported reductions equivalent to $d = -0.57$ ($p < 0.01$) at 12 months and $d = -0.35$ ($p < 0.01$) at 24 months.

Table 31 Analysis of VAWC-focused programmes

Study	Interv Type	CMphysical	Norms_CM physical	IPVphysical	Norms_IPV physical
Ashburn, 2017	Parenting Couples Community	$d -0.04$ (SE 0.05)	$d -0.11$ (SE 0.05)	$d -0.15$ (SE 0.18)	$d -0.38$ (SE 0.14)
Chzhen, 2021	Financial Lifeskills Livelihoods	$d -0.07$ (SE 0.11)	Not included	Not included	$d -0.11$ (SE 0.07)
Falb, 2023	Parenting Couples Community	$d -0.33$ (SE 0.17) female $d -0.54$ (SE 0.28) male	Not included	$d -1.00$ (SE 0.26) female $d -0.95$ (SE 0.26) male	$d -0.58$ (SE 0.14) female $d -0.49$ (SE 0.15) male
Ismayilova, 2018	Arm 1: Livelihoods Arm 2: Parenting Couples Livelihoods	$d 0.07$ (SE 0.12) Arm 1 teens $d -0.11$ (SE 0.13) Arm 2 teens	Not included	$d -0.16$ (SE 0.47) Arm 1 $d -0.68$ (SE 0.73) Arm 2	Not included

Second, while there is extensive research on male engagement and IPV, there is considerably less research available on the engagement of children. Of the VAWC-focused studies, three of the trials engaged children directly. The trials by Falb (2023) and Ismayilova (Ismayilova & Karimli, 2020; Ismayilova, Karimli et al., 2018) incorporated children in family strengthening programmes. The Trickle Up programme (Ismayilova & Karimli, 2020; Ismayilova, Karimli et al., 2018) tested an economic strengthening arm alone and another with economic strengthening plus gender-sensitive family coaching to raise awareness of all members of the household – husbands, in-laws, and children – about child protection issues, including early marriage, girls’ education, child labour, and normative beliefs in family violence and decision-making. In a post-intervention qualitative evaluation, carers reported

that household tensions over scarce resources eased, improving relationships between carers and children. Moreover, “seeing issues such as disciplinary violence, schooling, marriage, labor, and the rights of children discussed openly in their households appears to have been an empowering experience for the children themselves,” giving children an opportunity to express themselves, share their aspirations, voice concerns, and witness parents’ concerns for their well-being, which affirmed their sense of worth and solidarity in the household (Ismayilova & Karimli, 2020). The difference in direct program costs between the basic and family strengthening arms was also small at USD \$20 per household. The Ismayilova study (2020) concluded that “... Reducing children’s exposure to family violence is a gradual process that involves an interplay of economic and non-economic factors and engages multiple players in the family.”

The Cash Plus intervention (Chzhen, Prencipe et al., 2021) worked with older children, adolescents ages 14 to 19, to transform gender attitudes by layering lifeskills and livelihood training onto a national social protection programme with cash transfers, with buy in from parents. By contrast, the REAL Fathers study by Ashburn (2017) recruited local volunteers to mentor fathers, modelling alternative strategies for nonviolent discipline, communication and conflict resolution skills, which involved three sessions with partners but not children. Social cognitive theory, which guided REAL Fathers, proposes that gender differentiation occurs early in the lifecourse as a product of psychological and social-structural influences with gender differentiation forming as early as age 2 (Ashburn, Kerner et al., 2017; Bussey & Bandura, 1999). The theory holds that, rather than being biologically determined, people adapt to gender expectations across a range of contexts by modelling behaviours that enable their self-development (Ashburn, Kerner et al., 2017; Bussey & Bandura, 1999). Modelling alternative strategies for gender differentiation and conflict resolution for young families who

are adapting to new roles is an optimal time to promote cooperative, respectful ways of relating as “there is still ambiguity in the normative expectations about these roles and behaviours” (Ashburn, Kerner et al., 2017). While participants at new life stages may particularly benefit from the introduction of helpful habits, imaginably, people at all stages of the lifecourse can interrupt intergenerational cycles of harmful parental modelling with productive ways to manage stress and conflict in current and future relationships.

Third, the table reveals the interdependence of violence against children and women in the home. Partner violence is a major predictor of child violence (Bott, Ellsberg et al., 2004; Dalal, Lawoko et al., 2010; Gage & Silvestre, 2010; Guedes, Bott et al., 2016a; Salazar, Dahlblom et al., 2014). A study of 3,400 students in Uganda, Devries et al. (2017) found that nearly all boys and girls who witnessed violence also experienced violence, with nearly four and five times the odds of acute mental health difficulties, and nearly six and eight times the odds of using violence, compared with boys and girls who had not witnessed or experienced violence. VAW and VAC also share many if not most risk factors, including alcohol and drug abuse, marital conflict, poor parenting and antisocial behaviour, male dominance in the household, authoritarian beliefs, weak legal sanctions, poor social and economic resources (Dahlberg, Krug et al., 2002, p. 3; Guedes, Bott et al., 2016a, p. 5; van IJzendoorn, Bakermans-Kranenburg et al., 2020), and experiencing or witnessing violence in childhood (Devries, Knight et al., 2017; van IJzendoorn, Bakermans-Kranenburg et al., 2020). Lastly, not only do most consequences of VAW and VAC overlap, but its effects on individuals are cumulative according to the chronicity (frequency), duration (continuance) and severity (harshness) (Straus, 2010, p. 29) of violence. Thus, outcomes for children exposed to VAW are far more severe than those who experience violence alone, with children more likely to have respiratory problems; higher BMI scores; health concerns; lower levels of social-

emotional competence; higher levels of emotional dysregulation; more bullying perpetration and victimisation; lower academic functioning; and higher likelihood of accepting parents' IPV as justified.

Devries et al. recommended using IPV prevention interventions to reduce child maltreatment, while noting that many children experience maltreatment in families without IPV (Devries, Knight et al., 2017). Conversely, children who experience less maltreatment can still be exposed to IPV and its long-term consequences (Prevention Collaborative; Global Office of Research and Foresight, 2023). “Failing to address VAC and VAW is a missed opportunity, and it may even undermine the desired outcomes of parenting programmes...” (Prevention Collaborative; Global Office of Research and Foresight, 2023). By extension, if violence is legitimised in the cultural layer, arbitrated in the institutional layer, enforced in the relational layer and internalised in the individual layer, then violence is a multi-level phenomenon with reverberating consequences that has compounding consequences not unlike children exposed to IPV. One can imagine the compounded consequences that might be accumulated from exposure to psychological, physical and sexual violence over a lifetime, particularly if it begins as a young child. In short, the significant improvements to outcomes derived by programmes that offered couples counselling and community mobilisation, alongside parent training, acknowledge the benefits that can come from addressing and treating violence inclusively.

