



## **“Help parents talk to their children about sexual violence”: Lucie Cluver of Global Parenting Initiative on resourcing parents, shifting norms, and strengthening evidence and research.**

**Lissa Harris**

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**Lissa Harris:** Could you please start by introducing yourself, your organization, the issues that you're working on, and how you're tackling them?

**Lucie Cluver:** I'm Lucie Cluver. I'm a professor of Child and Family Social Work at the University of Oxford and jointly at the University of Cape Town. I used to be a child protection social worker. We do large-scale research where we examine what are effective interventions to prevent childhood sexual abuse, particularly in Africa.

The work we're doing can be divided into three parts. The first part is identifying the evidence base for preventing sexual violence and other benefits of national government programs and delivery. The programs that prevent sexual violence also have massive benefits across other outcomes for children.

The second part is taking existing interventions and modifying them so that they become effective in preventing sexual violence as well as other outcomes, and testing that in randomized control trials.

The third part is economic modeling, which demonstrates the massive returns for a country in preventing sexual violence and the effective programs and impacts.

**Lissa Harris: Can you talk about your audience for these three aspects of your effort? Who are you speaking to and how do you engage with those audiences?**

**Lucie Cluver:** The first audience is national governments. We spend a lot of time, particularly in Sub-Saharan Africa, talking with ministries of social welfare and health about what they need and the most effective evidence for them.

The second audience is donors. They're a crucial part of deciding what gets delivered. The third is international agencies. We work closely with the United Nations International Children's Emergency Fund (UNICEF), the World Health Organization (WHO), and agencies like the World Bank and the World Food Programme to integrate effective programs and deliver them at scale and country level.

**Lissa Harris: Do you work with the front-line organizations you're drawing evidence from?**

**Lucie Cluver:** When we look at combinations like social protection and parenting programs, it's often government-delivered. But yes, we work with World Vision, Save the Children, and other organizations that deliver programs and are thought leaders in this area. I work much less with the small organizations delivering the subcontractors, for example, to governments or the International Non-Governmental Organizations (INGO).

**Lissa Harris: What is your unique strategy and why do you lean into the things that make you different from other groups doing similar work?**

**Lucie Cluver:** We've identified that the field of preventing childhood sexual violence has started this massive growth in evidence. Five years ago, systematic reviews showed there were no effective programs. And now, there's a special and different group of scientists saying, can we use the best quality evidence and the same randomized control trials used for medicines to understand what will be effective at preventing or reducing the risks for children and what can we deliver?

We know that all children are at risk of childhood sexual violence. We need to understand what we can do at a population level that protects them and what to do in a poor country that doesn't have a large budget. We're trying to push the boundaries of thinking and research.

**Lissa Harris: Is there an example you'd like to share that illustrates the impact of your work?**

**Lucie Cluver:** One that's top of our minds, but not yet finished, is the evidence-based, open source, and free-to-use parenting programs that we developed for about 15 years with the WHO and UNICEF. Those are very effective. There have been 19 randomized trials in preventing physical and verbal abuse of children, but they've never included sexual violence. About five years ago, the WHO and UNICEF pushed us to make them scalable. We couldn't reach tens of millions of children because they were too expensive and clunky.

With my colleague Jamie Lachman and a team from the Philippines, Tanzania, and South Africa, we developed a set of digitally effective versions that are much lower cost, open source, and free to use. We tested them in randomized trials and had the first results one month after delivering the program. We found a reduction in sexual violence victimization of 37% in Tanzania, amongst children for a program that costs \$6 per family. We don't have the final results yet to see if those effects last over a year and a half. But it's encouraging.

**Lissa Harris: How does that evidence-gathering process work?**

**Lucie Cluver:** We use standardized measures. The International Society for Prevention of Child Abuse and Neglect (ISPCAN) and the Violence Against Children surveys have these imperfect measures. I mean, asking anyone about sexual violence is imperfect because we know that there's huge under-reporting and there's no other way that we can do it.

When I was a social worker, we didn't have reliable measures, but we asked the same people at different times and built trust. We do it in ways they can report.

We see that rates of what they're reporting are going down. We're comparing someone against their own experience. We hope that even if everything is under-reported, there's been some change for that child.

**Lissa Harris: Are these programs being delivered online to their parents and then you're interviewing the children?**

**Lucie Cluver:** Yes, the parenting programs are a well-established intervention. The WHO recommends hundreds of randomized trials and they're done as group-based programs where parents learn skills about building relationships and trusting relationships with kids and teenagers. And then, managing difficult situations in the home and reducing violence. Content from evidence-based programs to prevent sexual violence has been added. We got input and

feedback from colleagues like Together for Girls and the Brave Movement and included content from No Means No, an evidence-based violence prevention program.

We tried to make it cheaper with an offline app, quite clunky, and not beautiful but designed to be used without wifi on a basic Android phone. So we added it to WhatsApp groups. Fifty families are in a group with a facilitator who helps them through the course.

We discovered that the kids do the course with the parents, it's the kids driving it. What we thought we were delivering wasn't what we delivered. It's a family thing that they do together.

