

— Policy Brief

VIOLENCE AGAINST CHILDREN IN TIMOR-LESTE AND CONSEQUENCES ON ADULT HEALTH AND EXPOSURE TO ADVERSITY

SECONDARY DATA ANALYSIS OF
NABILAN BASELINE SURVEY DATA





TIMOR-LESTE

Background

DRAWING ON SECONDARY DATA ANALYSIS OF THE 2015 *NABILAN HEALTH AND LIFE EXPERIENCES* BASELINE SURVEY,

this policy brief summarises key intersections between violence against children and violence against women in Timor-Leste and discusses policy and programmatic implications for violence prevention efforts.

[VIEW THE FULL REPORT](#)[VIEW THE SUMMARY REPORT](#)

Global evidence on prevalence and interventions to prevent violence against children (VAC)

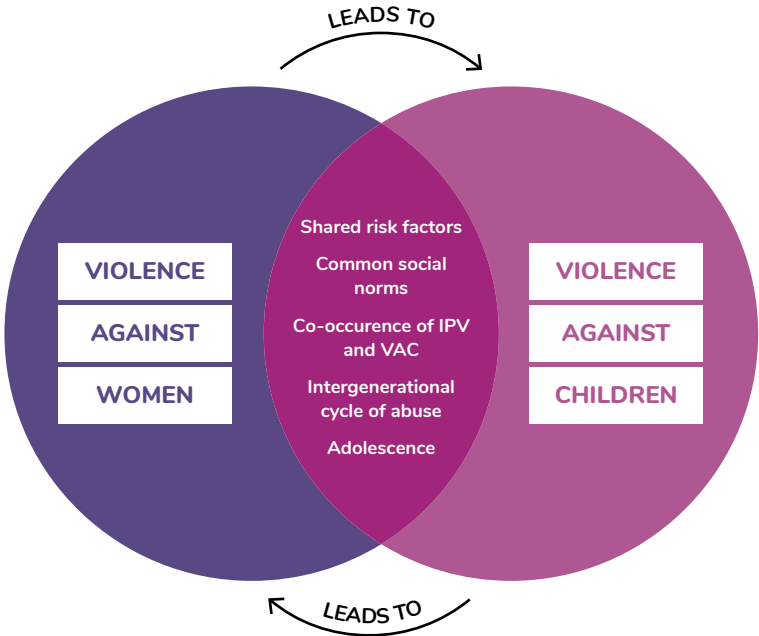
Violence against children is a global epidemic. Worldwide, one billion children aged two to 17 have experienced emotional, physical or sexual violence in the past year.¹ In the Pacific, an estimated 40% of children aged 15 to 17 have experienced violence in the last twelve months.² A 2012 systematic review found that prevalence of moderate physical abuse (e.g. hitting, slapping, pinching or beating a child’s backside with a bare hand) ranged from 40 – 66% across East Asia and the Pacific.³ Violence against children contributes to the burden of death and disability,⁴ and has an economic impact on society.⁵

Historically, work to address violence against women (VAW) and violence against children (VAC) has often occurred separately. However, there is growing global evidence on the intersections of VAW and VAC, including shared underlying risk factors, common social norms, co-occurrence, and the intergenerational cycle of abuse (Figure 1).

Despite these figures, violence against children is preventable. Decades of global research provides insight into key strategies and policies that work to stop violence against children before it begins, and to respond adequately and appropriately to children who have experienced abuse to mitigate future consequences.

Figure 1: Intersections and links between VAW and VAC

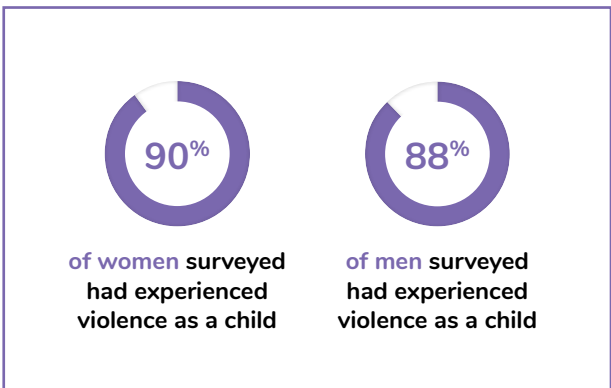
Source: Fulu et al., 2017



Key findings of the *Nabilan Baseline Survey* with regards to violence against children

Violence against children is high in Timor-Leste

Violence against children is high in Timor-Leste. Both women and men report high rates of violence before becoming adults. Amongst all women surveyed, 90% reported at least one incident of physical abuse, sexual abuse or emotional abuse and neglect. Amongst men, 88% reported that they had experienced at least one form of violence during childhood.