7.3 Theoretical implications

7.3.1 VAWC: intersection or integration

In 1911, Hayes said that existing classifications either result from the adoption of principled analysis, and therefore depend for their usefulness on the character on which they're based, or from simply tabulating under separate heads the social phenomena that seem strikingly different from each other "without special reference to the kind of differences that separate the classes, or the kind of resemblances that unite phenomena placed in the same class" (Hayes, 1911). Some classifications, while truthful or interesting, are of "slender scientific importance" and may result in more confusion as opposed to "simplicity and grasp."

As described in section Error: Reference source not found, violence against women and children have largely evolved as separate fields of practice, which may limit our understanding of how these fields overlap and prevents an integrated response (Guedes, Bott et al., 2016a). Guedes et al. propose that IPV and child maltreatment overlap in a number of areas, and describe four aspects of intersection: i) the co-occurrence of intimate partner violence and child maltreatment in the same family that become intergenerational inheritance; ii) overlapping risk factors; iii) shared health consequences; and iv) social norms that sustain violence (Bacchus, Colombini et al., 2017; Guedes, Bott et al., 2016a).

7.3.2 Unified theory of family violence

This thesis proposes that VAW and VAC are not two distinct phenomenon that intersect or overlap, but rather manifestations of the same dynamic. First, child maltreatment and IPV are part of a continuous dynamic along the lifecourse that crosses generations. Violence occurs along the lifespan of an individual who becomes socialised and acclimated to violence with varying consequences according to its prevalence (percentage affected), chronicity (frequency), duration (continuance) and severity (harshness) (Straus, 2010, p. 29). Concepts like violence against women (VAW) and violence against children (VAC) may disunite

violence -- as if adult and child were distinct people -- not the same individual viewed through time with different relationships to violence.

Second, violence against women and children share many if not most risk factors, including alcohol and drug abuse, marital conflict, poor parenting and antisocial behaviour, male dominance in the household, weak legal sanctions for violence, and low social and economic resources (Dahlberg, Krug et al., 2002, p. 3; Guedes, Bott et al., 2016a, p. 5; van IJzendoorn, Bakermans-Kranenburg et al., 2020). Further risk factors appear to be social beliefs about hierarchy and relative competence and worth, which may become self-fulfilling to the extent that membership in cultural, institutional, and relational groups influence resources that affect people's experience of violence and ability to meet their potentials, whether through nutritional stunting; health provision; educational attainment; marriageability; socio-economic status; access to jobs; or false consciousness.

Further, authoritarian beliefs and behaviours contribute to explanations for the cultural spillover of violence. Extensive research has found that low-income parents are more likely to use authoritarian and punitive parenting and less likely to be supportive towards their children or provide stimulating learning experiences (Magnuson & Duncan, 2019). "They are more likely to use physical punishment and other forms of power-assertive discipline, and less likely to ask children about their wishes, reward children for positive behaviour, or be responsive to children's expressed needs" (Magnuson & Duncan, 2019). Using data from the Baltimore Police Stress and Domestic Violence study, Anderson and Lo (Anderson & Lo, 2011) found that each unit increase in authoritarian (Magnuson & Duncan, 2019) spillover scale was linked to a 9% increase in the likelihood of IPV in law enforcement families (Lysova & Straus, 2021). Melzer proposed that learning that violence is a legitimate and

effective technique for control at work could be seen as an effective strategy for solving problems at home (Lysova & Straus, 2021; Melzer, 2002). Social beliefs are often the templates for personal beliefs that are inherited and internalised at the individual layer, which may be physiological, such as female genital mutilation or feet binding, or psychological, such as false consciousness or learned helplessness, where continuous abuse is believed to minimise a survivor's perception of control and problem solving (Ali & Naylor, 2013b).

Third, while the consequences of family violence are well-known, there is enormous overlap in the harmful psychological, physical and sexual consequences of violence that impact on individuals across age and gender categories (WHO, 2006, p. 9), which are themselves social constructs. Such consequences include vulnerability to development and mental health problems that increase with the number of stressors (Sternberg, Baradaran et al., 2006, p. 91), anxiety, depression, problems with regulating emotions and aggression, and poor cognitive performance (Cicchetti, Carlson et al., 1989; Sternberg, Baradaran et al., 2006). This research shows that a) the structural determinants of child maltreatment and IPV overlap, and that b) reducing violence against children and women is interdependent, given the strength of associations between violence in childhood and adulthood (Devries, Knight et al., 2017; Guedes, Bott et al., 2016a, p. 9). Moreover, the thesis' child maltreatment review suggests that couples counselling plays a formative role in reducing violence, supporting other evidence that has found spillover effects from IPV to CM through increased stressors and modelling (van IJzendoorn, Bakermans-Kranenburg et al., 2020). Many children experience maltreatment in families without IPV (Devries, Knight et al., 2017), and children who experience less maltreatment can still be exposed to IPV and its long-term consequences (Prevention Collaborative; Global Office of Research and Foresight, 2023), thus interventions

that fail to address VAWC is a missed opportunity that undermines the potentials of parenting interventions (Prevention Collaborative; Global Office of Research and Foresight, 2023).

Fourth, social expectations assume that violence is justified or necessary to correct behaviours, awarding powers of control to men over women and to parents over children (Innocenti; Collaborative; et al., 2023). The normative belief, however, appears to be that some people have greater competence and worth than others, which coerces compliance with and subordination to social hierarchy and hence inequality. Violence is thus a sanction to enforce subordination. Sanctions can encompass a system of coercive control, from verbal abuse, coercion and physical violence to institutional discrimination and structural violence. The tacit authorisation (belief) of coercive control (behaviour) by one group over other groups is a behaviour based on a belief – one could not be sustained without the other and thus are integral to the same dynamic. Such status norms may affect people depending on their differences with or deference to dominant in-group characteristics -- such as age, gender, ethnicity, religious membership, or sexual preference -- but this does not imply they are separate phenomenon. Rather, the character of violence against women and children more resemble each other than differ, and while it may be useful to occasionally separate them, they are more usefully thought of in the same class.

