

WORLD REPORT ON
VIOLENCE AGAINST CHILDREN

Contents

Paulo Sérgio Pinheiro
Independent Expert for the United Nations
Secretary-General's Study on Violence against Children



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Published by the United Nations

Secretary-General's Study on Violence against Children





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Designed by the United Nations Publishing Services (UN Geneva)
and Services Concept (www.services-concept.ch)

Printed in Geneva, Switzerland by ATAR Roto Presse SA

This book may also be consulted and downloaded on the following websites:

<http://www.violencestudy.org>

<http://www.ohchr.org>

<http://www.unicef.org>

<http://www.who.int>

ISBN-10 92-95057-51-1

ISBN-13 978-92-95057-51-7

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ACKNOWLEDGEMENTS

The World Report on Violence against Children has benefited from the support of many institutions and friends. I acknowledge with thanks the many organisations, experts, authors, peer reviewers, advisers, consultants, volunteers, interns and the Study Secretariat, whose commitment and dedication have made this book possible.

The Coordinating Committee

The three coordinating entities of the Study: the Office of the High Commissioner for Human Rights (OHCHR), the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO). The heads of these entities, and their predecessors: Louise Arbour, the United Nations High Commissioner for Human Rights, Mary Robinson and the late Sérgio Vieira de Mello, and Mehr Khan Williams, Deputy High Commissioner for Human Rights; Ann M. Veneman, UNICEF Executive Director and Carol Bellamy, and Rima Salah, Deputy Executive Director, the late Lee Jong-wook, former Director-General of WHO, Anders Nordström, the acting Director-General, and Catherine Le Galès-Camus, Assistant Director-General.

I also thank the staff of these organisations, in particular; Karin Lucke, Krista Oinonen and Maja Andrijasevic-Boko at OHCHR; Gopalan Balagopal, Stella Schuhmacher and Andres Guerrero at UNICEF; Alexander Butchart and Alison Phinney Harvey at WHO.

Human rights treaty bodies and mechanisms

The members of the Committee on the Rights of the Child, members of other human rights Treaty Bodies, and my colleagues the mandate holders of the special procedures mechanisms of the Council on Human Rights (and former Commission on Human Rights).

I also thank national human rights institutions, including ombudspersons and commissioners for children.

Other United Nations and international organisations

The Inter-Agency Group on Violence against Children – in addition to the above, the United Nations Educational, Scientific and Cultural Organisation (UNESCO), in particular Linda King and Paolo Fontani; the International Labour Office (ILO); the Office of the United Nations High Commissioner for Refugees (UNHCR), in particular Ngonlardje Mbaidjol, Ron Pouwels, Eva Ahlen, and Christoph Bierwirth; the United Nations Office on Drugs and Crime (UNODC), in particular Sumru Noyan and Anna Giudice; the United Nations

Development Programme (UNDP); the joint United Nations Programme on HIV/AIDS (UNAIDS); the United Nations Department of Public Information (UNDPI); the United Nations Information Service, the Division for the Advancement of Women (DAW); the United Nations Population Fund, (UNFPA); the United Nations Development Fund for Women (UNIFEM); the United Nations Fund for International Partnerships (UNFIP), in particular Kimberly Gamble-Payne; the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA); UNICEF Innocenti Research Centre; the World Bank; the Inter-Parliamentary Union; and the International Committee of the Red Cross; the Indian Ocean Observatory; the European Commission Daphne Programme.

The Editorial Board

Shirin Aumeeruddy-Cziffra, Nancy Baron, Jo Becker, Susan Bissell, Alexander Butchart, Nancy Cardia, Jane Connors, Jaap Doek, Amaya Gillespie, Savitri Goonesekere, Hani Jahshan, Maria Francisca Ize-Charrin, Etienne Krug, Karin Landgren, Charlotte McClain-Nhlapo, Jim Mercy, Peter Newell, Alison Phinney Harvey, Frans Roselaers, Marta Santos-Pais.

Invited Experts

Assefa Bequele, Ragne Birte Lund, Maud de Boer-Buquicchio, Anees Jillani, Moushira Khattab, Thoko Majokweni, Vitit Muntarbhorn, Phillip O'Brien, Juan Miguel Petit.

Contributing authors

Kevin Browne, Fatuma Chege, Luke Dowdney, Alexander Fyfe, Deborah Gorman-Smith, Changu Mannathoko, Claudia Mitchell, Carmen Madrinan and Deborah Muir, Moncef Moalla, Yoshie Noguchi, Teija Vallandingham, and the many peer reviewers internationally.

Publication development

Maggie Black, lead writer; Andrew Wilson, writer and editor; Stuart Adams, support writer; Anne Schreier-Audoire, copy editor; Michelle Siegel and colleagues, UNICEF, design; Sophie Combette, and Services-Concept, design and lay-out.

Research Advisory Group

Gareth Jones(lead expert), Patrick Belser, Jeroo Bilimoria, Joan Durrant, Michaelle de Cocke, Michael Dunne, Claudia Garcia-Moreno, Henrica Jansen, Chen Jinqui, Jack Jones, Ingrid Leversen, the International Society for the Prevention of Child Abuse and Neglect colleagues (ISPCAN), Doris Ma Fat, Dipak Naker; Sami Nevala, Leanne Riley, Oddrun Samdal, Kenji Shibuya.

I would like to thank the generous support for my research work that I have received from 2003 to 2006 from the Center for the Study of Violence, University of São Paulo, NEV/CEPID/USP and the São Paulo State Foundation for the Support of Research, (FAPESP), Brazil; the Conselho Nacional de Desenvolvimento Científico e Tecnológica (CNPq), the Centre de Recherches sur le Brésil Contemporain (CRBC); École des Hautes Études en Sciences Sociales, Maison des Sciences de l'Homme and the Chaire Brésilienne de Sciences Sociales Sérgio Buarque de Holanda, Paris, and the Watson Institute for International Studies, Brown University, USA.

Donors

The Governments of Belgium, Canada, Finland, France, Germany, Luxembourg, Monaco, Norway, Sweden, and the United Kingdom.

Private sector partners: The Oak Foundation; The Body Shop; Microsoft Corporation.

The nine regional steering and planning committees and the host Governments for the regional consultations, sub-regional and national consultations

Latin America Regional Consultation, Buenos Aires, Argentina

North America Regional Consultation, Toronto, Canada

Middle East and North Africa Regional Consultation, Cairo, Egypt

Pacific Island Nations Sub-regional Consultation, Suva, Fiji

Indian Ocean Island Nations Sub-regional Consultation, Antananarivo, Madagascar

West and Central Africa Regional Consultation, Bamako, Mali

South Asia Regional Consultation, Islamabad, Pakistan

Europe and Central Asia Regional Consultation, Ljubljana, Slovenia

Eastern and Southern Africa Regional Consultation, Johannesburg, South Africa

East Asia and the Pacific Regional Consultation, Bangkok, Thailand

Caribbean Regional Consultation, Port of Spain, Trinidad and Tobago

Regional bodies

The African Union, in particular its African Committee of Experts on the Rights and Welfare of the Child; the Caribbean Community (CARICOM); the Council of Europe, particularly the Deputy Secretary-General of the Council and the European Commissioner for Human Rights; the European Union, in particular, the Personal Representative of the Secretary-General on Human Rights; the League of Arab States; the Organization of American States and, in particular, its Inter-American Commission on Human Rights; and the South Asian Association for Regional Cooperation.

Children and young people

The children and young people, and youth facilitators who have been involved in the Study process since the very beginning. Their contributions, hope, strength and energy have been extremely valuable in ensuring that their message, essential for future generations, would continue to be heard loud and clear.

The NGO Advisory Panel for the UN Secretary-General's Study on Violence against Children

Jo Becker (co-chair), Human Rights Watch; Melanie Gow (co-chair), World Vision International, Australia; Mary Beloff, Center of Legal and Social Studies on Childhood and Youth, Argentina; Carol Lynn Bower, Resources Aimed at the Prevention of Child Abuse and Neglect (RAPCAN), South Africa; Luke Dowdney, Viva Rio, Brazil; Joseph Gathia, Centre of Concern for Child Labour, India; Dilyana Giteva, Human Rights Project, Bulgaria; Stuart Hart, International School Psychology Association (ISPA) and the International Institute for Child Rights and Development (IICRD), United States; Séverine Jacomy, Focal Point Sexual Exploitation of Children, Switzerland; Elizabeth Jareg, International Save the Children Alliance, Norway; Dr. Hasson Qasem Khan, Yemen Psychological Association, Yemen; Ellen Mouravieff-Apostol, International Federation of Social Workers, Switzerland; Najat M'jid, BAYTI, Morocco; Virginia Murillo Herrera, Defense for Children International, Costa Rica; Peter Newell, Global Initiative to End all Corporal Punishment of Children, United Kingdom; Millie Odhiambo, Child Rights Advisory Documentation and Legal Center (CRADLE), Kenya; Anastasia Pinto, Centre for Organization Research and Education/World Coalition for Indigenous Children and Youth, India; Elizabeth Protacio-de Castro, Program on Psychosocial Trauma and Human Rights, Center for Integrative and Development Studies, University of the Philippines, Philippines; Rakesh Rajani, Haki Elimu, Tanzania; Marcellina Mian, Kimberly Svevo, Barbara Bonner (ISPCAN); Washeila Sait, Disabled Children's Action Group, South Africa; Dick Sobsey, Inclusion International, The Canadian Association for Community Living, The JP Das Developmental Disabilities Centre at

the University of Alberta, Canada; Liliana Ines Tojo, Center for Justice and International Law (CEJIL), Brazil; Marie Wernham, Consortium for Street Children, United Kingdom.

Other NGOs, civil society and academic institutions

Veronica Yates, Isabelle Guitard and Jenny Thomas at the Child Rights Information Network; Lena Karlsson, Roberta Cecchetti, Ravi Karkara, and colleagues at Save the Children; the National Committees of UNICEF; Desmond Runyan (ISPCAN); Carmen Madrinan, End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes (ECPAT); Christine Bloch, Women's Commission for Refugee Women and Children; Miquel Paladella, Global Movement for Children; Jim Cairns, World Conference of Religions for Peace; the National Council for Childhood and Motherhood, Egypt; Annemarie Schlack, SOS Children's Villages; Plan International; Rachel Brett, Quaker UN Office; Areti Sianni, Amnesty International; Dina Abousamra, Norwegian Refugee Council; Maria Amélia Azevedo e Viviane Nogueira de Azevedo Guerra, Laboratorio de Estudos da Crianca (LACRI); Musimbi Kanyoro, World YWCA and the International Alliance of Youth CEOs; Bartholomew Shaha and Jenny Aris World Alliance of YMCAs; Ibrahim Osman, International Federation of Red Cross and Red Crescent Societies; Gillian Shirazi, International Award Association; Lesly Bulman, World Association of Girl Guides and Girl Scouts; Eduardo Missoni, World Organization of the Scout Movement; Nora Groce of Yale University School of Public Health, Michael Dunne et al of Queensland University of Technology.

The Study Secretariat

The Director, Amaya Gillespie, and colleagues, Marcelo Daher (my principal assisant), Esther van der Velde, Imma Guerras, Teizu Guluma, Alexandra Scolari, Véronique Taveau, Sunita Grote, Helen Moestue, June Kane, Phyllis Ressler, Susan Fountain, and other consultants and interns.



X



PREFACE

Violence against children cuts across boundaries of geography, race, class, religion and culture. It occurs in homes, schools and streets; in places of work and entertainment, and in care and detention centres. Perpetrators include parents, family members, teachers, caretakers, law enforcement authorities and other children. Some children are particularly vulnerable because of gender, race, ethnic origin, disability or social status. And no country is immune, whether rich or poor.

The consequences of violence can be devastating. Above all, it can result in early death. But even children who survive must cope with terrible physical and emotional scars. Indeed, violence places at risk not only their health, but also their ability to learn and grow into adults who can create sound families and communities.

Violence against children is thus a major threat to global development and our work to reach the Millennium Development Goals. We will not achieve universal primary education unless children are safe in school. The spread of HIV/AIDS will not be halted until we also stop the violence against girls that helps to fuel the pandemic. Violence against children is also a major obstacle to gender equality.

The impact of violence against children is fully and persuasively documented in the United Nations Study that is the subject of this book. The Study also outlines what must be done to confront this challenge. In that effort, States bear primary responsibility for preventing and responding to violence against children, and for upholding the Convention on the Rights of the Child and other treaties, which guarantee girls and boys everywhere the right to live their lives free from violence. There must be action in all sectors – from health and education to labour and justice – and at all levels, local, national and international. But civil society groups and individual citizens also have important roles to play. The UN family, for its part, remains strongly committed to this work.

Violence against children is never justifiable. Nor is it inevitable. If its underlying causes are identified and addressed, violence against children is entirely preventable. This book and Study should help to improve our understanding of the problem, and help us devise strategies to confront it. I therefore commend the contents to a wide global audience.

Kofi Annan

United Nations Secretary-General

October 2006



FOREWORD

The World Report on Violence against Children is the outcome of the first comprehensive global attempt to describe the scale of all forms of violence against children and its impact. Violence is a problem that calls for a multisectoral response. This report approaches the issue from the combined perspectives of human rights, public health and child protection.

The participatory processes which led to this report brought together the experience of Governments, international organisations, civil society organisations, research institutions and children. This rich collaborative effort has generated expectations of renewed action. Now, that action is urgently needed.

The Convention on the Rights of the Child forms an international basis for ensuring the rights and protection of children. Yet, in every country of the world, there are children who continue to fear and experience violence. The repercussions of that violence can continue throughout their lives, influencing their development, their behaviours and their health.

This report asserts that no violence against children is justifiable and all forms of violence are preventable. The commitments made at international and national levels and the accumulated knowledge described in this report give us the necessary tools to protect children from violence, to prevent it from happening in the first place, and to mitigate the consequences.

The World Report on Violence against Children must lead to lasting change. All of us share the responsibility to implement it.

Louise Arbour

*United Nations High Commissioner
for Human Rights*

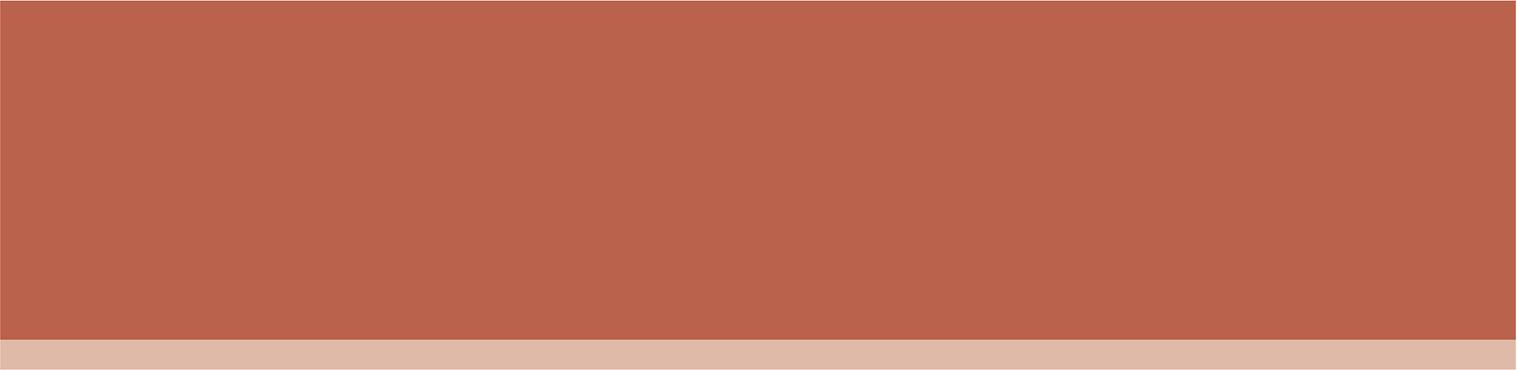
*Office of the United Nations High
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Ann M. Veneman

*Executive Director
United Nations Children's Fund*

Anders Nordström

*Acting Director-General
World Health Organization*



MESSAGE FROM THE NGO ADVISORY PANEL TO THE UNITED NATIONS SECRETARY-GENERAL'S STUDY ON VIOLENCE AGAINST CHILDREN

NGOS' COMMITMENT TO THE STUDY AND ITS FOLLOW-UP

This Study brings to the attention of the highest level of the United Nations the horrific scale of all forms of violence suffered by girls and boys at the hands of adults throughout the world. The Study process and outcome are also an affirmation of the involvement and capacity of children. Children have been engaged in the Study to an unprecedented degree. Their presence, their humanity, input and commitment have enriched every aspect of the Study.

Children's hopes and expectations demand that States act now with real urgency to fulfil their obligations to children as rights-holders. Not only Governments, but individual adults throughout the world must accept, finally, the core message of the Study: that no violence against girls and boys is justifiable, and that all violence against them is preventable. All violence against children is a violation of their equal human right to respect for their human dignity and physical integrity.

Non-governmental organisations (NGOs) – international, regional and national – have been involved from the very beginning of the process. Working with UN and other agencies, NGOs have facilitated and supported the involvement of girls and boys at national, regional and international level. NGOs, often working directly with children and young people, have documented the types and frequency of violence against children, including the shameful fact that in 2006 so much of it still remains lawful and State-authorized – endorsed and administered by those responsible for children's upbringing, care, welfare and education. NGOs have also demonstrated and promoted positive programmes and interventions – ways forward towards a world in which all violence against children is condemned and eliminated. The NGO Advisory Panel, set up to support the Study and expanded to include children and youth members, and the Sub-Group on Children and Violence of the NGO Group for the Convention on the Rights of the Child, have been fully consulted and involved in the preparation of the Study outcomes.¹

The UN Secretary-General's Study must generate a living process that starts rather than ends with the submission of the report to the General Assembly and the publication of this book. NGOs are ready and willing to continue and collaborate in this process. We believe that it should be led and coordinated by a Special Representative of the Secretary-General on Violence against Children who must, reflecting the Study process, engage directly with children as partners.

Children have underlined with passion the urgency of stopping all this violence; Paulo Sérgio Pinheiro has responded by setting essential time-bound targets for Governments, which bear the



primary obligation to prevent violence and respond. We will work together with Governments to meet these targets, and in particular:

- to ensure that all currently lawfully accepted violence against girls and boys, including all corporal punishment, all harmful traditional practices, and all sexual violence, is prohibited and also effectively eliminated through awareness raising and public education;
- to support the development of a multi-faceted and systematic framework to respond to violence against children, fully integrated within national planning processes.

Finally, we would like to express our thanks to Paulo Sérgio Pinheiro, who has led the Study process in an open and participatory fashion, travelled tirelessly and proved himself to be an attentive and responsive listener to children.

1 Members of the Sub-Group on Violence of the NGO Group for the Convention on the Rights of the Child include: African Child Policy Forum; Arigatou Foundation; ECPAT International; Friends World Committee for Consultation; Global Initiative to End All Corporal Punishment of Children; Human Rights Watch; International Alliance of Women; International Catholic Child Bureau (ICCB/BICE); International Council of Women; International Federation of Social Workers ; International Federation Terre des Hommes; International Save the Children Alliance; Jesuit Refugee Service; Plan International; Resources Aimed at the Prevention of Child Abuse and Neglect – RAPAN; SOS-Kinderdorf International; World Organisation Against Torture (OMCT); WWSF Women’s World Summit Foundation; World Union of Catholic Women’s Organisations; World Vision International.

THE IMPERATIVE TO END VIOLENCE AGAINST CHILDREN

The *World Report on Violence against Children* is not an individual achievement nor the work of just one office, but the result of a genuine and lively participatory process, involving Governments, international entities, civil society and children. Over the last three years I have had the privilege of learning from the testimony of thousands of adults and children from all regions of the world. Their commitment to the protection and promotion of children's rights has been the driving force behind the development of the United Nations Secretary-General's Study on Violence against Children, and this book which elaborates on the 'Study'.

The Study confirms that violence against children happens in all parts of the world. In the course of the Study process, though, I have witnessed the efforts of many civil society organisations that strive ceaselessly at local and international levels to ensure the protection of children. We must be inspired by the strength of those in the field who are confronted with very difficult conditions on a daily basis and who have extremely creative approaches for reducing children's exposure to violence and advocating for their rights.

Another promising element of the Study process has been the great interest of Governments all over the world to address the issue of violence against children. As of September 2006, I had received a total of 136 responses to the questionnaire I sent to Governments as I prepared my report. Their responses do not deny the pervasiveness of violence. This recognition of violence, and the open involvement of Governments, are important steps towards putting into practice the commitments States made when they ratified the United Nations Convention on the Rights of the Child.

The collaboration of the Office of the High Commissioner for Human Rights, the United Nations Children's Fund and the World Health Organisation in developing the Study was crucial in recognising the multi-faceted nature of violence against children and the need for a cooperative, multidisciplinary approach to addressing it. The Study also benefited from the substantial contributions of research centres and experts working in very different fields such as criminal justice, public health, education, public security and human rights. This is in itself a reminder that making a real and lasting difference in the lives of children requires all sectors to work together and to coordinate their efforts.

The preparation of a Study with such global dimensions was only possible through mobilisation of a formidable network of organisations and programmes around the world. United Nations entities played a leading role in promoting this participatory process, in partnership with Governments and civil society, and especially through the national, subregional and regional con-



sultations that were facilitated by UNICEF offices and various partners. This broad process of consultation was the key strategy that ensured that the final recommendations in this report are firmly anchored in the reality of children's lives at country level.

Some forms of violence, such as sexual exploitation and trafficking and the impact of armed conflict on children, have provoked international condemnation over the past decade. The recognition of these extreme situations has helped to bring children's concerns high on the international agenda. However attention to violence against children in general continues to be fragmented and very limited – different forms of violence in the home, schools, institutions and the community are largely ignored in current debates in the international community.

Family units are the best providers of physical and emotional care for children. Schools have a fundamental role in ensuring the development of children's potential while protecting them. But it is Governments that have the responsibility to build a solid legal framework and to provide the support needed by families, schools and communities to adequately fulfil their role.

XVIII

Appropriate legal frameworks are vital to ending violence against children, but preventing and responding to violence does not mean adopting unilateral, tough or repressive measures. Moreover, if these measures violate the rights of any group of citizens, they are never going to be effective. This is particularly serious when countries face the challenges of growing levels of violence and crime. If Governments are committed to ensuring safety, it is clear that this is not going to be achieved by locking up adolescents under appalling conditions, by condoning the use of violence by agents of the State, or by weakening civil and political rights. This Study demonstrates that effective responses to violence involve comprehensive efforts, combining long-term investment in prevention, challenging attitudes which condone or support violence, reliable data collection, and improving the functioning of State institutions and ensuring accountability.

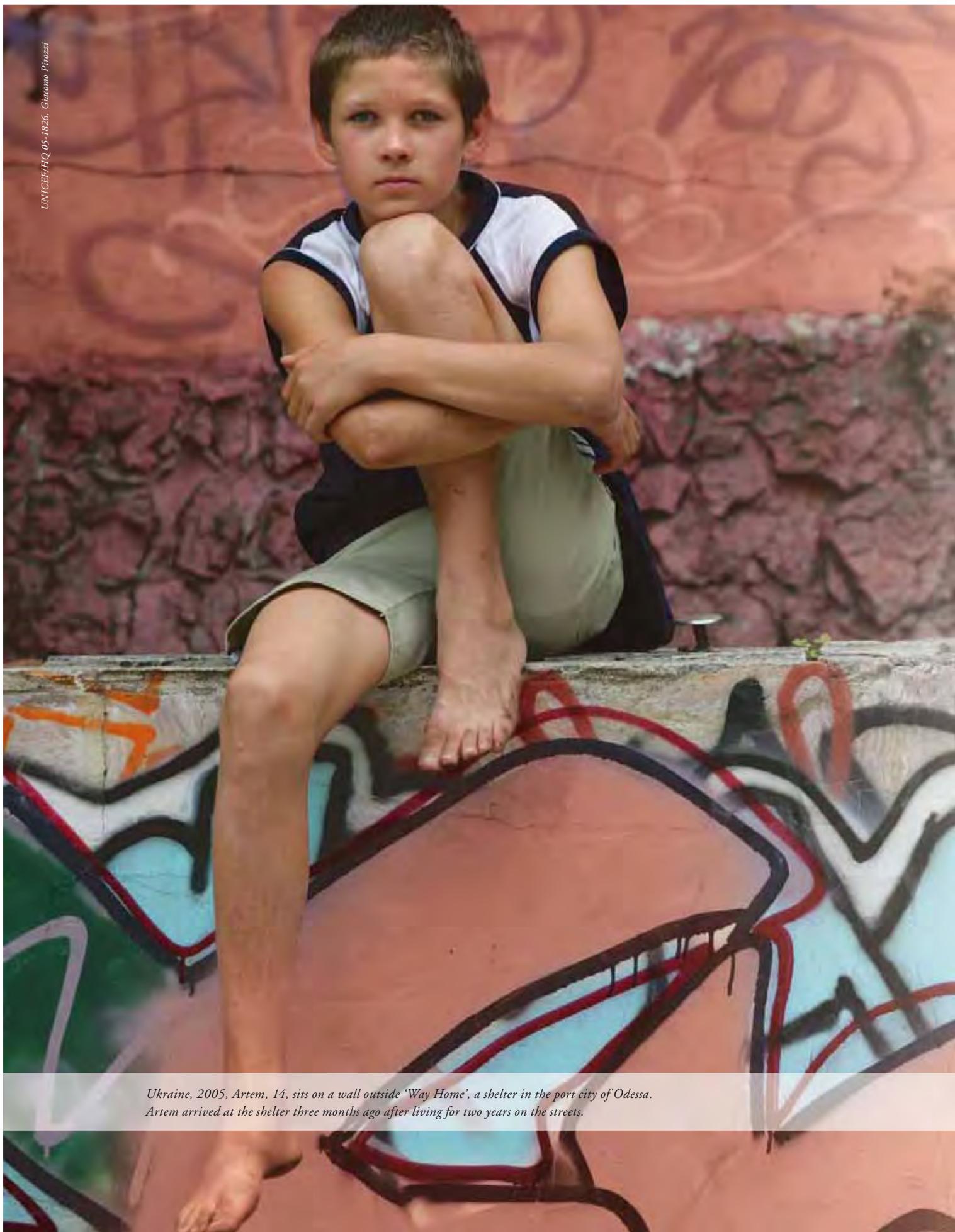
As Nelson Mandela has reminded us, violence thrives in the absence of democracy and respect for human rights. Violence against children persists as a permanent threat where authoritarian relationships between adults and children remain. The belief that adults have unlimited rights in the upbringing of a child compromises any approach to stop and prevent violence committed within the home, school or state institution. For lasting change, attitudes that condone or normalise violence against children, including stereotypical gender roles, need to be challenged,

Our failure to listen to children has resulted in a failure to respond to their needs. It is hard to understand why and how adults can continue to argue that children should have less protection from violence than adults do: in law, in policy and in practice. I sincerely hope that this Study will be a watershed in ending the double standards and compromises that have existed for far too long.



Throughout the Study, children's voices were listened to, heard, and respected. They asserted their right to protection from all forms of violence, and their desire to enjoy that right without delay. Their testimonies describing the harm they experience as a result of violence, and their distress that many adults continue to accept and approve of it must prompt us to live up to our principles, and to practise what we preach. We must act now to end children's scepticism about adult promises. Children are tired of being told they are the future. They want to see us fulfil our promises in the present, and enjoy their right to be protected from violence today.

Paulo Sérgio Pinheiro
Geneva, Fall 2006



Ukraine, 2005, Artem, 14, sits on a wall outside 'Way Home', a shelter in the port city of Odessa. Artem arrived at the shelter three months ago after living for two years on the streets.

AN END TO VIOLENCE AGAINST CHILDREN

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“The children must, at last, play in the open veldt, no longer tortured by the pangs of hunger or ravaged by disease or threatened with the scourge of ignorance, molestation and abuse, and no longer required to engage in deeds whose gravity exceeds the demands of their tender years.”

Nelson Mandela, Nobel Peace Prize Laureate



INTRODUCTION

The full range and scale of all forms of violence against children are only now becoming visible, as is the evidence of the harm it does. This book documents the outcomes and recommendations of the process of the United Nations Secretary-General’s Study on Violence against Children.

‘The Study’ is the first comprehensive, global study on all forms of violence against children. It builds on the model of the study on the impact of armed conflict on children, prepared by Graça Machel and presented to the General Assembly in 1996, and follows the World Health Organization’s 2002 *World Report on Violence and Health*.¹

The Study is also the first United Nations (UN) study to engage directly and consistently with children, underlining and reflecting children’s status as rights holders, and their right to express views on all matters that affect them and have their views given due weight.

The central message of the Study is that *no violence against children is justifiable, and all violence against children is preventable*. The Study reveals that in every region, in stark contradiction to States’ human rights obligations and children’s developmental needs, much violence against children remains legal, State-authorized and socially approved. The Study aims to mark a definitive global turning point: an end to the justification of violence against children, whether accepted as ‘tradition’ or disguised as ‘discipline’.

There can be no compromise in challenging violence against children. Children’s uniqueness – their human potential, their initial fragility and vulnerability, their dependence on adults for their growth and development – make an unassailable case for more, not less, investment in prevention and protection from violence.

In recent decades some extreme forms of violence against children, including sexual exploitation and trafficking, female genital mutilation (FGM), the worst forms of child labour and the impact of armed conflict, have provoked international outcry and achieved a consensus of condemnation, although no rapid remedy. But in addition to these extreme forms of violence, many children are routinely exposed to physical, sexual and psychological violence in their homes and schools, in care and justice systems, in places of work and in their communities. All of this has devastating consequences for their health and well-being, now and in the future.

MAKING A REAL DIFFERENCE

A number of linked and profound developments suggest that the process and outcomes of the Study are timed to make a real difference to the status and lives of children.

First, recognition of human rights obligations to eliminate violence against children has intensified with the adoption and almost universal ratification of the Convention of the Rights of the Child (CRC). The latter underlines children’s status as rights holders. Yet, as

“Children are not mini-human beings with mini-human rights. But as long as adults continue to regard them as such, violence against children will persist.”

Maud de Boer-Buquicchio, Deputy Secretary General of the Council of Europe

MANDATE AND SCOPE OF THE STUDY

In 2001, on the recommendation of the Committee on the Rights of the Child, the General Assembly in its resolution 56/138 requested the Secretary-General to conduct an in-depth study on the question of violence against children and to put forward recommendations for consideration by Member States for appropriate action. In February 2003, I was appointed by the UN Secretary-General to lead this Study.

The Study adopts the definition of the child as contained in article 1 of the Convention on the Rights of the Child (CRC): “every human being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier.” The definition of violence is that of article 19 of the CRC: “all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.” It also draws on the definition in the *World Report on Violence and Health* (2002): “the intentional use of physical force or power, threatened or actual, against a child, by an individual or group, that either results in or has a high likelihood of resulting in actual or potential harm to the child’s health, survival, development or dignity.”²

In my capacity as Independent Expert, I submitted a report to the UN General Assembly, and this book is intended to complement that report. Child-friendly materials have also been produced. This book elaborates on the five different settings where violence against children occurs: the family, schools, alternative care institutions and detention facilities, places where children work, and in their communities. It does not address the issue of children in armed conflict, as this is in the mandate of the Special Representative of the Secretary-General for Children and Armed Conflict, but it considers related issues, such as violence against child refugees and other displaced children.

The Study and its secretariat in Geneva were supported by three UN entities: the Office of the United Nations High Commissioner for Human Rights (OHCHR), the United Nations Children’s Fund (UNICEF), and the World Health Organization (WHO), and were also informed by a multidisciplinary Editorial Board of experts.

*“We have to wipe their tears and transform their gloomy faces into happy ones.
We have to kindle the flame of hope and a better tomorrow in them.”*

The First Lady of Pakistan, Begum Sehba Pervez Musharraf, 2005¹



the Study reveals, despite this broad acceptance of the CRC, children in almost all States are still waiting for full recognition of respect for their human dignity and physical integrity, and for adequate investment in actions to prevent all forms of violence against them.

Second, children themselves are speaking out on this issue and beginning to be heard and taken seriously. Children have testified at the nine Regional Consultations held in connection with the Study about the routine violence they experience, in their homes and families and also in schools, other institutions and penal systems, in places of work, and in their communities. Violence against children exists in every State and cuts across boundaries of culture, class, education, income, ethnic origin and age. Throughout the Study process, children have consistently expressed the urgent need to stop all this violence. Children testify to the hurt – not only physical, but ‘the hurt inside’ – which this violence causes them, compounded by adult acceptance, even approval of it.

Governments need to accept that this is indeed an emergency, although it is not a new emergency. Children have suffered violence at the hands of adults unseen and unheard for centuries. But now that the scale and impact of violence against children is becoming visible, they cannot be kept waiting any longer for the effective protection to which they have an unqualified right.

Third, growing recognition of the impact of violence on the mental and physical health and well-being of children throughout their lives

has given new urgency to prevention. Until the 1960s there was no significant acknowledgment, even among professionals, of the extent of death, rape and injuries inflicted on children by parents and those who have a duty of care or are in positions of trust. The problems of violence against children in schools and other settings had also only been given scant attention until recent decades.

Significantly, the expansion of research in the neurobiological, behavioural and social sciences has generated a much deeper understanding of the significance of childhood experiences to the development of the brain and the central role of early relationships in healthy brain development.³ This research clearly indicates the importance of the child’s positive bond or attachment to parents; it demonstrates that when protective relationships do not exist, exposure to stress in the form of violence can disrupt the developing nervous and immune systems, leading to greater susceptibility to physical and mental health problems. Thus, the opportunity to prevent violence against children promises to address a host of longer-term problems that impose a substantial social and economic burden on the nations of the world.

Fourth, there is increased recognition that the prevention of violence against children requires cooperation and collaboration among many partners. In effect, preventing and responding to violence against children should be everybody’s business. The Study has benefited from collaboration between UN agencies addressing human rights, child protection and public health, and from input from a very broad range of sectors.

“There is a large gap between what we know about violence against children and what we know should be done. We know that violence against children often causes lifelong physical and mental harm. We also know that violence erodes the potential for children to contribute to society by affecting their ability to learn and their social and emotional development. Given the importance of children to our future the current complacency cannot continue – we must place “preventing” violence against children among our highest priorities.”

James A. Mercy, Editorial Board of the UN Secretary-General’s Study on Violence against Children

No longer can different professions afford to address this problem while working in isolation. Public health, criminal justice, social services, education, human rights organisations, media and businesses – all have a common interest in eliminating violence against children, and can find more efficient and effective ways to achieve this goal by working together.

PREVENTION IS THE KEY

Despite the emerging picture of the scale of violence against children, there is a great opportunity now to move towards its elimination. Violence is not an inevitable consequence of the human condition. Governments are increasingly acknowledging and enforcing their human rights obligations to children, and recognising the prevalence and long-term impact of violence. The Study has confirmed that the knowledge and capacity to prevent violence against children and reduce its consequences exist. The science base for developing effective violence prevention strategies and therapeutic interventions is expanding; the existence of evidence-based strategies demonstrates that – with sufficient commitment and investment – creative approaches to prevention can make a difference. Moreover, protecting young children from violence has vast potential for reducing all forms of violence in society, as well as reducing the long-term social and health consequences of violence against children.

