Parenting interventions as prevention for Violence Against Women

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Scaling up interventions that work to prevent violence against women in East and Southern Africa: Opportunities, challenges and way forward

A workshop organised by UNFPA and SVRI
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Background
Gap between evidence and policy
The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)

1. **SURVIVE - End preventable deaths**

2. **THRIVE - Ensure health and well-being**

3. **TRANSFORM - Expand enabling environments**
Violence and aggression
Violence and aggression

• Violence is largely perpetrated by adolescent and young adult males

• Abnormal pattern of pervasive and persistent aggression in early childhood

• Aggressive behaviour is normal in infancy, typically emerging from around 12-18 months, and then increasing somewhat up to two-three years of age

• Children LEARN not to be aggressive
Violence and aggression

• Proportion of children (around 25% of boys and girls) this decline does not occur

• Aggressive behaviour becomes entrenched from three-four years of age as a chronic pattern of responding

• This developmental pattern is a strong predictor of youth violence and of violent offending - including those against women and girls
Violence and aggression

- Violence in childhood and adolescence is predicted by a range of child, family, and wider social factors – parenting is a key factor

- Key predictors of early violence - also factors in IPV

- Early parenting in the child’s early years - key risk mechanism

- Parenting problems - occurrence of harsh and coercive parenting, lack of parental positive reinforcement and responsiveness

- Corporal punishment especially important in the development of child aggressive and antisocial behaviour
Interventions
Interventions

• Interventions are more effective with younger children

• Programmes should ideally be implemented in high risk conditions in infancy, before child problems become established

• Parents can more easily be helped to influence their child’s behaviour
Home visiting

• Gold Standard – Nurse Family Partnership (*Olds et al*)

• Reductions in child maltreatment (*Olds et al*)

• Aggression in girls age 19 reduced (*Eckenrode et al.*, 2010)
Cognitive stimulation

- Jamaica - early stimulation and nutrition intervention

- Age 9-24 months reported fewer fights and less serious violence at age 22 (Walker et al., 2011)

- Protects against bullying (Zimmerman et al., 2005)
Improving quality of mother-infant relationship and infant attachment in socioeconomically deprived community in South Africa: randomised controlled trial

Peter J Cooper, professor in psychopathology,1 Mark Tomlinson, specialist scientist,2 associate professor,3 Leslie Swartz, professor of psychology,2 Mireille Landman, clinical psychologist,4 Chris Moletsane, professor,5 Alan Stein, professor of child and adolescent psychiatry,6 Kim McPherson, visiting professor of public health epidemiology,7 Lynne Murray, professor in development psychopathology8

Randomized controlled trial of a home-visiting intervention on infant cognitive development in peri-urban South Africa

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The impact of dialogic book-sharing training on infant language and attention: a randomized controlled trial in a deprived South African community

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BEBS study – Benefits of early booksharing
Funder: Sexual Violence Research Initiative

- Shown the impact on child cognitive risk
- Extended to target child socio-emotional risk factors
- Retained core cognitive components
- Enhanced aspects of parenting of direct relevance to child socio-emotional development
- Focusing on prosocial outcomes and reduced risk of child aggression
What does this mean?
Effect of an early perinatal depression intervention on long-term child development outcomes: follow-up of the Thinking Healthy Programme randomised controlled trial

Joanna Maselko, Siham Sikander, Sonia Bhalotra, Omer Bangush, Nima Gango, Satadru Mukherjee, Helen Egger, Lauren Franz, Amina Bibi, Rakhshanda Liaqat, Misbah Kanwal, Tayyaba Abbasi, Maryam Noor, Nida Ameen, Atif Rahman

Effectiveness of a nurse-led intensive home-visitation programme for first-time teenage mothers (Building Blocks): a pragmatic randomised controlled trial

Michael Robling, Marie-Jet Bekkers, Kerry Bell, Christopher C Butler, Rebecca Cannings-John, Sue Channon, Belen Corbacho Martin, John W Gregory, Kerry Hood, Alison Kemp, Joyce Kenkre, Alan A Montgomery, Gwenllian Moody, Eleri Owen-Jones, Kate Pickett, Gerry Richardson, Zoe E Roberts, Sarah Ronaldson, Julia Sanders, Eugena Stamuli, David Torgerson
When can parents most influence their child's development? Expert knowledge and perceived local realities

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Economic strengthening

Lifecourse

- Pregnancy
- Postnatal
- Early childhood
- Middle childhood
- Adolescence
- Adulthood

- Caregiver mental health
- Health
- Early parenting
- Safe households
- Parenting
- Cognitive Stimulation
- ECD services
- Safe environments
- Learning
- School services
- Family strengthening
Continuum of care

ESSENTIAL SUPPORT SERVICES FOR CAREGIVERS

- Pre-conception
- Pregnancy
- Birth
- Infancy
- Early childhood
- Early schooling

ACCESS TO GOOD QUALITY HEALTH CARE AND NUTRITION
including early antenatal care, screening and referral for mental illness, and access to food security

PROGRAMMES TO SUPPORT CAREGIVERS AND RESPONSIVE CAREGIVING
including life-skills programmes in schools to promote healthy relationships

ACCESS TO CHILD CARE FOR WORKING AND WORK-SEEKING CAREGIVERS
including maternity leave and family responsibility leave

ACCESS TO FINANCIAL SUPPORT through early birth registration and social grants and access to maintenance and child support

ESTABLISHING AN ENABLING ENVIRONMENT
including appropriate policies, adequate funding and effective delivery systems