In sum, I propose a unified theory of family violence in which social norms maintain an order of hierarchy that privilege access to resources across each layer of the ecology, which are legitimised by cultural ideologies, administered through institutions, enforced by social networks and families, and internalised psychologically and physiologically by the self. Norms appear to originate and operate differently within the layers of the ecological model, warranting distinct definitions. At the cultural layer, ‘ideological norms’ appear to define

social ideals: what is appropriate for people to want, who has the authority, who is deserving, and who has competence and value, which may be enshrined in sacral texts. At the institutional layer, ‘institutional norms’ make it appropriate for certain groups to hold power who then adjudicate the provision of resources and services. At the relational layer, relational norms refer to *social* beliefs that make *personal* beliefs and behaviours appear typical and necessary. In the individual layer, ‘embodied norms’ appear to occur when social beliefs of what is typical and appropriate become internalised and maintained by the individual through psychological and physical sanctions of the self.

7.3.3 Theoretical implications: norms

Norms are informal rules of behaviour, and all rules come from somewhere -- that is, from sources of authority, which is itself a social construct. I propose that norms that sustain violence can be identified by three criteria: they are a) legitimised by cultural ideologies, b) associated with inequality or subordination, c) socially enforced, and d) either support or limit agency to act on one’s own goals. In short, norms change when people ask, “Why do you get to make the rules?” If there is no social enforcement, the behaviour would appear not to be a norm but rather a different collective behaviour, such as a custom that individuals conform to because it meets their needs, or a convention that marks membership and status, using Bicchieri’s definitions in Table 1. It would hold then that many social behaviours considered to be norm-based, like binge drinking, smoking, or wearing a face mask are not norms but rather collective behaviours defined by a function or need, such as social belonging and membership, which are similarly influenced by social approval and may be linked to hierarchy but not cultural ideology and thus are not necessarily norms.

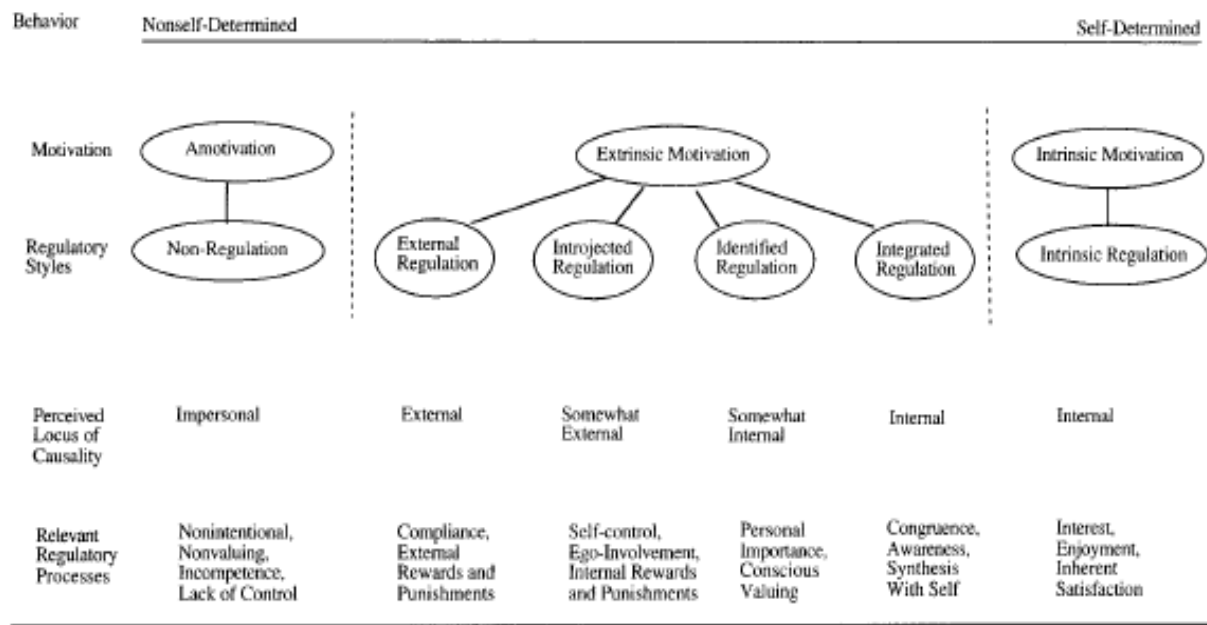
Yet, norms can also be protective. For violence to change in the family and perhaps more broadly, norms that make hierarchy and inequality appear natural and appropriate would need to be supplanted by egalitarian norms. Like the metaphor of carrot versus stick, our current systems may favour coercion and punitive control, but better results may be obtained through incentives and motivation, as suggested by Ryan and Deci (2000) in Figure 40 below. Self-determination theory holds that individuals have innate needs for competence, relatedness and autonomy that are the basis for their self-motivation and personality integration, which are considered essential for constructive social development and personal well-being (Ryan & Deci, 2000, p. 68).

Ryan and Deci's influential theory identifies distinct types of motivation. Intrinsic motivation is the "inherent tendency to seek out novelty and challenges, to extend and exercise one's capacities, to explore, and to learn," which they hold is evident as exploratory behaviour in infants who are more securely attached to a parent (Frodi, Bridges et al., 1985). Behaviours here are experienced as self-determined, arising from within through personal causation, or "perceived locus of causality (Ryan & Deci, 2000, p. 70)." Autonomy-supportive parenting involves considering children's perspectives, engaging them in decision-making, offering meaningful rationales for rules, and supporting self-expression (Ryan & Deci, 2017), especially important during childhood and adolescence as cognitive, behavioural and socio-emotional capacities emerge (Bradshaw, Duineveld et al., 2024).

By contrast, extrinsic motivation refers to the "performance of an activity in order to attain some separate outcome, and thus, contrasts with intrinsic motivation, which refers to doing an

Figure 40 Continuum of Motivation (Ryan & Deci, 2000)

activity for the inherent satisfaction of the activity itself.” The central problem they describe is helping individuals to “acquire the motivation” to undertake uninteresting activities. Success would occur when a child believes that a regulation meets their own values and needs, and a goal becomes “owned as personally important”. Motivation *avoids* coercion and



control, which might compel a child to do the behaviour to avoid guilt, to “satisfy an external demand or reward contingency,” or to “go through the motions,” leaving individuals to feel “controlled or alienated.”

The authors conclude that threats, directives, and imposed goals diminish intrinsic motivation because perceived causality is imposed, whereas choice, acknowledgement of feelings, and opportunities for self-direction build intrinsic motivation through autonomy. Psychologically controlling parenting includes guilt, harsh punishment, threats, contingent regard and love withdrawal (Bradshaw, Duineveld et al., 2024; Mageau, Ranger et al., 2015). Ryan and Deci (2000) propose that where self-determination is undermined by social environments, passivity, alienation and psychopathology override one’s capacities for learning, intention and persistence.