Every society, no matter what its cultural, economic or social background, can and must stop violence against children now. This requires transformation of the ‘mindset’ of societies,

and the underlying economic and social conditions associated with violence.

As the Report of the United Nations Secretary-General’s Study on Violence against Children notes: “The core message of the Study is that no violence against children is justifiable; all violence against children is preventable. There should be no more excuses. Member States must act now with urgency to fulfil their human rights obligations and other commitments to ensure protection from all forms of violence. While legal obligations lie with States, all sectors of society, all individuals, share the responsibility of condemning and preventing violence against children and responding to child victims. None of us can look children in the eye if we continue to approve or condone any form of violence against them.”⁴

A GLOBAL PROBLEM

Reports of infanticide, cruel and humiliating punishment, neglect and abandonment, sexual abuse and other forms of violence against children date back to ancient civilisations.^{5,6} Recently, documentation of the magnitude and impact of violence against children shows clearly that this is a very substantial and serious global problem.^{7,8} It occurs in every country in the world in a variety of forms and settings and is often deeply rooted in cultural, economic, and social practices.

A large proportion of children in every society suffer significant violence within their homes. Only 16 States prohibit all corporal punishment against children in all settings, leaving the vast majority of the world’s child population without

“Violence against children is a violation of their human rights, a disturbing reality of our societies. It can never be justified whether for disciplinary reasons or cultural tradition. No such thing as “reasonable” levels of violence is acceptable. Legalized violence against children in one context risks tolerance of violence against children generally.”

Louise Arbour, United Nations High Commissioner for Human Rights



equal legal protection from being hit and deliberately humiliated within their homes. In addition, children face violence from those entrusted with their care in schools, in care and justice systems, as well as in places where they are working legally or illegally. In over 100 countries, children in schools suffer the reality or threat of State-authorized, legalised beating. In at least 30 States, sentences of whipping or caning are still being imposed on children in penal systems, and in many more States violent punishments are authorised in penal and care institutions.⁹

SETTINGS IN WHICH VIOLENCE OCCURS

The Study used an analytical framework based on the environments or settings in which childhood is spent – home and family, schools, care and justice systems, workplaces and the community. Chapter 2 explores the existing framework of international instruments and mechanisms applicable to violence against children. Chapters 3 to 7 focus on the forms violence takes within each of these settings. Each chapter aims to cover the settings-related background and context of violence against children, contributory factors and risks, prevalence insofar as it has been identified, impacts on children and others, and the necessary directions for preventive action and for response to violence when it occurs.

Describing children’s experience of violence is far from straightforward. Certain forms of violence against children are common in all settings. Corporal punishment and other forms of cruel or degrading punishment are used by parents and other family members at home, by those responsible for their care in

institutions, by teachers in schools, and are also inflicted on children in conflict with the law. In workplaces where children below the minimum legal age for employment are found, employers often enjoy impunity in inflicting corporal punishment on children for inadequate performance. In the community, a child who is labelled vagrant or anti-social may be assaulted or otherwise ill-treated, with impunity, by figures in authority, including police. Children forced into prostitution frequently describe their violent treatment by clients as if it were something they deserved.¹²

Sexual abuse, physical and psychological violence, and sexual harassment are forms of violence which occur in all settings. In most societies, sexual abuse of girls and boys is most common within the home or is committed by a person known to the family. But sexual violence also occurs in schools and other educational settings, by both peers and teachers. It is rife against children in closed workplaces, such as domestic labourers employed in private households. It also takes place in institutions and in the community, at the hands of people known to the victim and others. Girls suffer considerably more sexual violence than boys, and their greater vulnerability to violence in many settings is in large part a product of the influence of gender-based power relations within society. At the same time, boys are more likely to be the victims of homicide, and particularly of violence involving weapons.

Exposure to violence in one setting may well be reflected or compounded by violence in another, and the Study’s analysis has illuminated specific vulnerabilities that need to be addressed, setting by setting.

“Throughout history some children have been loved and cherished and others brutalized by violence. This report reflects that global reality. I hope it will help to promote action to address and eliminate all forms of violence against children, as an essential path to human development and peace.”

Savitri Goonesekere, Editorial Board of the UN Secretary-General’s Study on Violence against Children

THE STUDY PROCESS

The Study was developed through a participatory process which included Regional, Sub-regional and National Consultations, expert thematic meetings and field visits. In March 2004, a detailed questionnaire was sent to Governments on their approaches to violence against children. A total of 136 responses had been received at the time of publishing.¹⁰

Between March and July 2005, nine Regional Consultations, for the Caribbean, South Asia, West and Central Africa, Latin America, North America, East Asia and the Pacific, the Middle East and North Africa, Europe and Central Asia, and Eastern and Southern Africa, were convened. Each Consultation brought together an average of 350 participants, including Government ministers and officials, parliamentarians, representatives of regional and other intergovernmental organisations and UN entities, non-governmental organisations (NGOs), national human rights institutions (NHRIs), other elements of civil society, including the media and faith-based organisations, and children themselves. Children participated in each Regional Consultation, which were all preceded by meetings where they developed inputs and recommendations for the Study. Outcome reports for each Regional Consultation were also produced. A number of Sub-regional and National Consultations were also held.

Governments which hosted these consultations were actively involved in the promotion of the Study. Regional organisations including the African Union, the Arab League, the Caribbean Community (CARICOM), the Council of Europe, the European Union, the Inter-American Commission on Human Rights of the Organization of American States and the South Asian Association for Regional Cooperation played important roles in the organisation of consultations. National and regional organisations have committed themselves to ongoing involvement in the follow-up to the Study.

Field visits were undertaken in Argentina, Canada, China, El Salvador, Guatemala, Haiti, Honduras, India, Israel and the Occupied Palestinian Territory (OPT), Mali, Pakistan, Paraguay, Slovenia, South Africa, Thailand, Trinidad and Tobago – thanks to the hospitality of the Governments of the countries in which visits and consultations took place.

Regular consultations with members of the Committee on the Rights of the Child and special procedure mandate holders of the former Commission on Human Rights were

“The participatory process adopted by the Study unleashed a sense of ownership; soul searching and courage in confessing what has long been denied. We have a historic opportunity to uproot all forms of violence against children and we must not waste it.”

Ambassador Moushira Khattab, Secretary General of the National Council for Childhood and Motherhood-Egypt, Vice Chair of the UN Committee on the Rights of the Child

held. The concluding observations on States parties’ reports to the Committee were analysed, as were the reports of relevant special procedure mandate holders.

Many organisations made contributions to the Study, including the International Labour Organization (ILO), the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Office on Drugs and Crime (UNODC), and the Division for the Advancement of Women of the United Nations Department of Economic and Social Affairs. A UN Inter-agency Group on Violence against Children met to develop strategies of follow-up to the Study.

This report has also drawn on many inputs made to the Study over the last three years by different stakeholders, including children. Close to 300 individuals, NGOs, and other organisations from many parts of the world responded to the call for public submissions. Contributions included submissions from children and major research reports commissioned specifically for the Study.¹¹

An NGO Advisory Panel, including children and young people, was established early in the Study process which included representatives from all regions. The Subgroup on Children and Violence established within the NGO Group for the CRC also contributed to this effort.

In addition to preparing numerous studies, the International Save the Children Alliance made a special contribution by advising on and facilitating the involvement of children, in particular in the Regional Consultations, together with UNICEF and other partners. The global Children’s Rights Information Network (CRIN) documented the progress of the Study, including the meetings with children, making it widely available on its website.

The UNICEF Innocenti Research Centre provided particular support, along with other research centres and networks who submitted information and participated in consultations. Thematic meetings were also convened on gender-based violence, violence in schools, the home and family, violence against children with disabilities; juvenile justice systems and violence against children in conflict with the law; the role of faith-based organisations; information and communication technologies; violence against child refugee and other displaced children; and on methodologies for measuring violence.

“Violence against children is a serious breach of human rights, which must end NOW! Let us continue to work together to make this world a world free from any forms of violence against children.”

Charlotte Petri Gornitzka, Secretary General, Save the Children Sweden

HIDDEN DIMENSIONS OF VIOLENCE AGAINST CHILDREN

Only a small proportion of acts of violence against children is reported and investigated, and few perpetrators held to account. In many parts of the world there are no systems responsible for recording, or thoroughly investigating, reports of violence against children. Where official statistics based on reports of violence in the home and other settings exist, they dramatically underestimate the true magnitude of the problem.

There are various reasons for this lack of reporting. Very young children who suffer violence in their homes lack the capacity to report. Many children are afraid to report incidents of violence against them for fear of reprisals by perpetrators, or of interventions by authorities which may worsen their overall situation.

In many cases parents, who should protect their children, are silent if the violence is perpetrated by a spouse or other family member, or a more powerful member of society such as an employer, a police officer, or community leader. Fear is closely related to the stigma frequently attached to reporting violence. In societies where patriarchal notions of family ‘honour’ are valued above girls’ human rights and well-being, an incident of rape or sexual violence can lead to ostracism of the victim, further violence and even death at the hands of her family.

Many Governments lack systems for consistent registration of births, leading to a lack of formal identity that can place infants and small children at risk. Many also lack rigorous investigation

into and registration of child deaths. Although millions of girls are married before the age of 18, lack of marriage registration makes the problem difficult to track.¹³ Few States consistently record and report on the placement of children in institutions and alternative care, or in detention, and fewer still collect information about violence against children in such placements.

Persistent social acceptance of some types of violence against children is a major factor in its perpetuation in almost every State. Children, the perpetrators of violence against them and the public at large may accept physical, sexual and psychological violence as an inevitable part of childhood. Laws in a majority of States still condone ‘reasonable’ or ‘lawful’ corporal punishment and reflect societal approval of violence when it is described or disguised as ‘discipline’ (see Figure 1.1). Corporal punishment and other forms of cruel or degrading punishment, bullying and sexual harassment, and a range of violent traditional practices may be perceived as normal, particularly when no lasting visible physical injury results.

No country can measure its progress towards the elimination of violence against children without reliable data. To estimate the magnitude and nature of non-fatal violence against children accurately, surveys are required that explore the use of violence by parents and other adults, experiences of violence in childhood, and current health status and health-risk behaviours of children and adults. Fatal violence against children can only be measured accurately through comprehensive death registration, investigation and reporting systems.

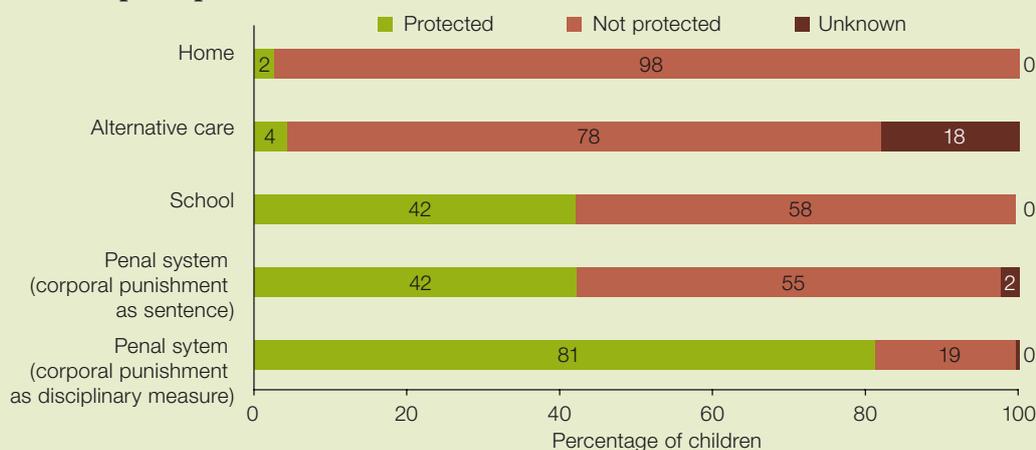
“How can we expect children to take human rights seriously and to help build a culture of human rights, while we adults not only persist in slapping, spanking, smacking and beating them, but actually defend doing so as being ‘for their own good’? Smacking children is not just a lesson in bad behaviour; it is a potent demonstration of contempt for the human rights of smaller, weaker people.”

Thomas Hammarberg, Commissioner for Human Rights of the Council of Europe, 2006¹¹



FIGURE 1.1

Percentage of the world’s children who are legally protected from corporal punishment



Source: Global Initiative to End all Corporal Punishment of Children (2006). *Global Summary of the Legal Status of Corporal Punishment of Children*. 28 July 2006.

RANGE AND SCALE OF THE PROBLEM

A variety of initiatives, ranging from international comparative studies to small-scale interview studies with children at local level, are providing a clearer picture of the magnitude and pervasive nature of the problem in all regions. Information generated by these initiatives indicates that, while some violence against children is perpetrated by strangers, the vast majority of violent acts is perpetrated by people who are part of the child victim’s immediate environment: parents and the wider family, boyfriends or girlfriends, spouses and partners, teachers, schoolmates, and employers. The following examples

give some idea of the range and scale of violence against children covered by the Study:

- WHO estimates that almost 53,000 child deaths in 2002 were homicides.¹⁴ (See Annex for regional homicide rates by age, income group and sex.)
- In the Global School-Based Student Health Survey carried out in a wide range of developing countries, between 20% and 65% of school-aged children reported having been verbally or physically bullied in school in the previous 30 days.¹⁵ Similar rates of bullying have been found in industrialised countries.¹⁶

"I hate being a child, I hate being hit and I hate being taken for granted. I have feelings and emotions. I need love, care, protection and attention."

Girl, 13, South Asia, 2005¹¹¹

- An estimated 150 million girls and 73 million boys under 18 have experienced forced sexual intercourse or other forms of sexual violence involving physical contact.¹⁷
- UNICEF estimates that in sub-Saharan Africa, Egypt and Sudan, 3 million girls and women are subjected to FGM every year.¹⁸
- ILO estimates that 218 million children were involved in child labour in 2004, of whom 126 million were engaged in hazardous work.¹⁹ Estimates from 2000 suggest that 5.7 million were in forced or bonded labour, 1.8 million in prostitution and pornography, and 1.2 million were victims of trafficking.²⁰
- Only 2.4% of the world's children are legally protected from corporal punishment in all settings.²¹

RISK FACTORS AND PROTECTIVE FACTORS

The 2002 *World Report on Violence and Health* adopted an 'ecological model' to help understand the multi-level, multi-faceted nature of violence. As an analytical tool, the model recognises that a wide and complex range of factors increases the risk of violence and helps to perpetuate it – or, alternatively may protect against it. As illustrated in Figure 1.2, the ecological model identifies personal history and characteristics of the victim or perpetrator, his or her family, the immediate social context (often referred to as community factors) and the characteristics of the larger society. In contrast to

simplistic explanations, the model emphasises that it is a *combination* of factors, acting at different levels, which influence the likelihood that violence will occur, recur, or cease. The various factors relevant to the different levels of the ecological model will also be affected by the context of the settings that children interact with – in their home and family environment, at school, in institutions and workplaces, as well as in their community and broader society.

For example, economic development, social status, age and gender are among the many risk factors associated with fatal violence. WHO estimates that the rate of homicide of children in 2002 was twice as high in low-income countries than high-income countries (2.58 versus 1.21 per 100,000 population). As can be seen in Figure 1.3, the highest child homicide rates occur among adolescents, especially boys, aged 15 to 17 years (3.28 per 100,00 for girls, 9.06 for boys) and among children aged 0 to 4 years (1.99 for girls, 2.09 for boys).²² However, studies on infant homicide are urgently needed to strengthen the reliability of these estimates and to determine the extent of practices such as female infanticide in various regions.

Available data suggest that young children are at greatest risk of physical violence, while sexual violence predominantly affects those who have reached puberty or adolescence. Boys appear to be at greater risk of physical violence than girls, while girls face greater risk of neglect and sexual violence.²³ Social and cultural patterns of behaviour, socio-economic factors including inequality and unemployment, and stereotyped gender-roles also play an important role.

Some groups or categories of children are especially vulnerable to different forms of violence. For example, higher levels of vulnerability are associated with children with disabilities, orphaned children (including the millions orphaned by AIDS), indigenous children, children from ethnic minorities and other marginalised groups, children living or working on the streets, children in institutions and detention, children living in communities in which inequality, unemployment and poverty are highly concentrated, child refugees and other displaced children. Gender also plays a key role, as girls and boys are at different risk for different kinds of violence.

Global issues also play a part, including increasing inequality between and within States, migration, urbanisation, and armed conflict. Addressing these challenges, as well as reaching internationally agreed objectives such as

the Millennium Development Goals, will aid the elimination of violence against children.

At the same time, other factors may prevent or reduce the likelihood of violence. Although more research is needed on these protective factors, it is clear that the development of strong attachment bonds between parents and children, and the nurturing of relationships with children that do not involve violence or humiliation within stable family units, can be powerful sources of protection for children.

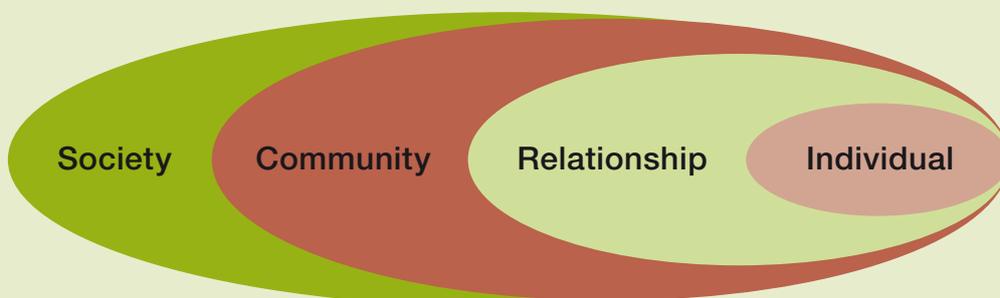
Factors applicable to the prevention of violence in the various settings are described in Chapters 3 to 7.

THE DEVASTATING IMPACT OF VIOLENCE

Although the consequences of violence against children vary according to its nature and sever-

FIGURE 1.2

Ecological model for understanding risk factors and protective factors of violence



Source: Krug EG et al. (Eds) (2002). *World Report on Violence and Health*. Geneva, World Health Organization.

ity, the short- and long-term repercussions can be devastating (see Table 1.1). Early exposure to violence is critical because it can have an impact on the architecture of the maturing brain. In the case of prolonged violence, including witnessing violence, the disruption of nervous and immune systems can lead to social, emotional, and cognitive impairments, as well as behaviours that cause disease, injury and social problems.²⁴

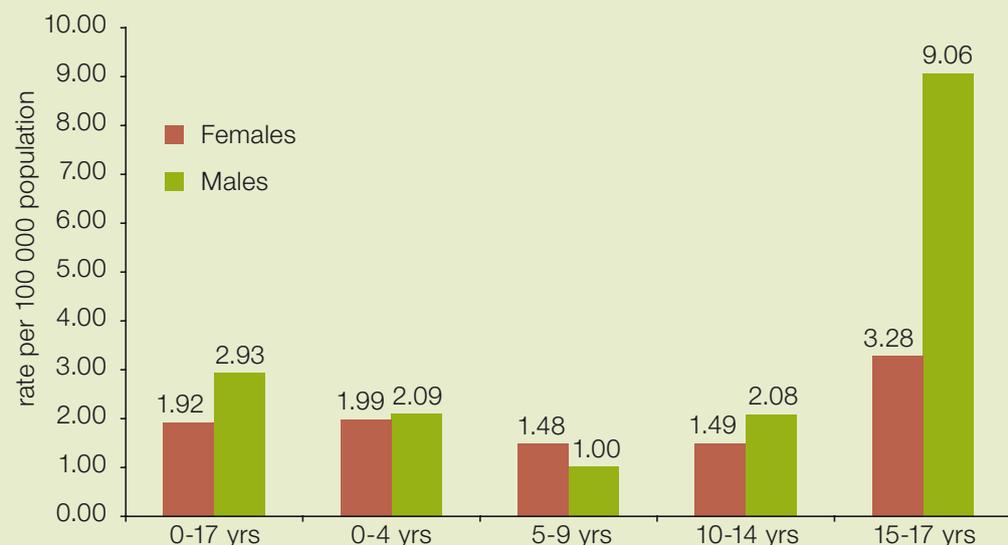
Exposure to violence in childhood may also result in greater susceptibility to lifelong social, emotional, and cognitive impairments, to obesity, and to health-risk behaviours such

as substance abuse, early sexual activity, and smoking.^{25,26} Related mental health and social problems include anxiety and depressive disorders, hallucinations, impaired work performance, memory disturbances, as well as aggressive behaviour. These risks are also associated later on in life with lung, heart, and liver disease, sexually transmitted diseases and foetal death during pregnancy, as well as intimate partner violence, and suicide attempts.^{27,28}

Exposure to violence in the community is also associated with troubling health behavioural, and social consequences. Associations have

FIGURE 1.3

Estimated child homicide rates by age and sex



Source: WHO (2006). *Global Estimates of Health Consequences due to Violence against Children. Background Paper to the UN Study on Violence against Children. Geneva, World Health Organization.*

“UBUNTU is an embodiment of humaneness, empathy, respect, dignity and many other such values and it can only result from an investment of the same values in the children themselves. Let us leave a legacy consistent with ensuring UBUNTU in the world by speaking and acting against abuse of all children.”

Adv. Thoko Majokweni, Head of the SOCA Unit: National Prosecuting Authority of South Africa



TABLE 1.1 – Acute and long-term consequences of violence against children

Physical health consequences

- Abdominal/thoracic injuries
- Brain injuries
- Bruises and welts
- Burns and scalds
- Central nervous system injuries
- Fractures
- Lacerations and abrasions
- Damage to the eyes
- Disability

Sexual and reproductive consequences

- Reproductive health problems
- Sexual dysfunction
- Sexually transmitted diseases, including HIV/AIDS
- Unwanted pregnancy

Psychological consequences

- Alcohol and drug abuse
- Cognitive impairment
- Criminal, violent and other risk-taking behaviours
- Depression and anxiety
- Developmental delays
- Eating and sleep disorders
- Feelings of shame and guilt



“Nations will not prosper if their children do not heal. To suffer violence in childhood is to be wounded in the soul, and if not healed, to go on to inflict pain on others as well as oneself. No child should be a victim of violence. All children have the right to protection and to first call on their nations’ resources. The time to fulfil their rights is now.”

Hon. Landon Pearson, Director, Landon Pearson Resource Centre for the Study of Childhood and Children’s Rights, Carleton University, Canada

Continued

TABLE 1.1 – Acute and long-term consequences of violence against children

Hyperactivity	
Poor relationships	
Poor school performance	
Poor self-esteem	
Post-traumatic stress disorder	
Psychosomatic disorders	
Suicidal behaviour and self-harm	
Other longer-term health consequences	
Cancer	
Chronic lung disease	
Irritable bowel syndrome	
Ischaemic heart disease	
Liver disease	
Reproductive health problems such as infertility	
Financial consequences	
Direct costs:	Treatment, visits to the hospital doctor and other health services
Indirect costs:	Lost productivity, disability, decreased quality of life and premature death
Costs borne by criminal justice system and other institutions:	Expenditures related to apprehending and prosecuting offenders. Costs to social welfare organisations, costs associated with foster care, to the educational system and costs to the employment sector arising from absenteeism and low productivity

Source: Runyan D et al. (2002). Child Abuse and Neglect by Parents and Other Caregivers. In: Krug EG et al. (Eds). World Report on Violence and Health. Geneva, World Health Organization, pp 59–86.

been established between exposure to community violence and post-traumatic stress disorder (PTSD), depression, antisocial behaviours, substance abuse, decline in academic performance, problematic peer relations, and greater involvement with the criminal justice system.

While there is little information available about the global economic costs of violence against children, in particular from the developing world, the variety of short- and long-term consequences associated with it suggest that the economic costs to society are significant. In the United States, the financial costs associated with child abuse and neglect, including future lost earnings and cost of mental health care, were estimated in 2001 to amount to US\$ 94 billion.²⁹

PRINCIPLES AND RECOMMENDATIONS

Efforts to prevent and respond to violence against children must be multi-faceted and adjusted according to the form of violence, its setting and the perpetrator or perpetrators. Whatever the action taken, the best interests of the child must always be the primary consideration.

The Study Report to the UN General Assembly has identified a number of key principles which are reflected in his recommendations:

- No violence against children is justifiable. Children should never receive less protection than adults;
- All violence against children is preventable. States must invest in evidence-based policies and

- programmes to address factors that give rise to violence against children;
- States have the primary responsibility to uphold children's rights to protection and access to services, and to support families' capacity to provide children with care in a safe environment;
- States have the obligation to ensure accountability in every case of violence;
- The vulnerability of children to violence is linked to their age and evolving capacity. Some children, because of gender, race, ethnic origin, disability or social status are particularly vulnerable;
- Children have the right to express their views and have them given due weight in the planning and implementation of policies and programmes.

The Study has developed overarching and setting-specific recommendations, which are included in the Study Report to the General Assembly. The overarching recommendations outline broad actions that all States must take to prevent violence against children and to respond to it effectively if it occurs. These are supplemented by additional recommendations for specific settings: the home and family, schools, care and justice systems, places where children are working legally or illegally, and the community; these are found in the conclusions to each of the Chapters 3 to 7.

The recommendations presented here are addressed primarily to Governments, referring to their legislative, administrative, judicial, policy-making, service delivery and institu-

“This study provides a comprehensive assessment of the impacts of violence on children. It is clear that protection of children is everyone’s responsibility.”

Ann M. Veneman, Executive Director, UNICEF

tional functions. Some recommendations are directed at the role of other partners and sectors of society, such as civil society organisations, which are also of critical importance.

OVERARCHING RECOMMENDATIONS

1. Strengthen national and local commitment and action

I recommend that all States develop a multi-faceted and systematic framework to respond to violence against children which is integrated into national planning processes. A national strategy, policy or plan of action on violence against children with realistic and time-bound targets, coordinated by an agency with the capacity to involve multiple sectors in a broad-based implementation strategy, should be formulated. National laws, policies, plans and programmes should fully comply with international human rights and current scientific knowledge. The implementation of the national strategy, policy or plan should be systematically evaluated according to established targets and timetables, and provided with adequate human and financial resources to support its implementation.

An integrated and systematic framework to tackle violence against children should include components to address the prevention of violence in all settings, care and rehabilitation for child victims, awareness-raising and capacity building, and research and data collection.

2. Prohibit all violence against children

I urge States to ensure that no person below 18 years of age should be subjected to the death penalty and sentences of life imprisonment without possibility of release. I recommend that States take all necessary measures to immediately suspend the execution of all death penalties imposed on persons for having committed a crime before the age of 18, and take the appropriate legal measures to convert them into penalties in conformity with international human rights standards. Death penalty as a sentence imposed on persons for crimes committed before the age of 18 should be abolished as a matter of highest priority.

I urge States to prohibit all forms of violence against children, in all settings, including all corporal punishment, harmful traditional practices, such as early and forced marriages, female genital mutilation and so-called honour crimes, sexual violence, torture and other cruel, inhuman or degrading punishment and treatment, as required by international treaties, including the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and the Convention on the Rights of the Child. I draw attention to General Comment No. 8 (2006) of the Committee on the Rights of the Child on the right of the child to protection from corporal punishment and other cruel or degrading forms of punishment (articles 19, 28, para 2 and 37, inter alia) (CRC/C/GC/8).

“Commitments should be translated into concrete, time-bound targets.”

Jaap Doek, Chairperson of the UN Committee on the Rights of the Child

1

The first purpose of clear prohibition of violence is educational – to send a clear message across societies that all violence against children is unacceptable and unlawful, to reinforce positive, non-violent social norms. There should be no impunity for those who perpetrate violence against children, but care must be taken to ensure that child victims do not suffer further through insensitive enforcement of the law. Prosecutions and formal interventions, in particular within the family, should occur when necessary to protect a child from significant harm and when judged to be in the best interests of the child. Strong and enforceable legal sanctions should be implemented to deter violence against children.

3. Prioritise prevention

I recommend that States prioritise preventing violence against children by addressing its underlying causes. Just as resources devoted to intervening after violence has occurred are essential, States should allocate adequate resources to address risk factors and prevent violence before it occurs. Policies and programmes should address immediate risk and factors such as lack of parent–child attachment, family breakdown, abuse of alcohol or drugs, and reducing access to guns and other weapons. In line with the Millennium Development Goals, attention should be focused on economic and social policies that address poverty, gender and other forms of inequality, income gaps, unemployment, urban overcrowding, and other factors which undermine society.

Prevention takes many forms, including those set out in other overarching recommendations: developing a consistent legal and policy framework prohibiting all forms of violence; challenging social norms which condone violence, and enhancing the capacity of all those who work with and for children and families to promote non-violence.

4. Promote non-violent values and awareness-raising

I recommend that States and civil society should strive to transform attitudes that condone or normalise violence against children, including stereotypical gender roles and discrimination, acceptance of corporal punishment, and other harmful traditional practices. States should ensure that children’s rights are disseminated and understood, including by children. Public information campaigns should be used to sensitize the public about the harmful effects that violence has on children. States should encourage the media to promote non-violent values and implement guidelines to ensure full respect for the rights of the child in all media coverage.

Positive, non-violent environments must be created for and with children, in their homes, schools, other institutions and communities, including through public and parent education, advocacy campaigns and training. Social and cultural attitudes and actions which plainly conflict with human rights must be confronted with sensitivity because of people’s attachment to their traditions.

5. Enhance the capacity of all who work with and for children

I recommend that the capacity of all those who work with and for children to contribute to eliminate all violence against them must be developed. Initial and in-service training which imparts knowledge and respect for children's rights should be provided. States should invest in systematic education and training programmes both for professionals and non-professionals who work with or for children and families to prevent, detect and respond to violence against children. Codes of conduct and clear standards of practice, incorporating the prohibition and rejection of all forms of violence, should be formulated and implemented.

While many services contribute to the prevention of violence against children, all need to consider how to maximise their potential for prevention, including through the specific training of all who work with children. Systematic and long-term support, in pre-service as well as in-service training, is needed at all levels to ensure highly functional staff and high-quality services for children.

6. Provide recovery and social reintegration services

I recommend that States provide accessible, child-sensitive and universal health and social services, including pre-hospital and emergency care, legal assistance to children and, where appropriate, their families when violence is detected

or disclosed. Health, criminal justice, and social service systems should be designed to meet the special needs of children.

Violence against children can have a range of serious health and social outcomes, costly both to individuals and to society. Minimising these consequences of violence will require a variety of treatment and support services. Services focused on rehabilitation and reintegration may also help to reduce the risk of child victims of violence continuing the cycle of violence.

7. Ensure the participation of children

I recommend that States actively engage with children and respect their views in all aspects of prevention, response and monitoring of violence against them, taking into account article 12 of the Convention on the Rights of the Child. Children's organisations and child-led initiatives to address violence, guided by the best interests of the child, should be supported and encouraged.

The CRC elaborates children's right to express their views freely on all matters that affect them and to have those views given due weight. Children's own views and experiences must contribute to prevention and other interventions to stop violence against them. Children – acting voluntarily and with appropriate ethical safeguards – can make a significant contribution to both describing the problem of violence against them, and also to the design of services and other interventions that they can trust and use. The obligation to ascertain and take children's views seriously must be built

“No matter whether violence against children occurs in the family, school, community, institution or workplace, health workers are the front line for responding to it. We must make our contribution to ensuring that such violence is prevented from occurring in the first place, and that where it does occur children receive the best possible services to reduce its harmful effects.”

Anders Nordström, Acting Director-General, WHO



into the legal framework for child protection and must inform the training of all those who work with children and families. Child victims of violence must not be simply objects of concern, but treated as individual people with rights and views of their own. Children must invariably be listened to and taken seriously.

8. Create accessible and child-friendly reporting systems and services

I recommend that States should establish safe, well-publicised, confidential and accessible mechanisms for children, their representatives and others to report violence against children. All children, including those in care and justice institutions, should be aware of the existence of mechanisms of complaint. Mechanisms such as telephone helplines through which children can report violence, speak to a trained counsellor in confidence and ask for support and advice should be established and the creation of other ways of reporting violence through new technologies should be considered.

Retrospective studies, questioning young adults about their childhood experiences, reveal that the majority of child victims did not talk to anyone or approach child protection services during their childhood, even in States which have highly developed systems. Reasons included not knowing where to go for help, a lack of services, lack of trust in the services or in some cases fear of reprisals from the perpetrator.

In many countries, certain professional groups are under a legal obligation to report any con-

cerns about violence against children under mandatory reporting systems. In a few countries, the public are under the same legal duty. The Study has heard varying views about mandatory reporting. It is essential that every Government should review existing reporting systems and involve children or young adults with recent experience of child protection services in the review.

In every locality and every setting which includes children, there should be well-publicised and easily accessible services required to investigate reports or indications of violence against children. There should also be access to services where children can go to talk in confidence about anything that is worrying or hurting them. Providing confidential services for children – services which guarantee that they will not report to others or take action without the child’s consent, unless the child is at immediate risk of death or serious harm – remains controversial in many countries. Making confidential services available to children, including those most vulnerable to violence, challenges outdated concepts of parental ‘ownership’ of their children. Yet what we now know about intra-familial violence demands that children should have the rights to seek confidential advice and help.

9. Ensure accountability and end impunity

I recommend that States should build community confidence in the justice system by, inter alia, bringing all perpetrators of violence against children to justice and ensure that they are held accountable through appropriate

“Ending violence against children needs to be part of national development plans and development assistance frameworks, not an afterthought”

Ragne Birte Lund, Ambassador, Ministry of Foreign Affairs of Norway

criminal, civil, administrative and professional proceedings and sanctions. Persons convicted of violent offences and sexual abuse of children should be prevented from working with children.

Governments must develop child-sensitive procedures for investigating cases of violence, which avoid subjecting the victim to multiple interviews and examinations. Court processes must ensure that child witnesses are treated sensitively, that they are not subjected to extended court proceedings, and that their privacy is respected. The stress of court proceedings can be reduced through the use of technology such as video-taped evidence, courtroom screens, and witness-preparation programmes as well as access to child-friendly legal support.

When parents or other family members are the perpetrators of violence, decisions concerning formal interventions and prosecutions must be made according to the best interests of the child. When the perpetrator is another child, the response should be focused on rehabilitation, while ensuring the protection of the affected child.

The risk of perpetrators of violence against children re-offending should be minimised by appropriate treatment. Governments should be encouraged to review the situation of perpetrators currently serving sentences to determine whether their sentence or treatment is minimising the risk of re-offending, and make appropriate recommendations for future sentencing and treatment, focused on this aim.

10. Address the gender dimension of violence against children

I recommend that States ensure that anti-violence policies and programmes are designed and implemented from a gender perspective, taking into account the different risks facing girls and boys in respect of violence. States should promote and protect the human rights of women and girls, and address all forms of gender discrimination as part of a comprehensive violence prevention strategy.