Violence against children increases the risk of intimate partner violence (IPV) victimisation and perpetration

Women and men also report high levels of intimate partner violence (IPV) and non-partner sexual violence, victimisation, and perpetration in Timor-Leste. For example, among women aged 18-49 who had ever been partnered (e.g., married or dating), nearly one in two (48%) had ever experienced physical IPV, 40% had ever experienced sexual IPV, 42% had ever experienced economic IPV and 55% had ever experienced emotional IPV.

Prevalence of IPV among ever-partnered women aged 18-49 (n=1,094)

Physical IPV

48%

Sexual IPV

40%

Emotional IPV

55%

Economic IPV

42%

Controlling behaviors

69%

Physical IPV during pregnancy

14%

Multivariable logistic regression analyses found that women and men's reported exposure to violence during childhood was associated with a range of adulthood experiences of violence.

Violence against children was associated with an elevated risk of all forms of IPV victimisation and perpetration, although the magnitude of the association varied by type of IPV. For example, amongst men, those who experienced any form of violence during childhood were six times more likely to ever perpetrate physical IPV and three times more likely to ever perpetrate sexual IPV, compared to men who had not experienced violence during childhood.

Violence against children increases the risk of non-partner rape victimisation and perpetration

Women and men's reports of violence during their own childhoods were associated with experiences and perpetration of lifetime non-partner rape. Specific domains of childhood violence (e.g., emotional abuse and neglect, physical abuse, and sexual abuse) were strongly and significantly associated with both women's experiences - and men's perpetration - of non-partner sexual violence. Women and men who experienced more types of maltreatment during childhood were more likely to experience and/or perpetrate non-partner sexual violence.

Violence against children increases the likelihood of harsh parenting practices

Exposure to violence during childhood was associated with perpetration of harsh parenting practices. For example, women who experienced childhood violence were four times more likely to smack their own child, compared to women who did not. The same pattern was observed for men. Those men who experienced violence during childhood were three times more likely to perpetrate harsh parenting practices against their own children.

Violence against children increases the likelihood of more gender inequitable attitudes

Women and men's reports of violence during childhood were associated with more gender inequitable attitudes among women and men, for example, believing that a woman should obey her husband or that women who experience sexual violence "asked for it".

Violence against children increases the likelihood of poor health outcomes

Exposure to violence during childhood was associated with poorer mental health outcomes (women and men) and disability status (for women only). For example, men who experienced violence in childhood were three times more likely to also report symptoms of post-traumatic stress disorder (PTSD) during adulthood, even after also accounting for exposure to conflict-related violence. Women who experienced violence during childhood were more likely to be depressed as adults, and more likely to have more difficulties in daily activities (e.g., walking, seeing, hearing, climbing steps) compared to women who did not experience violence as children.⁶ Amongst both women and men, those who experienced violence as children were more likely to report suicidal thoughts compared to those who did not experience childhood violence.

Women who experience any violence as children are ***this*** many times more likely to experience the following outcomes, compared to women who do not experience violence during childhood:

Perpetration of harsh parenting

4

Disability/difficulty in activities of daily living

2

Suicidal thoughts

9

Husband's controlling behaviors

4

Economic IPV

3

Sexual IPV

4

Physical IPV during pregnancy

6

Physical IPV

7

Emotional IPV

5

Men who experience any violence as children are ***this*** many times more likely to perpetrate/experience the following outcomes, compared to men who do not experience violence during childhood:

Perpetration of harsh parenting

3

Non-partner rape

3

Economic IPV

7

Sexual IPV

3

Physical IPV

6

Emotional IPV

9

What works to prevent violence against children?

Prevention of violence against children and violence against women requires multi-sectoral action and coordination to address risk factors for violence at the individual, family, community, and social levels. Strategies to address violence against children need to take a critical gender and life-course approach.

The following summarises key resources and strategies in the prevention and response to violence against children.

The INSPIRE package is a multi-agency collaboration that provides seven strategies for ending violence against children worldwide. These strategies include: (1) Implementation and enforcement of laws to criminalise all forms of violence against children; (2) Promotion of norms and values to reduce violence; (3) Creating safe environments at school, home and in communities; (4) Ensuring parent and caregiver support to children of all ages; (5) Income and economic strengthening interventions for families and communities; (6) Response and support services; and (7) Education and life skills for youth.