Autonomy-supportive parenting thus fosters choice, responsibility and connection with others, while controlling parenting obstructs growth and integration of an authentic self, leading to maladaptive outcomes (Bradshaw, Duineveld et al., 2024; Jang, Kim et al., 2016) (Vansteenkiste & Ryan, 2013). A meta-analysis of 238 studies with more than 126,000 participants across 38 countries found that parenting supportive of child autonomy was linked with better child wellness outcomes ($r = 0.26$ (CI 0.20, 0.31)), and that psychologically controlling parenting was associated with child ill-being ($r = 0.20$ (CI 0.17, 0.23)), which applied across regions, degrees of individualism and cultural hierarchy (i.e., deference to authority) (Saïb, Joussemet et al., 2024), developmental stages and sex (Bradshaw, Duineveld et al., 2024). Well-being was measured as life satisfaction, vitality, and positive affect, while ill-being included negative affect, depression and anxiety (Bradshaw, Duineveld et al., 2024).

This suggests, first, that harmful norms would be antithetical to intrinsic motivation and, second, that it may not be enough for violence-prevention programmes to achieve a goal of non-violence. Rather, positive social environments are needed to protect and foster intrinsic motivation and self-determination for all family members, particularly the most vulnerable. Unlike harmful norms, protective norms may still operate from an a) ideological standpoint – one of motivation and cooperation. But they would be b) associated with equality and empowerment and c) reinforced through positive discipline, such as social approval or adding and removing incentives. Although still linked with power, an emancipatory paradigm involves healthy uses of power, such as power with and power to, versus power over (Abramsky, Devries et al., 2014).

In sum, a unified theory of family violence departs from the view that norms are beliefs of typical and appropriate behaviours within a group, which could also apply to customs or

conventions. Rather it holds that norms are rules for socially acceptable behaviour that are a) legitimised by cultural ideologies, b) associated with issues of power and equality, c) socially reinforced, and d) supportive of either coercive or emancipatory paradigms.

7.3.4 Disconnects in the study of VAWC

Many differences emerged in approaches to VAW and VAC in the home, which will need to be reconciled. While resolving these differences is outside the thesis's remit, notable incompatibilities and contradictions are worth noting.

7.3.4.1 *Control versus autonomy*

Despite controlling behaviours being a significant predictor of violence for women, controlling behaviours of children were unexplored. The WHO multi-country study of health and domestic violence among 24,000 women found that controlling behaviours by male partners were significantly associated across all sites with physical or sexual violence or both. “Indeed many argue that power and control is a defining element of the broader phenomenon known as battering” (Garcia-Moreno, Jansen et al., 2006). As noted above, a recent meta-analysis of 238 studies with more than 126,000 participants across 38 countries found that parenting supportive of child autonomy was linked with better child wellness outcomes ($r = 0.26$ (CI 0.20, 0.31)), and that psychologically controlling parenting was associated with child ill-being ($r = 0.20$ (CI 0.17, 0.23)), which applied across regions, degrees of national individualism and cultural hierarchy, measured by deference to authority (Saïb, Joussemet et al., 2024), as well as children's developmental stages and sex (Bradshaw, Duineveld et al., 2024). The dual process model (Vansteenkiste & Ryan, 2013) of self-determination theory's (Ryan & Deci, 2017) of parenting holds that autonomy-supportive parenting fosters choice, responsibility and connection with others, while controlling parenting obstructs growth and

integration of an authentic self, leading to maladaptive outcomes (Bradshaw, Duineveld et al., 2024; Jang, Kim et al., 2016). Well-being was measured as life satisfaction, vitality, and positive affect, while ill-being included negative affect, depression and anxiety (Bradshaw, Duineveld et al., 2024).

Empowerment was a central aim for IPV but not for CM interventions, which may reflect prevailing assumptions that children at any stage *should* be controlled and coerced by adults, as opposed to existing as individuals with rights of participation and decision-making, who benefit from respect, motivation, cooperation and compromise like adults. Likewise, few if any child maltreatment or child marriage interventions encouraged shared decision making. Also, no maltreatment programmes encouraged income generating activity among children of any age, although some child marriage programmes have shown significant success (Amin & Chandra-Mouli, 2014; Bandiera, Burgess et al., 2014). Speculatively, small income generating activities at developmentally appropriate ages might be explored as a means to introduce valuable skills in managing and saving money, to build future vocations, and to contribute to school fees, possibly easing pressures for older children to abandon school in favour of paid employment. Such empowerment activities may further provide a constructive outlet for adolescents, who are especially vulnerable to violence given that categories of child maltreatment and intimate partner violence overlap from ages 10 to 17, where young people may be abused by parents or intimate partners (Guedes, Bott et al., 2016a) and which forms a sensitive and formative chapter in any individual's life.

7.3.4.2 *Interpersonal versus structural*

Two polarities in interventions emerged -- interpersonal and structural interventions -- with significant differences between them. Traditional parenting interventions fostered positive

parent-child relationships at the interpersonal level to prevent or reduce CM. By contrast, norm interventions tended to be structural, addressing issues like gender and IPV, equality, and broader family and community dynamics with additional components like education and livelihood support. Norms were more central to these programmes, even if measured inaccurately, because gender is widely acknowledged as a cultural construct with hierarchal rules of appropriate behaviour (i.e. norms) that are enforced with sanctions like violence.