Girls and boys are at different risk for different forms of violence across different settings. All research into violence against children and into strategies to prevent and respond to it should be designed to take gender into account. In particular, the Study has found a need for men and boys to play active roles and exercise leadership in efforts to overcome violence.

11. Develop and implement systematic national data collection and research efforts

I recommend that States improve data collection and information systems in order to identify vulnerable sub-groups, inform policy and programming at all levels, and track progress towards the goal of preventing violence against children. States should use national indicators based on internationally agreed standards, and ensure that data are compiled, analysed and disseminated to monitor progress over time. Where not currently in place, birth, death

“How is it that Africa, a continent so rich in resources, cultures and values, today fails to protect its own children, its present and future resource?”

Young refugee, Eastern and Southern Africa, 2005¹⁴

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and marriage data registries with full national coverage should be created and maintained. States should also create and maintain data on children without parental care, and on children in the criminal justice system. Data should be disaggregated by sex, age, urban/rural, household and family characteristics, education and ethnicity. States should also develop a national research agenda on violence against children across settings where violence occurs, including through interview studies with children and parents, with particular attention to vulnerable groups of girls and boys.

The development of a national research agenda on violence against children across settings is critical for knowledge building and improved programme development. Such plans should include children, parents, service providers and others, and use a range of methods such as interview studies, improved reporting and registration systems and investigation procedures, and regular surveys, with particular attention given to vulnerable groups of girls and boys.

No country can be complacent about violence against children and more research into prevalence, causes, and prevention is needed everywhere. Our ability to determine the magnitude, characteristics, and trends of many forms of violence against children is poor, even in industrialised countries. All countries must increase their capacity to monitor deaths, injuries and behaviours associated with violence against children to determine whether the problem is getting better or worse, and the association

between these trends and various strategies for prevention. Internationally accepted uniform standards for collecting data on violence against children are needed to enhance comparability, and ensure appropriate ethical safeguards.

While some progress has been made in the identification of effective strategies for preventing some forms of violence against children in a few countries, additional research is needed to identify and evaluate policies and programmes that are appropriate and effective in preventing all forms of violence against children, and especially for vulnerable girls and boys.

12. Strengthen international commitment

I recommend that all States should ratify and implement the Convention on the Rights of the Child and its two Optional Protocols on the involvement of children in armed conflict and on the sale of children, child prostitution and child pornography. All reservations which are incompatible with the object and purpose of the Convention and the Optional Protocols should be withdrawn in accordance with the Vienna Declaration and Plan of Action of the World Conference on Human Rights of 1993. States should ratify all relevant international and regional human rights instruments that provide protection for children including the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and its Optional Protocol; the Rome Statute of the International Criminal Court; the Convention on the Elimination of

"All of our proposals are achievable with political will and the commitment of civil society."

Young person, Europe and Central Asia, 2006^v

All Forms of Discrimination against Women and its Optional Protocol; ILO Conventions No. 138 on the Minimum Age for Admission to Employment and No. 182 on the Worst Forms of Child Labour; and the United Nations Convention against Transnational Organized Crime and the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime. States should implement all their international legal obligations and strengthen their cooperation with the treaty bodies.

I recommend that States act in conformity with their commitments on the prevention of violence made at the UN General Assembly Special Session on Children, and in the context of the WHO Health Assembly resolution on implementing the recommendations of the World Report on Violence and Health,³⁰ and other regional public health resolutions that reinforce this resolution.

IMPLEMENTATION AND FOLLOW-UP

The Study Report submitted to the General Assembly emphasised that the primary responsibility for implementing the recommendations rests with Governments. However, the participation of other actors at national, regional and international level is critical to assist Governments to carry out their com-

mitments. These include UN entities, civil society organisations including national human rights institutions, professional bodies such as doctors' and nurses' associations, community associations, educators, parents and children. The key strategies for implementation are set out below.

NATIONAL AND REGIONAL LEVEL

Above all, the Study has focused on improving implementation at the country level, for the benefit of all girls and boys. To this end, the Report to the UN General Assembly emphasises the urgency of country-level action and sets targets for Governments:

- The integration in national planning processes of measures to prevent and respond to violence against children should take place by 2007 and should include the identification of a focal point, preferably at ministerial level.
- Prohibiting all violence against children by law and initiating a process to develop reliable national data collection systems should be achieved by 2009.

The report also urges Governments to provide information on implementation of the Study's recommendations in their periodic reports to the Committee on the Rights of the Child.

International organisations should encourage and support Governments in the implementation of these recommendations. International financial institutions should review their policies and activities to take account of the impact they may have on children. UN country teams

“Vision without action is a dream, but action without a vision is a nightmare.”

Young Person, Europe and Central Asia, 2006^{VI}

should include measures to address violence against children within poverty reduction strategies, coordinated country assessments and development assistance frameworks.

Governments should consider establishing an ombudsperson or commissioner for children’s rights – complying with the Paris Principles.³¹ Working closely with other agencies concerned with public health and child protection issues, these independent institutions should have a clear mandate to monitor children’s rights at national, regional and local levels. Where appropriate, they should have the competence to receive and investigate complaints on violations of children’s rights from the public, including from children.

In light of the contribution of regional organisations to the development of the Study, regional entities should be involved in the implementation and follow-up of its recommendations. The further development of regional mechanisms should be encouraged as an important part of the overall framework for follow-up. Regional human rights protection systems are also encouraged to monitor implementation of the Study’s recommendations.

INTERNATIONAL LEVEL

In view of the importance of multi-sectoral coordination to address violence against children, the Study Report has proposed that Governments establish a Special Representative of the Secretary-General on Violence against Children. The Special Representative should act as a high-profile global advocate to promote prevention and elimination of all vio-

lence against children, to encourage international and regional cooperation, and to ensure follow-up and monitoring of the Study’s recommendations.

The Special Representative should disseminate and promote the Study recommendations in different international, regional and national forums, and provide a periodic report to the Human Rights Council and the General Assembly. In addition, a report on implementation of the Study recommendations is proposed for the sixty-fifth session of the General Assembly in 2010.

The Special Representative should work closely with, but not duplicate the work of, the Committee on the Rights of the Child, the Special Representative of the Secretary-General for children in armed conflict, the Special Rapporteur on the sale of children, child prostitution and child pornography, and the Special Rapporteurs on violence against women and on trafficking in persons. He or she should collaborate with regional human rights protection systems and all other regional and national follow-up initiatives.

It is recommended that the Special Representative should have an initial mandate of four years. Building on the successful interagency collaboration that marked the Study, he or she should be supported by OHCHR, UNICEF and WHO. The United Nations Inter-agency Group on Violence against Children, with representation from NGOs and children, should also support follow-up.

REFERENCES

- 1 Krug EG et al. (Eds) (2002). *World Report on Violence and Health*. Geneva, World Health Organization.
- 2 Krug EG et al. (Eds.) (2002). *World Report on Violence and Health*. Geneva, World Health Organization, p 5.
- 3 Shonkoff JP, Phillips DA (Eds) (2000). *From Neurons to Neighbourhoods: The Science of Early Childhood Development*. Washington DC, National Academy Press.
- 4 Krug EG et al. (Eds) (2002). *World Report on Violence and Health*. Geneva, World Health Organization.
- 5 Ten Bensel RW, Rheinberger MM, Radbill SX (1997). Children in a World of Violence: The Roots of Child Maltreatment. In: Helfer M et al. (Eds). *The Battered Child*. Chicago, University of Chicago Press, pp 3–28.
- 6 United Nations Secretary-General (2006). *Report of the Independent Expert for the United Nations Study on Violence against Children*. Promotion and protection of the rights of children. United Nations General Assembly, Sixty-first session. A/61/299.
- 7 Reza A et al. (2001). Epidemiology of Violent Deaths in the World. *Injury Prevention*, 7: 104–111.
- 8 Krug E et al. (Eds) (2002). *World Report on Violence and Health*. Geneva, World Health Organization.
- 9 Global Initiative to End all Corporal Punishment of Children (2006). *Global Summary of the Legal Status of Corporal Punishment of Children*. 28 June 2006.
- 10 All responses are available at: <http://www.ohchr.org/english/bodies/crc/study.htm>. As of 20 September 2006, 135 Member States and one observer had submitted responses.
- 11 The list of submissions is available at the website of the United Nations Secretary-General's Study on Violence against Children: <http://www.violencestudy.org>.
- 12 Save the Children Alliance (2005). *10 Essential Learning Points: Listen and Speak Out against Sexual Abuse of Girls and Boys*. Global Submission by the International Save the Children Alliance to the UN Secretary-General's Study on Violence against Children. Oslo, Save the Children Norway.
- 13 Bruce J (2002). *Married Adolescents Girls: Human Rights, Health and Development Needs of a Neglected Majority*. Paper presented by the Population Council at the Supporting Event: Early Marriage in a Human Rights Context, United Nations Special Session on Children, 8–10 May 2002.
- 14 WHO (2006). *Global Estimates of Health Consequences Due to Violence against Children*. Background Paper to the UN Secretary-General's Study on Violence against Children. Geneva, World Health Organization.
- 15 Analysis provided to the Study by the Global School-based Student Health Survey: The World Health Organization (<http://www.who.int/chp/gshs> or <http://www.cdc.gov/gshs>) for surveys conducted in 2003–5 for Botswana, Chile (metropolitan area), China (Beijing), Guyana, Jordan, Kenya, Lebanon, Namibia, Oman, Philippines, Swaziland, Uganda, UAE, Venezuela (Lara), Zambia and Zimbabwe (Harare).
- 16 Currie C et al. (2004). *Health Behaviour in School-aged Children (HBSC) Study: International Report from the 2001/2002 Survey*. Health Policy for Children and Adolescents, No 4. Geneva, World Health Organization.
- 17 WHO (2006). *Global Estimates of Health Consequences Due to Violence against Children*. Background Paper to the UN Secretary-General's Study on Violence against Children. Geneva, World Health Organization, based on estimates by Andrews G et al. (2004). *Child Sexual Abuse*. Ch. 23 in Ezzati M et al. (2004). *Comparative Quantification of Health Risks: Global and Regional Burden of Disease Attributable to Selected Major Risk Factors*, Vol 2. Geneva, World Health Organization, pp. 1851–1940, and using UN Population Division data for the population under 18 years.
- 18 UNICEF (2005). *Changing a Harmful Social Convention: Female Genital Mutilation/Cutting. Innocenti Digest*. Florence, UNICEF Innocenti Research Centre.
- 19 ILO (2006). *The End of Child Labour: Within Reach. Global Report*. Geneva, International Labour Organization.
- 20 ILO (2002). *A Future Without Child Labour. Global Report*. Geneva, International Labour Organization.

- 21 Global Initiative to End all Corporal Punishment of Children (2006). *Global Summary of the Legal Status of Corporal Punishment of Children*. 28 June 2006.
- 22 WHO (2006). *Global Estimates of Health Consequences Due to Violence against Children*. Background Paper to the UN Secretary-General's Study on Violence against Children. Geneva, World Health Organization.
- 23 Runyan D et al. (2002). Child Abuse and Neglect by Parents and Other Caregivers. In: Krug EG et al. (Eds). *World Report on Violence and Health*. Geneva, World Health Organization, pp 59–86.
- 24 Perry BD (2001). The Neurodevelopmental Impact of Violence in Childhood. In: Schetky D, Benedek EP (Eds). *Textbook of Child and Adolescent Forensic Psychiatry*. Washington DC, American Psychiatric Press, pp 221–238.
- 25 Felitti VJ et al. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine* 14: 245–258.
- 26 Centers for Disease Control and Prevention (2006). *Adverse Childhood Experiences Study*. Atlanta, GA, National Centers for Injury Prevention and Control, Centers for Disease Control and Prevention. Available at: <http://www.cdc.gov/NCCDPHP/ACE>.
- 27 Centers for Disease Control and Prevention (2006). *Adverse Childhood Experiences Study*. Atlanta, GA, National Centers for Injury Prevention and Control, Centers for Disease Control and Prevention. Available at: <http://www.cdc.gov/NCCDPHP/ACE>.
- 28 Panel on Research on Child Abuse and Neglect, Commission on Behavioral and Social Sciences and Education, National Research Council (1999). *Understanding Child Abuse and Neglect*. Washington DC, National Academy Press.
- 29 Fromm S (2001). *Total Estimates of the Cost of Child Abuse and Neglect in the United States – Statistical Evidence*. Chicago (IL), Prevent Child Abuse America (PCAA). Cited on: August 14 2006. Available at: http://www.preventchildabuse.org/learn_more/research_docs/cost_analysis.pdf.
- 30 WHO (2003). *Implementing the Recommendations of the World Report on Violence and Health*. Report on the World Health Assembly, WHA56.24, Fifty-sixth World Health Assembly. Geneva, World Health Organization.
- 31 United Nations (1993). *Principles Relating to the Status and Functioning of National Institutions for Protection and Promotion of Human Rights*. Available at: <http://www.unhchr.ch/html/menu6/2/fs19.htm#annex>. These recommendations were endorsed by the General Assembly in its resolution A/RES/48/134 of 20 December 1993.

QUOTES

- I United Nations Secretary-General's Study on Violence against Children (2005). *Regional Consultation Outcome Report: South Asia*, p 3. Available at: <http://www.violencestudy.org/r27>.
- II Commissioner for Human Rights (2006). *Children and corporal punishment: The right not to be hit, also a children's right*. Issue paper 2006/1. 6 June 2006. Strasbourg, Council of Europe.
- III United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: South Asia*, p 23. Available at: <http://www.violencestudy.org/r27>.
- IV United Nations Secretary-General's Study on Violence against Children (2005). *Regional Consultation Outcome Report: Eastern and Southern Africa*, p 18. Available at: <http://www.violencestudy.org/r27>.
- V Council of Europe (2006). Monaco launching conference for 'Building a Europe for and with Children', 4-5 April 2006. Available at: http://www.coe.int/t/transversalprojects/children/events/monacoLaunch_en.asp
- VI Council of Europe (2006). Monaco launching conference for 'Building a Europe for and with Children', 4-5 April 2006. Available at: http://www.coe.int/t/transversalprojects/children/events/monacoLaunch_en.asp



HAITI, 2005, Girls stand in the concrete yard of the women's prison at Pétienville, a suburb of Port-au-Prince.

VIOLENCE AGAINST CHILDREN AND INTERNATIONAL HUMAN RIGHTS LAW AND STANDARDS

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"I would like a coalition of international associations and organisations to be set up as quickly as possible to encourage and support those governments which undertake to adopt specific measures to prevent the most serious crimes committed against children from going unpunished – measures such as extending or doing away with the time limits for the prosecution of offences, stepping up judicial co-operation or adopting a model or framework law to strengthen action against trafficking in children, including that done with the help of the Internet."

HRH Princess Caroline of Hanover, April 2006¹

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INTRODUCTION

Each child has the right to his or her physical and personal integrity, and protection from all forms of violence. Children, as human beings, are entitled to enjoy all the rights guaranteed by the various international human rights treaties that have developed from the Universal Declaration of Human Rights.¹ They are also entitled to the protection laid down in international legal instruments relating to international criminal, humanitarian and labour law.*

Since the adoption in 1948 of the Universal Declaration of Human Rights, the first authoritative – although not legally binding – statement on human rights, over 60 treaties addressing slavery, the administration of justice, the status of refugees and minority groups and human rights have been elaborated. All are grounded in the concepts of non-discrimination, equality and recognition of the dignity of each and every individual as contained in the Universal Declaration, and each makes it clear that the rights contained therein are available to all, including children, on a basis of equality.

Children are therefore entitled to the rights and procedures set out in the International Bill of Rights, consisting of the International Covenants on Economic, Social and Cultural Rights, and that on Civil and Political Rights. They are also entitled to the rights and protections contained in specific treaties, including those which address the elimina-

tion of racial discrimination, discrimination against women, the prevention of torture, and the rights of migrant workers and members of their families. These instruments, legally binding on States which have accepted them, include provisions which are relevant to eliminating violence against children. Some treaties, in particular the two Covenants, also contain provisions extending specific protections to children.

Thus the International Covenant on Economic, Social and Cultural Rights includes a provision requiring that children be protected from economic and social exploitation, and that the employment of children in work that is harmful to their morals, or health or dangerous to life, or likely to hamper their normal development, be punished by law. The International Covenant on Civil and Political Rights expressly prohibits the imposition of death sentences on children and young people under 18. It also includes provisions governing the proper treatment of accused and convicted children, which in particular require their separation from the adult(s) accused and offenders.

The Convention on the Elimination of All Forms of Discrimination against Women is fully applicable to girls under 18 years of age. Article 16.2 of the Convention provides that the betrothal and marriage of a child shall have no legal effect and that all necessary action, including legislative action, shall be taken by States to specify a minimum age for marriage, and to make the registration of marriages in an official registry compulsory.

*Further information on all instruments referred to in this chapter is available at: <http://www.ohchr.org>.

“I really believe there is nothing more important than child protection because it is linked with every other child right, be it development, survival or participation. For all countries the recognition of this right as paramount and the decision to set up both programmes and institutions to ensure child protection is a giant step in the right direction.”

Ms. Loveleen Kacker, Joint Secretary, Ministry of Women and Child Development, India

Existing protection under international human rights law will be expanded with the finalisation of treaties regarding children, on disappearance and disability, currently being concluded. Specific provisions relating to the human rights of children with disabilities, including obligations of States to address violence against them, are included in the draft Convention on the Rights of Persons with Disabilities, which will be submitted to the General Assembly for adoption at its sixty-first session.

The implementation of each of the seven core human rights treaties currently in force is monitored by a Committee of Experts through various procedures. Each reviews implementation thereof through the consideration of reports submitted by States, and makes recommendations for further action. Four Committees are empowered to consider petitions from individuals who allege that their rights have been violated in cases where the State concerned has accepted this procedure. Two Committees have competence to conduct inquiries into grave, systematic or serious violations of the treaty, again in cases where the State has accepted these procedures. Similar procedures are contained in the draft treaties on disappearance and disability, while the Optional Protocol on the Convention against Torture and other Forms of Cruel, Inhuman and Degrading Treatment or Punishment introduces a system of visits to places of detention in States parties.

All bodies accepting the treaty have emphasised the obligations of States to take specific

steps to eliminate and respond to violence against children in their concluding observations, reports, and in several of their decisions on petitions. Several treaty bodies have also adopted General Comments or recommendations which outline States' obligations to address violence against children. The Committee on Economic, Social and Cultural Rights General Comment on the Right to Education indicates that corporal punishment in an educational setting is inconsistent with international law and the dignity of the individual. The Committee on the Elimination of Discrimination against Women has adopted a general recommendation on States' obligations under the Convention with regard to female genital mutilation (FGM) and two general recommendations concerning gender-based violence against women.

THE CONVENTION ON THE RIGHTS OF THE CHILD

Although protections are provided to children by general international human rights treaties and other international agreements, at an early stage in the history of the United Nations, the international community recognised the need to provide specific human rights protection for children. The General Assembly's 1959 Declaration on the Rights of the Child set out 10 non-legally binding principles aimed at providing special safeguards for children.

The Convention on the Rights of the Child (CRC), which sets out legally binding standards, was adopted by the General Assembly in 1989. The CRC, which signals clearly that children

“Upon ratification of the Convention (on the Rights of the Child), countries are required to adopt laws, policies and programmes to ensure that each and every child grows up in an environment of love and understanding, enjoys freedom from fear and from want, is protected from discrimination, violence and exploitation and is given all opportunities to develop to the fullest potential. With the Convention, we are committed to ensure that the opportunities of life are not determined by the circumstances of birth.”

Marta Santos Pais, Editorial Board of the UN Secretary-General’s Study on Violence against Children

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are holders of human rights and acknowledges their distinct legal personality and evolving capacities, is the most widely accepted human rights treaty, having been ratified or acceded to by 192 States. Its 42 substantive articles set out civil, political, economic, social and cultural rights, formulated to address the special needs of the child, defined by the CRC as every human being under the age of 18, unless majority is attained earlier under national law.²

The CRC sets up a framework of legal principles and detailed standards which should govern all law, policy and practice affecting children. These include the promotion of prevention of violence, and responses to protect all children from all forms of violence.

Various articles of the CRC assert the rights of children to physical and personal integrity, and establish high standards for protection. Article 19 requires that States which are parties to the CRC take “all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s), or any other person who has the care of the child.” The breadth of this obligation has been emphasised by the Committee on the Rights of the Child.

The Committee has also underlined the requirement that all violence against children be prohibited. This includes all forms of corporal punishment, however light. The Committee’s General Comment No. 8 on the Right

of the Child to Protection from Corporal Punishment and Other Cruel or Degrading Forms of Punishment, adopted at its forty-second session in June 2006, highlights the obligation of all States to move quickly to prohibit and eliminate all corporal punishment and other cruel or degrading forms of punishment of children, focusing on the legislative, awareness-raising and educational measures that States must take.³

The General Comment makes clear that the Committee does not reject the positive concept of discipline, and recognises that parenting and caring for children, especially babies and young children, demands frequent physical action and intervention to protect them. The Committee indicates that this is quite distinct from the deliberate and punitive use of force to cause some degree of pain, discomfort or humiliation to children.

“Addressing the widespread acceptance or tolerance of corporal punishment of children and eliminating it, in the family, schools and other settings, is not only an obligation of States parties under the Convention. It is also a key strategy for reducing and preventing all forms of violence in societies.”

*Committee on the Rights of the Child,
General Comment No. 8, para. 3⁴*

Article 28(2) of the CRC requires that school discipline be “administered in a manner consistent with the child’s human dignity and

“Children are betrayed every day by silence, inaction, and impunity. Teachers who have sexually assaulted their pupils continue to teach. Police officers who have tortured children before witnesses remain on duty. Orphanage staff who subject children to shocking levels of cruelty and neglect suffer no consequences. Too often, children are victimized twice: first by the initial abuse, and again by the failure of authorities to hold perpetrators accountable.”

Jo Becker, Editorial Board of the UN Secretary-General’s Study on Violence against Children

in conformity with the present Convention.” In interpreting this provision, the Committee underlines that it requires States parties to prohibit corporal punishment and all other humiliating and harmful forms of discipline in the educational context.

“...Children do not lose their human rights by virtue of passing through the school gates. Thus, for example, education must be provided in a way that respects the inherent dignity of the child, enables the child to express his or her views freely in accordance with article 12(1) and to participate in school life. Education must also be provided in a way that respects the strict limits on discipline reflected in article 28(2) and promotes non-violence in school...”

*Committee on the Rights of the Child,
General Comment No. 1⁵*

Articles 32 to 36 entrench the child’s legal right to protection from various forms of exploitation: from economic exploitation and from “any work that is likely to be hazardous or to interfere with the child’s education, or to be harmful to the child’s health or physical, mental, spiritual, moral or social development” (article 32); from “the illicit use of narcotic drugs and psychotropic substances” and involvement “in the illicit production and trafficking of such substances” (article 33); from “all forms of sexual exploitation and sexual abuse,” including prostitution and pornography (article 34); from abduction, sale and trafficking (article 35); and from “all other forms

of exploitation prejudicial to any aspects of the child’s welfare” (article 36).

Article 38, by which States parties undertake to respect and to ensure respect for the rules of international humanitarian law applicable to them in relation to children and armed conflicts, recalls the obligations laid down in the Geneva Conventions, while article 37 declares that no child shall be subjected to “torture or other cruel, inhuman or degrading treatment or punishment,” nor sentenced to capital punishment or to life imprisonment without possibility of release. Article 37 also prohibits all arbitrary or unlawful restriction of the liberty of children, and sets out strict limits and conditions for any deprivation of liberty, which apply to any restriction of liberty imposed for ‘welfare’ as well as for ‘penal’ purposes. Article 39 obliges States to take all appropriate measures to promote physical and psychological recovery and social reintegration of child victims of violence.

Together with article 37, article 40 on the administration of juvenile justice sets out detailed safeguards: children who come into conflict with the law should be “treated in a manner consistent with the promotion of the child’s sense of dignity and worth,” which, combined with article 19, requires the State to ensure that children do not suffer violence at the hands of State officials at any stage of the system. Treatment and punishments must not involve physical or mental violence of any kind. Wherever appropriate and desirable, there should be diversion from judicial systems; for children found guilty of infringing the law there should be alternatives to institutional care, “such as care, guidance and supervision orders;

counselling; probation; foster care; educational and vocational training programmes.”

Other provisions of the CRC are relevant to the protection of children from violence. These include civil rights relating to freedom of expression, information, conscience and religion, association, peaceful assembly, privacy and access to information (articles 12, 13, 14, 15, 16 and 17). Article 9 guarantees the child’s right not to be separated from parents unless it is in their best interests. Article 18 provides that States shall render appropriate assistance to parents and legal guardians in their performance of their child-rearing responsibilities; and under article 20, children deprived of a family environment are entitled to special State assistance and protection. Article 25 provides for a right of periodic review of placement or treatment. Obligations relating to adoption are set out in article 21, to refugee children in article 22, and to disabled children in article 23.

More general obligations – relevant particularly to the prevention of violence – are included in article 24 on the right to health and access to health services; articles 28 and 29 on the right to education and the aims of education; and article 27 on the right to an adequate standard of living.

The CRC is supplemented by two Optional Protocols, both adopted in 2000, which provide more detailed protection for children from particular forms of violence. The Optional Protocol on the sale of children, child prostitution and child pornography defines these violations. It also requires States parties to criminalise these activities and requires that

any participation in these acts, including attempt and conspiracy be penalised in a way that takes into account the gravity of these offences. It also requires States to close any premises used for child prostitution and pornography, and to seize and confiscate the proceeds of these activities, as well as any means used to facilitate them, and provides detailed provisions relating to the treatment of child victims. The Optional Protocol to the CRC on the involvement of children in armed conflict limits the recruitment of children under 18 years of age in armed conflict, and obliges States to provide the children who have participated in armed conflict with any necessary physical and psychological rehabilitation and support for reintegration within society.

The Committee on the Rights of the Child has identified articles 2, 3, 6 and 12 as providing general principles. In line with article 2, all rights in the Convention are available to all children without discrimination of any kind, and States parties are required to take all appropriate measures to protect children from discrimination.

The best interests of the child must be a primary consideration in all actions concerning children; thus all public and private bodies, courts and administrative authorities are required to consider the impact of actions on children in order to ensure that the best interests of the child are properly considered (article 3). The child’s inherent right to life and maximum capacity for survival and development, envisaged by the CRC to include physical, mental, spiritual, moral and social

"In bringing to light the many issues of children facing violence, we realize that our plight is part of a larger worldwide struggle for the realization of human rights. Our cry is not to be treated specially but, rather, humanely, in accordance with the core values of human dignity that are the cornerstones of the Universal Declaration of Human rights. As global citizens we demand to be acknowledged as first and not second class human beings."

Declaration of children and young people, Regional Consultation, the Caribbean, 2005¹¹

"... interpretation of a child's best interests must be consistent with the whole Convention, including the obligation to protect children from all forms of violence and the requirement to give due weight to the child's views; it cannot be used to justify practices, including corporal punishment and other forms of cruel or degrading punishment, which conflict with the child's human dignity and right to physical integrity."

Committee on the Rights of the Child, General Comment No. 8⁶

dimensions (article 6), is also identified as a general principle. Under article 12, the child has the right to express his/her views freely on all matters affecting them and to have their views given due weight in accordance with age and maturity.

The Committee on the Rights of the Child, which has been considering reports from States

"... in conceptualising violence, the critical starting point and frame of reference must be the experience of children themselves. Therefore children and young people must be meaningfully involved in promoting and strategising action on violence against children".

Committee on the Rights of the Child, recommendations adopted following the day of general discussion on Violence against Children in the Family and Schools, 2001⁷

since 1993, has provided substantial guidance on States' obligations on violence against children, in particular regarding recommendations issued following its two days of general discussion on Violence against Children in 2000⁸ and 2001⁹ and in its General Comments Nos 1¹⁰ and 8.¹¹

The Committee has been pleased to note that domestic courts, including constitutional and superior courts in many jurisdictions, have condemned violence against children in judgments which increasingly draw on human rights treaties, in particular the CRC, and the output of the human rights treaty bodies.

"Children have rights no way inferior to the rights of adults. Fiji has ratified the Convention. Our Constitution also guarantees fundamental rights to every person. Government is required to adhere to principles respecting the rights of all individuals, communities and groups. By their status as children, children need special protection. Our educational institutions should be sanctuaries of peace and creative enrichment, not places for fear, ill-treatment and tampering with the human dignity of students."

Fiji Court of Appeal, 2002, in Naushad v. the State, holding that corporal punishment in schools and the penal system is unconstitutional¹²

INTERNATIONAL CRIMINAL, HUMANITARIAN, REFUGEE AND LABOUR LAW

The protection provided to children through human rights provisions is relevant at all times. At the same time, the Rome Statute of the International Criminal Court, the four Geneva Conventions of 1949 and their two Additional Protocols of 1977 provide key legal protection to children in internal and international conflict. Children who meet the definition of a refugee within the 1951 United Nations Convention relating to the Status of Refugees and its 1967 Protocol have access to a wide array of rights and protections, including legal aid and material protection, as well as the right not to be returned to the place where they face persecution. While not legally binding, the 1998 Guiding Principles on Internal Displacement consisting of 30 principles, provide protection and assistance for individuals throughout displacement, and establish guidelines for safe return, resettlement and reintegration. The Guiding Principles pay particular attention to the rights and needs of children, in particular girls, prohibiting sale of children into marriage, sexual exploitation, forced labour and the recruitment or use of children during hostilities.

Trafficking generally, including the trafficking of children, is addressed in the first consolidated instrument on this issue, the Convention for the Suppression of the Traffic in Persons and of the Exploitation of Others which was adopted by the General Assembly in 1950. Provisions directed at the elimination of traf-

ficking are also included in the Conventions on the Elimination of Discrimination against Women and Rights of the Child, and the International Labour Organization's Worst Forms of Child Labour Convention (1999), No. 182. In 2000, the General Assembly adopted the United Nations Convention against Transnational Organized Crime and its supplementary Protocols: the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, and the Protocol against the Smuggling of Migrants by Land, Sea and Air. The Convention provides for cooperation in investigation, mutual legal assistance, and extradition where trafficking is concerned. The Trafficking Protocol, now accepted by 105 States from all regions of the world (as of the 6th of September 2006), includes the first international legal definition of trafficking, makes provision for assistance and protection of victims of trafficking, and requires States parties to criminalise this activity, as well as to provide assistance and protection for victims. It also sets out preventive measures in this context.

Specific rights and protection for children in the context of work are provided by the numerous conventions elaborated by the International Labour Organization, with particular protection being provided by the Minimum Age Convention (1973), No. 183 and the Worst Forms of Child Labour (1999), No. 182.

“Fundamental rights, children rights are yet to be built, first and foremost at national level.”

Françoise Tulkens, Judge of the European Court of Human Rights, April 2006¹¹¹

REGIONAL HUMAN RIGHTS SYSTEMS

The international legal framework for the promotion and protection of human rights and the standards that it provides in respect of violence against children are reinforced by treaties which have been adopted regionally, by the Council of Europe, the European Union, the Organization of American States, the African Union, and mechanisms established to monitor and enforce them. The African Charter on the Rights of the Child is particularly relevant, as is the African Protocol on the Rights of Women adopted in 2004 which contains provisions directed at the elimination of harmful traditional practices, including female genital mutilation (FGM), scarification, medicalisation of harmful traditional practices, and establishes 18 years as being the minimum age for marriage.

Regional human rights mechanisms, responsible for the oversight of these legal instruments have addressed various forms of violence against children. For example, the European Court of Human Rights has found violations of the European Convention on Human Rights in a number of judgements concerning cases of corporal punishment in the penal system, schools and the home.¹³ Other judgements of the Court have concerned sexual abuse, failures of child protection systems and juvenile justice.¹⁴ The European Committee of Social Rights, which monitors compliance with the European Social Charter and the Revised Social Charter, has held that these instruments require prohibition in legislation of any form of violence against children.¹⁵

“The Committee does not find it acceptable that a society which prohibits any form of physical violence between adults would accept that adults subject children to physical violence.”

European Committee of Social Rights (2001). General observation in General Introduction to Conclusions XV-2, Volume 1¹⁶

In 2002, the Inter-American Court of Human Rights issued an Advisory Opinion on the legal status and human rights of the child: this indicates that States parties to the American Convention on Human Rights are under an obligation to adopt all positive measures to ensure protection of children against mistreatment, whether in their relations with public authorities or private individuals or with non-governmental entities.¹⁷

In 2003, the African Commission on Human and Peoples’ Rights decided that lashing of students constituted cruel, inhuman or degrading punishment and requested that the State concerned amend the law, abolish lashing as a penalty and take appropriate measures to compensate the victims.¹⁸

“Eradicating violence requires that the common aim and intrinsic connections between health and human rights are used to safeguard human dignity and improve well-being.”

Dr Gro Harlem Brundtland, Former Director-General, WHO

2

“There is no right for individuals, and particularly the Government of a country to apply physical violence to individuals for offences. Such a right would be tantamount to sanctioning State-sponsored torture (under the African Charter on Human and Peoples’ Rights) and contrary to the very nature of this human rights treaty.”

*African Commission on Human and Peoples’ Rights, Curtis Francis Doebbler v. Sudan, Communication No. 236/2000 (2003)*¹⁹

NON-BINDING INSTRUMENTS

International and regional human rights treaties are supplemented by instruments which, although not legally binding, set standards or elaborate principles which are concerned with the eradication of violence against children. Within the United Nations, rules and guidelines have been adopted on the administration of juvenile justice (the Beijing Rules, 1985), the prevention of juvenile delinquency (the Riyadh Guidelines, 1990) and the protection of juveniles deprived of their liberty. The 1993 United Nations Declaration on Violence against Women defines gender-based violence, and provides guidance to States on the steps that should be taken to address violence against women and girls.

The outcome of United Nations world conferences and their reviews by special sessions of the General Assembly also address violence against children. The 2002 General Assembly special session on children includes a substan-

tial section on violence against children in its outcome document, “A World Fit for Children.” The Millennium Development Goals adopted by the Millennium Summit in 2000, and the Outcome of the 2005 UN Summit also include agreements which are relevant to the elimination of violence against children.

Non-legally-binding but highly persuasive instruments relevant to the context of violence against children have also been adopted within the framework of the governing bodies of the specialised agencies and other entities of the United Nations system. These include resolutions adopted by the governing bodies of the WHO (see box) and UNICEF. The Executive Committee of the United Nations High Commissioner for Refugees (UNHCR) adopted a policy on refugee children in 1993, and it has developed guidelines on the protection and care of refugee children, which provide detailed guidance aimed at ensuring that child refugees are protected from physical and sexual violence, especially when they are living in large refugee camps.

By becoming party to international and regional treaties, States incur legally binding obligations to respect, protect and fulfil the rights they have said they comply with. They are required to refrain from interfering in the enjoyment of rights, protect individuals from violence by non-State actors, and take positive steps to ensure that human rights can be exercised.