The **Centers for Disease Control and Prevention Technical Package on Preventing Child Abuse and Neglect** provides a core set of priorities to prevent child abuse and neglect and reduce the prevalence of associated risk factors. Priorities are based on the best available evidence on what works to prevent child abuse and neglect, predominantly in high-income settings. However, these priorities may be adaptable to low-income contexts. These priorities include: strengthening economic supports to families; changing social norms to support parents and positive parenting practices; provision of quality care and early childhood education; enhancing parenting skills to promote health child development; and interventions to reduce the harm and mitigate future risk of child abuse and neglect.

Together for Girls' What Works to Prevent Sexual Violence against Children summarises existing global evidence on interventions to prevent sexual violence against children, specifically. Effective interventions include community mobilisation programs to shift attitudes, norms, and behaviours around violence; parenting programs to prevent teen dating violence; counselling and therapeutic approaches for survivors and child/youth offenders; relationship and school-based education and life skills trainings; and empowerment and self-defence trainings. The report also highlights interventions with less evaluation evidence but that show promise to prevent sexual violence against children.

The **The World Health Organization's School-based violence prevention: a practical handbook** serves as a resource to adequately and appropriately prevent and respond to violence against children in school environments. Strategies include violence prevention through curriculum-based activities, teacher training, response and mitigation approaches, safe physical environments, and involvement of parents in violence prevention activities.

Types of interventions to implement in Timor-Leste

The following provide further detail on evidence-based interventions that can be adapted and implemented in Timor-Leste.

INTERVENTION TYPE	INTERVENTION DESCRIPTION	EXAMPLE PROGRAM	KEY ELEMENTS TO ENSURE EFFECTIVENESS
Community-based mobilisation efforts that aim to change attitudes and norms toward non-violence and gender equality can help to prevent violence by reducing acceptance of violence against women and children.	Usually includes activism, campaigns, and action at the community level.	The SASA! intervention led to a 65% reduction in prevalence of children witnessing IPV in the home ⁷ , and a 52% reduction in past-year experiences of physical IPV among women. ⁸	Community-based mobilisation efforts appear to be most effective when implemented in environments with strong child protection legislation and life skills training for adolescents and youth. ⁹
Life skills training programs for male and female youth can increase children's access to more effective, gender-equitable, and transformative learning opportunities. ¹⁰	Life skills trainings can be implemented within classrooms or schools, or through community centres or adolescent clubs. Programs can involve mentorship, financial literacy training, and emotional-social learning.	Initiatives such as Empowerment and Livelihood for Adolescents integrate life skills and financial literacy to promote both social and economic empowerment. ¹¹	Multifaceted life skills programs show reductions in aggressive and disruptive behaviours by youth, as well as reductions in girls' early marriage and teen pregnancy. ^{12, 13}
Parenting and caregiver support and training can help to instill the importance of positive, non-violent discipline in child-parent relationships and promote healthy child development.	Early childhood home visitation programs can provide information and support about child health and development to parents and caregivers during pivotal periods in child development. Nurses or trained community health workers can deliver home visitation programs, which can begin during pregnancy or after delivery of the child. Parent training and support interventions provide parents and caregivers with behaviour management, positive parenting, and effective parent-child communication skills. These programs can be delivered in groups or in community settings.	Parents/Families Matter! , a community group-based intervention, aims to promote positive parenting practices and effective child-parent communication strategies, and includes a module on increasing parental awareness of child sexual abuse. ¹⁴	Early childhood home visitation programs show strong effectiveness in reducing child abuse and neglect, although the majority of the evidence comes from high-income countries. ^{15, 16} Parent training and support interventions show effectiveness in reducing abusive or neglectful parenting practices. ¹⁷ Parenting programs should be tailored to child development stages.
Income and economic strengthening initiatives that seek to improve family economic security and stability show effectiveness in reducing both violence against children and intimate partner violence in low- and middle-income countries.	Interventions can include cash transfers, and multi-faceted programs integrating savings, loans or microfinance initiatives with gender equity training. ¹⁸		In high-income countries, policies to ensure child support, tax credits and assistance in housing to low-income families shows demonstrated reductions in child abuse and neglect. ¹⁹
Establishment of safe and enabling school environments is critical to reduce violence against children perpetrated by school administrators and staff, as well as by peers (e.g., school-based bullying).	Interventions can include training for teachers and school staff on building positive relations between students and staff, and promoting positive peer-to-peer engagement.	Raising Voices, the Good School Toolkit	School-based interventions have shown effectiveness in reducing school-based bullying and staff-perpetrated physical child abuse. ²⁰
Response and provision of support to child survivors is important to minimise the consequences of violence on future risk of violence as well as promote overall health and wellbeing of survivors.	Basic services, including emergency medical care for survivors of violence, is a priority. Once basic services are established and available, child-focused services and mechanisms are needed for children to seek recourse and support. Trauma-informed therapeutic approaches can be effective in reducing trauma symptoms and improving long-term physical and psychological health outcomes among children who experience violence. Services can be integrated into community health centres, domestic violence shelters, and delivered through trained healthcare providers.		Access to high-quality health, social welfare and criminal justice support services can reduce the long-term consequences of violence.