The CM review did not cover the hundreds of trials of parenting interventions in LMICs that are not norm-based (Backhaus, Gardner et al., 2023; Backhaus, Leijten et al., 2023; Baldwin, Wang et al., 2023; Fang, Liu et al., 2024; Gubbels, van der Put et al., 2019; Knerr, Gardner et al., 2013; McCoy, Melendez-Torres et al., 2020; van der Put, Assink et al., 2018). Such parenting interventions constitute a large literature with a well-established evidence base, while norm interventions are more nascent and appeared 30 years after the first parenting RCT. Per section 2.3.1, a meta-analysis by van der Put (2018) of 121 trials found an effect of $d = .26$, $p < .01$ in preventative interventions and $d = .36$, $p < .01$ in interventions to reduce maltreatment, while a meta-analysis of 51 parenting interventions by Gubbels et al. (2019) reported similar preventative effects ($d = 0.42$, $p < 0.01$). The more recent meta-analysis of parenting interventions by Backhaus et al. (2023) found 50 RCTs reporting physical or verbal violence, with effects of -0.46 (95% CI $-0.59, -0.33$) at post-test, which dropped to -0.18 (95% CI $-0.34, -0.02$) after seven months. By comparison, norm interventions in the review that contained parent training showed slightly smaller effects of -0.25 (CI $-0.35, -0.15$) on all outcomes combined, with effects of -0.16 (CI $-0.21, -0.10$) on behaviour outcomes, but similar effects on belief outcomes, -0.44 (CI $-0.76, -0.13$) at first post-test. This is likely owing to a few factors. First, changes in beliefs can be more immediate while new behaviours can require new skill sets that take practice, confidence and social support to develop (van der

Put, Assink et al., 2018). Second, most review studies with parent training did not contain community mobilisation, which is the main route by which individual beliefs would spill over into collective beliefs which reinforce new behaviours with one's support networks. Third, most norm interventions involved parents in more tokenistic ways, and only five of the 16 trials offered targeted parenting interventions (Doyle, Levitov et al., 2018; Falb, Khudejha et al., 2023; Lachman, Wamoyi et al., 2020; Prevention Collaborative, 2020; Stark, Asghar et al., 2018b). Interventions with child maltreatment outcomes included broader aims like child marriage, gender-based violence, and gender attitudes, where CM may not have been the primary aim. However, for IPV outcomes, structural interventions that included parenting, couples training and community mobilisation tended to show higher effects than traditional parenting interventions across outcome types (all outcomes combined $d = -0.52$ (CI $-0.72, -0.31$); behaviour outcomes $d = -0.60$ (CI $-0.79, -0.41$); and belief outcomes $d = -0.50$ (CI $-0.87, -0.14$)), at first post-test.

The gap between interpersonal and structural lenses may only be resolved by finding a balance between them that responds to the context of the intervention. As Lysova and Straus (2021) suggest, normative beliefs and actual behaviour differ according to many dimensions, such as socioeconomic status, ethnicity, and cultural context, including authoritarian values and social dominance. Despite these differences, there are similarities: Intimate partners and parents are dyadic relationships in which parties invest time and energy, so interactional and structural processes will likely both apply (Lysova & Straus, 2021).

Economic strengthening is perhaps an example of where interpersonal and structural aims may lack balance. Programmes with livelihood and financial support showed limited effects. However, similar programmes that also developed relational skills through parenting or

couples counselling showed significant results. In the TrickleUp programme in Burkina Faso, for example, women reported adverse effects when participating in a livelihood- and financial-support arm *alone*, while those in an arm that combined these components with couples counselling and parent training reported a dramatic reduction in overall child maltreatment at 12 months, $d = -0.57$ ($SE = 0.09$, $p < 0.01$). Results were maintained at 24 months, also reporting less acceptability of child maltreatment overall, $d = -0.39$ ($SE = 0.17$, $p = 0.02$) (Ismayilova & Karimli, 2020). Similarly, the SPACAPs programme (Lachman, Wamoyi et al., 2020) in Tanzania combined livelihood support with parent training, providing lifeskills together with seeds, credits, and market connections, which reduced parents' reports of physical violence against children considerably, $d = -0.42$ ($SE = 0.19$, $p = 0.03$), but the livelihood arm *without* parent training showed adverse effects for teens. Lachman et al. (2020) theorised that adverse effects may have arisen from increased farming activities and associated stress, adding to recent research showing unintended consequences from economic strengthening programmes when delivered alone (Ellis & Chaffin, 2015; Lachman, Wamoyi et al., 2020). One explanation may be that introducing material resources to families without new skills to redress power imbalances may reinforce existing patterns of social domination and violence in the household.

Rather, economic strengthening might be a necessary piece in a broader solution. The Indashyikirwa (Dunkle, Stern et al., 2020) programme in Rwanda joined village savings and loan association (VSLA) groups with couples counselling, lifeskills training, and community mobilisation, engaging local institutions and cultural bodies in critical discourse of power dynamics and the benefits of equality and non-violence. Women were less likely to report physical or sexual IPV at 24 months, $d = -0.37$ ($n = 1617$, $p < 0.01$) and men were less likely to report its perpetration, $d = -0.46$ ($n = 1466$, $p < 0.01$). Male partners in particular reported

significantly less physical violence against children $d = -0.70$ ($n = 1566$, $SE = -0.06$, $p < 0.001$), while children witnessing IPV dropped, $d = -0.24$ ($n = 652$, $SE = 0.09$, $p = 0.01$). Researchers of the SASA! programme also showed a significant decrease in children witnessing IPV, finding that critical discourse on power, as opposed to rights, deflected from off-putting issues, making it more relevant to all and helping understanding and action to emerge rather than be imposed (Abramsky, Devries et al., 2014).

Interventions with lifeskills showed limited effects across CM, child marriage and IPV. Lifeskills training involved advice or mentoring on budgeting, social networking, human rights, or health. They tended to support or empower individuals, as with child marriage programmes, but focused less so on positive relational dynamics like couples counselling or parenting, which were more successful for violence prevention. Thus, programmes that overlook interactional processes may have faint effects on outcomes. The proposal is thus not to replace interpersonal with structural programmes, but to suggest a more integrated approach that balances any approach on a spectrum, depending on whether changes are needed at more immediate, proximal levels on the one hand or at structural levels, inclusive of interpersonal levels, on the other. Indeed, one inference from interventions with economic strengthening appears to be that interventions at the institutional layer also need more relational layers.

7.4 Limitations of the research

Several limitations are noted. First, saying that an intervention is norm-based does not necessarily reflect whether authors accurately understood norms, which was mitigated by grouping and analysing the belief reported by an outcome according to standard normative

definitions, e.g., attitudes, empirical, and injunctive norms. Second, data mainly involved self-reports, and bias is inherent in people reporting their own behaviours (Brenner & DeLamater, 2016). Outcomes were thus triangulated by comparing reports from perpetrators with those of survivors, which found no significant underreporting of CM or IPV. One child marriage programme addressed desirability bias by using the Marlowe-Crowne social desirability scale, a survey module which asked if respondents “have several too-good-to-be-true traits such as never being jealous of another person's good fortune and always being a good listener” (Dhar, Jain et al., 2018, p. 4). Authors found that those with a high score for bias expressed more support for favourable outcomes but that this was *equally* true for the treatment group as the control group, suggesting it has a neutral effect on outcomes. A strength of norm interventions is their ability to go beyond personal beliefs by measuring participants' perceptions of *others* through injunctive norms and sanctions, allowing participants to disown and attribute undesirable responses onto a theoretical ‘other.’ Child marriage was also a more stable, objective outcome and more robust self-report measure; that is, whether girls were either married or living with someone as if married before the age of 18, which in one study was corroborated with a marriage certificate (Buchmann, Field et al., 2023).