Where violence against children is concerned, Governments are required to take immediate and positive steps to prevent and eliminate all forms of violence against children and to

REGIONAL TREATIES RELEVANT TO VIOLENCE AGAINST CHILDREN*

Organization of American States:

Inter-American Convention to Prevent and Punish Torture
 Inter-American Convention on the Forced Disappearance of Persons
 Inter-American Convention on the Elimination of all Forms of Discrimination against Persons with Disabilities.
 Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women ‘Convention of Belém Do Pará’

African Union:

African Charter on Human and Peoples’ Rights
 Protocol to the African Charter on Human and People’s Rights on the Rights of Women in Africa
 African Charter on the Rights and Welfare of the Child

South Asian Association for Regional Cooperation (SAARC):

Convention on Regional Arrangements on the Promotion of Child Welfare
 Social Charter
 Regional Convention on Combating the Crime of Trafficking in Women and Children for Prostitution

League of Arab States:

Arab Charter on Human Rights (adopted 1994, revised 2005; *not yet in force*)

European Union:

Communication from the Commission: Towards an EU Strategy on the Rights of the Child, *Brussels, 4.7.2006, COM (2006) 367 final*
 Communication from the Commission to the European Parliament and the Council: Fighting trafficking in human beings – an integrated approach and proposals for an action plan, *Brussels, 18.10.2005, COM (2005) 514 final*

Council of Europe:

European Convention for the Protection of Human Rights and Fundamental Freedoms
 European Social Charter and the Revised European Social Charter
 Additional Protocol to the European Social Charter Providing for a System of Collective Complaints
 European Convention for the Prevention of Torture and Other Inhuman and Degrading Treatment or Punishment
 Convention on Cyber Crime
 Council of Europe Convention on Action against Trafficking in Human Beings

**This list is not exhaustive*

THE WORLD HEALTH ORGANIZATION

The activities of the World Health Assembly in relation to violence against children also reflect commitment by Governments and constitute a strong platform to address violence against children which complements human rights.

The public health mandate for addressing violence against children is grounded in the World Health Organization's broader mandate for prevention of all forms of violence. The World Health Assembly, governing body of the World Health Organization, in resolution WHA 49.25 (1996), declared violence to be a leading worldwide public health problem and expressed particular concern at levels of violence against women and children; it urged Member States to assess the problem of violence, and requested that WHO present a plan of action for the prevention of violence. The World Health Assembly endorsed the plan of action and called for its further development (resolution WHA 50.19).

In response to these resolutions WHO prepared the first world report on violence and health, launched in 2002. The World Report on Violence and Health described the extent of violence as a global public health problem, set out a public health-oriented prevention strategy, and made nine recommendations. The report inspired the World Health Assembly to adopt a resolution (WHA 56.24) urging Member States to promote the report recommendations, appoint a ministry of health focal point for violence prevention, and prepare a national report on violence and violence prevention.

respond to it effectively if it occurs, ensuring that perpetrators do not enjoy impunity. States are required to ensure that their authorities, such as the police or teachers in State-run schools do not perpetrate violence against children through the adoption of legislative and other measures to prevent such acts through, for example, training police and other State officials in investigation techniques which do not involve violence. They are also required to adopt legislative and other measures to protect children and to prevent and to deter parents, legal guardians and other non-State actors from a violating children's rights through violence.

International law thus provides a powerful, overarching legal framework which demands a multifaceted response. Required responses will vary according to the type of violence and the setting in which it occurs. They will include public health responses, which emphasize prevention, criminal law responses, compensation, education, health or legislative approaches.²⁰

The existing standards in international law relevant to violence against children are comprehensive and detailed. The challenge is to ensure that all States implement their obligations. The systemic and widespread nature

of violence against children in all its forms and all its settings must be recognised and acknowledged. Thereafter, appropriate and effective legislative, policy and programmatic responses must be put in place, implemented, monitored and consistently modified so as to respond effectively and urgently to this massive global issue.

REFERENCES

- 1 UNICEF (2005). *UN Human Rights Standards and Mechanisms to Combat Violence against Children: A Contribution to the UN Secretary-General's Study on Violence against Children*. Florence, UNICEF Innocenti Research Centre.
- 2 UNICEF (2001). *Implementation Handbook for the Convention on the Rights of the Child*, Revised edition. Geneva, UNICEF.
- 3 Committee on the Rights of the Child (2006). *General Comment No. 8. The Right of the Child to Protection from Corporal Punishment and Other Cruel or Degrading Forms of Punishment*, (articles 19, 28(2) and 37, inter alia), CRC/C/GC/8.
- 4 Committee on the Rights of the Child (2006). *General Comment No. 8. The Right of the Child to Protection from Corporal Punishment and Other Cruel or Degrading Forms of Punishment* (articles 19, 28(2) and 37, inter alia), CRC/C/GC/8, para 3.
- 5 Committee on the Rights of the Child (2001). *General Comment No. 1. The Aims of Education*. CRC/GC/2001/1, para 8.
- 6 Committee on the Rights of the Child (2006). *General Comment No. 8. The Right of the Child to Protection from Corporal Punishment and Other Cruel or Degrading Forms of Punishment* (articles 19, 28(2) and 37, inter alia), CRC/C/GC/8, para 26.
- 7 Committee on the Rights of the Child (2001). *Recommendations Adopted Following the General Discussion Day on Violence within the Family and in Schools*. Report on the 28th session, September/October 2001, CRC/C/111.
- 8 Committee on the Rights of the Child (2000). *General Discussion Day on the State of Violence against Children*. Report on the 25th session, September/October 2000, CRC/C/100.
- 9 Committee on the Rights of the Child (2001). *General Discussion Day on Violence within the Family and in Schools*. Report on the 28th session, September/October 2001, CRC/C/111.

- 10 Committee on the Rights of the Child (2001). *General Comment No. 1. The Aims of Education*, CRC/GC/2001/1.
- 11 Committee on the Rights of the Child (2006). *General Comment No. 8. The Right of the Child to Protection from Corporal Punishment and Other Cruel or Degrading Forms of Punishment* (articles 19, 28(2) and 37, inter alia), CRC/C/GC/8.
- 12 Fiji Court of Appeal (2002). *Naushad Ali v. State*. Cited in: Committee on the Rights of the Child (2006). *General Comment No. 8. The Right of the Child to Protection from Corporal Punishment and Other Cruel or Degrading Forms of Punishment* (articles 19, 28(2) and 37, inter alia), CRC/C/GC/8.
- 13 UNICEF (2005). *UN Human Rights Standards and Mechanisms to Combat Violence against Children: A Contribution to the UN Secretary-General's Study on Violence against Children*. Florence, UNICEF Innocenti Research Centre.
- 14 UNICEF (2005). *UN Human Rights Standards and Mechanisms to Combat Violence against Children: A Contribution to the UN Secretary-General's Study on Violence against Children*. Florence, UNICEF Innocenti Research Centre.
- 15 European Committee of Social Rights (2001). *Conclusions XV-2, Volume 1. General Introduction: General observations regarding Articles 7 para. 10 and 17, pp 27 et seq.*
- 16 European Committee of Social Rights (2001). *Conclusions XV-2, Volume 1, General Introduction: General observations regarding Articles 7 paras 10 and 17, p 27.*
- 17 Inter-American Court of Human Rights (2002). *Advisory Opinion OC-17/2002, Legal Status and Human Rights of the Child*. 28 August 2002, paras 87 and 91.
- 18 African Commission on Human and Peoples' Rights (2003). *Curtis Francis Doebbler v. Sudan*. African Commission on Human and Peoples' Rights, Communication No. 236/2000.
- 19 African Commission on Human and Peoples' Rights (2003). *Curtis Francis Doebbler v. Sudan*. African Commission on Human and Peoples' Rights, Communication No. 236/2000, para. 42.
- 20 Krug EG et al. (Eds) (2002). *World Report on Violence and Health*. Geneva, World Health Organization.

QUOTES

- I Council of Europe (2006). Monaco launching conference for 'Building a Europe for and with Children', 4-5 April 2006. Available at: http://www.coe.int/t/transversalprojects/children/events/monacoLaunch_en.asp
- II United Nations Secretary-General's Study on Violence against Children (2005). *Regional Consultation Outcome Report: the Caribbean*, p 22. Available at: www.violencestudy.org/r27.
- III Council of Europe (2006). Monaco launching conference for 'Building a Europe for and with Children', 4-5 April 2006. Available at: http://www.coe.int/t/transversalprojects/children/events/monacoLaunch_en.asp



Brazil, 2001, Maria (name changed), 6, hides her face in a pillow, in a room at CEDECA, the Centre for the Defense of Children and Adolescents, in a major city in Brazil. Maria was the victim of child abuse. Behind her is a six-year-old boy who is also being treated at the centre, to help him recover from abuse of his older sister.

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*“With these two hands my mother holds me, cares for me, this I love.
But with these two hands, my mother hits me – this I hate”*

Girl, East Asia and the Pacific, 2005¹

3

INTRODUCTION

Families, defined widely, hold the greatest potential for protecting children from all forms of violence. Families can also empower children to protect themselves. A basic assumption of the Convention on the Rights of the Child (CRC) is that the family is the natural environment for the growth and well-being of all its members – particularly for children – while the Universal Declaration on Human Rights and the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights proclaim the family as being the fundamental group unit of society. The CRC requires the State to fully respect and support families.

But families can be dangerous places for children and in particular for babies and young children. The prevalence of violence against children by parents and other close family members – physical, sexual and psychological violence, as well as deliberate neglect – has only begun to be acknowledged and documented. Challenging violence against children is most difficult in the context of the family in all its forms. There is a reluctance to intervene in what is still perceived in most societies as a ‘private’ sphere. But human rights to full respect for human dignity and physical integrity – children’s and adults’ equal rights – and State obligations to uphold these rights do not stop at the door of the family home.

State responsibility to respect, protect and fulfill the rights of children extends beyond its direct activities and those of State agents, and requires

the adoption of measures to ensure that parents, legal guardians and others do not violate children’s rights. It is obliged to put in place a framework of laws, policies and programmes to prevent violence by providing adequate protection, and responding to violence if it occurs.

Younger children tend to be more vulnerable to violence in the home. In some industrialised States, where child deaths are most rigorously recorded and investigated, infants under one year of age face around three times the risk of homicide, almost invariably by parents, than children aged one to four, and twice the risk of those aged five to 14.¹ While all physical punishment is degrading, there are other cruel and degrading and potentially equally damaging non-physical forms of violence which children suffer within the family. These include enduring persistent threats, insults, name-calling or other forms of verbal abuse, belittling, isolation or rejection. In addition to the direct violence, many children witness violence between adult family members, which in itself has serious consequences, only very recently recognised.

Everywhere that sexual violence has been studied, it is increasingly acknowledged that a substantial proportion of children are sexually harassed and violated by the people closest to them. Forced sex within forced and early marriage is common in many States. So-called ‘honour killings’ of adolescent girls, regarded as having breached moral codes, occur in some countries. Despite legislation and advocacy efforts, female genital mutilation or cutting (FGM) remains widespread: in parts of North and Eastern Africa, over 90% of girls undergo this operation, usually at around the age of seven.^{2,3}

“The Study marks a watershed in adult relationships with children. In just a few years time, we should be looking back with shame and bewilderment at the fact that in the early years of the second millennium, governments and individual adults were still justifying - even promoting - hitting and deliberately hurting babies and children as lawful and legitimate.”

Peter Newell, Editorial Board of the UN Secretary-General’s Study on Violence against Children

Sexual and gender-based violence has profound implications in the era of HIV/AIDS, and also compromises self-esteem, psychological and emotional health. The implications of all forms of home and family violence for future development, behaviour and well-being in adulthood, and for future parenting, are profound. In addition, home is the place where gender-based inequalities are first experienced by children, and where future power-imbalanced relationships are modelled, or challenged. Boys may be encouraged to become aggressive and dominant (‘takers’ of care),

and girls are encouraged to be passive, compliant caregivers. These gender-based stereotypes support the use of violence and coercion that perpetuates gender inequalities.

This chapter discusses the various types of physical, psychological and sexual violence that occur in home and family settings, their impacts on children, and the wide range of responses that can be used to reduce and ultimately eliminate this violence.

HUMAN RIGHTS INSTRUMENTS

The adoption of the Convention on the Rights of the Child (CRC) in 1989 confirmed that children too are holders of human rights. The CRC claims, on the one hand, children’s right to individuality and to have their views on all matters which affect them taken seriously; and on the other, in the light of their developmental state and vulnerability, rights to special care and protection. The CRC makes clear that wherever possible children should be raised within their family; and where the family is unable to care for and protect them adequately, an alternative family-type environment should be provided. Therefore the CRC uncompromisingly asserts that the family is the primary site for children’s healthy, loving and safe upbringing. However, this role must be fully underpinned and supported by the State, including by stepping over the family threshold to intervene when necessary, in the best interests of the child.

The balance between the responsibilities and duties of families and of States to provide children with the necessary protections for their development is addressed in several articles of the CRC. Article 18 expresses the balance as follows: “...Parents or ...legal guardians,

have the primary responsibility for the upbringing and development of the child,” and in paragraph 2: “... States parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities.” Article 3 requires that “the best interest of the child shall be a primary consideration in all actions concerning children.” Article 9 states: “A child shall not be separated from his or her parents against their will” except when competent authorities determine that such separation is necessary in the best interests of the child, including in cases of violence.

The CRC therefore provides clear authorisation to the State to protect children against all forms of violence in the home and family, and establishes its role as final arbiter of child welfare in the domestic arena. Article 19 asserts children’s right to protection “from all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has care of the child.” Articles 20 and 21 address the State’s obligations to make arrangements for alternative care where a child is parentless or has been separated from the family. Article 23 concerns special support for disabled children; articles 34 and 35 seek protection from sexual exploitation and abuse, and from sale and trafficking; article 37 states: “No child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment;” article 24 requires States to take action to end harmful traditional practices, including for example FGM and forced and/or early marriage.

The CRC requires States both to prevent all forms of violence and to respond to violence effectively when it occurs. While the State cannot be held directly responsible for individual acts of violence against children by parents or others, it is required to provide a framework of law and other necessary measures to supply adequate protection, including effective deterrence. Few States have put in place the necessary laws prohibiting all violence against children, together with policies, structures, and reporting and referral mechanisms to address violence in the home and family. Law enforcement officials in many countries remain reluctant to intervene even in cases of severe violence, child marriage, and incest. Violent forms of discipline remain legal and socially accepted in many States, despite the consistent interpretation of the CRC and other human rights instruments as requiring their prohibition and elimination (most recently, this has been underlined by the Committee’s General Comment No. 8, 2006 on “The right of the child to protection from corporal punishment and other cruel or degrading forms of punishment and control,” discussed later in this chapter).⁴

“I was forced to marry with an old man of over 30 years who had raped me.”

Girl, 16, Eastern and Southern Africa, 2005¹¹

BACKGROUND AND CONTEXT

In most parts of the world, the family as an institution is itself changing or evolving in the light of social and economic pressures. The pace of urbanisation, especially in sub-Saharan Africa (nearly 6% a year) and in Asia (3–4%),⁵ has important implications for family living patterns and make-up. One in three city dwellers – nearly one billion people – live in slums. Crowded living conditions, and the necessity for cash income to meet all family needs, create circumstances of stress very different from the life of rural subsistence.⁶

In industrialised countries, family make-up is less stable and also taking new forms, and the nature of ‘family life’ is undergoing change. Where income gaps have widened or there has been rapid social change, levels of interpersonal violence tend to rise.⁷ In many parts of the world there has also been a loss of protection from kin, community and informal employers or ‘patrons’ that families traditionally relied upon.⁸ Market-based social policy reforms of the 1990s and early 2000s have exacerbated pressures, especially on women, by reducing the already limited access of poorer families to health care, pensions, schooling, and care for small children and the elderly.

Economic pressures on low-income families in all regions have also led to significant levels of migration – seasonal, temporary or permanent – by one or other parent, either to town or another country, to earn and send remittances home.⁹ Unprecedented levels of mobility lead to protracted periods of family separation, with

negative effects for children, and often lead to permanent family break-up.¹⁰ Single-parent households may also have the stress of economic disadvantage, and the added burden of child-care responsibilities, especially where other extended family support is not available.^{11,12,13} In Southern Africa where HIV/AIDS also exerts stress on families, fathers are reported absent in 42% of households.^{14,15,16} Heavily AIDS-affected countries have also seen the emergence of ‘child-headed households’ where orphaned children are left managing the home and struggling to provide for siblings.

NATURE AND EXTENT OF THE PROBLEM

Forms of violence to which a child will be exposed vary according to age and stage of development, especially as the child starts to interact with the world outside the home.^{17,18} Infants and young children are more likely to be victimised by primary caregivers and other family members because of their dependence on adult caregivers and limited independent social interactions outside the home.¹⁹ As children develop, they grow in independence and spend increasing amounts of time outside the home and away from family; therefore older children are more likely to be victimised by people outside their home and family. However, there are many overlaps in terms of age as well as forms of violence, and in terms of perpetrators.

In the home and family setting, children experience assaults and other acts of physical violence, sexual violation, harmful traditional practices, humiliation and other types

of psychological violence, and neglect. As well as assaults and other physical violence, these can include acts of omission, such as failure to protect the child from exposure to preventable violence at the hands of friends, neighbours, or visitors; acts of stigma or gross discrimination; and failure to utilise child health and welfare services to support the child's well-being. Perpetrators of violence in the home circle include parents and step-parents, and can also include alternative family carers, extended family, spouses (in the case of child marriage) and their in-laws.

PHYSICAL VIOLENCE

Homicide

In countries where homicide statistics are analysed according to age of the victim, 15–17-year-olds are the age group that is most at risk. The second high-risk group is infants. Data from OECD countries suggest that the risk of death is about three times greater for children under one year old than for those aged 1 to 4, who in turn face double the risk of those aged 5 to 14. The younger the child, the more likely their death will be caused by a close family member.^{20,21}

The most frequent causes of death are injuries to the head or to the internal organs. Other causes include intentional suffocation, shaking, and more rarely, choking or battering. According to WHO estimates, the highest rates of homicide in children under the age of five are found in sub-Saharan Africa and Northern America, and the lowest in the high-income countries of Europe, and in Eastern and Western Asia.²² Estimating the proportion of child homicides occurring in

the home and family setting requires sophisticated surveillance systems of child deaths, which are lacking in most countries. Where deaths are not recorded or investigated, the extent of fatal violence to children is not accurately known, and may become obscured by the high rates of under-five mortality generally. It is assumed that violence in one form or another – including neglect – may often play a part in infant and young child deaths that are not recorded as homicides, or perhaps not recorded at all. It is widely agreed that violence against children by family members results in death far more often than official records suggest.²³

Where sufficient reliable data exist (for example in New Zealand, Switzerland, and the USA), a few trends emerge.^{24,25,26,27,28} In general, children under 10 are at significantly greater risk than children aged 10 to 19 of severe violence perpetrated by family members and people closely associated with the family. Age and sex are important risk factors. The majority of murders of children under the age of one are perpetrated by one or both of the child's parents, frequently the mother. While approximately 50% to 75% of murders of children aged under 10 are by family members, this proportion drops to about 20% of murders of children aged 10 to 14, and 5% of murders of children aged 15 to 19. A substantial proportion of homicides of children under 10 years of age are committed by a stepparent, by a parent's boyfriend or girlfriend, or by other people known to the victim.

A US study found that female victims were twice as likely as male victims to have been killed by family members.²⁹ Although girls' risk of murder by immediate family mem-

“One day I went to put the cows to graze and one cow got lost. When I returned home, my father beat me almost to death and I sustained wounds all over my body”

Boy, 17, Eastern and Southern Africa¹¹¹

bers appears to decline after the age of 10, the data suggest that they face increased risk of murder by intimate partners (dating partners or spouses) or by the families of the intimate partner. Moreover, in regions where early marriage and so-called ‘honour killings’ against women are common, it is probable that the proportion of murders of girls by family members may remain stable or actually increase in the 10 to 14- and 15 to 19-year age groups. Further research is needed to confirm whether this is so.

In some parts of South Asia, high rates of murder of girls within a few days of birth have been reported, with these deaths often disguised and registered as a still birth. A study in India, interviewing 1,000 women regarding pregnancy outcomes, found that 41% of the early neo-natal female deaths are due to female infanticide. Although the practice is apparently not limited to India, one study in Tamil Nadu estimated that 8–10% of infant deaths in 1995 could have been due to female infanticide.³⁰ Further research is required to better understand the nature and extent of the phenomenon across countries.

Non-fatal physical violence

Physical violence is the intentional use of physical force against a child that either results in or has a high likelihood of resulting in harm to the child’s health, survival, development or dignity. Children around the world experience hitting, kicking, shaking, beating, bites, burns, strangulation, poisoning and suffocation by members of their family. In extreme cases this violence can result in a child’s death

(as discussed above), in disability, or in severe physical injury. In other cases, physical violence may leave no outwardly visible sign of injury. In all instances, however, physical violence has a negative impact on a child’s psychological health and development.

Surveys from around the world suggest that physical violence against children in the home is widespread in all regions. For example, in a survey of students aged 11 to 18 in the Kurdistan Province of the Islamic Republic of Iran, 38.5% reported experiences of physical violence at home that had caused physical injury ranging from mild to severe.³¹ A review of research on physical victimisation of children in the Republic of Korea found that kicking, biting, choking and beating by parents are alarmingly common, with a high risk of physical injury – and for a small proportion, disability – as a result.³² In the UK, a national survey found that mothers and fathers were most often responsible for physical violence, although violence by siblings was also reported.³³

Corporal punishment is defined by the Committee on the Rights of the Child as “any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light.”³⁴ While growing global concern over the prevalence of corporal punishment in the home – perpetuated by its widespread legality and social approval – has fostered interest in understanding its prevalence and forms, it has also generated debate. Most corporal punishment involves hitting (‘smacking’, ‘slapping’, ‘spanking’) children, with the hand or with an implement – whip, stick, belt,

shoe, wooden spoon, etc. But it can also involve, for example, kicking, shaking or throwing children, scratching, pinching, biting, pulling hair or boxing ears, forcing children to stay in uncomfortable positions, burning, scalding or forced ingestion (for example, washing children's mouths out with soap or forcing them to swallow hot spices). The Committee comments: "In the view of the Committee, corporal punishment is invariably degrading. In addition, there are other non-physical forms of punishment which are also cruel and degrading and thus incompatible with the CRC. These include, for example, punishment which belittles, humiliates, denigrates, scapegoats, threatens, scares or ridicules the child."³⁵

There are considerable variations in popular views about the use and effectiveness of corporal punishment, according to available studies. While a Canadian study found that 59% of people believed that spanking is harmful and 86% that it is ineffective,³⁶ research in the USA found that 84% agreed "that it is sometimes necessary to discipline a child with a good hard spanking."^{37,38} A study in the Republic of Korea found that 90% of parents thought corporal punishment 'necessary'.³⁹ In a report from Yemen, almost 90% of children said that physical and humiliating punishment is the main method of discipline in the family, with the most common form being beating.⁴⁰

WHAT CHILDREN THINK ABOUT CORPORAL PUNISHMENT

The Save the Children Alliance conducted research on physical and humiliating punishment with children around the world as a special contribution to the Study. The resulting report found that overwhelmingly, the children disagreed with the idea that such punishment accomplished anything positive. The report suggested that while children may comply with adults' wishes immediately after being hit, "young children frequently do not remember why they are hit, and children will only refrain from the misbehaviour if they face an imminent threat of being hit. This sort of punishment frightens children into certain behaviours: it does not help children to want to behave, or teach them self-discipline or promote any alternative."⁴¹ In a survey undertaken by UNICEF in Europe and Central Asia, over 75% of children said that 'hitting' was 'never' a good solution to problems at home.⁴² In Regional Consultations for the Study, children repeatedly called for other methods of discipline, including being offered a proper explanation of what they had done wrong. They underlined how hurtful it was to be hit and humiliated by those who professed to love and care for them.

NEGLECT

Neglect is an important contributor to death and illness in young children. Neglect means the failure of parents or carers to meet a child's physical and emotional needs when they have the means, knowledge and access to services to do so; or failure to protect her or him from exposure to danger. However, in many settings the line between what is caused deliberately and what is caused by ignorance or lack of care possibilities may be difficult to draw. The degree to which neglect influences child mortality rates in many parts of the world is unknown (with exceptions, including the 'missing girls' phenomenon; see below).

Cases of neglect are difficult to interpret in circumstances of poor public health and under-nutrition. In some industrialised countries, neglect constitutes the largest proportion of child maltreatment cases reported to the authorities. Studies in these countries confirm that forms of violence and neglect interconnect.⁴³ All of the Regional Consultations for the Study expressed concern about neglect of children with disabilities; although there is little quantitative evidence, it is known that these children are at high risk of neglect, from deliberate withholding of basic physical necessities to emotional isolation and lack of stimulation.

Research on sex differences in neglect in India suggests that girls suffer relatively more neglect than boys throughout early childhood. They are breast-fed less frequently than boys and for shorter duration; once weaned, they are given food of an inferior quality and quantity.⁴⁴ Girls are also taken to health ser-

vices less often, and later in the course of any illness.⁴⁵ A study from Nepal into outcomes of polio infection in the population found that several years later, the survival rate of boys was twice that of girls, despite the fact that polio affects equal numbers of males and females, thus suggesting gender bias in care.⁴⁶ In China, the sex ratio is unbalanced in favour of boys (117 to 100), with this being contributed to by infanticide.⁴⁷

SEXUAL VIOLENCE

The WHO estimates that 150 million girls and 73 million boys under 18 have experienced forced sexual intercourse or other forms of sexual violence involving physical contact,⁴⁸ though this is certainly an underestimate. Much of this sexual violence is inflicted by family members or other people residing in or visiting a child's family home – people normally trusted by children and often responsible for their care.

A review of epidemiological surveys from 21 countries, mainly high- and middle-income countries, found that at least 7% of females (ranging up to 36%) and 3% of males (ranging up to 29%) reported sexual victimisation during their childhood.⁴⁹ According to these studies, between 14% and 56% of the sexual abuse of girls, and up to 25% of the sexual abuse of boys, was perpetrated by relatives or step-parents. In many places, adults are outspoken about the risk of sexual violence their children face at school or at play in the community, but rarely do adults speak of children's risk of sexual abuse within the home and family context. The shame, secrecy and denial associated

“When I was like twelve, I thought I was pregnant by my father. I contemplated suicide because I was just saying to myself. “How am I going to explain this to people?” I mean, I was twelve years old. Nobody is going to believe me.”

Young girl, North America, 2005^{IV}

3

with familial sexual violence against children foster a pervasive culture of silence, where children cannot speak about sexual abuse they have suffered, adults do not speak about the risk of sexual violence in the home, and where adults do not know what to do or say if they suspect someone they know is sexually abusing a child.

Most children do not report the sexual violence they experience at home because they are afraid of what will happen to them and their families, that their families will be ashamed or reject them, or that they will not be believed. Adults may also fail to report such abuse. In communities and families with rigid norms about masculinity, femininity and family honour, boys who disclose sexual violence may be viewed as weak and unmanly, and girls who disclose sexual violence risk being blamed – and frequently beaten and killed.^{50,51} Both boys and girls are vulnerable to sexual violence, but comparison of international studies reveals that rates of sexual violence against girls are generally higher than those against boys.^{52,53}

A recent WHO multi-country study interviewed more than 24,000 women in 10 countries (Bangladesh, Brazil, Ethiopia, Japan, Peru, Namibia, Samoa, the former Serbia and Montenegro, Thailand, and the United Republic of Tanzania), and asked if someone had touched them sexually or made them do something sexual they did not want to do, before the age of 15 years.⁵⁴ In some of these countries, the proportion of childhood sexual abuse perpetrated by family members is extremely high:

- In the two Brazil sites, city and province, 12% and 9% respectively of the women

reported childhood sexual abuse. Of these, 66% and 54% reported that a family member was the perpetrator.

- In Namibia, 21% of the women reported childhood sexual abuse. Of these, 47% indicated that a family member was the perpetrator.
- In the two Peruvian sites, city and province, 19.5% and 18% of the women reported childhood sexual abuse, with 54% and 41% of the perpetrators being family members.

The most commonly reported perpetrators of sexual violence towards girls were male family members (brothers, uncles), followed by step-fathers, fathers and female family members. Male friends of family were also commonly named as perpetrators. Other research confirms that parents, caregivers, aunts and uncles, siblings, grandparents, cousins, and friends of the family perpetrate sexual violence against children. For example:

- In a study of women aged 15 to 49 in South Africa, 21% of women who reported being forced or persuaded to have intercourse against their will prior to the age of 15 years, reported that the perpetrator was a relative.⁵⁵
- In a Romanian national study of 13- and 14-year-olds, 9% of the children reported they had been sexually violated in the family and 1% reported they had been raped by a family member.⁵⁶
- In the Occupied Palestinian Territory, 19% of surveyed undergraduate college students reported at least one act of sexual violence against them by an

"I was just 15 years old and was studying in Grade 9 when my dreams shattered. I was attacked with acid for refusing a marriage proposal. You can imagine the physical pain of having acid thrown over your face and body, but the pain of social stigma is worse than physical pain and can last forever."

Acid victim, South and Central Asia, 2005^v

immediate family member prior to the age of 16. A further 36.2% reported sexual abuse by a relative at least once. Males and females reported similar rates of childhood sexual abuse.⁵⁷

- In a study of university students in the Hong Kong Special Administrative Region of China, 4.3% of males and 7.4% of females reported experiencing one or more incidents of sexual violence before the age of 17 years. Perpetrators were strangers in less than one-third of cases.⁵⁸
- An analysis of child protection files in Spain from 1997 and 1998 showed that 3.6% of abuse cases involved sexual abuse, and 96% of the perpetrators of sexual abuse were family members or relatives. Fathers and stepfathers accounted for the largest proportion of persons responsible for sexual abuse, followed by mothers and uncles or aunts.⁵⁹
- In Somalia, 20% of the children reported to one study that they knew of a sexual assault against a child in their family.⁶⁰

Violence related to sexual behaviour and perceptions of honour

In some circumstances, girls are regarded as complicit in cases of sexual violence against them and they, rather than their abusers, are held responsible for any sexual act, forced, violent or otherwise. In some countries, a girl older than 12 can be punished severely in cases of rape and other sexual assaults if the perpetrator denies it, and there is no witness.⁶¹

In some cultures, suspected loss of virginity of a female member of the family, including as a result of rape, is perceived as compromising family honour, and may lead to her murder by family members. In Pakistan, human rights organisations report that there were over 1,200 cases of so-called 'honour killings' in 2003 alone.^{62,63} They also occur in Jordan, India, Libyan Arab Jamahiriya, the Occupied Palestinian Territory, Turkey, Iraq, and Afghanistan; and in countries with populations originally from Asia and the Middle East. UK data suggest that around 12 of these killings occur there every year.⁶⁴ These deaths are thought to represent only the extreme end of a much larger problem of intimidation and violence.⁶⁵

Extreme violence may be perpetrated against girls and women who do not respond in stereotypical ways. Rejection of romantic overtures or marriage proposals, for example, may prompt a violent reaction. The proportion of acid attacks on women and girls in Bangladesh, currently estimated at around 120 every year,⁶⁶ related to refusal of a relationship or marriage proposal was reported as amounting to 17% in 2003.⁶⁷ Most of the girls come from poor households, and attacks often occur on the way to school or during collection of water or fuel.

SEXUAL VIOLENCE IN INTIMATE RELATIONSHIPS AND CHILD MARRIAGE

For a large number of girls – and some boys – the first experience of sexual intercourse in adolescence is unwanted and even coerced, and a proportion of these rapes occur in the context of intimate partnerships and under-

age permanent unions or marriages. There can also be violence in the context of dating, but this type of non-formal partnership relationships between adolescent boys and girls (and between same-sex young couples) tends to occur outside the home and family context. It is therefore primarily covered in the chapter on violence against children in the community.

In many societies, a marriage or permanent union is arranged – in the case of girls, usually at or soon after puberty – by parents and family elders. Sometimes these unions are forced on children, particularly girls, and result in early marriage.

While the justifications include protection of family honour and a girl's sexual purity, economic factors also play a role: girls may be viewed as an economic burden in poor families; dowry costs are commonly lower, and bride wealth gains are higher for younger girls; a young girl's marriage may be arranged to secure her and her family's economic future.

The Convention on the Elimination of All Forms of Discrimination against Women provides that the marriage of a child shall have no legal effect, and that all necessary action, including legislation, shall be taken to specify a minimum age for marriage. In its 1994 General Recommendation on equality and family relations, the Committee on the Elimination of Discrimination against Women (CEDAW) recommended that the minimum age for marriage for both boys and girls should be 18. The Committee on the Rights of the Child has echoed this proposal, and frequently rec-

ommends to States that the legal age for marriage should be raised and equalised.

Early marriage of girls has significant negative consequences on their health, development and rights. It often ends their opportunities for formal education, and results in social isolation. Young wives are regarded as having consented to sexual relations with their husbands, and become pregnant when young, before their bodies are ready. They face higher rates of problems in childbirth and maternal mortality. The same applies to child marriage.⁶⁸

In addition to other risks to their health and development, girls who marry before the age of 18 face significant risk of physical, sexual and psychological violence at the hands of their husbands, with existing evidence suggesting that girls who marry young are at higher risk of violence than other women.⁶⁹ Intimate partner violence against married girls is often a manifestation of unequal power relations between her and her husband, and indicative of underlying societal beliefs in the status and roles of men and women.

Prevalence of child marriage

Child marriage is common in South Asia, West Africa, and some countries in East and Southern Africa – especially Mozambique, Uganda and Ethiopia – as well as others in the Middle East, notably Yemen. In some countries – mostly in West Africa, but including Bangladesh and Nepal – about 60% of girls are married by the age of 18, and in at least 28 countries, the proportion is 30%.⁷⁰ Although the majority of countries have legislation which prohibits mar-

"I hate early marriage. I was married at an early age and my in-laws forced me to sleep with my husband and he made me suffer all night. After that, whenever day becomes night, I get worried thinking that it will be like that. That is what I hate most."

Girl, 11, married at 5, Eastern and Southern Africa, 2005^{VI}

riage of girls under the age of 16, and some forbid marriage under the age of 18, such laws are frequently ignored: marriages are not registered, customary or religious rules are accepted, with few cases resulting in court proceedings.

It is estimated that, globally, 82 million girls now between 10–17 years of age will marry before their 18th birthday.⁷¹ This includes significant numbers of girls married at much younger ages. In Nepal, for example, 7% of girls are married by the time they are 10, and 40% by the age of 15.⁷² In the Amhara region of Ethiopia, 40% of girls in rural areas are married by the age of 15,⁷³ in some cases following abduction and rape in order to avoid bride price. In all such cases, the notion of consent to the marriage by either partner, especially the girl, and to the sex within it, does not apply. In settings where a girl is sent to her in-laws once agreement between the families with respect to the marriage has been made, sex within the union often begins at the age of 10 or 11, before the girl has menstruated.

Physical, sexual and psychological violence

Married girls experience a significant amount of violence from their husbands. A recent analysis of Demographic and Health Surveys (DHS) data showed that spousal violence had been experienced in the previous 12 months by 4% of girls aged 15 to 19 in Cambodia, 15.4% in the Dominican Republic, 21.0% in Egypt, 25.4% in Haiti, 10.4% in India, 18.2% in Nicaragua, and 33.3% in Zambia.⁷⁴ In these countries, younger women and women who married at the earliest ages reported the most intimate partner violence.