Recommended prioritisation and sequencing

Based on this study, the following priority areas should be addressed. We include recommendations for short and long-term priorities. Short-term priorities represent “low hanging fruit” or areas for immediate attention (1-3 years), whereas long-term priorities refer to strategies that will take time to set up and implement (4-10 years).

Short-term violence prevention priorities

- Integrate life skills trainings, positive parenting, and early education approaches and awareness raising efforts into existing development initiatives (e.g., on-going maternal and child health programs, economic livelihood interventions).
- Focus on interventions specifically to prevent sexual violence against children, both boys and girls. A recent review of the evidence outlines effective interventions that could be adapted, many of which are described in the above section.²¹
- Support counselling and therapeutic approaches for child survivors that are trauma-informed, age-appropriate, and recognise life-course patterns of violence, including exposure to conflict-related trauma. These approaches may be integrated into existing domestic violence services for women, or health care programs for children of multiple age groups.

Long-term violence prevention priorities

- Develop interventions that take a comprehensive approach to address the home environment and violence-supportive environment as a whole, and work with families to promote positive parenting practices. Interventions targeted at parents or caregivers can disrupt intergenerational cycles of physical child abuse.
- Develop and implement interventions that focus on addressing gender inequality, the normalisation of violence across the life course, and transforming men's power over women and children. Evidence-based and feminist informed interventions are recommended, adapting interventions that have been identified to be effective (for example, in the RESPECT Framework) to the Timor-Leste context. This could include:
 - Supporting feminist movements and leaders to advocate for legislative and normative changes in society
 - Community-based community mobilisation programs such as SASA!
 - Faith-based interventions to promote gender equality
 - School-based approaches to promote respectful relationships and comprehensive sexuality education
 - Working with men and boys to challenge stereotypes, harmful masculinity, and norms that justify violence

Next steps

THE FOLLOWING RECOMMENDATIONS SERVE TO INFORM FUTURE EFFORTS, INCLUDING BY DONORS, THE UNITED NATIONS AND GOVERNMENT, TO DEVELOP EFFECTIVE LONG-TERM, MULTI-FACETED INTERVENTIONS TO PREVENT VIOLENCE AGAINST CHILDREN AND VIOLENCE AGAINST WOMEN IN TIMOR-LESTE.



Increase cross-sectional and longitudinal research to further identify entry points for effective interventions to prevent violence against children and violence against women in Timor-Leste.

Leverage existing partnerships to incorporate violence prevention strategies into a range of development activities and initiatives. For example, economic stabilisation initiatives, sexual and reproductive health programs, teaching caregivers and communities about child development, skills building programs, pre-school childhood education efforts).

Conduct mapping of existing women's and children's health and wellbeing programming in Timor-Leste to identify new opportunities to integrate violence prevention approaches into ongoing interventions.

Strengthen the capacity of the violence prevention and child protection sector to understand and address the intersections between VAW and VAC, taking gendered, trauma-informed, and rights-based approaches. It is vital to build a deeper understanding of child development and impact of trauma and violence, as well as the recognition of children as individuals with agency and autonomy beyond their family unit.

Conduct monitoring and evaluation research to rigorously evaluate the effectiveness of interventions to prevent and respond to violence against children in Timor-Leste.

Generate networks and dialogues to coordinate and collaborate with multiple stakeholders from communities, government, civil society and donors on violence prevention priorities and strategies, with a particular focus on breaking down silos between work to address VAW and VAC.

Identify opportunities for South-South collaboration and learning to adapt effective interventions that address violence and/or associated risk factors (e.g., financial literacy, comprehensive sexuality education) into the Timor-Leste context.

End notes

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