Third, meta-regression has confounding issues whereby components cannot be attributed to ESs in a causal way. As Lipsey indicated, moderator variables tend to be related to each other as well as to effect sizes and thus any attempts to imply causal relationships are prone to confounding bias (Lipsey, 2003). Meta-regression can, however, identify components that are associated with greater effectiveness. Where there was large heterogeneity, or dissimilarity, in results, using meta-regression and limiting the review to RCTs would better identify the differences in effects that might arise from differences like study design as well as limit

heterogeneity. Rosenblad (2009) suggests that a good meta-analysis anticipates diversity and interprets the findings with attention to the dispersion of results across studies, which this study did by analysing the moderating effects of components on programme effectiveness in the meta-regression.

Fourth, some subgroup analyses were done with a small number of studies, which could change with more studies and have been identified. As the first quantitative comparison of norm interventions to prevent violence, such results are furnish an evidence base. Fifth, the reviews do not include the many valuable interventions that were not tested as RCTs, such as legal reforms and political organising, and many from the NGO sector. Structural interventions, which tended not to use RCTs, would have made a valuable contribution to the analysis by measuring legal reforms or political organising, which Ellsberg et al. observed were formative to raising women's awareness of their rights and changing the acceptability of violence in Nicaragua (Ellsberg, Ugarte et al., 2020). RCTs may also be difficult to replicate at scale, and blinding is more difficult (Deaton & Cartwright, 2018). RCTs require more money, and non-randomised designs also have a higher likelihood of being locally led. However, randomisation balances participant characteristics between treatment and control groups, including unobserved features, reducing bias and enabling more attribution of effects to the intervention (Hariton & Locascio, 2018), which together with meta-analysis, are considered to offer the highest level of evidence to guide healthcare decisions (Alsina, Browne et al., 2024; Guyatt, Oxman et al., 2011; Guyatt, Sackett et al., 1995). Norms are also the subject of qualitative studies that capture peoples' experiences and tease out contextual factors, which were also excluded for the purpose of meta-analysis. However, norm interventions using RCTs are now more established, making it the first period when sufficient

evidence exists to quantify their effects, which can serve to augment qualitative research later on.

Sixth, studies were grouped and analysed not by their primary aims, but by their outcomes, whether outcomes were primary, secondary or tertiary. While this approach enabled the use of a much wider data set compared to a data set with only primary outcomes, it means that a programme to prevent child maltreatment would have also been included in the child marriage review if it included child marriage outcomes. Because outcomes may not represent the focus of the intervention, effects may have been bias towards the null, making results smaller than they would have otherwise been but more reliable. Seventh, Michie's behaviour change techniques (BCTs) represent a framework commonly found in the public health literature, considered "the smallest parts of the content of a behaviour change intervention that are observable, replicable and on their own have the potential to bring about behaviour change" (Marques, Wright et al., 2023; Michie, West et al., 2021). As might be expected, there were more BCTs than could be used in each review, and not all interventions fit neatly within the classifications. Associations, for example, refers to prompts or cues that "introduce or define the environmental or societal stimulus with the purpose of prompting or cuing the behaviour. The prompt or cue would normally occur at the time or place of performance" (University College London, 2021). This could apply to many of the review's interventions, including trainings, tutoring or mentoring, which themselves are prompts or stimulus.

Classifications were made where interventions specifically indicated an obvious or intentional use of that technique, such as reminders, nudges, or cues as a strategy. The BCT framework contains only two techniques associated with social norms, Comparing Behaviours and Social Support, which was expanded to include different proximities of potential influence. Critically, the BCT framework enabled a comparison of what works

among divergent interventions, which is one of the study's unique contributions. While some classifications might dissatisfy VAC or VAW specialists, the framework was found to be sufficient for enabling comparisons across fields.

Additionally, the literature needs greater agreement on the definition of norms and their measurement. The most prevalent measure of norms is the GEMS tool (Pulerwitz & Barker, 2007; UN Women, 2013), which measures “attitudes about norms,” or individual beliefs, such as “the participation of the father is important in raising children” (UN Women, 2013). Measurements with only this instrument would have offered low heterogeneity, but not measured norms. While norm change may not have been measured as much as expected, attitudes mattered a great deal and made a valuable first step in a larger cycle towards norm change. Such findings help benchmark where the field is and where it needs to go. Without such meta-analyses, the field might keep proceeding in the same direction, investing valuable resources. Finally, results at first post-test were recorded to ensure consistency between studies and to establish a baseline estimates of effects, but this provides limited understanding of norm change at scale. To more fully understand norms and their effectiveness, a long-term picture is needed that would capture spillover effects of norms on a wider population and whether beliefs have become socially reinforced. Among included studies, one of the closest examples of this is the SASA! programme, a matched cluster randomised design that measured population-level change in eight pair-matched sites, four treatment and four control communities (Abramsky, Devries et al., 2012; Abramsky, Devries et al., 2014). One community from each pair was randomly selected to receive the intervention, which were separated from control communities by a geographical buffer (Abramsky, Devries et al., 2012; Abramsky, Devries et al., 2014). Two cross-sectional surveys of community members (18-49 years) were carried out, one at baseline and one approximately 16 months after the

programme was delivered (Abramsky, Devries et al., 2012; Abramsky, Devries et al., 2014). The SASA! programme was one of the most successful included studies, with men reporting a large drop in the acceptability of IPV ($d = -1.84$, SE 0.08), and women reporting significantly reduced physical IPV ($d = -0.57$, SD 0.11) as well as child witnessing of IPV ($d = -0.47$, SD 0.17). Structural-level interventions might also consider stepped-wedge cluster RCTs, interrupted time series, or non-equivalent comparison groups as alternatives to randomised trials, depending on feasibility (Hensen, Dringus et al., 2018).