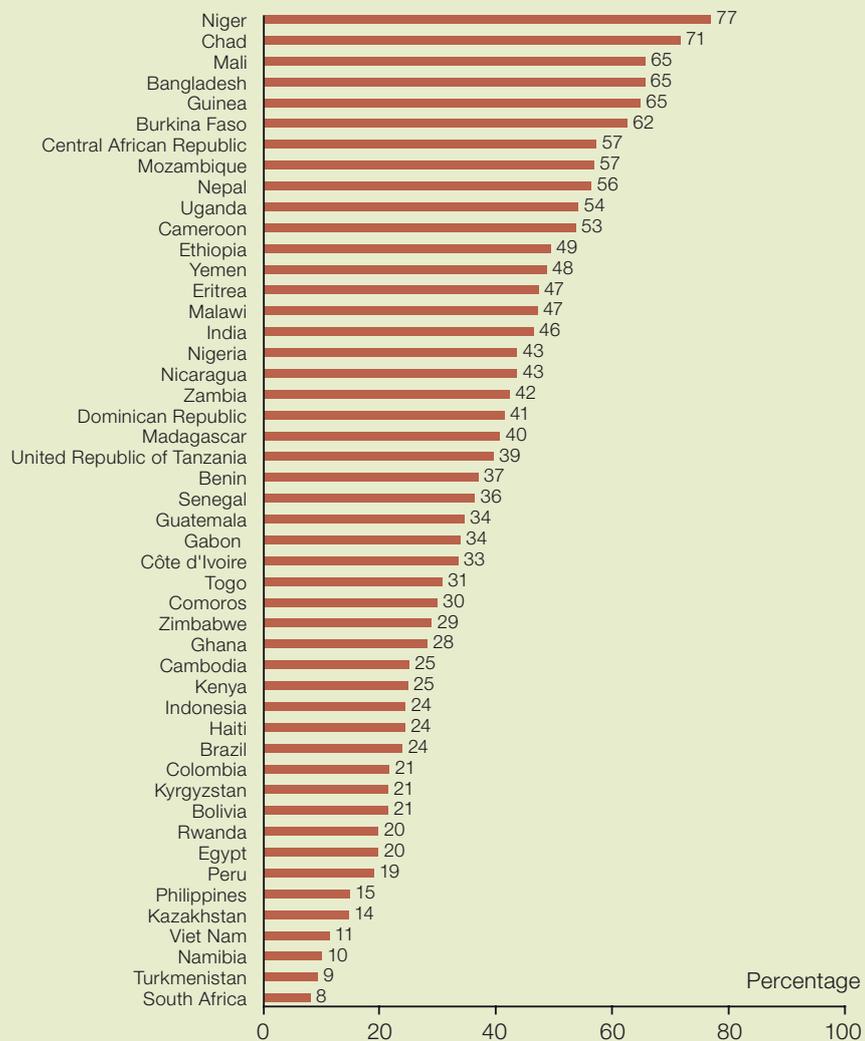
Physical violence against married girls by their spouses can include pushing, shaking, slapping, punching, biting, kicking, dragging, strangling, burning, and threatening/attacking with a weapon. In societies with a custom of dowry, intimate partner violence against the young bride can result from her family's failure to pay the dowry, or her husband's or in-laws' dissatisfaction with the amount.

Studies of domestic violence and dowry-related harassment show that close relatives, especially members of the husband's family, play important roles in perpetrating violence against women. Often the perpetrator is the husband, assisted by the mother-in-law.⁷⁵ However, in some cases the husband's relatives are the main perpetrators of violence and harassment against the young bride.^{76,77,78} A study from India revealed that, among women who reported physical violence and harassment due to dissatisfaction with the dowry, the family member who most frequently harassed was the mother-in-law (95%), followed by the husband and father-in-law (72% each), sister-in-law (49%), and brother-in-law (14%).⁷⁹

Many married girls experience sexual violence from their partners; they may be physically forced, or threatened into having sexual intercourse against their will, or they may have sexual intercourse because they are afraid of what their partner will do if they refuse, or they may be forced to do something sexual that they find degrading or humiliating. In societies where the cultural norm is for men to have unlimited sexual access to women upon marriage, married girls are likely to experience forced and traumatic sexual initiation.⁸⁰

FIGURE 3.1

Percentage of women married by the age of 18 years



Source: UNICEF (2005). *Early Marriage - a harmful traditional practice. A Statistical Exploration*.
New York, UNICEF. Data analysed from 1996 - 2003

Psychological violence, by spouses, against married girls includes humiliation, threats against her or someone close to her, and controlling behaviours. Where a girl flees a violent marriage and returns home, she may be rejected by her parents and beaten for inadequacy as a wife.

HARMFUL TRADITIONAL PRACTICES

In some settings, cultural traditions include practices which inflict pain and ‘disfigurement’ on children, such as scarifying, branding, or tattooing. Although the term ‘harmful traditional practices’ has been particularly associated with FGM of girls, there are many other harmful practices involving both boys and girls. In Ethiopia, a 1998 survey by the National Committee on Harmful Traditional Practices found that uvulectomy (removal of flesh from the soft palate at the back of the mouth) is carried out on 84% of children, and milk teeth extraction on 89%.⁸¹ These operations may be performed with unsterilised instruments, leading to potential infection.

Participants in the West and Central African consultations for the Study expressed concern that in West African countries including Mauritania, Niger and northern Mali, the desire to marry their children at a very young age incites parents to force-feed their 5–10-year-old daughters to promote their physical development, make them as plump as mature women, and therefore pleasing to men. This may have tragic consequences, including rejection by husbands who find their wives have not menstruated and cannot produce children, as well as obesity which is associated with later

serious health problems: cardiovascular disease, hypertension and diabetes.

Female genital mutilation/cutting (FGM)

The term ‘harmful traditional practices’ is most frequently used to refer to female genital mutilation, or ‘cutting’ as it is described in areas where it is practised. According to a WHO estimate, between 100 and 140 million girls and women in the world have undergone some form of FGM.⁸² Girls from very young ages up to their mid or late teens undergo this form of genital excision, normally including the clitoris, as a precursor to marriage.⁸³ FGM is seen as a protection of virginity, a beautification process, and in a number of cultures is regarded as an essential precondition of marriage.

There are different forms of FGM, some of which involve more radical excisions in the genital area than others. In its most extreme form (infibulation), the internal labia minora and external labia majora are cut and the exposed edges sutured together, leaving the vagina almost shut. Following the procedure, the girl’s legs are normally bound from foot to hip, immobilising her for days to enable scar tissue to form.⁸⁴ This form of the operation is endured by 90–98% of Somali girls, usually at the age of 7 or 8 years.⁸⁵ There are profound implications for a woman’s experience of sexual relations and maternity. Prolonged labour and stillbirth are common. After delivery, the woman is usually ‘re-sewn’.

The most reliable and extensive data on the prevalence and nature of FGM are provided

“My grandmother arrived. She told me I was to be circumcised but I did not understand. She said: “Now you will be like everybody else, you will not be left behind.” Then they got ready. They held me at my shoulders and at the knees, and I started crying and trying to close my legs. It was very terrible. I can never forget that.”

Mother, who will still submit her daughters to the FGM due to pressure from her mother-in-law, Eastern and Southern Africa, 2005^{VII}

3

by DHS and Multiple Indicator Cluster Surveys (MICS). However, the practice varies considerably in degree of severity of mutilation, and some of the countries in which it is most frequently practised and in its severest forms have not been subject to DHS or MICS, notably Somalia and Djibouti (see Figure 3.2). Estimates from UNICEF published in 2005 suggest that in sub-Saharan Africa, Egypt and the Sudan, 3 million girls and women are subjected to FGM every year.⁸⁶

The highest prevalence is in the countries in the Horn of Africa (Somalia, Ethiopia, Eritrea and Djibouti), followed by neighbouring Egypt and Sudan, East and West Africa, with some cases also occurring in other parts of the Middle East and in Asia. In many of the countries where it occurs, it is practised by certain peoples; for example in Nigeria, according to DHS data, the prevalence reaches almost 60% of girls in the southern provinces, but only 2% in the north. In a country such as Kenya, it is practised almost universally among Kenyan Somali, Masai, and some other groups, but reaches 32% in the country as a whole.⁸⁷ In Guinea, Mali and Mauritania, recent DHS have shown that rates of FGM are as high as 71–99%, and that some girls are nowadays ‘cut’ before the age of four.⁸⁸ There are also cases in the industrialised world among diaspora groups.

PSYCHOLOGICAL VIOLENCE

All physical and sexual violence involves some psychological harm; but psychological violence can also take the form of insults, name-calling, ignoring, isolation, rejection, threats, emotional indifference and belittlement – that can be det-

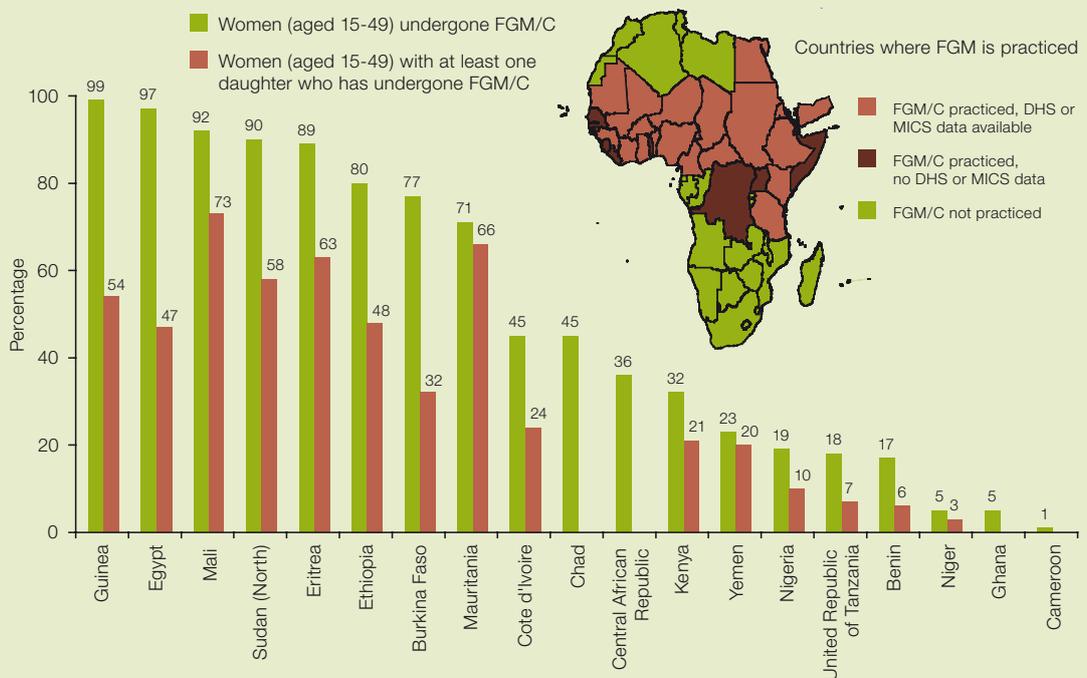
rimonial to a child’s psychological development and well-being. Standard definitions are lacking, and little is known about the global extent of this form of violence against children except that it frequently accompanies other forms: a strong coexistence between psychological and physical violence against children in violent households has been established.⁸⁹ In the violent family setting, there is constant fear and anxiety caused by the anticipation of violence; pain, humiliation and fear during its enactment; and, in older age groups, the loneliness of parental rejection, distrust, and at times self-disgust.

Psychological violence may be the product of uncontrolled frustration, or it may have a similar purpose to that of corporal punishment: to cow a child into obedience and ‘retrain’ his or her unruly behaviour. Although children may know the saying “words can never hurt me,” the truth is that many children find the pain and anxiety of rejection, and the humiliation of an attack on their self-esteem, is also difficult to bear.⁹⁰

Psychological forms of punishment occur in every region. A study across five countries conducted by the World Studies of Abuse in the Family Environment (WorldSAFE) project indicated that shouting or screaming at children was a punishment practised by parents in all five countries (Chile, Egypt, India, the Philippines, and the USA). The incidence of cursing children or threatening them was more varied; for example, in the Philippines no mother was reported as cursing her child, but 48% threatened abandonment; in Egypt 51% cursed the child, but only 10% threatened abandonment.⁹¹

FIGURE 3.2

The prevalence of FGM among women and their daughters



Data are from latest available years, 1996–2004. Adapted from UNICEF (2005). *Changing a Harmful Social Convention: Female Genital Mutilation/Cutting*. Innocenti Digest, No. 12. Florence, UNICEF Innocenti Research Centre; UNICEF (2005). *Female Genital Mutilation/Cutting: A Statistical Exploration*. New York, UNICEF.

The most reliable and extensive data on prevalence and nature of FGM are provided by DHS and MICS. However, the surveys do not capture the degree of severity of mutilation, which varies considerably between and within countries. In addition, some of the countries in which FGM is known to be most frequently practised in its severest forms, such as Somalia and Djibouti, have not been subject to DHS or MICS.

One type of punishment may give way to another, depending on age. A study conducted among 2,000 children aged six to 18 in Swaziland found that humiliating psychological punishment was more common against older children, and corporal punishment more common among younger ones.⁹²

THE CONSEQUENCES OF VIOLENCE AGAINST CHILDREN

The consequences of violence against children include both the immediate personal impacts and the damage that they carry forward into later childhood, adolescence and adult life. The violence that children experience in the context of home and family can lead to lifelong consequences for their health and development. They may lose the trust in other human beings essential to normal human development. Learning to trust from infancy onwards through attachments in the family is an essential task of childhood, and closely related to the capacity for love, empathy and the development of future relationships. At a broader level, violence can stunt the potential for personal development and achievement in life, and present heavy costs to society as a whole.

DEVELOPMENTAL CONSEQUENCES: PHYSICAL AND PSYCHOLOGICAL

The most apparent immediate consequences of violence to children are fatal and non-fatal injury, cognitive impairment and failure to thrive, and the psychological and emotional consequences of experiencing or witnessing

painful and degrading treatment that they cannot understand and are powerless to prevent. These consequences include feelings of rejection and abandonment, impaired attachment, trauma, fear, anxiety, insecurity and shattered self-esteem. When a parent deliberately inflicts pain on a child, whether for punishment or for some other reason, part of the child's lesson is that the parent is a source of pain to be avoided; even at two years old, physically punished children distance themselves from mothers compared to children who are not physically punished.⁹³

Impacts and consequences are complicated by the fact that, at home, children are victimised by people they love and trust, in places where they ought to feel safe. The damage is particularly severe in the context of sexual abuse, particularly as the stigma and shame surrounding child sexual abuse in all countries usually leaves the child dealing with the harm in solitude. Loss of confidence and belief in the human beings closest to the child can instil feelings of fear, suspicion, uncertainty, and emotional isolation. He or she may never again feel safe or secure in the company of the parent or family member who perpetrated the violence.

A growing body of evidence suggests that exposure to violence or trauma alters the developing brain by interfering with normal neuro-developmental processes.⁹⁴ Where family violence is acute, children may show age-related changes in behaviour and symptoms consistent with Post-Traumatic Stress Disorder (PTSD) and depression. Physical and sexual victimisation are associated with an increased risk of suicidal thoughts and behaviour, and the more severe

“Violence against children in the home and family is a serious problem in itself and has been strongly associated with health risk behaviours later in life... In turn, these behaviours contribute to some of the leading causes of disease and death.... Preventing violence against children in the home and family should therefore be a public health priority.”

Dr Alexander Butchart, Editorial Board of the UN Secretary-General’s Study on Violence against Children

the violence, the higher this risk.^{95,96} The effects may also be influenced by how adults respond to children if they try to talk about what they have experienced. Other variables will include how long the violence has gone on, where it has taken place, and whether the child is suffering from repeated violence from the same person, or whether he or she is being ‘re-victimised’ by another perpetrator.⁹⁷

According to WHO, the negative effects to children of living in a violent household are similar across culturally and geographically diverse settings. Based on studies of women in Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, Thailand and the United Republic of Tanzania, children living in violent households (where the mother reported physical abuse from the father) were more likely to have behavioural problems such as bed-wetting, nightmares, and excessively aggressive behaviour or timidity, than those in non-violent households.⁹⁸ The results suggest that exposure to violence in the home is a warning sign for damage to children, and care services need to factor this into prevention and response.

CONSEQUENCES OVER THE LONGER TERM

A growing body of research shows that violence perpetrated against children, or the experience of living in a household where violence against loved ones is frequently witnessed, can be a significant contributing factor in adult illness and death. Childhood experience of violence has been linked to alcohol and drug abuse, cancer, chronic lung disease, depression, and a number of other conditions including liver disease,

obesity and chronic reproductive health problems.^{99,100,101} The links may result from harmful behaviours adopted as coping mechanisms such as smoking, drinking, substance abuse, bingeing or other poor dietary habits.

Violence against children can also have a lasting impact on mental health.¹⁰² A study comparing data from around the world shows that a significant proportion of adult mental disorders are connected to sexual abuse in childhood (see Table 3.1).¹⁰³ Although the prevalence of abuse varied in different regions, the impacts appeared similar, with mental health effects being worse in relation to the period over which abuse continued and degree of severity.

Findings are similar regarding physical punishment and other degrading forms of treatment. Corporal punishment is a predictor of depression, unhappiness and anxiety, and feelings of hopelessness in children and youth. Even a low frequency of corporal punishment may lead to psychological distress in young people.^{104,105,106,107} In a group of adolescents in the Hong Kong Special Administrative Region of China, those who had been physically punished in recent months were more likely to consume alcohol, smoke cigarettes, get into fights, be anxious and stressed, and perceive difficulties in their ability to cope with everyday problems.¹⁰⁸ The relationship with poorer mental health continues into adulthood according to studies in Canada and the USA, which found a higher level of anxiety disorders and alcohol dependence.¹⁰⁹

"I am 8 years old and was raped when I was 6. My parents made a complaint to the police and he was sent to jail. But I cannot stay where I live anymore. You know what they call me here? They have nicknamed me the "tainted" (la déchirée)...even when I go to the well to get water the kids call me that. I want to run away from here".

Girl, 8, Eastern and Southern Africa, 2006^{VIII}

3

TABLE 3.1 – Global burden of mental disorder attributed to child sexual abuse

MENTAL DISORDER	PERCENTAGE OF GLOBAL DISEASE BURDEN ATTRIBUTED TO CHILD SEXUAL ABUSE (CSA)	
	FEMALES (%)	MALES (%)
Depression, alcohol and drug abuse	7–8	4–5
Post-Traumatic Stress Disorder	33	21
Suicide attempts	11	6
Panic disorders	13	7

Source: Andrews G et al. (2004). *Child Sexual Abuse*. In: Ezzati M et al. (2004). *Comparative Quantification of Health Risks: Global and Regional Burden of Disease Attributable to Selected Major Risk Factors, Vol 2*. Geneva, World Health Organization, pp 1851–1940.

FURTHER VICTIMISATION

Experiencing violence as a young child also increases the risk of further victimisation, and an accumulation of violent experiences. This reinforces the importance of recognising and preventing violence against children as early as possible. Similarly, child sexual abuse has been clearly established as a risk factor for sexual victimisation in adulthood, and the risk is compounded when it includes intercourse and other forms of violence.¹¹⁰ The extent of continued victimisation in the home has only been assessed in a few countries where registers and databases are routinely updated. In the UK and the USA cases where violence to the child has been referred to official child protection agencies, rates of re-referral range from between 5% and 24% within a 1–4 year

follow-up.^{111,112,113} In cases where a child has been referred on at least two occasions, risk rises significantly.

Family violence against children is believed to be associated with increased risk of violence in other settings. A study in the UK found that children witnessing domestic violence are also more likely to be victims of bullying,¹¹⁴ and similarly a study of elementary and middle school-aged children in Italy showed that being bullied at school was associated with witnessing parents' violence at home, especially for girls.¹¹⁵

Children who have been sexually abused, or extremely neglected, or who have experienced violence at home, may run away or drift into a street life which exposes them to the risk of sexual abuse or exploitation. This happens to boys as well as girls: according to a report from

"It could appear a feeling of guilt. The victim and even people around who don't know the situation could consider that the abused child is responsible for the abuse. If close people believe this, then slowly the victim will believe the same thing."

Girl, 11th grade, Europe, 2005^{1X}

Canada, almost all boys involved in prostitution there have been sexually abused at home.¹¹⁶

A number of studies have focused on the intergenerational nature of violence.¹¹⁷ Recent data from an international study in Australia, Costa Rica, the Czech Republic, Poland and the Philippines indicates that the problem is common across cultures and regions.¹¹⁸ Women in all countries who have experienced physical violence from their parents in childhood are considerably more likely to report physical violence from an intimate partner as an adult, supporting the notion of a life-course perspective of violence¹¹⁹ (see Figure 3.3).

In the case of traditional practices, and of child marriage, there is a consistent intergenerational link in that mothers (and fathers) who regard them as mandatory customs inflict them on daughters and sons. The main predeterminant of FGM is ethnic affiliation; some ethnic groups carry out the practice in almost their entire population, whereas others living in the same area do not do so.¹²⁰ Education of girls, especially to secondary level, can break the intergenerational link and reduce the prevalence of FGM.¹²¹

SOCIAL AND ECONOMIC CONSEQUENCES

In addition to its negative impact on a child's rights, health and development, family violence against children has economic consequences for families and society. These include direct costs such as the cost of medical care for victims, legal and social welfare services, and the placement of child victims in care. Indirect costs include possible lasting injury or

disability, psychological costs or other impacts on a victim's quality of life; the disruption or discontinuation of education; and productivity losses in the future life of the child or young person.¹²² The potential financial burden is illustrated by data from a few industrialised societies. The financial costs associated with child abuse and neglect, including future lost earnings and mental health care, were estimated in the USA in 2001 at US\$ 94 billion.¹²³ In the UK, an annual cost of US\$ 1.2 billion has been cited for immediate welfare and legal services alone.¹²⁴

FACTORS CONTRIBUTING TO VIOLENCE

The risk of home and family violence arises from the interaction between the quality of family relationships, and stress or pressure upon the family from external factors or from characteristics of family members. Some factors stem from the individual characteristics of the child (e.g. stage of development, sex) and the characteristics of the parent or caregiver (e.g. mental disorders, substance abuse). Others derive from the family setting and the roles and relationships of people within it; these may enhance vulnerability, or on the contrary, may offer protection. Dysfunctional family relationships and poor parent-child interactions have a critical bearing on whether children experience violence in the home. Other factors derive from the environment, as in the case of emergency situations, but may also be related to the availability of social networks, or loss of livelihood. Of course, a negative outcome is

not inevitable; for example, where parent and sibling relationships are good, this will provide children with protection and foster resilience against external shocks.

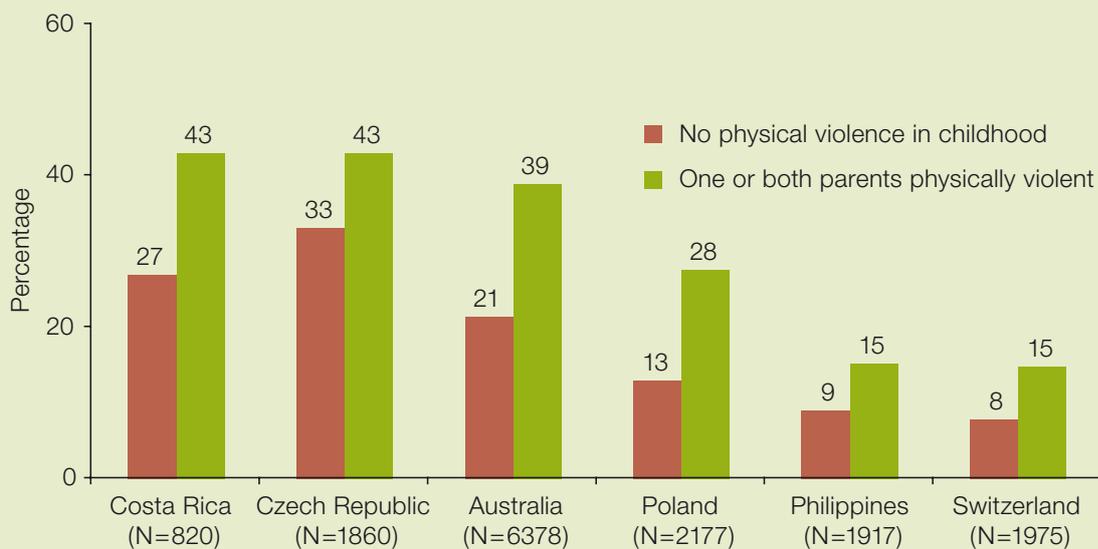
Violence is likely to result from a combination of personal, familial, social, economic and cultural factors, and the interrelationship amongst these factors can be difficult to disentangle. Moreover, some children are exposed to several types of violence from multiple sources over many years.

CHILD-RELATED FACTORS

Age: At a very early age, the physical frailty of the infant and state of dependence on the mother or immediate carer is the key to vulnerability. Apart from the risks of injury or death from physical violence, infants are vulnerable to as a result of omission and neglect. Infants are most vulnerable in the time immediately after birth; they remain extremely vulnerable, but become decreasingly so, throughout their first year and early childhood (0 to 4 years).

FIGURE 3.3

Women's experience of intimate partner violence after the age of 16 and its association with childhood victimisation



Source: Johnson H et al. (forthcoming). *Violence Against Women: An International Perspective*. New York, Springer.

“When the head of the household has a bad day, the dog cries.”

From an Asian proverb, Regional Consultation, South Asia

Sex: A child’s sex may also be a factor which raises his or her risk of victimisation. Although sexual violence is frequently directed against boys, girls are more likely to suffer such abuse. Daughters are more likely to be severely neglected in societies where son preference is pronounced, while in some societies sons are more likely to experience severe violence than daughters.

Other characteristics: Children with disabilities are at heightened risk of violence for a variety of reasons, ranging from deeply ingrained cultural prejudices to the higher emotional, physical, economic, and social demands that a child’s disability can place on his or her family.¹²⁵ In the USA, children with physical, sensory, intellectual or mental health disabilities endure almost double the number of violent incidents compared to their non-disabled peers.¹²⁶ Similarly, the Caribbean Regional Desk Review undertaken for the Study reported that children with disabilities were at heightened risk for all types of violence (physical, sexual, emotional and neglect), much of it in the home.¹²⁷ In some regions disabled children are viewed as cursed; for example in West and Central African such children are likely to be exposed from birth to tacit or open neglect, and violence may be accepted or even encouraged by the family.¹²⁸ (Violence against children with disabilities is also discussed at some length in the chapter on violence against children in care and justice systems.)

In addition to disability, certain other characteristics heighten children’s risk of experiencing violence in the home. Characteristics that hinder parent–child attachment or make a child more difficult to care for can affect sus-

ceptibility.^{129,130,131} For example children who are unwanted, born prematurely or are of low birth-weight or part of a multiple birth, and children with chronic illness or serious behavioural problems may be at increased risk of maltreatment.

FAMILY-RELATED FACTORS

Parent characteristics and socio-economic status: While violence in the home is found in all social and economic spheres, studies from a range of different settings show that low parental education levels, lack of income, and household overcrowding increase the risk of physical and psychological violence against children.^{132,133,134} Physically violent parents are also more likely to be young, single and poor.¹³⁵ These associations are likely to be related to stress caused by poverty, unemployment and social isolation. Children living in families with these factors are most at risk when there is inadequate social support and the family is not part of a strong social network. Lack of extended family support may exacerbate existing problems.¹³⁶

Stress and social isolation: Studies from both industrialised and developing countries show that many of the personality and behavioural characteristics of violent parents are related to poor social functioning and diminished capacity to cope with stress.¹³⁷ Parents with poor impulse control, low self-esteem, mental health problems, and substance abuse (alcohol and drugs) are more likely to use physical violence against their children and/or to neglect them.¹³⁸ Parents who use violence against their children may well have experienced violence as children.¹³⁹



UKRAINE, 2005, Sasha, 5, holding a stuffed animal, sits with his sister Nastya, 4, at a state institution in the village of Kopylov, near Kyiv. Six months earlier, Sasha had witnessed his father killing his mother.

Research on the links between socio-economic conditions and violence against children suggest that efforts are needed to alter the underlying conditions that put extreme economic, social and emotional stress on families. Greater attention must be given to supporting families who live in communities characterised by high levels of unemployment, overcrowded housing, rapid population turnover and low levels of social cohesion.

Parental loss or separation: Orphanhood, which has increased with the HIV/AIDS pandemic, heightens vulnerability. A study by World Vision in Uganda, where an estimated 1.7 million children have been orphaned by AIDS, argues that the deliberate stigmatisation suffered by these children from guardians, teachers and relatives causes psychological harm and is itself a form of violence.¹⁴⁰ Placing these orphans into the homes of extended family or local community is a common and preferred practice over institutionalisation or the phenomenon of child-headed households; however, community leaders in Uganda reported that corporal punishment was more violent and common against orphans than against other children in the household who were more closely related to adult carers or to the head of the household. In Zambia, a study by Human Rights Watch found that orphans who were taken in by extended family members were frequently subjected to sexual violence from uncles, stepfathers and cousins. With a rate of around 20% cases of HIV infection in the population, such violence can be deadly. Girls rarely attempted to disclose the abuse: they were too aware of their dependency, and

“Some of our parents fight in front of us, causing us a lot of pain and distress. Some of our parents always come back home drunk and do not care for our physical, emotional and nutritional needs. Some children are looking after their parents and siblings because their parents are not responsible.”

Child, Eastern and Southern Africa, 2005^x

that they might be silenced or lose essential support.¹⁴¹ Orphanhood can also increase the risk of violence in community settings.

Exposure to intimate partner violence in the home: It is estimated that 133 to 275 million children witness violence between their parents/carers annually on a frequent basis, usually fights between parents, or between their mother and partner (see Table 3.2).¹⁴² Children can be psychologically and emotionally damaged by witnessing violence against another family member.¹⁴³ Evidence from a range of studies shows that witnessing of this violence over a long period of time can severely affect a child’s well-being, personal development and social interactions both in childhood and adulthood; such children may exhibit the same behavioural and psychological disturbances as those who are directly exposed to violence (see below).^{144,145,146}

Violence against women in the home often is linked with violence against children; in the USA, inter-partner violence (also known as domestic violence) may be the most important precursor to child maltreatment fatalities.¹⁴⁷ The same association has been observed in a variety of geographically and culturally distinct settings and countries: in China, Colombia, Egypt, India, Mexico, the Philippines, and South Africa a strong relationship between these two forms of violence has been found.¹⁴⁸ In one study from India, inter-partner violence in the home doubled the risk of direct violence against children in the household.¹⁴⁹ Children living in circumstances of inter-partner violence among parents/caregivers in their home are not only at risk of physical violence themselves, but may suffer psychological and emo-

tional disturbances; without intervention they may go on to be future perpetrators or victims of violence.^{150,151}

Since they spend more time at home, children in the early years – when they are most subject to influence by external factors and liable to be more overwhelmed by fear – are at particular risk of witnessing intimate partner violence. Such children may also learn powerful lessons about aggression in interpersonal relationships which they carry with them into their future. Child development specialists suggest that hostile styles of behaviour, emotional regulation and the capacity for personal conflict resolution are shaped by parent–child and inter-parental relationships.¹⁵³ However, not all children who grow up in violent homes suffer long-lasting consequences; given support, children have remarkable capacities for coping, and resilience in the face of violence.

SOCIETAL AND CULTURAL FACTORS

Legal and policy framework: Weak legal frameworks contribute both directly and indirectly to family violence against children. The laws of some countries still condone, either explicitly or implicitly as a result of interpretation, some level of violence against children if it is inflicted by the child’s own parents or guardians as a means of behavioural correction. Many countries lack legal protection against harmful traditional practices and child marriage, and in some countries laws against child sexual abuse apply only to men’s sexual violence against girls or may not address sexual violence against children by family members.

TABLE 3.2 – Estimated number of children who witness violence at home annually

MDG REGION	ESTIMATED NUMBER OF CHILDREN WITNESSING VIOLENCE IN THE HOME*
South Asia	40.7–88 million
Western Asia	7.2–15.9 million
Sub-Saharan Africa	34.9–38.2 million
South-eastern Asia	No estimate
Oceania	548,000–657,000
Northern Africa	No estimate
Latin America and the Caribbean	11.3–25.5 million
Eastern Asia	19.8–61.4 million
Commonwealth of Independent States	900,000 to 3.6 million
Developed countries	4.6–11.3 million
Global estimate	133–275 million

*Estimates based on: UN Population Division Data for Global Population under 18 Years for 2000; Domestic Violence Studies from 1987 to 2005; analysis conducted by the Secretariat of the United Nations Secretary-General's Study on Violence against Children (2005).¹⁵²

Laws and policies relating to access to family planning services, alcohol availability, acceptable levels of environmental toxins, access to mental health and substance abuse treatment, and access to birth, death and marriage registration, have an indirect but substantial impact on the risk of child maltreatment in homes and families. Policies regarding education, child care, parental leave, health care, unemployment and social security that leave

children and families without economic and social safety nets exacerbate family stress and social isolation and contribute to higher rates of violence against children.

Authoritarianism: Where parent–child relationships are excessively controlling and afford a low status to children, this is likely to increase violence, particularly when coupled with the belief that corporal punishment or

other humiliating forms of punishment are a necessary means of discipline. Several studies have suggested that a culture in which children are expected to submit without question to the injunctions of older family members and adults in authority contribute to children's vulnerability.^{154,155} Where parents believe they 'own' children and have the right to do to them whatever they think best, there is resistance to State involvement in child protection. Belief in the sanctity of the family makes authorities, neighbours and members reluctant to speak up when they know children are being victimised.^{156,157,158,159,160} This should not be confused with *authoritative* parenting, which balances warmth and support with setting and enforcing clear limits on behaviour, and blends setting high standards with being responsive to the child's needs and developing capacities.¹⁶¹

Patriarchal attitudes: Patriarchal attitudes – particularly when they perpetrate the entrenched inferior status of women in many cultures – are also associated with increased risk of violence. In some societies, extremely violent acts may be inflicted by boys or men if the girls or women in question do not comply with their wishes. Seeking a girl's consent in such matters as sexual relations and marriage may not be considered necessary. Girls may also be blamed for male violence against them. In these settings, male children may be exposed to violence as punishment for behaving in a manner inconsistent with stereotypical roles for men and women.

Membership in ethnic minority or indigenous groups: Children in ethnic minority groups are often at high risk of violence

because of a confluence of other risk factors associated with the social exclusion of these groups. These include high rates of substance abuse and alcoholism, poverty, bad housing, and unemployment.