**Lissa Harris:** This is interesting for my next question, which is that we learn as much from things that don't work as things that do. And is there something you tried that didn't work, that you learned something important from?

**Lucie Cluver:** Loads of things didn't work. A real challenge is to find out how to get something to be effective, and have people who want to stay in it and go through a whole program because there's no immunization, no quick easy vaccine for this. How do you do that in a way that drives down costs, to a low enough level that a government would be willing to invest in the prevention of childhood sexual violence? How do you get it to be something that feels achievable?

There's a brilliant advocacy lead at UNICEF called Ben Perks, and he always talks about the child survival revolution where 20% of kids globally were getting immunizations. The field came together and there was a huge push to make it achievable. Can we do the same for childhood sexual violence? Can our aspiration be that every child gets protection?

**Lissa Harris:** What are the main challenges to your work besides funding? What are the biggest barriers to achieving your goals on a broader scale?

**Lucie Cluver:** I don't think any of them are insurmountable. Part of the reason that people are scared of sexual violence as a topic is because we haven't been able to give them things that feel achievable to do. It's an awful terrible thing that you feel powerless against.

The Safe Futures Hub has just done this brilliant review of what works. It's a huge difference from five years ago. We need to push through to scale programs up and bring down costs to let people realize it's terrible and they can do something about it.

Another valuable thing for our field is to avoid going down the route where different NGOs each own a program or people are tied to one thing they need to do. We need to approach this by

asking, what's the common good? By being open to sharing across the field of all the different actors working on this, we can avoid some of the problems that happened with other fields.

**Lissa Harris:** There are some interesting parallels here with climate issues, talking about big problems that people feel powerless to solve and how that causes disconnection in people's willingness to talk and think about it.

**Lucie Cluver:** One of the things we're starting to look at now is the next coming challenges. What's the world going to look like in 10 years? We've just analyzed data from violence against children surveys in five countries, with 22,000 girls, and we've overlaid that with satellite data on drought, showing doubled rates of sexual violence and sexual exploitation in severe droughts.

We think about how protecting children can be part of the climate discussions and planning for climate and anticipatory action. You can't raise the issue without having solutions.

**Lissa Harris:** Do you feel like shifting cultural norms is part of your work? And if so, what are the effective strategies for shifting society's view of issues?

**Lucie Cluver:** What we do is to help families protect their children and that is shifting social norms. They want to do it but don't know how to. It's hard to help parents talk to their children about sexual violence, you don't know where to start and what to say and it's awkward and embarrassing and they're going to ask you awful questions that you don't know the answer to.

The feedback is that parents or any caregiver, a grandparent, or an aunt, are relieved to have something to help them do that. We need to do that for families who aren't middle-class educated, who may not access online resources, and think about what's achievable for everyone to engage in.

**Lissa Harris:** What is the effective intervention driving real harm reductions?

**Lucie Cluver:** We found government cash transfers to low-income families effective; they can reduce rates of transactional sex, for example, amongst teenage girls. And there's good evidence for school-based programs. I don't know what the effective mechanism is. We've got a bunch of hypotheses, we're unpacking the data and running complex analyses that can allow us to try and understand that.

If you are a parent or looking after a teenager, you can start by building a more trusting and positive relationship. Things get hard for many parents and teenagers, leading to cycles that no

one is happy with, where everyone is shouting and frustrated. And being poor makes it even harder because you're even more stressed and exhausted. Building positive relationships opens doors to discussions you couldn't have had before. Kids may be happier to spend time at home when they spend more away from home when things are harder.

You can start building protection around children. You're more likely to know who your kids' friends are, and what they're doing. You're more likely to negotiate to come home, for example, when it gets dark. You can talk about what is unsafe in a community and do exercises about that. It's often surprising to parents because places that they had thought were safe, were not, for example, the school.

And you can also plan for what happens when things go wrong. When a teenage girl has lied to her parents and gone to a party, and there's no one to drive her home except a guy offering her a lift, you pre-plan so she can call her parents. And know that the risk of calling her parents is much lower than getting in a car with someone. That's what we hypothesize, but we don't know which of them or if any of them are making a difference.

**Lissa Harris: Are there differences in the effectiveness of these programs and dealing with children who are experiencing violence in their home from their parents, or children whose main risk is at school, from peers or authority figures outside their homes?**

**Lucie Cluver:** Absolutely. It's a complicated problem with all different sources of risk and we can never protect kids against all of them. For example, I don't think we've got anything effective against incest, within family abuse that's been ever proven. What I would love to try is see if there is a way that we could link these, not just by adding them onto each other because then the costs go up and up. But there's also perpetrator prevention, which isn't aimed at the kids, and that should be happening. We're each trying to build a part of the puzzle on this.

**Lissa Harris: What role do partnerships and coalitions play in your work and what are your strategies for maintaining them?**

**Lucie Cluver:** They're even more fundamental in this field because it can be lonely. We've got to find our partners across the world. I have meetings where survivors and people think about advocacy and cons and wrap their heads around how to do this better. On that level it's crucial.