7.5 Implications of the results for practice, policy and future research

Findings indicate that programmes make greater reductions in violence when they integrate approaches to reduce IPV and child maltreatment, supporting the extension of parenting programmes to household and community members. Evidence from the norm-focused interventions to reduce child maltreatment and IPV in this review suggests combining established parenting interventions with couples counselling and community mobilisation. Studies that incorporate children in family strengthening programmes may repair relationships with parents, while supplanting harmful social modelling from violent parenting with productive ways to manage stress and conflict as they progress into adulthood, interrupting cycles of intergenerational inheritance (Falb, Asghar et al., 2023; Ismayilova & Karimli, 2020). Some programmes involved parents in more tokenistic ways, gaining their buy in as opposed to building better ways of relating in the home. More research is needed with ways to integrate, first, parenting and couples counselling and, second, whole families, while protecting the fidelity of core components within evidence-based parenting interventions.

Given the central role played by parents in marriage decisions, further exploration of child marriage messaging in parenting interventions is suggested. The key challenge remains to shift prevailing social expectations among parents and their networks that they should marry daughters young. With successful evidence-based, open source parenting programmes currently being scaled across the globe, organisers can build from established interventions to test the potentials of gender-transformative parenting programmes that promote gender-based equalities, healthy gender roles, delayed marriage, critical reflection on power dynamics, respectful relational dynamics for partners and parents, and the protection of women and children from violence (Bacchus, Alkaiyat et al., 2020; Bacchus, Colombini et al., 2017; Guedes, Bott et al., 2016a; UNICEF, Prevention Collaborative et al., 2023).

Further evidence is needed on viable ways to secure a financial future for girls that combine livelihood and financial support with social support. Family strengthening activities might include three or four sessions for older children, such as communications and conflict resolution skills, safeguarding and sexual violence, gender roles, and financial and vocational readiness. A small asset transfer for older children, such as chickens, from which the sale of eggs could support school fees, provide a valuable means to accrue savings and acquire financial literacy, increase opportunities for self-determination, and demonstrate their breadwinning skills to parents before puberty when decisions about their future are formed.

Results indicated that interventions with social support from a reference group, or parent or spouse significantly improved outcomes, which may present the most likely opportunity for scaling results from personal to social beliefs. Adding community mobilisation as an extension to a family strengthening programme offers a platform for incorporating many of

the components that led to better outcomes for IPV (parent training; couples counselling; social support from a spouse, a reference group, and males generally; community mobilisation; critical discourse; understanding consequences; self-belief; scheduled consequences; goals and planning; and local leadership) and for child maltreatment (parent training with couples counselling, social support from a reference group, social support from a carer or spouse, critical discourse, natural consequences, addressing the cultural layer, and local leadership). ‘Organised diffusion’ is an effective approach for community mobilisation whereby participants are supported to interact with others as change agents (Cislaghi et al., 2019; Clark et al., 2020; Starmann et al., 2018). Illustratively, an intervention might identify key stakeholders to act as advocates within their respective communities at the relational, institutional and cultural layers – trusted, key influencers who facilitate critical discourse to re-frame power as power ‘with’ vs power ‘over’ and discuss the harmful consequences of violence. Opinion leaders might be authority figures within families and villages or principals within a school system at the relational layer, members of a political party or media watchdog at the institutional layer, or pastors within a religious order or interfaith coalition at the cultural layer.

Interventions that addressed multiple socio ecological layers posed promise -- Relational-Institutional-Cultural for IPV outcomes, Individual-Relational-Institutional for child marriage outcomes, and Individual-Relational-Institutional-Cultural for child maltreatment outcomes. Theoretically, it would seem that norms draw their authority first and foremost from sacral texts and organisations in the cultural layer, which would consequently become administrated by institutions and enforced through relationships, inferring a top-down relationship in which individuals are the last to internalise such norms. Further studies might investigate how targeting the cultural layer might identify its relative importance while undertaking careful

measurement of intervention effects at the cultural, institutional, relational and individual layers to capture the directionality of change and respective time frames to develop coordinated and phased approaches.

As suggested by local leadership, interventions might be more widely and cost effectively scaled with participants' own efforts, which may increase the sustainability of programme effects and intracultural norm diffusion. Conceivably, locally led programmes could be supported by training and co-delivering interventions with schools, which are a natural convenor for families and community leaders. The promise of programmes that were locally led may also indicate that clearer guidelines are needed for developing and reporting partnership agreements, since many review studies referred to a variety of poorly described agreements.

Finally, the measurement of norms must be investigated to fully realise the potential of norms. Most interventions measured personal, not social, beliefs, overlooking opportunities for sustainability and scale. Particular attention is needed to assess the durability of effects beyond two years, and the diffusion effects in relational networks and at the population level. A set of minimal, simple questions should be considered that measure empirical beliefs (e.g., What do your friends and family do about X), injunctive beliefs (e.g. What do your friends and family believe should be done about X), and expected sanctions (e.g. What opposition would you expect from them, and how strongly would that influence what you do about X?).