PROTECTIVE FACTORS WITHIN THE HOME

Just as certain factors increase the likelihood of family violence against children, other factors can reduce its likelihood. Not every family with the risk factors described above becomes a violent environment for children. Unfortunately, there has been little systematic research on protective factors and they are not well understood. Where research has been conducted, the focus is on identifying factors that mediate the impact of violence once it has occurred, for example those that might protect a victim from developing long-term mental disorders or that seem to be associated with breaking the cycle of violence. Factors that appear through common sense and research to facilitate resilience include higher levels of paternal care during childhood,¹⁶² fewer associations with substance-abusing peers, or peers engaged in criminal activity,¹⁶³ a warm and supportive relationship with a non-offending parent,¹⁶⁴ and lower levels of violence-related stress.¹⁶⁵

Little is known about what prevents families from becoming violent. A few studies have shown that communities with strong social cohesion, thriving social networks and neighbourhood connections have a strong protective effect and can even lessen the risk of violence when other family risk factors are pres-

ent.^{166,167,168} Based on current understanding of the risk factors for violence and the evidence of prevention strategies that are effective, it is clear that families can be a powerful source of protection and support for children. Good parenting, strong attachment between parents and children, and positive non-violent relationships with children are clear protective factors. This highlights the importance of providing support to families to encourage these factors to flourish, especially families situated in communities with low levels of social cohesion.

RESPONSES TO VIOLENCE AGAINST CHILDREN IN THE HOME AND FAMILY

Under the CRC and other human rights treaties, States have an obligation to provide a comprehensive and multi-sectoral response to all forms of violence against children in families. These should comprise policies and services for both prevention of violence and protection to assist child victims.

CHILD SAFETY: A PIONEERING MODEL IN JORDAN

The Jordan River Foundation (JRF) was set up in 1997, with the support of Her Majesty Queen Rania Al-Abdullah, to promote the protection of Jordanian children, strengthen the family unit, and enhance positive child–parent relationships and healthy family dynamics. The Foundation has established itself as a pioneer in building an Arab child safety model.

The Child Safety Programme carried out under the JRF umbrella provides awareness, prevention and intervention services in relation to the sensitive issue of child abuse, by addressing legal, medical, psychological educational and social needs of the child in an integrated manner. The programme is unique to Jordan and the Arab world, and has pioneered the opening up of a complex issue and bringing it to the awareness of the Jordanian public and decision-makers.

The Child Safety Centre – Dar Al-Aman – set up by the Foundation is the first therapeutic centre in the Arab world for rehabilitating abused children and their families. Children and families attending the centre are able to gain from a variety of services and education programmes. Mothers are assisted with child care techniques, fathers familiarised with alternative means of discipline, young people instructed in conflict resolution and basic life skills, and children empowered with techniques for self-protection.¹⁶⁹

To date, States' responses have focused primarily on child protection services or alternative systems of care, rather than on prevention. Prevention and protection strategies should be developed in tandem, balanced within the framework of an overall strategy which considers issues of social policy; legal reform; programmes and services for prevention and care; and strategies to bring about changes in attitudes and behaviours.

LEGAL REFORM

Fewer than 20 countries have reformed their laws to prohibit physical chastisement in the family, but more have committed themselves to doing so as the Study has progressed. All States have laws making assault a criminal offence and many Constitutions prohibit cruel, inhuman or degrading punishment; many have laws which prohibit cruelty, maltreatment or 'abuse' of children. But these laws are not interpreted as prohibiting all violence against children, and in many States legislation contains justifications or defences for corporal punishment. Most countries prohibit incest, rape and other sexual assaults; many also specify a minimum age of sexual consent and of marriage, although this is often below the age of 18. Most countries where FGM is practised now have laws against it.¹⁷⁰ However, laws on violence against children are not effectively implemented in many places because of the strength of traditional attitudes and in some cases because of the existence of religious or customary legal systems.

Laws on corporal punishment and other forms of cruel or degrading punishment

Laws on criminal assault, as has been noted by the Committee on the Rights of the Child, are seldom interpreted as prohibiting physical chastisement, corporal punishment and all other forms of cruel or degrading punishment of children in the family. In over 70 countries, the English common-law defence of 'reasonable' or 'moderate' chastisement of children has remained following periods of colonisation. In order to prohibit all corporal punishment, any such defences must be removed and prohibition of corporal punishment and other forms of cruel or degrading punishment made explicit.

Between 1996 and 2006, the Committee on the Rights of the Child has recommended to 130 countries that they take steps to prohibit all corporal punishment. In 2006, the Committee adopted a General Comment – a statement of its authoritative interpretation of the CRC – on the right of the child to protection from corporal punishment and other degrading forms of punishment.¹⁷¹ The Committee emphasises that the first purpose of law reform to prohibit all corporal punishment within the family is preventive: "to prevent violence against children by changing attitudes and practice, underlining children's right to equal protection and providing an unambiguous foundation for child protection and for the promotion of positive, non-violent and participatory forms of child-rearing."¹⁷²

The Committee also emphasises that the principle of equal protection of children and adults

from assault, including within the family, does not mean that all cases of corporal punishment of children by their parents that come to light should lead to prosecution of parents: “The *de minimis* principle – that the law does not concern itself with trivial matters – ensures that minor assaults between adults only come to court in very exceptional circumstances; the same will be true of minor assaults on children. States need to develop effective reporting and referral mechanisms. While all reports of violence against children should be appropriately investigated and their protection from significant harm assured, the aim should be to stop parents using violent or other cruel or degrading punishments through supportive and educational, not punitive, interventions.”¹⁷³

For legal reform to fulfil the purpose intended, advice and training will be needed for all those involved in child protection systems, including the police, prosecuting authorities and the courts. Guidance should emphasise that support for the family and for constructive and non-violent upbringing is vital, and that any question of separating a child from his or her family must fully respect the best interests of the child.

Other areas for legal change

Some countries have introduced measures to criminalise abuse by intimate partners; measures which broaden the definition of rape have been introduced, thus dispelling the notion that violence among intimates is a private matter, thereby helping to shift social norms.¹⁷⁵

However, legal change does not guarantee social change where it is not backed up by public and

professional education. Laws passed to reflect CRC obligations which are not linked to widespread public education and which clash with cultural norms and accepted practices may be systematically ignored. Combating harmful traditional practices such as FGM, for example, cannot be achieved by legal change alone, even though legal systems should and must condemn them. Legal change must be accompanied by education programmes directed at officials, parents and children.

In some cases, legislation exists but is insufficient; imprecise or insensitive implementation of it can compound children’s victimisation rather than relieve it. Some existing legislation is so inadequate that it penalises child victims instead of family perpetrators; in these circumstances, it may actually reinforce the possibility of violence against children. In many settings in Africa, Asia and the Middle East, when a young girl below the age of consent or marital union has been raped and become pregnant, marriage to the rapist can be imposed upon her by the courts and her parents.¹⁷⁶ Legislation against so-called ‘honour killings’ may impose more lenient sentences than on other homicides, or perpetrators may be exonerated by traditional justice systems; and children sold into prostitution may bear the brunt of social disapproval or be treated as criminals.

Preventing violence against children in the home and family setting requires legal reform to reach beyond laws directly concerned with violence. To achieve large-scale reductions in violence against children, legal and policy frameworks must address the underlying risk

THE SWEDISH EXPERIENCE WITH PROHIBITION OF CORPORAL PUNISHMENT

Sweden was the first State to prohibit all corporal punishment. In 1957, a provision was removed from the Criminal Code which excused parents who caused minor injuries in the course of 'discipline'. In 1979, Sweden explicitly prohibited corporal punishment in its Parenthood and Guardianship Code: "Children ... may not be subjected to corporal punishment or any other humiliating treatment."

Sweden's experience shows that when progressive law reform is linked to comprehensive public education, substantial changes in attitude and reductions in violence against children can be achieved within decades. In 2000, a parliamentary committee enquired into the experiences of parents and children with corporal punishment since the ban. The data indicate that its use has decreased dramatically, particularly in relation to beating children with fists or with an implement, or 'spanking' them. In national parental studies in 1980, 51% of parents said that they had used corporal punishment during the previous year; 20 years later, in 2000, this figure had decreased to 8%.¹⁷⁴

factors and strengthen protective factors. Factors such as alcohol availability, family planning services, pre- and post-natal care, social security, mental health and substance abuse treatment, birth, death and marriage registration, and levels of environmental toxins are just a few examples of important factors that are sensitive to legal and policy reform.

PREVENTION STRATEGIES

What many do not realise, but which research continues to show, is that a variety of interventions can prevent violence: violence against children in the home and family setting can be reduced significantly by the implementation of laws, policies and programmes which strengthen and support families, and that

address the underlying community and societal factors that allow violence to thrive.

To maximise effectiveness, prevention strategies should be based on the best available scientific evidence, aim to reduce factors contributing to risk and strengthen protective factors, include mechanisms for evaluating the impact of the strategy, and be carried out within a broader framework for addressing violence against children. Promising strategies to prevent violence against children in the home and family context are many and varied, ranging from programmes with a direct impact, such as parenting training, to policies with a more indirect impact, such as those governing alcohol availability or access to family planning services.

Support for parents and families

Maternal and child health services

Services for reproductive and maternal and child health are the first line of action to reduce neglect and violence against children from their earliest moments of life. These services not only provide the possibility of preventing unwanted pregnancies and improving access to prenatal, post-natal and early childhood health care, but can also help strengthen early attachment and reduce the risk of parental violence against young children. Most countries provide maternity services and some have home visitation programmes for newborns by health or community workers/volunteers. Therefore, the early identification of parents who need support can be achieved without stigma

or labelling by the routine checks on mothers and children through maternity services, promoting safe pregnancy and childbirth, and through home visits by health workers. These give an opportunity to provide parent education, and to direct resources to 'high priority' families by identifying known risk factors and offering additional services.

Home visitation and parent education programmes

Programmes focusing on family functioning, particularly on family management, problem-solving, and parenting practices, have existed for several decades. There is strong and consistent evidence showing them to be effective in reducing home and family violence against children, as well as other negative child health and development outcomes. The most successful programmes address both the internal dynamics of the family and the family's capacity for dealing with external demands. Caregiver education can also pre-empt the evolution of poor parent-child relationships, and provide a context in which to teach parents non-violent methods of discipline. The earlier these programmes are delivered in the child's life and the longer their duration, the greater the benefits.

Home visitation involves health professionals, social workers or trained volunteers in the assessment of infants and young children's needs and their parents' capacity to meet those needs, given the family's current social and economic situation. Personalised home visits aim to provide emotional support and training to promote positive parental knowledge, skills and behaviour, and to a certain extent to assess



USA, 1997, Tiffany, 10, her mother, Letisha and her step-father, Billie, sit on a sidewalk bench in the city of Daytona Beach. After months of homelessness, they have decided to send Tiffany and her sister, Tonya, 13, to live with their grandmother in another state.

the family. Home visits also offer an opportunity to link a family with other community services as needed.

In the USA, the value of home visits by nurses to young first-time mothers in socio-economic difficulty, for the first two years of the child's life, were evident 15 years later.¹⁷⁷ In a randomised trial, the benefits to the visited families included a significant reduction in child abuse and neglect, as well as reductions in maternal alcohol/drug problems. Current evidence indicates that the most successful home visitation programmes focus on families with an elevated risk of violence against the child, and begin in pregnancy and continue to at least the second year of the child's life, actively promote positive health behaviours, support the family in stress management, and address a range of issues that are important to the family.^{178,179} Programmes should be flexible in order to adjust to the changing needs of families.

Parenting education, another successful and widely used prevention strategy, can be offered either in the context of home visitation programmes or independently. Programmes usually educate parents about child development and aim to improve their skills for behaviour management. Parents' and caregivers' positive behaviour management skills can be improved by developing an understanding of the importance of follow-through and consistency, rewarding and reinforcing positive behaviour, strategically ignoring minor negative behaviours, giving effective instructions, and implementing non-violent consequences for misbehaviour.¹⁸⁰ Parenting programmes should strive to strengthen the skills of both mothers and fathers.

Parenting programmes are increasingly being implemented in middle- and low-income countries. For example, at the instigation of the All China Women's Federation, over 200,000 Chinese communities organised 'Parents' Schools' to help people adapt to parenting in the one-child family.¹⁸¹ In Eastern Europe, the Republic of Moldova is mainstreaming parent education in the primary health care system. Health workers are trained to provide parents with the knowledge and skills needed to meet the survival, growth, development and protection needs of their young children, and also to know when and where to go for specialised services. The initiative started in 2002; already it is clear that family doctors and nurses who attended the training programme are more likely to engage in parent education. This initiative includes a specific focus on protecting children from all forms of violence, including physical punishment and other humiliating forms of discipline.¹⁸²

In developing countries, parenting courses are offered by community-based parents' centres. For example, services offered by The Parent Centre in Cape Town, South Africa include the following:¹⁸³

- Parent groups for mothers and babies, mothers and toddlers, and single parents
- Post-natal depression support
- Training on effective discipline for toddlers
- Training for parents of under-5s, under-12s, and teenagers
- Counselling for parents and caregivers

- Home visitation specifically to prevent family violence against children
- Training for professionals and para-professionals who work with children.

Early education and child care programmes

Many families need help in providing not only basic care but also stimulation and education for their children. Early Childhood Care and Development (ECCD) programmes are designed to achieve both of these objectives, and there is evidence that they can be effective

in reducing the factors that engender violence in the home. In the UK, for example, a review of day-care programmes for pre-school children of economically disadvantaged parents found that the effects on the mothers' interaction with their children were positive, and that the mothers' gains in education or employment were beneficial for their families. Long-term benefits to children included improved behavioural development and school achievement, higher levels of employment, lower teenage pregnancy rates, higher socio-economic status, and decreased criminal behaviour.¹⁸⁷

TRIPLE P: POSITIVE PARENTING PROGRAMME

Since the risk factors that shape the risk of family violence occur at several levels, some of the most effective prevention strategies involve interventions at more than one level. An example is the Positive Parenting Programme (Triple P) originally devised in Australia, and now also used in Canada, Germany, the Hong Kong Special Administrative Region of China, New Zealand, Singapore, Switzerland, the USA and the UK. Triple P has been shown to be effective in promoting positive parenting behaviour and is likely to reduce the risk of violence against children. The US Centers for Disease Control and Prevention is currently funding an outcome evaluation study to assess the impact of Triple P on child maltreatment.¹⁸⁴

Level 1 of the programme is aimed at the whole population. For selected parents, two further levels offer consultation sessions in primary care settings such as health centres. For parents in difficulty, with mental health problems or where there may be a high risk of violence in the family, more intense parent training programmes are available, with 8–10 sessions (level 4) or 10–16 sessions (level 5).

The core principles of Triple P are:

- Safe engaging environment for the child
- Responsive learning environment for the child
- Assertive (non-aggressive) and consistent discipline from the parent
- Reasonable expectations of the child
- Parent taking care of self.¹⁸⁵

Support for families of children with disabilities

There is little research on the effectiveness of programmes aimed at reducing family violence against children born with disabilities. However, the Expert Consultation on Children with Disabilities held for the Study noted that promising approaches from various parts of the world include community-based rehabilitation and early stimulation programmes, either at centres or through home visits.

Providing short-term respite care for parents of children with disabilities can reduce stress on the family as a whole, but also act as a preventive strategy against violence. Support mechanisms that allow parents to take a break from child care, organised through religious bodies, NGOs, or through a State agency, may help prevent violence against disabled children.¹⁸⁸

Programmes for and with children

Life-skills-based education, which enables children to recognise and avoid risky situations, has produced promising outcomes in a number of school- and community-based settings. This type of intervention usually teaches children about appropriate and inappropriate touching, saying 'no' to an adult when they feel uncomfortable, and who they can talk to if they experience violence. While some programmes have improved children's knowledge and skills regarding threatening situations, longer-term evaluations are not generally available. Such programmes work best as part of a more comprehensive strategy, rather than as stand-alone programmes. (See the chapter on violence against children in schools and educational settings.)

In a number of countries, stimulated by the child rights movement, children's and adolescents'

FATHERING

Since 2003, Save the Children Sweden in South and Central Asia has included working with men and boys in its regional strategy, in the belief that many males are uncomfortable with constructs of masculinity which tolerate violence against women and children. Working to support alternative constructs with men and boys as partners is now being explored in the region. Workshops on working with men and boys have been conducted to enlist them in efforts to reduce violence against girls, boys, women and other men. Input has been sought from the White Ribbon Campaign, the longest-standing organisational effort among men to reject violence against women, which today has a network in 47 countries throughout the world, including South Africa, South Asia, New Zealand, Tonga, Brazil, Germany, and the Nordic countries. Country-based workshops have also been held, and in Bangladesh, a non-governmental organisation (NGO) network on the issue has been formed. Increasing the focus on the socialisation of boys is now seen as the challenge.¹⁸⁶

“We are at a disadvantage because of our age. Adults don’t believe what we say when something like this happens. That’s why we don’t say anything. I have a girlfriend whose stepfather touches her and she was even punished when she told her mother about it”

Boy, 15, Latin America

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own organisations have developed and become active during the past decade. These organisations have enabled many of their members to gain confidence, articulate their problems, and in solidarity with others, undertake actions designed to reduce acts of violence that have either been threatened or carried out against themselves or other children. Some, such as the Girls’ Advisory Committees in Ethiopia, target specific problems such as child marriage (see box on next page). Although there is evidence that these school-based programmes can reduce the risk of childhood sexual victimisation in the community, it is not clear whether this embraces family-related sexual abuse.¹⁸⁹ Child participation activities based on schools and community settings need to be supported, as peer groups can have a major role to play in helping identify at-risk children and undertaking proactive initiatives.

Breaking the silence

One of the cornerstones of any strategic response must be to break down the silence in which most children endure episodes of physical, psychological or sexual violence at home. Consultations and reviews repeatedly demonstrate that children – however much they fear and dislike the violence they experience – do not feel they have any place to make their feelings known, or they may even consider that such feelings are ‘legitimate’. Many feel shame or blame themselves, while others stay silent for fear of provoking further violence, or insensitive interventions which could make their overall situation worse.

Within the general trend to lay more emphasis on child consultation as an integral component

of programme planning and interventions with children, child-friendly methodologies for consultation and action-research have been developed. These, coupled with counselling and communications skills, have also been used to enable children to open up to adults they regard as safe about their intimate and painful experiences. In some small-scale examples, notably in India and Brazil, children who have been trafficked by their families and have few trusting relationships with adults have organised themselves to provide mutual support and avoid further exposure.¹⁹¹

Child helplines are gradually becoming more common: as already noted, discussion in confidence with a counsellor by phone allows some children to report what is happening to them and seek help. Helplines or hotlines have been set up by various NGOs in order to help children escape from abusive situations; they are used in the Philippines and Cambodia by children experiencing violence as domestic helpers in the homes of those who are not their parents.¹⁹² (See the chapter on violence against children in the community.)

Social policy

Strong social policy is essential for supporting families and enabling them to thrive despite economic, social and psychological stress. Improvements in these areas address some of the major risk factors for family violence against children and should therefore lead to reductions in the rate of child maltreatment. Relevant policies include support for employment, minimum wages, rural livelihoods, equitable land reform, equitable compensation in case

of forced displacement, women's income generation, and equitable access to facilities such as water supplies, roads and paths, transport systems, drainage, and sanitation. Other social policies with a proven positive effect on family life include access to social protection systems, such as social security benefits for people who suffer from disabilities or who care for children with disabilities; unemployment benefits; health insurance or free care for the indigent;

income or food supplementation for those in extreme need. (Social policy interventions are discussed in greater detail in the chapter on violence against children in the community.)

Other strategies

Although the direct impact of these interventions on violence against children has not been well researched, general health initiatives at the community level can reduce levels of violence.

GIRLS' ADVISORY COMMITTEES: A CHILD-LED ACTIVITY IN RURAL ETHIOPIA

Primary schools are the one location in rural Ethiopia that bring together girls (and boys) who might be vulnerable to forced early marriage. The creation of Girls' Advisory Committees (GAC) is an innovation in Ethiopian primary schools aimed at preventing child marriage and other forms of gender discrimination.

The Girls' Advisory Committee is not a club, but a school committee linked to the Parent-Teacher Association. GACs work to create a more positive environment for children at home and at school, by awareness-raising and other means. They vary in composition, but include male and female students, sometimes a community member, and a female teacher as advisor. The student members act as links between families in the community and the school, reporting on upcoming child marriages, abductions, teasing, harassment, and extended absence of girls from school.

Where an impending marriage of a young girl is reported, the GAC visits the parents to attempt to dissuade them. If they refuse to listen, the GAC asks the parents to come to the school. The teachers then ask the parents to cancel the marriage, explaining that it is illegal. This is normally successful. Mothers are reported as saying they are glad that their daughter has escaped the life they were forced into, but they would not be able to protest the marriage without the backup of the school.

This example of child-led activity illustrates the necessity of an integrated approach, whereby children's efforts are backed up by authority figures such as schoolteachers, and the law.¹⁹⁰

For example, environmental health initiatives that remove lead and other environmental toxins from communities can lead to less physical violence against children by reducing the rate of foetal brain damage and subsequent cognitive disorders such as Attention Deficit Disorder (ADD) and hyperactivity, thereby decreasing the number of children with high-risk characteristics. Similarly, limiting access to alcohol, for example through controlling the number of alcohol outlets or raising prices, may help prevent child maltreatment.¹⁹³ Similar efforts in developing countries could reduce alcohol-related violence against children, although these measures should be considered carefully, as they might prompt people who drink to switch to cheaper and less regulated home-brewed alternatives.¹⁹⁴

Although few formal evaluations have been conducted, other promising interventions include providing shelters and crisis centres for battered women and their children, training health care workers to identify and work with adults who have experienced violence in childhood, as well as strengthening the linkages between mental health services, substance abuse treatment and child protection services.

INTERVENING WHEN VIOLENCE BECOMES KNOWN

When violence against children is suspected or disclosed, action must be taken to protect the children at risk. The content and legislative foundation of child protection services vary from country to country and often include mechanisms for reporting, referral, investi-

gation and follow-up. Ideally, legal measures should be implemented in tandem with health and social support approaches. Support and assistance without adequate protection can endanger the child's well-being and development; but a legal focus on investigation and protection with insufficient follow-up and parallel treatment can lead to severe and lasting damage both to the child and to the family.

Research is urgently needed to identify effective support, help and treatment-oriented approaches to child protection and how they might be implemented in both high- and low-resource settings. Although rooted in human rights and a clear framework of legislation, child protection systems operating at community level need to evolve in consultation with communities. While aiming for acceptance and trust, child protection workers must be made fully accountable within the context of the overall system and its accountabilities.

Detection of violence against children in the family

The potential for damage to the child increases with increasing frequency and severity of victimisation over time. It is therefore important to identify violence as early as possible and intervene to stop it. Health professionals have an important role in child protection because, except in very remote rural areas, infants and small children are usually taken to the health centre on a routine basis. In countries with social service networks, they may also be seen occasionally or on a regular basis by social workers.

These occasions and contacts provide an opportunity to detect violence against children that parents and caregivers may try to disguise as unintentional injury or illness. Given the pressure on health-clinic staff, they need training and capacity-building, as well as improved facilities. Since detection is not always straightforward, standardised guidelines and tools to assist professionals with assessments are essential. Training health workers to detect and manage violence against children appears particularly promising for pre-verbal infants who cannot describe what has happened, and for all cases where detection depends upon observation rather than a first-person account.

In many developing country settings, community-based mechanisms are being established for monitoring violence in the home and the need for child protection. Most of these are in experimental stages, and structured evaluation is required before clear conclusions can be drawn. For example, in the Philippines, UNICEF has supported the establishment of 6,500 *barangay* (village) councils for the protection of children. The Councils set up a database and monitoring system on children, including those who are at risk or who are victims of exploitation and violence.¹⁹⁵ In the United Republic of Tanzania, an organisation called Kivulini whose primary target is to reduce physical, emotional and sexual violence in the home, works closely with leaders at the lowest structure of local Government – ward executive officers and street leaders. Street leaders are elected by community members, and have a right of access to people's homes.¹⁹⁶

Treatment for victims of violence

Children who have experienced family violence have a wide range of treatment needs. Health workers need to be trained to detect cases of violence against a child, and the procedures to follow in documentation and reporting, as well as treatment and follow-up.¹⁹⁷ In some cases, the collection of forensic specimens may be required; whenever possible, this should be done at the same time as the physical examination. Trained professionals are needed for interpretation of injuries, forensic examinations and forensic interviewing of children. Victims of sexual violence should be given preventive prophylaxis for sexually transmitted infections, including HIV/AIDS, as appropriate. Health workers have a responsibility to prioritise the child's physical health and to refer the child for psychosocial support services and social welfare or child protection services. Cases of violence detected outside the health sector should be referred to a health worker for proper assessment and care.

All forms of family violence have significant impact on a child's emotional health and development; psycho-social support is therefore crucial. A supportive, non-offending caregiver is an important facilitator of a child's recovery. The most effective mental health interventions employ behavioural and cognitive techniques, and work with both the child and the family. Key skills for children include skills to identify, process and regulate emotion; anxiety management skills; skills to identify and alter inaccurate perceptions; and problem-solving skills. Trauma-specific cognitive behavioural

interventions appear to be particularly effective in reducing victims' anxiety, depression, sexual concerns and symptoms of PTSD.^{198,199}

Reporting by professionals

When professionals such as nurses, doctors, social workers and teachers identify a suspected case of family violence against children, they may be required by law to report their suspicions to the authorities, or expected to do so irrespective of legal obligation. To be effective, reporting structures must always be matched with equally well-developed structures for protection, support and treatment for children and families. Countries with mandatory reporting laws should consider systems reforms that allow children and families access to confidential services where they can receive support on a voluntary basis.

Mandatory reporting can establish an adversarial relationship between families and child protection authorities, and may even deter families from seeking formal support. However, the reluctance of professionals and the general public in most parts of the world to report violence in the home suggests that without mandatory reporting laws applying at least to defined groups of professionals, large numbers of children in need of protection will never be identified and given the protection they need. Whatever approach is chosen, it should present itself as a help-oriented service offering public health and social support rather than as being primarily punitive. Some experts urge that children and their representatives should have access both to services which they know have an obligation to report violence and take action (usually social services, law

enforcement), and also to services that are confidential and will not take action except with the agreement of the child unless the child is perceived as being at risk of death or serious injury.

Intervention in the best interests of the child

Once a child has been identified as being in danger of family violence, a coordinated response is needed to guarantee the protection of the child. Assessment of the child and the child's family requires input and participation from service providers in different sectors who have had contact with the child and/or family. To minimise the risk that a child will 'fall through the cracks' of a system, the various sectors with responsibilities for child protection must share information about individual cases of family violence against children, as already noted. But there must also be clear lines of responsibility for taking action, and accountability for failures in protection.

Some middle-income countries are experimenting with innovative ways of building protective environments for children in local communities. In Serbia, Mobile Outreach Teams for Child Protection were initially developed in four municipalities in 2001 with the cooperation of governmental social work centres and NGO mobile teams. In Montenegro, pilot Operational Multidisciplinary Teams were formed in 2003, with technical assistance from UNICEF, to provide teams of professionals who would identify cases involving violence and neglect and respond in a coordinated way. Various protocols were adopted on collaborative working, on communication with the media, and on interviewing child victims of

A MULTISECTORAL APPROACH TO COMPREHENSIVE SERVICE PROVISION: THE CHILD PROTECTION UNIT OF THE PHILIPPINES GENERAL HOSPITAL

The Child Protection Unit (CPU) of the Philippines General Hospital uses a multi-sectoral approach towards comprehensive medical and psychosocial services for maltreated children and their families. The aim is to prevent further maltreatment and to start the process of healing. In 2005, the CPU cared for 972 new cases of maltreated children, 81% of whom had been sexually abused.

From the first point of contact through a long follow-up, the CPU provides quality care using a multisectoral approach which coordinates the actions of the health, legal and social sectors through CPU's case management system. The CPU provides legal and police services, judicial hearings, medical services, guidance and support to the child and next of kin, as well as therapy or referral to other specialised medical services, when necessary. The CPU also provides other social services to very poor families, including grants for the child's school-related costs and interest-free loans for livelihood assistance. Parenting classes help parents manage their expectations of their children, help them to better understand their children's behaviour, and adjust their methods of discipline accordingly.

Each child has a CPU case manager to coordinate all services received by the child and the family, and to facilitate and monitor child safety placement, legal assistance and mental health care. Case managers work with the children and families for as long as is necessary.²⁰⁰

violence. The Ministry of Labour and Social Welfare has since adopted these protocols, and decided to establish teams in all Social Welfare Centres by 2009.²⁰¹

Child protection service agencies may investigate and try to substantiate reports of suspected violence. If the reports are verified, then the staff of the child protection services choose the appropriate course of action. Such decisions are often difficult, since a balance

has to be found between various potentially competing demands – such as the need to protect the child and the wish to keep a family intact. The least detrimental alternative to the child and the least intrusive alternative for the family should be employed, as long as the child's safety can be assured. Consideration must be given to the concerns and desires of the child in all decisions about interventions, taking into account the context of the child's developmental stage, emotional health, and

"I remember being a foster child on another reserve as a child. I had been strapped...never understood the reasons why or what I had done wrong, I do remember the fear and pain."

Youth leader, North America, 2005^{XI}

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the healthy or unhealthy bonds between the child and other family members.

When alternative care is necessary

Removing a child from the family should be a last-resort intervention. Ideally, services should be available to support those parents who are failing to cope with the demands of parenting. Only when the child appears to be at immediate risk of significant harm, the parent is assessed as not responding to other interventions, or appears unable to change within the developmental time frame of the child, should long-term alternatives (i.e. long-term fostering or adoption) be considered.

A child who is separated from the family environment for his or her own best interest is entitled to special protection and assistance; furthermore, States are obliged to ensure some suitable form of alternative care for a child in these circumstances, giving due regard to maintaining continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background (CRC article 20). Alternative care can be provided both formally – through foster-care placement (*kafalah* care under Islamic law), and adoption – and informally, such as the placement of a child with the extended family. Three principles should guide decisions about alternative forms of care for children:²⁰²

- Family-based solutions are generally preferable to institutional placements
- Sustainable solutions aimed at permanency in the best interests of the child, but including regular review,

should take precedence over temporary solutions

- National solutions are generally preferable to those involving another country (e.g. international adoption).

All forms of alternative care involve risk for the child, including risk of further violence, exploitation and other violations of the child's rights. It is therefore important that States register and regulate all forms of alternative care, with continuous monitoring of children's placement and treatment, and with the full participation of the child. (See also the chapter on violence against children in care and justice systems.)

ADVOCACY AND PUBLIC EDUCATION

Violence against children in the home and family receives little media and research attention worldwide compared to issues such as commercial sexual exploitation of children, or child labour. The media play a central role in shaping opinions and influencing social norms that can also affect behaviour. Violence against children in the home and family should be brought into the public sphere in every region; space must be created to discuss the issues and to find solutions. Without raising awareness, it will be difficult to achieve large-scale and lasting prevention, and behavioural change.

An important development of recent years, and one promoted by the Study process, has been the involvement of children themselves in research, and in advocacy based on such research. Children pointed out in Regional Consultations that they normally had no opportunity to articulate

“I think child abuse happens a lot more than we think it does. Kids get beaten at home and are afraid to tell anyone. It’s hard to stop something that happens behind closed doors.”

Child, 12, North America^{xii}

their views and feelings about the violence they had experienced at home. In all regions, NGOs have begun to undertake participatory research into violence against children in the family, in which boys and girls are involved not only as respondents but as co-researchers. Besides giving children the opportunity to talk about the punitive behaviour of parents and other caregivers, such exercises challenge the silence surrounding family violence, and contribute to the understanding of the nature and dimensions of child abuse and its effects. These exercises are of primary importance in providing a basis for awareness-raising campaigns and workshops.^{203,204}

At every Regional Consultation, adults and children alike expressed the urgent need for advocacy strategies to change cultural norms in order to end violence against children. Outcome documents from the consultations and thematic working groups emphasised that advocacy should target policy-makers, parents, and children, and that advocacy on the following themes would help prevent family violence against children:

- Children’s rights, including their right to protection from all forms of violence
- Harmful consequences of corporal punishment and other forms of cruel or degrading punishment, and the need for parents to develop positive, non-violent relationships with their children and ways of child-rearing
- Breaking the culture of silence around sexual violence in the family
- Addressing traditional stigma and prejudicial beliefs concerning inability to reduce the vulnerability of disabled children to violence

- Harmful traditional practices
- Gender-based violence
- The role of men and boys in preventing violence
- The effects of HIV on the stigmatisation of children and their increased vulnerability to violence.

Children and adolescents have a very important part to play in advocacy on issues that concern them. (See the chapter on violence against children in the community.)

Eliminating harmful traditional practices

Efforts to eliminate harmful traditional practices have illustrated the importance of intervening at multiple levels – parents and families will find it hard to change their behaviour if the norms and behaviour in the wider community do not change. Bringing an end to FGM requires clear prohibition, education and awareness-raising within families and communities, and community mobilisation (see box). Triggering changes in community knowledge, beliefs, attitudes and practices is the key to success.²⁰⁵ This requires an advocacy strategy in which religious and community leaders, health professionals and a variety of actors participate; persuading individual parents or mothers is not sufficient. Where social standing and eligibility for marriage are dependent on girls having undergone FGM, mothers are unlikely on an individual basis to refuse the operation for their daughters, however terrible the experience was in their own case. The decision needs to be made by a community as a collective, and that community needs to know

TOSTAN'S APPROACH

In November 2005, representatives of 70 villages in Senegal's northeastern region of Matam participated in a public declaration that they were ending the practice of FGM and forced child marriage. Matam is a very conservative region, where a few years ago these subjects could not even have been discussed. Thousands of villagers from up to 300 km away witnessed the ceremony. Dignitaries, officials and the media were also in attendance. Rural women, adolescents, chiefs, religious leaders and Government officials pledged their commitment. This declaration, the 19th of its kind in Senegal, is the final stage in a programme of public education and advocacy at village level.

This programme was undertaken by the Tostan Community Empowerment Programme, in a drive for the collective abandonment of FGM and early marriage throughout the country. Since 1997, 1,628 communities have committed themselves to abandoning these practices. The Tostan strategy consists of the formation of village committees, setting up classes on women's health and rights at village level, and social mobilisation by class members. At the end of the programme, a public declaration is made at a major ceremony. This is seen as a vital part of the process, since it marks collective social endorsement of change.

An evaluation by the Population Council in 2004 found that Tostan's programme significantly affected the knowledge and beliefs of the people who participated in the classes, and of those in their circles. For example, the proportion of girls aged 10 and under who had not been cut increased from 46% to 60% among intervention participant families, but remained unchanged at 48% in the comparison group. Approval of FGM and intent to cut girls decreased significantly, and the intention to cut among participating women fell from nearly 75% at baseline to less than 25%. Another encouraging finding was that knowledge about human rights increased significantly among study participants. The proportion of women who were aware of their rights to health, education, and a healthy environment increased from 11% to 94%, while knowledge among men increased from 41% to 92%.²⁰⁸

that other communities are similarly abandoning the custom (see box).