There's a long history of academic-built interventions that never go anywhere. Sometimes that's because the goal wasn't clear, but often it's because they've been built and developed separately. We work with the WHO, UNICEF, the United States Agency for International

Development (USAID), and the Centers for Disease Control and Prevention (CDC) on everything. It's not always comfortable because they make hard demands and you have to accept that the path you're pursuing is not necessarily leading to the academic glory you would get if you pursued an easier path. You have to decide whether the career is the primary focus or ending violence, so the partnerships are challenging, and you challenge yourself with them.

This is one of the most severe and unaddressed health and social problems of our time. We have data showing completely unacceptable prevalence rates. We have strong data showing the long-term impacts can be terrible for children over their lifetime. Many do get through, but it impacts them forever and we have to invest in preventing and responding to it. If we had a disease like this and it was a medical problem, drug companies would invest in research on this.

**Lissa Harris: What is most needed from other actors, whether that's governments or international bodies NGOs, to advance change?**

**Lucie Cluver:** In a funny way, I'm less worried about governments and big NGOs, because if we can find something effective and cheap, there is political will to deliver it. If we can get the right thing achievable and feasible, there would be enormous value in having a catalytic set of donors to get systems up and running.

I look at the brilliant work Pooja is doing in India. They would benefit hugely from randomized control trials so that the WHO accepts and uses the hard evidence. Researchers always say there should be more research, but there are brilliant NGOs doing things that aren't getting on the agenda because of that. There needs to be a change in how we think about childhood sexual violence and it needs to stop being the scary, terrible thing that makes us want to hide. But rather the thing that is every bit as terrifying as childhood meningitis and we do our best to prevent both of them.

**Lissa Harris: We touched on cash payments to families as effective. Is that an example of something for which there is hard evidence but no will because of the donor base to enact?**

**Lucie Cluver:** Yeah, [there was a] fantastic randomized trial in Tanzania of a government cash transfer program where they added in life skills and sexual and reproductive health and rights (SRHR) components and it was effective, it prevented sexual violence over a long term.

There's evidence from course experimental studies of the prevention of transactional sex in South Africa, with a 50% reduction. There's evidence from a Malawi study where they found

reductions. It's an effective mechanism because when a family's on their knees for food, it copes partly by having a boyfriend who brings around groceries.

I've oversimplified it, but that's where cash can make a substantial difference. We don't know as much about child marriage and cash. It's a slightly more complicated story on different continents. Not every country is going to do a government cash transfer just to prevent sexual violence. You have to show other impacts like education and long-term economic productivity.

**Lissa Harris: What do you think has the potential to make a significant impact in the field in the next five years? Is there a leverage point for action or a turning point?**

**Lucie Cluver:** The next thing is to determine how to prevent online childhood sexual violence effectively. We haven't got any randomized trial evidence. There's some great stuff going on at the legislative level and with tech companies. But not in terms of family interventions. The links between childhood sexual violence and climate might be important.

We have to act like a field that's been around for 30 years, think into the future, and try innovative things when we've only been around for a few years. We're a baby field, but we don't have the chance to spend 30 years refining our stuff. We have to do things differently. And we know that climate change is associated with gender-based violence. We just haven't looked at it with kids so much. It's a necessity that we do, so we build something in.

**Lissa Harris: Does your work touch on strategies for intervening in sexual violence peer-to-peer sexual violence among young people? Are there strategies that you see as effective? What does the research say on that front?**

**Lucie Cluver:** The parenting and the economic strengthening programs both seem effective on those kinds of violence. It's a gray area. What's a peer? If you're 14, is a 22-year-old considered your peer? We are not clear on that, but the No Means No programs, and in the US, Safe Dates, have shown good effectiveness. We don't know yet if we should have programs targeting each different perpetrator type or build the capacity in a family to protect a child against all of them.

The comparator is a specific vaccine or a broad-based vaccine. Often, broad-based vaccines like antibiotics are less effective against particular kinds of illness. But they're cheaper, easier to get out, and easier to store. In a dream world, you would have something refined for peer-on-peer that's different for older perpetrators. I doubt we could ever deliver that at scale.



We're working with UNICEF to integrate online sexual violence prevention and the risks are changing. You can create a whole program and then AI-generated child sexual abuse material comes in that no one foresaw six months ago. Should there be broad-based protection or alert families to the new risks? I don't know the answer.

**Lissa Harris: What would it take for the donor community to get on board with this work?**

**Lucie Cluver:** For some donors, it will never be their priority. In my experience though, philanthropic donors and donors like the World Bank increasingly require evidence of effectiveness. They want to know how well it works for who, and how much it costs. They want to spend their money on something that's going to work.

**Lissa Harris: Thank you so much for talking with me.**

*Lissa Harris is a freelance reporter, science writer (MIT '08), and former local news entrepreneur based in upstate New York. She is currently working as a consultant on capacity-building and local solutions-oriented community projects in the rural Catskills.*

*\*\*This conversation has been edited and condensed.*