8 Appendix

Table 32 Summary of meta-analysis results across violence types

	CHILD MALTREATMENT			CHILD MARRIAGE			INTIMATE PARTNER VIOLENCE			SUMMARY:		
	All	Behav	Beliefs	All	Behav	Beliefs	All	Behav	Beliefs			
	ES Difference	ES Difference	ES Difference	ES Difference	ES Difference	ES Difference	ES Difference	ES Difference	ES Difference			
Intervention types:				Intervention types:				Intervention types:				
Schooling support				Schooling support				Schooling support				Stronger outcomes:
Parent training				Parent training				Parent training				Parent training
Livelihood support				Livelihood support				Livelihood support				Couples counselling
Lifeskills training				Lifeskills training				Lifeskills training				Parenting + couples counselling
Financial support				Financial support				Financial support				Community mobilisation
Couples counsellg-parent traing				Couples counsellg-parent traing				Couples counsellg-parent traing				Understanding consequences
Couples-parentg: commtymobil				Couples-parentg: commtymobil				Couples-parentg: commtymobil				Social support: males
Couples counselling				Couples counselling				Couples counselling				Social support: reference group
Community mobilisation				Community mobilisation				Community mobilisation				Social support: carer or spouse
Campaigns				Campaigns				Campaigns				Scheduled consequences
												Critical discourse
Behaviour Change Techniques:				Behaviour Change Techniques:				Behaviour Change Techniques:				Locally led
Understanding consequences				Understanding consequences				Understanding consequences				Relat-Insttit-Cultrf
Social support:				Social support:				Social support:				Weaker outcomes:
Cultural				Cultural				Cultural				x Comparing outcomes
Institutional				Institutional				Institutional				x Antecedents
Peers				Peers				Peers				x Unconditional reward
Males				Males				Males				x Insttit support
Reference group				Reference group				Reference group				x Three layers
Carer or spouse				Carer or spouse				Carer or spouse				x Indivl-Relat-Insttit
Shaping knowledge				Shaping knowledge				Shaping knowledge				
Self-belief				Self-belief				Self-belief				CHILD MARRIAGE
Scheduled consequences				Scheduled consequences				Scheduled consequences				Stronger outcomes:
Reward: conditional				Reward: conditional				Reward: conditional				Social support: institutional
Reward: unconditional				Reward: unconditional				Reward: unconditional				social support: cultural
Repetition				Repetition				Repetition				Goals, planning
Regulation				Regulation				Regulation				Locally led
Identity				Identity				Identity				Institutional layer only
Goals, planning				Goals, planning				Goals, planning				Indivl-Relat-Insttit
Feedback, monitoring				Feedback, monitoring				Feedback, monitoring				Weaker outcomes:
Critical discourse				Critical discourse				Critical discourse				x Regulation
Covert learning				Covert learning				Covert learning				x Critical discourse
Comparing behaviour				Comparing behaviour				Comparing behaviour				x Injunctive norms
Comparing outcomes				Comparing outcomes				Comparing outcomes				x Sanctions
Associations				Associations				Associations				
Antecedents				Antecedents				Antecedents				CHILD MALTREATMENT:
												Stronger outcomes:
Locally led:				Locally led:				Locally led:				Parent training
												Couples counselling
Which ecological layer:				Which ecological layer:				Which ecological layer:				Parenting + couples counselling
Cultural				Cultural				Cultural				Social support: reference group
Institutional				Institutional				Institutional				Social support: carer or spouse
Relational				Relational				Relational				Critical discourse
Individual				Individual				Individual				Locally led
												Cultural layer
# of ecological layers:				# of ecological layers:				# of ecological layers:				Weaker outcomes:
One layer				One layer				One layer				x Antecedents
Two layers vs one				Two layers vs one				Two layers vs one				
Three layers vs one				Three layers vs one				Three layers vs one				
Four layers vs one				Four layers vs one				Four layers vs one				
Combo of eco layers vs Relat only:				Combo of eco layers vs Relat only:				Combo of eco layers vs Relat only:				
Relat only				Relat only				Relat only				Key:
Insttit vs Relat				Insttit only				Insttit vs Relat				beneficial
Relat-Insttit				Indivl-Relat				Relat-Insttit				borderline beneficial
Indivl-Relat-Insttit				Indivl-Relat-Insttit				Indivl-Relat-Insttit				no effect
Relat-Insttit-Cultrf								Relat-Insttit-Cultrf				borderline adverse
Indivl-Relat-Insttit-Cultrf								Indivl-Relat-Insttit-Cultrf				adverse
Norm type:				Norm type:				Norm type:				
Proxy (attitudes)				Proxy (attitudes)				Proxy (attitudes)				
Empirical vs Proxy				Empirical vs Proxy				Empirical vs Proxy				
Injunctive vs Proxy				Injunctive vs Proxy				Injunctive vs Proxy				
Sanctions vs Proxy				Sanctions vs Proxy				Sanctions vs Proxy				

Figure 41 Behaviour change technique groupings (Michie, Richardson et al., 2013)

Table 5 Results of hierarchical cluster analysis of behavior change techniques (step 6): grouping within the 16 cluster solution, approximately unbiased *p* values (AU), and standard errors

Cluster label and component BCTs	AU, % (SE)
(1) Scheduled consequences Punishment [14.2] Response cost [14.1] Chaining [14.5] Extinction [14.3] Discrimination training [14.6] Shaping [14.4] Negative reinforcement [14.10] Counter-conditioning [14.7] Thinning [14.9] Differential reinforcement [14.8]	91 (.004)
(2) Reward and threat Social reward [10.4] Material reward [10.2] Self-reward [10.9] Non-specific reward [10.3] Threat [10.11] Anticipation of future rewards or removal of punishment [14.10] Incentive [10.1]	90 (.005)
(3) Repetition and substitution Behavior substitution [8.2] Habit reversal [8.4] Habit formation [8.3] Graded tasks [8.7] Overcorrection [8.5] Behavioral rehearsal/practice [8.1] Generalization of a target behavior [8.6]	97 (.002)
(4) Antecedents Restructuring the physical environment [12.1] Restructuring the social environment [12.2] Avoidance/changing exposure to cues for the behavior [12.3] Distraction [12.4]	96 (.002)
(5) Associations Discriminative (learned) cue [7.2] Time out [7.4] Escape learning [7.5] Satiation [7.6] Exposure [7.7] Classical conditioning [7.8] Fading [7.3] Prompts/cues [7.1]	97 (.002)
(6) Covert learning Vicarious reinforcement [16.3] Covert sensitization [16.1] Covert conditioning [16.2]	73 (.008)
(7) Natural consequences	85 (.006)

Table 5 (continued)

Cluster label and component BCTs	AU, % (SE)
Health consequences [5.1] Social and environmental consequences [5.3] Salience of consequences [5.2] Emotional consequences [5.6] Self-assessment of affective consequences [5.4] Anticipated regret [5.5]	
(8) Feedback and monitoring Feedback on behavior [2.2] Biofeedback [2.6] Other(s) monitoring with awareness [2.1 and 2.5] Self-monitoring of outcome of behavior [2.4] Self-monitoring of behavior [2.3]	97 (.002)
(9) Goals and planning Action planning (including implementation intentions) [1.4] Problem solving/coping planning [1.2] Commitment [1.9] Goal setting (outcome) [1.3] Behavioral contract [1.8] Discrepancy between current behavior and goal standard [1.6] Goal setting (behavior) [1.1] Review behavior goal(s) [1.5] Review of outcome goal(s) [1.7]	90 (.002)
(10) Social support Social support (practical) [3.2] Social support (general) [3.1] Social support (emotional) [3.3]	100 (.001)
(11) Comparison of behavior Modeling of the behavior [6.1] Information about others' approval [6.3] Social comparison [6.2]	83 (.006)
(12) Self-belief Mental rehearsal of successful performance [15.2] Self-talk [15.4] Focus on past success [15.3] Verbal persuasion to boost self-efficacy [15.1]	92 (.005)
(13) Comparison of outcomes Persuasive argument [9.1] Pros and cons [9.2] Comparative imagining of future outcomes [9.3]	90 (.005)
(14) Identity Identification of self as role model [13.1] Self-affirmation [13.4] Identity associated with changed behavior [13.5] Reframing [13.2] Cognitive dissonance [13.3]	86 (.006)
(15) Shaping knowledge Reattribution [4.3] Antecedents [4.2]	95 (.003)

9 References

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