Child marriage requires similar efforts to change social and cultural norms. Up to now the number of advocacy initiatives to influence and reduce child marriages directly have been very few. The tendency has been to regard the custom as susceptible to the wider enrolment of girls in education, and to the legislative enforcement of marriage laws. However, more concerted attention to women's and girls' rights in marriage has led in new directions. Some programmes specifically directed at child marriage reduction are now underway, and targeted advocacy against the practice is beginning.²⁰⁶ For example, a campaign against child marriage has recently been launched by civil society organisations in Yemen, on the basis of research undertaken by the University of Sana'a.²⁰⁷

Many other practices which cause violence and harm to children need the benefit of exposure and campaigning as part of the efforts to prevent them. These include the sale of children into sexual or other work; the stigmatisation of disabled children, children without families, or children orphaned by HIV/AIDS; child victims of sexual abuse; children accused of sorcery; children who have been dedicated by their parents to priests and shrines.

IMPROVING INFORMATION FOR POLICY DEVELOPMENT AND ACTION

Accurate and reliable data on the magnitude and consequences of family violence against children are essential to evidence-based advocacy, policy development, resource allocation

and programme implementation. The lack of data has been a constant refrain throughout the Study, and nowhere has this been more acute than in the home and family context, particularly because of the already described inhibitions to reporting, but also because of the lack of investment in scientific research on the topic. On the one hand, no effective systems of response can be developed without proper data; on the other, the development of programmatic responses to children suffering violence cannot await the development of systematic data-gathering systems where country or State capacities in this context are limited or under-resourced.

Ongoing data collection and analysis of officially reported cases can be useful for identifying trends in service utilisation and, in some instances, prevalence. However, as these systems rely only on cases brought to the attention of the authorities, and given that children most often suffer family violence without telling anyone, surveillance systems based on official records will always underestimate the extent of the problem. Surveillance of officially reported cases must be supplemented by population-based surveys that document exposure to childhood violence and its lifelong consequences. Similarly, true understanding of fatal violence against children can only be gained through comprehensive death registration, investigation and reporting systems (see box).

Small qualitative studies and studies using convenience sampling – of families referred to social services, for example – are important for documenting the problem of violence against children and how to manage it. However, to begin to understand fully the patterns of family

“It is time we moved beyond qualitative explorations of violence against children. In South-East Asia, population-based surveys are needed urgently to shed light on the full extent of violence against children. We must invest in better research and systematic data collection on this issue.”

Dr Samlee Plianbangchang, Regional Director for South-East Asia, WHO

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violence against children, studies that survey a large subset of the general population and which are repeated over time are necessary.

Confidential interview studies with children, parents and other close carers can also contribute to understanding all forms of violence in the home and family. There must, of course, be ethical safeguards to ensure the necessary protection of the children involved. Retrospective studies, interviewing young adults about their childhood experiences, are also valuable, but disclose nothing about what is happening to children now, and may distort understanding of experiences in early childhood when some forms of violence are most common.

One of the important purposes of data collection, especially in countries and regions where home and family violence is denied or not publicly debated, is advocacy. Policy-makers need to be persuaded that violence against children is more prevalent than they believe or care to admit, and that responses are urgently needed. Efforts by NGOs and international support agencies to collect information and publish analyses of children facing violence are often the first step towards enabling a culturally or politically sensitive issue to emerge, become locally owned up to, and taken up.

CHILD FATALITY REVIEW TEAMS (CFRT)

Most children who die from violence are young. About 40% are infants and 80% are under six. The most common cause of death is head trauma, followed by blunt force trauma to the body. It is sometimes difficult to detect how a child has died when he or she is reported as having had ‘a fall’.

The first Child Fatality Review Team (CFRT) was formed in Los Angeles in 1978, sponsored by the Los Angeles County Interagency Council on Child Abuse and Neglect (ICAN). Members included the coroner, police, social services, courts, health and public health workers. ICAN later became the National Center for Fatality Review (NCFR) and other teams followed, some adding teachers, mental health workers and occasionally community members. The team meets to discuss cases of young child death where medical evidence is inconclusive; thus different types of evidence come together, and a mystery can conceivably be solved.

By 2001, an estimated 1,000 teams existed in Australia, Canada, New Zealand and the USA. The Philippines recently added a hospital-based model that may better fit developing countries. An international working network has begun connecting ICAN with contacts and start-up programmes in China, Estonia, Iceland, the Islamic Republic of Iran, Japan, Jordan, Lebanon, the Netherlands and the UK.²⁰⁹

IMPROVING THE KNOWLEDGE BASE IN INDIA - THE NATIONAL STUDY ON CHILD ABUSE

India has taken a proactive approach to the issue of child protection. Initiated by the Department of Women and Child Development in 2005, the National Study on Child Abuse involved an enormous network around the country. One of the first major activities undertaken was a National Level Consultation on Child Abuse, held in New Delhi in April 2005, to discuss various issues related to project formulation, including defining the concept of child abuse and methodology for the project, developing instruments for data collection and identifying the various categories of respondents. This Consultation involved experts from all over India and from various disciplines to exchange views on the common theme of child abuse. The experts included academics, social workers, activists, NGO representatives, teachers, researchers, police, judiciary, representatives from funding agencies like UNICEF, Save the Children, USAID, US Agency, Plan International, Catholic Relief Services, SARI Equity, etc.

The sample size of 17,500 included children (n=12500), young adults (n=2500), and other stakeholders (n= 2500). The child respondents included children living on the streets, working children, children in schools, children in institutional care, and children in family groups not attending school. Part of the methodology involved focus group discussions with children in the context of children's workshops, through which all indicators of various forms of abuse were elicited, and confidentiality and ethical considerations taken into account.

From its inception, the project emerged as an advocacy and awareness opportunity, which was extremely useful from the standpoint of a country where child abuse was known to exist, and yet so little about the issue was discussed publicly. The participation of so many experts had a multiplier effect, in that it increased awareness and more open discussion about the previously neglected issue of child abuse ensued. Analysis of results are expected at the end of 2006.²¹⁰

RECOMMENDATIONS

The following recommendations are guided by the human rights obligations of Governments under the CRC and other instruments, and are also based on evidence from research and existing practice. They recognise that, while the primary role in childrens' upbringing is accorded

to the family, Governments have obligations to ensure that in all places – including in the home – children are protected from actions constituting violence against them, and that there is an effective response when violence occurs. In addition, Governments are required to provide appropriate support and assistance to parents.

“In the consultations all over the world, it was as if everyone had been waiting for permission to talk about this - waiting for violence against children not to be a secret any more.”

Karin Landgren, Chief, Child Protection, UNICEF

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Prioritise prevention

- 1. Ensure that comprehensive systems to prevent violence and protect children are implemented at scale, in ways that respect the whole child and their family, their dignity and privacy, and the developmental needs of girls and boys.** Governments should ensure that response systems should be coordinated, aimed at prevention and early intervention, linked to integrated services that extend across sectors – legal, education, justice, social, health, employment and other necessary services. Respect for the views of the child in all matters and decisions which affect them should be assured. Governments have the obligation to develop evidence-based standards to facilitate effective and sensitive service delivery for children in all parts of the country.

Societal level

- 2. Assess the impact of public policies on children and their families.** Governments should conduct social impact assessments which give particular attention to the potential impact of public policies on violence against children – especially discrimination, social and economic stress, and other risk factors relevant to family violence against children. The results should be used to prioritise economic and social safety nets which directly benefit families.
- 3. Increase economic and social safety nets for families.** These should include family support centres which can provide assis-

tance, including that provided in emergency situations; and they should help to develop supportive networks through providing quality child care facilities and pre-school enrichment programmes; and through respite programmes for families facing especially difficult circumstances; and also by giving attention to underlying factors such as education, housing, employment, and social policies and opportunities.

- 4. Implement evidence-based advocacy programmes on violence prevention.** At the society and community level, Governments should support strategies that aim to raise awareness of child rights, and promote change in social and cultural norms, gender equity/equality, and non-discrimination. Such programmes should target Government sector workers, including police and justice system staff, educators, health workers, and the private sector, as well as parents and the general public. Governments have the obligation to initiate and support awareness campaigns that promote non-violent relationships and communication with children, as well as the positive involvement of men and boys in family life.

Legal measures

- 5. Develop an explicit framework of law and policy in which all forms of violence against children within the family are prohibited and rejected.** Governments have the obligation to prohibit and eliminate all forms of violence against children in the home as well as in other settings. This includes all harmful tradi-

tional practices, sexual violence, and all corporal punishment, in accordance with the CRC and other human rights instruments (see the Committee's General Comment on corporal punishment, No. 8, June 2006). Clear guidance and training should ensure that the law is implemented sensitively, in line with the best interests of the child. Legal reform should be linked with advocacy and awareness-raising activities to promote positive, non-violent relationships with children.

6. **Ensure that family courts and other parts of the justice system are sensitive to the needs of children and their families.** Governments should ensure that child victims of family violence are not re-victimised during the justice process, nor subjected to extended or drawn-out legal processes. Child victims should be treated in a caring and sensitive manner throughout the justice process, taking into account their personal situation and immediate needs, age, gender, disability and level of maturity, and fully respecting their physical, mental and moral integrity.

In particular, Governments should ensure that investigations, law enforcement, prosecution and judicial processes take into account the special needs of the child, bearing in mind the Guidelines on Justice for Child Victims and Witnesses of Crime (ECOSOC Resolution 2005/20). In this regard, the child should be accompanied by a trusted adult throughout his or her involvement in the justice process, if it is in

his or her best interests; the child's identity and privacy should be protected; confidentiality should be respected; and the child should not be subjected to excessive interviews, statements, hearings and unnecessary contact with the judicial process.

Consideration should be given to the use of pre-recorded video and other testimonial aids, such as the use of screens or closed circuit televisions, as well as to eliminating unnecessary contacts with the alleged perpetrator, or their defence. In particular, if compatible with the legal system and with due respect for the rights of the defence, professionals should ensure that the child victim of violence is protected from being unnecessarily cross-examined, that the general public and the media are excluded from the courtroom during the child's testimony, and that guardians *ad litem* are available to protect the child's legal interests. Speedy trials should also be ensured, unless delays are in the child's best interests.

Strengthen coordinated responses

7. **Provide pre-natal and post-natal care, and home visitation programmes for optimising early childhood development.** These measures should be aimed at building on the strengths of the family and the community to promote healthy child development, and the early detection and support of families with problems. Governments should ensure that such programmes include information on the importance of attachment and the physical, emotional, and cognitive development

of infants and young children as well as attention to cultural factors.

- 8. Implement culturally-appropriate and gender-sensitive parenting programmes and programmes that support families to provide a violence-free home.** Governments should ensure that important components are included in these programmes such as: the importance of attachment bonds between parents and their children, and increasing understanding of the physical, psychological, sexual, and cognitive development of infants, children and young people in the context of social and cultural factors; expanding child-rearing and parenting skills for fathers and mothers, including promoting non-violent relationships and non-violent forms of discipline, problem-solving skills, and the management of family conflicts; addressing gender stereotypes, and emphasising the involvement of men and boys in family life. Governments must develop such programmes in compliance with human rights norms, and also with reference to scientific evidence regarding the effectiveness thereof.
- 9. Protect especially vulnerable children in the family, and address gender issues.** Governments should ensure a focus in all research, prevention, and response initiatives dealing with the family, on the situation and risks of children who are especially vulnerable to violence; for example, children with disabilities, refugee and other displaced children, children from minority groups, children without parental

care, and children affected by HIV/AIDS. Special efforts are required to understand and respond to the differing risks which may be faced by girls and boys, and to pay attention to the concept of masculinity and gender stereotypes on violence experienced by girls and boys.

Build capacity

- 10. Build capacity among those who work with children and their families.** Governments should ensure that professionals and non-professionals who work with and around children and their families receive adequate training and ongoing capacity building which includes basic information on children's rights and the law, violence against children, its prevention, early detection and response, non-violent conflict management, and children's rights. In addition, workers must have a clear understanding of the physical, sexual, emotional and cognitive development of children and young people, and the links between gender and violence. Specific skills in communicating with and involving children in the decisions affecting them should also be promoted.

Build information systems

- 11. Implement civil registration universally, including the registration of births, deaths, and marriages.** Governments should ensure free and accessible civil registration with free certification, and should remove penalties for late registration. The process must be advocated widely, and facilitated and implemented in coopera-

tion with local government, hospitals, professional and traditional birth attendants, police, religious and community leaders, and other partners in order to ensure universal uptake.

- 12. Develop a national research agenda on family violence against children.** Governments should put in place a set of national priorities for research that can supplement information systems with in-depth qualitative and quantitative research. Guided by international indicators and standards, Governments and their partners should strengthen information systems through improved surveillance of reported cases of family violence against children, and also through population-based research which includes estimates of the prevalence of childhood victimisation. Risk and protective factors related to violence can also be assessed by retrospective studies of childhood, and by interviewing young adults.

Data should be disaggregated to make visible the scale and scope of the experiences of girls and boys of different ages that are related to violence and overcoming it, their situations, and their risk and protective factors. Such efforts should include confidential interviews with the children themselves, with special attention given to vulnerable groups and their families, as well as to parents and other caregivers and adults, and appropriate ethical safeguards should be put in place. The information gathered should be shared widely to inform public policy and related action.

REFERENCES

- 1 UNICEF (2003). A League Table of Child Maltreatment Deaths in Rich Nations. *Innocenti Report Card*, No. 5. Florence, UNICEF Innocenti Research Centre.
- 2 Yoder PS et al. (2004). *Female Genital Cutting in the Demographic Health Surveys: A Critical and Comparative Analysis*. Calverton, ORC Macro.
- 3 UNICEF (2003). *Female Genital Cutting in Somalia: Reasons for Continuation and Recommendations for Eradication*. UNICEF Somalia. Cited in: UNICEF Somalia (2003). *From Perception to Reality: A Study on Child Protection in Somalia*, Ch. 3. UNICEF Somalia.
- 4 Committee on the Rights of the Child (2006). *General Comment No. 8. The Right of the Child to Protection from Corporal Punishment and Other Cruel or Degrading Forms of Punishment* (articles 19, 28(2) and 37, inter alia), CRC/C/GC/8.
- 5 UN Habitat (2006). *State of the World's Cities Report 2006/7*. Nairobi, UN Habitat. Available at: <http://www.unhabitat.org/mediacentre/documents/sowcr2006/SOWCR%201.pdf>.
- 6 UN Habitat (2006). *State of the World's Cities Report 2006/7*. Nairobi, UN Habitat. Available at: <http://www.unhabitat.org/mediacentre/documents/sowcr2006/SOWCR%201.pdf>.
- 7 Krug EG et al. (Eds) (2002). *World Report on Violence and Health*. Geneva, World Health Organization.
- 8 Molyneux M (2004). *Poverty Relief Programmes and the 'New Social Policy in Latin America': Women and Community Carework*. UNRISD Project on Gender and Social Policy, Mimeo, Geneva, UNRISD. Cited in: UNRISD (2005). *Gender Equality: Striving for Justice in an Unequal World*. United Nations Research Institute for Social Development.
- 9 UNRISD (2005). *Gender Equality: Striving for Justice in an Unequal World*. United Nations Research Institute for Social Development.

- 10 Asis MMB et al. (2004). When the Light of the Home is Abroad: Female Migration and the Filipino Family. *Singapore Journal of Tropical Geography*, 25(2): 198–215.
- 11 National Research Council (1993). *Understanding Child Abuse and Neglect*. Washington DC, National Academy of Sciences Press.
- 12 Straus MA et al. (1998). Identification of Child Maltreatment with the Parent–Child Conflict Tactics Scales: Development and Psychometric Data for a National Sample of American Parents. *Child Abuse & Neglect*, 22: 249–270.
- 13 Zununegui MV et al. (1997). Child Abuse: Socio-economic Factors and Health Status. *Anales Españoles de Pediatría*, 47: 33–41.
- 14 Kelly MJ (2005). *The Power of Early Childhood as a Healing Force in the AIDS Crisis*. Paper for Presentation to the World Forum on Early Care and Education, Montreal, 19 May 2005.
- 15 UNICEF (2003). *Africa's Orphaned Generations*. New York, UNICEF.
- 16 United Nations (2000). *The World's Women: Trends and Statistics*. New York, United Nations.
- 17 Boudreaux MC, Lord WD (2005). Combating Child Homicide: Preventive Policing for the New Millennium. *Journal of Interpersonal Violence*, 20(4): 380–387.
- 18 Finkelhor D, Berliner L (1995). Research on the Treatment of Sexually Abused Children: A Review and Recommendations. *Journal of the Academy of Child Adolescent Psychiatry*, 34: 1408–1423.
- 19 Boudreaux MC, Lord WD (2005). Combating Child Homicide: Preventive Policing for the New Millennium. *Journal of Interpersonal Violence*, 20(4): 380–387.
- 20 UNICEF (2003). *Innocenti Report Card No. 5: A League Table of Child Maltreatment Deaths in Rich Nations*. UNICEF Innocenti Research Centre, Florence.
- 21 Dean PJ (2004). Child Homicide and Infanticide in New Zealand. *Int J Law Psychiatry*, 27(4): 339–348; Romain N et al. (2003). Childhood Homicide: A 1990–2000 Retrospective Study at the Institute of Legal Medicine in Lausanne, Switzerland. *Medicine, Science and the Law*, 43(3): 203–206; Collins KA, Nichols CA (1999). A Decade of Pediatric Homicide: A Retrospective Study at the Medical University of South Carolina. *American Journal of Forensic Medicine and Pathology*, 20(2): 169–172.
- 22 WHO (2006). *Global Estimates of Health Consequences Due to Violence against Children*. Background Paper to the UN Secretary-General's Study on Violence against Children. Geneva, World Health Organization.
- 23 Runyan D et al. (2002). Child Abuse and Neglect by Parents and Other Caregivers. In: Krug EG et al. (Eds). *World Report on Violence and Health*. Geneva, World Health Organization, pp 59–86.
- 24 Collins KA, Nichols CA (1999). A Decade of Pediatric Homicide: A Retrospective Study at the Medical University of South Carolina. *American Journal of Forensic Medicine and Pathology*, 20(2): 169–172.
- 25 Lyman JM et al. (2003). Epidemiology of Child Homicide in Jefferson County, Alabama. *Child Abuse & Neglect*, 27(9): 1063–1073.
- 26 Romain NK et al. (2003). Childhood Homicide: A 1990–2000 Retrospective Study at the Institute of Legal Medicine in Lausanne, Switzerland. *Medicine, Science and the Law*, 43(3): 203–206.
- 27 Moskowitz HD et al. (2005). Relationships of US Youth Homicide Victims and Their Offenders, 1976–1999. *Archives of Pediatrics & Adolescent Medicine*, 159(4): 356–361.
- 28 Dean PJ (2004). Child Homicide and Infanticide in New Zealand. *International Journal of Law and Psychiatry*, 27(4): 339–348.
- 29 Moskowitz HD et al. (2005). Relationships of US Youth Homicide Victims and Their Offenders, 1976–1999. *Archives of Pediatrics and Adolescent Medicine*, 159(4): 356–361.

- 30 George S (1995). Female Infanticide in Tamil-Nadu, India: From Recognition Back to Denial? *Reproductive Health Matters*, 10: 124–132. Cited in: Naved RT (2003). A Situation Analysis of Violence against Women in South Asia. In: *Violence against Women in South Asia: A Regional Analysis*. Bangkok, Asian Forum of Parliamentarians on Population and Development/Kathmandu, UNFPA.
- 31 Stephenson R et al. (2006). Child Maltreatment among School Children in Kurdistan Province, Iran. *Child Abuse & Neglect*, 30: 231–245.
- 32 Hahm HC, Guterman NB (2001). The Emerging Problem of Physical Child Abuse in South Korea. *Child Maltreatment*, 6(2): 169–179.
- 33 May-Chahal C, Cawson P (2005). Measuring Child Maltreatment in the United Kingdom: A Study of the Prevalence of Child Abuse and Neglect. *Child Abuse & Neglect*, 29: 969–984.
- 34 Committee on the Rights of the Child (2006). *General Comment No. 8. The Right of the Child to Protection from Corporal Punishment and Other Cruel or Degrading Forms of Punishment* (articles 19, 28(2) and 37, inter alia), CRC/C/GC/8, para 11.
- 35 Committee on the Rights of the Child (2006). *General Comment No. 8. The Right of the Child to Protection from Corporal Punishment and Other Cruel or Degrading Forms of Punishment* (articles 19, 28(2) and 37, inter alia), CRC/C/GC/8.
- 36 Durrant JE (2003). Maternal Beliefs about physical punishment in Sweden and Canada. *Journal of Comparative Family Studies*, 34:586-604. Cited in: Durrant JE (2005). Corporal Punishment: Prevalence, Predictors and Implications for Child Behaviour and Development. In: Hart SN (Ed) (2005). *Eliminating Corporal Punishment*. Paris, UNESCO.
- 37 Lehman BA (1989). Making a Case against Spanking. *The Washington Post*, 23 March 1989. Cited in: Straus MA, Mathur AK (1996). *Social Change and Trends in Approval of Corporal Punishment by Parents from 1968 to 1994*. In: Frehsee D et al. (Eds). *Violence against Children*. Berlin and New York, Walter de Gruyter, pp 91–105.
- 38 Durrant JE (2005). Corporal Punishment: Prevalence, Predictors and Implications for Child Behaviour and Development. In: Hart SN (Ed) (2005). *Eliminating Corporal Punishment*. Paris, UNESCO.
- 39 Kim D-H (2000). Children's Experience of Violence in China and Korea: A Transcultural Study. *Child Abuse & Neglect*, 18: 155–166. Cited in: Durrant JE (2005). Corporal Punishment: Prevalence, Predictors and Implications for Child Behaviour and Development. In: Hart SN (Ed) (2005). *Eliminating Corporal Punishment*. Paris, UNESCO.
- 40 Habasch R (2005). Physical and Humiliating Punishment of Children in Yemen. Save the Children Sweden. Cited in: International Save the Children Alliance (2005). *Ending Physical and Humiliating Punishment of Children. Making It Happen*, Part 2. Global Submission to the UN Secretary-General's Study on Violence against Children. Stockholm, Save the Children Sweden.
- 41 International Save the Children Alliance (2005). *Ending Physical and Humiliating Punishment of Children. Making It Happen*, Part 2. Global Submission to the UN Secretary-General's Study on Violence against Children. Stockholm, Save the Children Sweden.
- 42 UNICEF (2001). *Young Voices Opinion Survey of Children and Young People in Europe and Central Asia*. Geneva, UNICEF.
- 43 Dong M et al. (2004). The Interrelatedness of Multiple Forms of Childhood Abuse, Neglect, and Household Dysfunction. *Child Abuse & Neglect*, 28(7): 771–784.
- 44 Government of India (2005). *India Country Report on Violence against Children*. New Delhi, Department of Women and Child Development, Ministry of Human Resource Development, Government of India.
- 45 Klasen S, Wink C (2003). Missing Women: Revisiting the Debate. *Feminist Economics*, 9(2–3): 263–299.
- 46 Helander E (1999). *Prejudice and Dignity: An Introduction to Community-based Rehabilitation*, 2nd Edition. New York, United Nations Development Programme. Cited in: United Nations Secretary-General's Study on Violence against Children (2005). *Summary Report of the Thematic Meeting on Violence against Children with Disabilities*. 28 July 2005, New York.

- 47 UNICEF (2002). *UNICEF 2002 China Annual Report*. UNICEF China.
- 48 WHO (2006). *Global Estimates of Health Consequences Due to Violence against Children*. Background Paper to the UN Secretary-General's Study on Violence against Children. Geneva, World Health Organization.
- 49 Finkelhor D (1994). The International Epidemiology of Child Sexual Abuse. *Child Abuse & Neglect*, 18(5): 409–417.
- 50 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: South Asia*. Available at: www.violencestudy.org/r27.
- 51 Haj-Yahi MM, Tamish S (2001). The Rates of Child Sexual Abuse and Its Psychological Consequences as Revealed by a Study among Palestinian University Students. *Child Abuse & Neglect*, 25(10): 1303–1327.
- 52 Finkelhor D (1994). The International Epidemiology of Child Sexual Abuse. *Child Abuse & Neglect*, 18(5): 409–417.
- 53 Andrews G et al. (2004). Child Sexual Abuse. In: Ezzati M et al. (2004). *Comparative Quantification of Health Risks: Global and Regional Burden of Disease Attributable to Selected Major Risk Factors*, Vol. 2. Geneva, World Health Organization, pp 1851–1940.
- 54 WHO (2005). *WHO Multi-country Study on Women's Health and Domestic Violence against Women*. Geneva, World Health Organization.
- 55 Jewkes R et al. (2002). Rape of Girls in South Africa. *Lancet*, 359(9303): 319–320.
- 56 Browne KD et al. (2002). *Child Abuse and Neglect in Romanian Families: A National Prevalence Study*. Denmark, World Health Organization Regional Office for Europe.
- 57 Haj-Yahi MM, Tamish S (2001). The Rates of Child Sexual Abuse and Its Psychological Consequences as Revealed by a Study among Palestinian University Students. *Child Abuse & Neglect*, 25(10): 1303–1327.
- 58 Tang CS (2002). Childhood Experience of Sexual Abuse among Hong Kong Chinese College Students. *Child Abuse & Neglect*, 26(1): 23–37.
- 59 Queen Sofia Centre for the Study of Violence (2003). *Child Abuse in Spain 1997/1998: A Statistical Report Based on Field Research*. Valencia, Queen Sofia Centre.
- 60 UNICEF (2003). *From Perception to Reality: A Study on Child Protection in Somalia*. UNICEF Somalia, Ch. 3.
- 61 Naved RT (2003). A Situation Analysis of Violence against Women in South Asia. In: AFPPD/UNFPA (2003). *Violence against Women in South Asia: A Regional Analysis*. AFPPD/UNFPA.
- 62 AFPPD/UNFPA (2003). *Violence against Women in South Asia: A Regional Analysis*. AFPPD/UNFPA. Cited in: United Nations Secretary-General's Study on Violence against Children (2005) *Regional Desk Review: South Asia*. Available at: www.violencestudy.org/r27.
- 63 Irinnews (2002). *Special Report on Elections, 3 October 2002*. Cited in: Home Office (2004). Pakistan Country Report. United Kingdom, Country Information & Policy Unit, Immigration & Nationality Directorate Home Office.
- 64 Wainwright M (2006). Honour Murders Leave Thousands of Women Living in Fear. *The Guardian*, 21 July 2006.
- 65 Wainwright M (2006). Honour Murders Leave Thousands of Women Living in Fear. *The Guardian*, 21 July 2006.
- 66 Bangladesh Human Rights Commission (2001). *Acid and Trauma Victims*. Available at: <http://www.bhrcbd.org/victims.htm>.
- 67 Farouk S (2005). *Violence against Women: A Statistical Overview, Challenges and Gaps in Data Collection and Methodology and Approaches for Overcoming Them*. Expert Paper prepared for Expert Group Meeting of the UN Division for the Advancement of Women. 11–14 April, 2005, Geneva.
- 68 UNICEF (2001). Early Marriage, Child Spouses. *Innocenti Digest*, No. 7. Florence, UNICEF Innocenti Research Centre.

- 69 Outtara M et al. (1998). Forced Marriage, Forced Sex: The Perils of Childhood for Girls. *Gender and Development*, 6(3). Cited in: UNICEF (2001). Early Marriage, Child Spouses. *Innocenti Digest*, No. 7. Florence, UNICEF Innocenti Research Centre.
- 70 UNICEF (2001). Early Marriage, Child Spouses. *Innocenti Digest*, No. 7. Florence, UNICEF Innocenti Research Centre.
- 71 Forum on Marriage and the Rights of Women and Girls (2003). *Early Marriage and Poverty: Exploring the Links for Policy and Programme Development*. London, Forum on Marriage and the Rights of Women and Girls/IPPF.
- 72 UNICEF (2001). Early Marriage, Child Spouses. *Innocenti Digest*, No. 7. Florence, UNICEF Innocenti Research Centre.
- 73 Erulkar A et al. (2004). *The Experience of Adolescence in Rural Amhara Region of Ethiopia*. Accra, The Population Council.
- 74 Kishor S, Johnson K (2004). *Profiling Domestic Violence: A Multi-Country Study*. Calverton, ORC Macro.
- 75 Marcus R (1993). *Violence against Women in Bangladesh, Pakistan, Egypt, Sudan, Senegal and Yemen*. Report prepared for Special Programme WID, Netherlands Ministry of Foreign Affairs (DGIS). Brighton, Institute of Development Studies.
- 76 Minnesota Advocates for Human Rights (1998). *Domestic Violence in Nepal*. Minnesota Advocates for Human Rights, MN.
- 77 Marcus R (1993). *Violence against Women in Bangladesh, Pakistan, Egypt, Sudan, Senegal and Yemen*. Report prepared for Special Programme WID, Netherlands Ministry of Foreign Affairs (DGIS). Brighton, Institute of Development Studies.
- 78 Fernandez F (1997). Domestic Violence by Extended Family Members in India. Interplay of Gender and Generation. *Journal of Interpersonal Violence*, 12(3): 433–455.
- 79 Panda KP (2004). *Domestic Violence against Women in Kerala*, Discussion Paper No. 86. Thiruvananthapuram, Kerala Research Programme on Local Level Development, Centre for Development Studies.
- 80 Naved RT (2003). A Situation Analysis of Violence against Women in South Asia. In: *Violence against Women in South Asia: A Regional Analysis*. Bangkok, Asian Forum of Parliamentarians on Population and Development/Kathmandu, UNFPA.
- 81 NCTPE (1998). *Baseline Survey on Harmful Traditional Practices in Ethiopia*. Addis Ababa, National Committee on Harmful Traditional Practices.
- 82 WHO (2000). *Female Genital Mutilation*, Factsheet No 241. Geneva, World Health Organization.
- 83 UNICEF (2005). Changing a Harmful Social Convention: Female Genital Mutilation/Cutting. *Innocenti Digest*, No. 12. Florence, UNICEF Innocenti Research Centre.
- 84 UNICEF (2003). *Female Genital Cutting in Somalia: Reasons for Continuation and Recommendations for Eradication*. UNICEF Somalia. Cited in: UNICEF Somalia (2003). *From Perception to Reality: A Study on Child Protection in Somalia*. UNICEF Somalia, Ch. 3.
- 85 UNICEF Somalia (2003). *From Perception to Reality: A Study on Child Protection in Somalia*. UNICEF Somalia, Ch. 3.
- 86 UNICEF (2005). Changing a Harmful Social Convention: Female Genital Mutilation/Cutting. *Innocenti Digest*, No. 12. Florence, UNICEF Innocenti Research Centre.
- 87 UNICEF (2005). Changing a Harmful Social Convention: Female Genital Mutilation/Cutting. *Innocenti Digest*, No. 12. Florence, UNICEF Innocenti Research Centre.
- 88 Stanley YP et al. (2004). *Female Genital Cutting in the Demographic and Health Surveys: A Critical and Comparative Analysis*. DHS Comparative Reports, No. 7. Calverton, ORC Macro. Cited in: United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: West and Central Africa*. Available at: <http://www.violencestudy.org/r27>.
- 89 Dube SR et al. (2002). Exposure to Abuse, Neglect, and Household Dysfunction among Adults Who Witnessed Intimate Partner Violence as Children: Implications for Health and Social Services. *Violence and Victims*, 17(1): 3–17.

- 90 International Save the Children Alliance (2005). *Ending Physical and Humiliating Punishment of Children. Making It Happen*, Part 1. Global Submission to the UN Secretary-General's Study on Violence against Children. Stockholm, Save the Children Sweden.
- 91 Runyan D et al. (2002). Child Abuse and Neglect by Parents and Other Caregivers. In: Krug EG et al. (Eds). *World Report on Violence and Health*. Geneva, World Health Organization, pp 59–86.
- 92 International Save the Children Alliance (2005). *Ending Physical and Humiliating Punishment of Children. Making It Happen*, Part 2. Global Submission to the UN Secretary-General's Study on Violence against Children. Stockholm, Save the Children Sweden.
- 93 Crockenburg S (1987). Predictors and Correlates of Anger towards and Punitive Control of Toddlers by Adolescent Mothers. *Child Development*, 58: 964–975. Cited in: Durrant JE (2005). Corporal Punishment: Prevalence, Predictors and Implications for Child Behaviour and Development. In: Hart SN (Ed) (2005). *Eliminating Corporal Punishment*. Paris, UNESCO.
- 94 Perry BD (2001). The Neurodevelopmental Impact of Violence in Childhood. In: Schetky D, Benedek EP (Eds). *Textbook of Child and Adolescent Forensic Psychiatry*. Washington DC, American Psychiatric Press, pp 221–238.
- 95 Evans E et al. (2005). Suicidal Phenomena and Abuse in Adolescents: A Review of Epidemiological Studies. *Child Abuse & Neglect*, 29(1): 45–58.
- 96 Thompson R et al. (2005). Suicidal Ideation among 8-Year-olds Who Are Maltreated and At Risk: Findings from the LONGSCAN Studies. *Child Maltreatment*, 10(1): 26–36.
- 97 Hamilton CE, Browne KD (1998). The Repeat Victimization of Children. *Aggression and Violent Behavior*, 3: 47–60.
- 98 Analysis provided to the Study by the WHO Multi-country Study on Women's Health and Domestic Violence against Women (2006). Geneva, World Health Organization.
- 99 Felitti VJ et al. (1998). The Relationship of Adult Health Status to Childhood Abuse and Household Dysfunction. *American Journal of Preventive Medicine*, 14: 245–258.
- 100 Dube SR et al. (2005). Long-term Consequences of Childhood Sexual Abuse by Gender of Victim. *American Journal of Preventive Medicine*, 28(5): 430–438.
- 101 Dong MRF et al. (2004). The Interrelatedness of Multiple Forms of Childhood Abuse, Neglect, and Household Dysfunction. *Child Abuse & Neglect*, 28(7): 771–784.
- 102 Turner HA et al. (2006). The Effect of Lifetime Victimization on the Mental Health of Children and Adolescents. *Social Science and Medicine*, 62(1): 13–27.
- 103 Andrews G et al. (2004). Child Sexual Abuse. In: Ezzati M et al. (2004). *Comparative Quantification of Health Risks: Global and Regional Burden of Disease Attributable to Selected Major Risk Factors*, Vol. 2. Geneva, World Health Organization, pp 1851–1940.
- 104 Turner HA, Finkelhor D (1996). Corporal Punishment as a Stressor Among Youth. *Journal of Marriage and the Family*, 58: 155–166. Cited in: Durrant JE (2005). Corporal Punishment: Prevalence, Predictors and Implications for Child Behaviour and Development. In: Hart SN (Ed) (2005). *Eliminating Corporal Punishment*. Paris, UNESCO.
- 105 Thompson R et al. (2005). Suicidal Ideation among 8-Year-olds Who Are Maltreated and At Risk: Findings from the LONGSCAN Studies. *Child Maltreatment*, 10(1): 26–36.
- 106 Evans E et al. (2005). Suicidal Phenomena and Abuse in Adolescents: A Review of Epidemiological Studies. *Child Abuse & Neglect*, 29(1): 45–58.
- 107 Csorba J et al. (2001). Family and School-related Stresses in Depressed Hungarian Children. *European Psychiatry*, 16: 18–26.

- 108 Lau JTF et al (1999). Prevalence and Correlates of Physical Abuse in Hong Kong Chinese Adolescents: A Population-based Approach. *Child Abuse & Neglect*, 23: 549–57. Cited in: Durrant JE (2005). Corporal Punishment: Prevalence, Predictors and Implications for Child Behaviour and Development. In: Hart SN (Ed) (2005). *Eliminating Corporal Punishment*. Paris, UNESCO.
- 109 MacMillan HL et al. (1999). Slapping and Spanking in Childhood and Its Association with Lifetime Prevalence of Psychiatric Disorders in a General Population Sample. *Canadian Medical Association Journal*, 16: 805–809. Cited in: Durrant JE (2005). Corporal Punishment: Prevalence, Predictors and Implications for Child Behaviour and Development. In: Hart SN (Ed) (2005). *Eliminating Corporal Punishment*. Paris, UNESCO.
- 110 Classen CC et al. (2005). Sexual Revictimisation: A Review of the Empirical Literature. *Trauma Violence and Abuse*, 6(2): 103–129.
- 111 Fryer G, Miyoshi T (1994). A Survival Analysis of the Revictimization of Children: The Case of Colorado. *Child Abuse & Neglect*, 18(12): 1063–1071.
- 112 Creighton SJ (1992). *Child Abuse Trends in England and Wales 1988–1990: And an Overview from 1973–1990*. London, NSPCC.
- 113 Hamilton CE, Browne KD (1999). Recurrent Maltreatment During Childhood: A Survey of Referrals to Police Child Protection Units in England. *Child Maltreatment*, 4(4): 275–286.
- 114 Bradshaw J, Mayhew E (Eds). *The Well-being of Children in the UK*, 2nd Edition. London, The University of York/Save the Children UK.
- 115 Baldry A (2003). Bullying in Schools and Exposure to Domestic Violence. *Child Abuse & Neglect*, 27(7): 713–732.
- 116 International Save the Children Alliance (2005). *10 Essential Learning Points: Listen and Speak Out against Sexual Abuse of Girls and Boys*. Global Submission to the UN Secretary-General's Study on Violence against Children. Oslo, Save the Children.
- 117 Ertem IO et al. (2000). Intergenerational Continuity of Child Physical Abuse: How Good is the Evidence? *Lancet*, 356 (9232): 814–819.
- 118 Johnson H et al. (forthcoming). *Violence against Women: An International Perspective*. New York, Springer.
- 119 Williams LM (2003). Understanding Child Abuse and Violence against Women: A Life Course Perspective. *Journal of Interpersonal Violence*, 18(4): 441–451.
- 120 UNICEF (2005). Changing a Harmful Social Convention: Female Genital Mutilation/Cutting. *Innocenti Digest*, No. 12. Florence, UNICEF Innocenti Research Centre.
- 121 Stanley YP et al. (2004). *Female Genital Cutting in the Demographic and Health Surveys: A Critical and Comparative Analysis*. DHS Comparative Reports, No. 7. Calverton, ORC Macro. Cited in: UNICEF (2005). Changing a Harmful Social Convention: Female Genital Mutilation/Cutting. *Innocenti Digest*, No. 12. Florence, UNICEF Innocenti Research Centre.
- 122 Waters H et al. (2004). *The Economic Dimensions of Interpersonal Violence*. Geneva, World Health Organization.
- 123 Fromm S (2001). *Total Estimates of Cost of Child Abuse and Neglect in the United States – Statistical Evidence*. Chicago, Prevent Child Abuse America.
- 124 National Commission of Inquiry into the Prevention of Child Abuse (1996). *Childhood Matters: The Report of the National Commission of Inquiry into the Prevention of Child Abuse*, Vol. 1. London, Her Majesty's Stationery Office. Cited in: Runyan D et al. (2002). Child Abuse and Neglect by Parents and Other Caregivers. In: Krug EG et al. (Eds). *World Report on Violence and Health*. Geneva, World Health Organization, pp 59–86.
- 125 United Nations Secretary-General's Study on Violence against Children (2005). *Summary Report of the Thematic Meeting on Violence against Children with Disabilities*, 28 July 2005, New York. Available at: <http://www.violencestudy.org/r180>.
- 126 American Academy of Pediatrics (2001). Assessment of Maltreatment of Children with Disabilities. *Pediatrics*, 108(2): 508–552.

- 127 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: the Caribbean*. Available at: <http://www.violencestudy.org/r27>.
- 128 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: West and Central Africa*. Available at: <http://www.violencestudy.org/r27>.
- 129 Wolfe DA (1999). *Child Abuse: Implications for Child Development and Psychopathology*, 2nd Edition. Thousand Oaks, Sage.
- 130 Leventhal JM (1996). Twenty Years Later: We Do Know How to Prevent Child Abuse and Neglect. *Child Abuse & Neglect*, 20: 647–653.
- 131 National Research Council (1993). *Understanding Child Abuse and Neglect*. Washington DC, National Academy of Sciences Press.
- 132 Sariola H, Uutela A (1992). The Prevalence and Context of Family Violence against Children in Finland. *Child Abuse & Neglect*, 16: 823–832.
- 133 Zununegui MV et al. (1997). Child Abuse: Socioeconomic Factors and Health Status. *Anales Españoles de Pediatría*, 47: 33–41.
- 134 Turner HA et al. (2006). The Effect of Lifetime Victimization on the Mental Health of Children and Adolescents. *Social Science & Medicine*, 62(1): 13–27.
- 135 Runyan D et al. (2002). Child Abuse and Neglect by Parents and Other Caregivers. In: Krug EG et al. (Eds). *World Report on Violence and Health*. Geneva, World Health Organization, pp 59–86.
- 136 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: South Asia*. Available at: <http://www.violencestudy.org/r27>.
- 137 Sidebotham P, Golding J (2001). Child Maltreatment in the 'Children of the Nineties': A Longitudinal Study of Parental Risk Factors. *Child Abuse & Neglect*, 25: 1177–1200.
- 138 Klevens J et al. (2000). Risk Factors and the Context of Men Who Physically Abuse in Bogota, Colombia. *Child Abuse & Neglect*, 24: 323–332.
- 139 Ertem IO et al. (2000). Intergenerational Continuity of Child Physical Abuse: How Good Is the Evidence? *Lancet*, 356 (9232): 814–819.
- 140 World Vision (2005). *Violence against Children Affected by HIV/AIDS: A Case Study of Uganda*. A contribution to the UN Secretary-General's Study on Violence against Children. Nairobi, World Vision International–Africa Office.
- 141 Human Rights Watch (2002). *Suffering in Silence: The Links Between Human Rights Abuses and HIV Transmission to Girls in Zambia*. New York, Human Rights Watch.
- 142 The Body Shop/UNICEF (2006). *Behind Closed Doors. The Impact of Domestic Violence on Children*. London, The Body Shop International Plc.
- 143 Edleson JL (1996). Children's Witnessing of Domestic Violence. *Journal of Interpersonal Violence*, 14 (8): 839–870.
- 144 McClosky LA et al. (1995). The Effect of Systematic Family Violence on Children's Mental Health. *Child Development*, 66: 1239–1261. Cited in: Krug EG et al. (Eds) (2002). *World Report on Violence and Health*. Geneva, World Health Organization.
- 145 Dube SR et al. (2002). Exposure to Abuse, Neglect, and Household Dysfunction among Adults Who Witnessed Intimate Partner Violence as Children: Implications for Health and Social Services. *Violence and Victims*, 17(1): 3–17.
- 146 UNICEF (2005). Submission to the United Nations Secretary-General's Study on Violence against Children. UNICEF New Zealand.
- 147 Family Violence Prevention Fund (2006). Programs: Children and Domestic Violence. Family Violence Prevention Fund. Available at: <http://endabuse.org/programs/children/>.
- 148 Runyan D et al. (2002). Child Abuse and Neglect by Parents and Other Caregivers. In: Krug EG et al. (Eds). *World Report on Violence and Health*. Geneva, World Health Organization, pp 59–86.

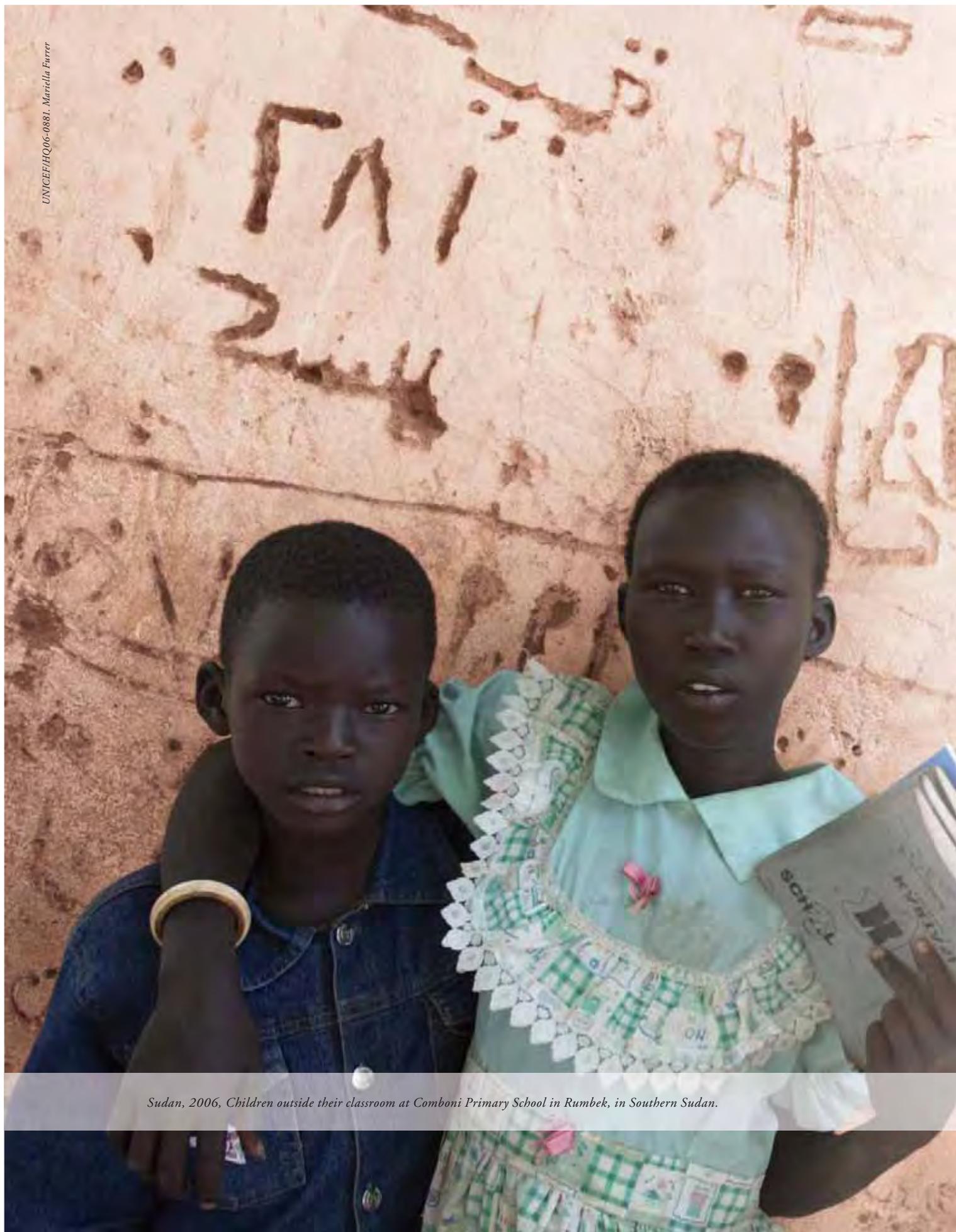
- 149 Hunter WM et al. (2000). Risk Factors for Severe Child Discipline Practices in Rural India. *Journal of Paediatric Psychology*, 25: 435–447.
- 150 UNICEF (2005). Submission to the United Nations Secretary-General's Study on Violence against Children. UNICEF New Zealand.
- 151 The Body Shop/UNICEF (2006). *Behind Closed Doors. The Impact of Domestic Violence on Children*. London, The Body Shop International Plc.
- 152 The Body Shop/UNICEF (2006). *Behind Closed Doors. The Impact of Domestic Violence on Children*. London, The Body Shop International Plc.
- 153 Ehrensaft MK et al. (2004). Clinically Abusive Relationships in an Unselected Birth Cohort: Men's and Women's Participation and Developmental Antecedents. *Journal of Abnormal Psychology*, 113(2): 258–271.
- 154 Naved RT (2003). A Situation Analysis of Violence against Women in South Asia. In: *Violence against Women in South Asia: A Regional Analysis*. Bangkok, Asian Forum of Parliamentarians on Population and Development/Kathmandu, UNFPA.
- 155 Lalor K (2004). Child Sexual Abuse in Sub-Saharan Africa: A Literature Review. *Child Abuse & Neglect*, 28(4): 439–460.
- 156 Haj-Yahi MM, Tamish S (2001). The Rates of Child Sexual Abuse and Its Psychological Consequences as Revealed By a Study among Palestinian University Students. *Child Abuse & Neglect*, 25: 1303–1327.
- 157 Chen J et al. (2004). Child Sexual Abuse in China: A Study of Adolescents in Four Provinces. *Child Abuse & Neglect*, 28(11): 1171–1186.
- 158 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: South Asia*. Available at: <http://www.violencestudy.org/r27>.
- 159 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: East Asia and the Pacific*. Available at: <http://www.violencestudy.org/r27>.
- 160 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: Middle East and North Africa*. Available at: <http://www.violencestudy.org/r27>.
- 161 Luster T et al. (2004). Family Advocates' Perspectives on the Early Academic Success of Children Born to Low-income Adolescent Mothers. *Family Relations*, 53: 68–77.
- 162 Fergusson DM, Lynskey MT (1997). Physical Punishment/Maltreatment During Childhood and Adjustment in Young Adulthood. *Child Abuse & Neglect*, 21 (7): 617–630.
- 163 Fergusson DM, Lynskey MT (1997). Physical Punishment/Maltreatment During Childhood and Adjustment in Young Adulthood. *Child Abuse & Neglect*, 21 (7): 617–630.
- 164 Spaccarelli S, Kim S (1995). Resilience Criteria and Factors Associated with Resilience in Sexually Abused Girls. *Child Abuse & Neglect*, 19: 1171–1182.
- 165 Spaccarelli S, Kim S (1995). Resilience Criteria and Factors Associated with Resilience in Sexually Abused Girls. *Child Abuse & Neglect*, 19: 1171–1182.
- 166 Hunter R et al. (1978). Antecedents of Child Abuse and Neglect in Premature Infants: A Prospective Study in a Newborn Intensive Care Unit. *Pediatrics*, 61: 629–635.
- 167 Korbin J et al. (2000). Neighborhood Views on the Definition and Etiology of Child Maltreatment. *Child Abuse & Neglect*, 24(12):1509–1527.
- 168 Runyan D et al. (2002). Child Abuse and Neglect by Parents and Other Caregivers. In: Krug EG et al. (Eds). *World Report on Violence and Health*. Geneva, World Health Organization, pp 59–86.
- 169 WHO (2003). *Violence and Health. Brief Report on the Situation of Violence and Health in Jordan*. World Health Organization.
- 170 UNICEF (2005). Changing a Harmful Social Convention: Female Genital Mutilation/Cutting. *Innocenti Digest*, No. 12. Florence, UNICEF Innocenti Research Centre.

- 171 Committee on the Rights of the Child (2006). *General Comment No. 8. The Right of the Child to Protection from Corporal Punishment and Other Cruel or Degrading Forms of Punishment* (articles 19, 28(2) and 37, inter alia), CRC/C/GC/8.
- 172 Committee on the Rights of the Child (2006). *General Comment No. 8. The Right of the Child to Protection from Corporal Punishment and Other Cruel or Degrading Forms of Punishment* (articles 19, 28(2) and 37, inter alia), CRC/C/GC/8, para 38.
- 173 Committee on the Rights of the Child (2006). *General Comment No. 8. The Right of the Child to Protection from Corporal Punishment and Other Cruel or Degrading Forms of Punishment* (articles 19, 28(2) and 37, inter alia), CRC/C/GC/8.
- 174 International Save the Children Alliance (2005). *Ending Physical and Humiliating Punishment of Children. Making It Happen*, Part 1. Global Submission to the UN Study on Violence against Children. Stockholm, Save the Children Sweden.
- 175 Heise L, Garcia-Moreno C (2002). Violence by intimate partners. In: Krug EG et al. (Eds). *World Report on Violence and Health*. Geneva, World Health Organization.
- 176 UNICEF (2001). Early Marriage, Child Spouses. *Innocenti Digest*, No. 7. Florence, UNICEF Innocenti Research Centre.
- 177 Olds DL et al. (1999). Prenatal and Infancy Home Visitation by Nurses: Recent Findings. *Future of Children*, 9(1): 44–65.
- 178 Centers for Disease Control and Prevention (2003). First Reports Evaluating the Effectiveness of Strategies for Preventing Violence: Early Childhood Home Visitation. Findings from the Task Force on Community Preventive Services. *MMWR*, 52: 1–9.
- 179 Holzer PJ et al. (2006). The Effectiveness of Parent Education and Home Visitation Child Maltreatment Prevention Programmes. *Child Abuse Prevention Issues*, No. 24. Australian Institute of Family Studies.
- 180 Saunders BEL et al. (Eds) (2004). *Child Physical and Sexual Abuse: Guidelines for Treatment*. Revised Report: April 26, 2004. Charleston, SC, USA. National Crime Victims Research and Treatment Center.
- 181 UNICEF (2003). *Meeting Basic Learning Needs*. New York, Consultative Group on ECCD, UNICEF. Cited in: Black M (1996). *Children First: The Story of UNICEF Past and Present*. New York, New York and Oxford University Press.
- 182 UNICEF (2004). *Moldova Annual Report 2004*. UNICEF Moldova. Cited in: United Nations Secretary-General's Study on Violence against Children (2005). *Violence in the Home and Family. Regional Desk Review: Europe and Central Asia*. Available at: www.violencestudy.org/r27.
- 183 Butchart A, Hendricks G (2000). The Parent Centre. In: Butchart A (Ed). *Behind the Mask: Getting to Grips with Crime and Violence in South Africa*. Pretoria, HSRC Publishers.
- 184 CDC (2006). *Child Maltreatment: CDC Activities*. Atlanta, National Center for Injury Prevention and Control. Available at: <http://www.cdc.gov/ncipc/factsheets/cmactivities.htm>.
- 185 Hoath F, Sanders M (2002). A Feasibility Study of Enhanced Group Triple P – Positive Parenting Programme for Parents of Children with Attention Deficit/Hyperactivity Disorder. *Behaviour Change*, 19(4): 191–206.
- 186 Karlsson L, Karkara R (2006). How to End Violence. *CRIN Newsletter*, No. 19. Child Rights Information Network.
- 187 Zoritch B et al. (2000). Day Care for Pre-school Children. *Cochrane Database of Systematic Reviews*, 3: CD000564.
- 188 United Nations Secretary-General's Study on Violence against Children (2005). *Summary Report of the Thematic Meeting on Violence against Children with Disabilities*, 28 July 2005, New York. Available at: www.violencestudy.org/r180.

- 189 Gibson LE, Leitenberg H (2000). Child Sexual Abuse Prevention Programmes: Do They Decrease the Occurrence of Child Sexual Abuse? *Child Abuse & Neglect*, 24(9): 1115–1125.
- 190 Gurevich R, Gero T (2005). *Using Schools to Reduce the Incidence of Early Marriage among Girls: A Case Study from Ethiopia*. Paper by World Learning Ethiopia, presented at Early Marriage Technical Consultation, IPPF Kenya, October 2005, Nairobi.
- 191 International Save the Children Alliance (2005). *10 Essential Learning Points: Listen and Speak Out against Sexual Abuse of Girls and Boys*. Global Submission to the UN Study on Violence against Children. Oslo, Save the Children.
- 192 Anti-Slavery International (2005). *Child Domestic Workers: A Handbook on Good Practice in Programme Interventions*. London, Anti-Slavery International.
- 193 Markowitz S, Grossman M (1998). Alcohol Regulation and Domestic Violence towards Children. *Contemporary Economic Policy*, XVI: 309–320.
- 194 Room R et al (2003). *Alcohol in Developing Societies: A Public Health Approach*. Helsinki, Finnish Foundation for Alcohol Studies/Geneva, World Health Organization.
- 195 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: East Asia and the Pacific*. Available at: <http://www.violencestudy.org/r27>.
- 196 Anti-Slavery International (2005). *Child Domestic Workers: A Handbook on Good Practice in Programme Interventions*. London, Anti-Slavery International.
- 197 WHO (2003). *Guidelines for Medico-legal Care for Victims of Sexual Violence*. Geneva, World Health Organization.
- 198 Saunders BEL et al. (Eds) (2004). *Child Physical and Sexual Abuse: Guidelines for Treatment*. Revised Report: April 26, 2004. Charleston, SC, USA. National Crime Victims Research and Treatment Center.
- 199 Cohen JA et al. (2005). Treating Sexually Abused Children: 1-Year Follow-up of a Randomised Controlled Trial. *Child Abuse & Neglect*, 29: 135–145.
- 200 WHO/ISPCAN (2006). *Preventing Child Maltreatment: A Guide to Taking Action and Generating Evidence*. Geneva, World Health Organization/International Society for the Prevention of Child Abuse and Neglect.
- 201 United Nations Secretary-General's Study on Violence against Children (2005). *Violence in the Home and Family. Regional Desk Review: Europe and Central Asia*. Available at: <http://www.violencestudy.org/r27>.
- 202 UNICEF/Inter-parliamentary Union (2004). *Handbook on Child Protection*. Inter-parliamentary Union.
- 203 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: South Asia*. Available at: www.violencestudy.org/r27.
- 204 Save the Children (2004). *So You Want to Involve Children in Research? A Toolkit Supporting Children's Meaningful and Ethical Participation in Research Relating to Violence against Children*. Stockholm, Save the Children Sweden.
- 205 UNICEF (2005). Changing a Harmful Social Convention: Female Genital Mutilation/Cutting. *Innocenti Digest*, No. 12. Florence, UNICEF Innocenti Research Centre.
- 206 Forum on Marriage and the Rights of Women and Girls/IPPF (forthcoming). *Taking Action to End Child Marriage A Guide for Advocacy by Programmers and Activists*. London, Forum on Marriage and the Rights of Women and Girls/IPPF.
- 207 Forum on Marriage and the Rights of Women and Girls and IPPF (forthcoming). *Taking Action to End Child Marriage A Guide for Advocacy by Programmers and Activists*. London, Forum on Marriage and the Rights of Women and Girls/IPPF.
- 208 Diop NJ et al. (2004). *The Tostan Programme: Evaluation of a Community-based Education Programme in Senegal*. Population Council, GTZ/Tostan.
- 209 WHO/ISPCAN (2006). *Preventing Child Maltreatment: A Guide to Taking Action and Generating Evidence*. Geneva, World Health Organization and International Society for the Prevention of Child Abuse and Neglect.
- 210 Kacker L (2006). *National Level Study on Child Abuse. Submission to the UN Secretary-General's Study on Violence against Children*. India.

QUOTES

- I International Save the Children Alliance (2005). *Ending Physical and Humiliating Punishment of Children. Making It Happen*. Part 2. Global submission to the UN Secretary-General's Study on Violence against Children. Stockholm, Save the Children Sweden, p 78.
- II Save the Children Alliance (2005). *10 Essential Learning Points: Listen and Speak Out against Sexual Abuse of Girls and Boys*. Global Submission by the International Save the Children Alliance to the UN Secretary-General's Study on Violence against Children. Oslo, Save the Children Norway, p 54.
- III Naker D (2005). *Violence against Children: The Voices of Ugandan Children and Adults*. Raising Voices and Save the Children Uganda, p 21.
- IV United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: North America*, p 7. Available at: www.violencestudy.org/r27.
- V International Save the Children Alliance (2005). *Voices of Girls and Boys to end Violence against Children in South and Central Asia*. In preparation of UN Secretary-General's Study on Violence against Children. Kathmandu, Save the Children Sweden Regional Programme for South and Central Asia, p 49.
- VI Erulkar A et al. (2004). *The experience of adolescence in rural Ambara region of Ethiopia*. Accra, The Population Council.
- VII UNICEF (2003). *Somali children and youth: Challenging the past and building the future*. UNICEF Somalia.
- VIII L'Observatoire des droits de l'enfant de la région océan indien (2006). *La violence contre les enfants dans la région de l'océan indien*. Annual Report of the Observatoire des droits de l'enfant de la région océan indien. Mauritius, l'Observatoire des droits de l'enfant de la région océan indien, p 29.
- IX International Save the Children Alliance (2005). *10 Essential Learning Points: Listen and Speak out against Sexual Abuse of Girls and Boys*. Global Submission to the UN Secretary-General's Study on Violence against Children. Oslo, Save the Children, p 66.
- X United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: Eastern and Southern Africa*, p 1. Available at: www.violencestudy.org/r27
- XI United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: North America*, p 10. Available at: www.violencestudy.org/r27.
- XII United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: North America*, p 19. Available at: www.violencestudy.org/r27.



Sudan, 2006, Children outside their classroom at Comboni Primary School in Rumbek, in Southern Sudan.

VIOLENCE AGAINST CHILDREN IN SCHOOLS AND EDUCATIONAL SETTINGS

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“To avoid violence we need to be listened to, we need economic, work and educational opportunities. We need the chance to improve our quality of life and have the right to live in a violence free environment.”

Adolescent boys, Latin America¹

4

INTRODUCTION

Children spend more time in the care of adults in pre-schools, schools, vocational training centres and other places of learning than they do anywhere else outside of their homes. Like parents, the adults who oversee, manage and staff these places have a duty to provide safe and nurturing environments that support and promote children’s education and development. They also have a duty to make sure such development prepares children for life as responsible adults, guided by values of non-violence, gender equality, non-discrimination, tolerance and mutual respect. These are the values that Governments embrace when they ratify the Convention on the Rights of the Child (CRC) and other international human rights conventions, along with obligations to protect children from all forms of violence, in schools and elsewhere, including providing a clear framework of law prohibiting and deterring all forms of violence, and taking all other necessary measures to prevent violence.

Violence in schools can be prevented and must not be tolerated. The reality for many millions of children is that schools (used hereafter as the generic term for all education settings for children) expose them to violence and, in so doing, children are denied of their rights, including to education. In all of the Regional Consultations conducted for the Study, and in many of the reports received, children attested to the impact of violence on their ability to get to and from school, to learn effectively while in school, and to remain in school long enough to reap the benefits of education.^{1,2,3}

The public image of violence in schools has been coloured by the media’s focus on extreme events, such as school shootings; the targeting of schools for attacks and mass kidnappings. However, such events are very rare. More common are forms of violence that go unreported and may be so tolerated and perhaps so actively condoned by the public and by official policy and law that they are not deemed worthy of study, discussion or debate.

Where the social and physical environment of the community is hostile, the school environment is unlikely to be spared. The levels and patterns of violence in schools often reflect the levels and patterns of violence in countries, communities and families. These, in turn, reflect prevailing political and socio-economic conditions, social attitudes, cultural traditions and values, and laws and law enforcement. Where it is legal, considered acceptable and perhaps even commendable for men to control women, and the wealthy or privileged to control the poor and disadvantaged, and parents to control children through violence and the threat of violence, then it is likely to be legal, considered acceptable and perhaps even commendable for both adults and children to use similar methods in schools.^{4,5,6} By being victims, perpetrators and witnesses of violence, children learn that violence is an acceptable way for the strong and aggressive to get what they want from the comparatively weak, passive or peaceful.

Schools are uniquely placed to break the patterns of violence by giving children, their parents and communities the knowledge and skills to communicate, negotiate and resolve conflicts in more constructive ways. However, patterns of violence are often entrenched in school culture, sometimes as a matter of policy supported and promoted by certain theories about childhood development and learning.

Whether perpetrated by adults or children, almost all violence in schools reflects a 'hidden curriculum' that promotes gender inequality and stereotyping. For example, boys taunt each other about their lack of masculinity and harass girls with verbal and physical gestures that are sexual in nature. Corporal punishment of boys is more frequent and harsh than corporal punishment of girls. Sexual aggression by male teachers and boys is often dismissed as 'just boys being boys', while girls are blamed for 'asking for it'. The implicit mes-

sages are that males should be tough, generally and sexually assertive and ready for life in a rough-and-tumble world but females should be passive, sheltered, and unassertive, particularly sexually. These stereotypes often make schools unsafe and uncomfortable for girls and are prominent among the reasons why, in some countries girls, particularly during adolescence, are less likely to attend school than adolescent boys.^{7,8,9}

Ensuring access to quality education for all children is integral to the Millennium Development Goals, and the related efforts detailed in the Dakar Framework for Action.^{10,11,12} To do this, schools must provide a safe and welcoming environment for girls and boys, which is free of the threat of violence (see box).

EDUCATION FOR ALL AND THE MILLENNIUM DEVELOPMENT GOALS

In April 2000, the World Education Forum in Dakar, Senegal, adopted the Dakar Framework for Action to achieve six Education for All (EFA) goals.^{13,14,15} In September 2000, the Millennium Declaration established two of the EFA goals as being two of the eight Millennium Development Goals. Goal 2 states that, by 2015, all children should have access to free and compulsory primary education of good quality. Goal 3 is to, by 2005, achieve gender equality in primary and secondary education and, by 2015, achieve gender equality in all levels of education. These two goals constitute a specific timetable for achieving "the right of the child to education ... progressively and on the basis of equal opportunity" required by the CRC.

HUMAN RIGHTS INSTRUMENTS

Reflecting article 13 of the International Covenant on Economic and Social Rights which enshrines the right of everyone to education, article 28 of the Convention on the Rights of the Child (CRC) recognises “the right of the child to education ... with a view to achieving this right progressively and on the basis of equal opportunity.” The first paragraph of article 28 lists States parties’ obligations, which include making primary education compulsory and free for all, encouraging the development of different forms of secondary education that will be free or financially assisted in case of need, and making higher education accessible to all on the basis of their capacity. Article 28 (2) states that: “States parties shall take all appropriate measures to ensure that school discipline is administered in a manner consistent with the child’s human dignity and in conformity with the present Convention.” Conformity with the CRC requires, for example, protecting the child against “all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse” (article 19) and from “cruel, inhuman or degrading treatment or punishment” (article 37).

Article 29 of the CRC addresses the aims of the child’s education. Paragraph 29 (1.b) calls for “development of respect for human rights and fundamental freedoms” and paragraph 29 (1.d) calls for “preparation of the child for responsible life in a free society, in the spirit of understanding, peace, tolerance, equality of sexes, and friendship among all peoples, ethnic, national and religious groups and persons of indigenous origin.” In 2001, the Committee on the Rights of the Child issued General Comment No. 1 on the aims of education (CRC/GC/2001/1), emphasising that the education process itself should be based on and promote the rights guaranteed by the Convention. This means that States parties should take measures to ensure that all schools respect, for example, the child’s rights to non-discrimination (article 2), to freedom of expression (article 13), and to protection from all forms of sexual abuse and exploitation (article 34). States must also ensure that children are fully protected from exposure to bullying and other forms of violence by other students. The Committee has noted that failure to protect students from such forms of violence could deny children their right to education (articles 28 and 29).¹⁶



"I have seen the harsh behaviour of teachers in schools and colleges. Every day there are severe punishments by teachers, so we remain very afraid in class. The teacher often makes a student stand up in class, scolds him with ugly words and teases him for being naughty or for not learning the lessons. It is very shameful as well as painful."

Boy, 17, South and Central Asia, 2005¹¹

HUMAN RIGHTS INSTRUMENTS

General Comment No. 1 also states that: "...Children do not lose their human rights by virtue of passing through the school gates. Thus, for example, education must be provided in a way that respects the inherent dignity of the child, enables the child to express his or her views freely in accordance with article 12(1) and to participate in school life. Education must also be provided in a way that respects the strict limits on discipline reflected in article 28(2) and promotes non-violence in school. The Committee has repeatedly made clear in its concluding observations that the use of corporal punishment does not respect the inherent dignity of the child nor the strict limits on school discipline..."¹⁷

The Committee has reflected this interpretation in its concluding observations on States parties' reports under the CRC, recommending that they should prohibit all corporal punishment. In June 2006 the Committee adopted its General Comment No. 8 on the right of the child to protection from corporal punishment and other cruel or degrading forms of punishment (articles 19, 28(2) and 37, inter alia; CRC/C/GC/8). The Committee states that the purpose of the General Comment is "to highlight the obligation of all States parties to move quickly to prohibit and eliminate all corporal punishment and all other cruel or degrading forms of punishment of children and to outline the legislative and other awareness-raising and educational measures that States must take."

The Committee comments: "Addressing the widespread acceptance or tolerance of corporal punishment of children and eliminating it, in the family, schools and other settings, is not only an obligation of States parties under the CRC. It is also a key strategy for reducing and preventing all forms of violence in societies."¹⁸



PERU, 2002, Two boys do arithmetic using calculators and coloured blocks in a school in the village of Los Angeles in the north-eastern department of San Martín in the Amazon.

BACKGROUND AND CONTEXT

Historically, many cultures have had hierarchical social structures where those higher up have controlled those lower down through violence and threat of violence. These structures and practices have extended to families and the relations between men and women and between parents and their children. They have also extended to schools and the relations between school staff and children.

In both families and schools, corporal punishment and other forms of cruel or degrading punishment have been widely favoured methods of ‘discipline’ perceived as ‘taming’ the unruly child, training the presumptuous child to take his or her ‘proper place’ in the social

order, and hardening the unseasoned child to the difficult, brutal and abrasive world. In Europe and North America, the idea of universal education, paid for by the State or subsidised by the State, to equip children for the working world, for their civic and family responsibilities and for their personal fulfilment did not emerge until the mid-19th century, when the industrial revolution was well advanced. From then until well into the 20th century, beating, humiliation and isolation were routinely used as methods of teaching and discipline.

Since the 1990s, the global economy and the economies of many nations have been experiencing unprecedented rates of expansion. The industrialised nations have moved into an era where knowledge-based industries are predominant and where economies benefit from all the workers they can get, *if* those workers are well-educated and flexible, ready to absorb new knowledge, adjust to new technology, move from job to job and place to place, and work with people of many different backgrounds. It is now widely recognised that everyone loses when people are excluded on the basis of gender, race, religious belief and other factors unrelated to their capability and potential. It is also widely recognised that the free-enquiry-and-personal-growth model is one that best serves everyone’s interests and that it requires safe and nurturing school environments.

“The teacher slapped the students that skipped his lesson because they wanted to go to the library to do some research. The noise was really loud in the corridor. I witnessed the scene and was scared. I still cannot forget the sound of the slaps on their face.”

Student, 16, Indian Ocean subregion, 2006¹¹¹

There are still countries where many leaders, educators and parents believe that education which teaches children to question and think for themselves brings children into conflict with the established customs upon which the family and community have been based for generations.¹⁹

Change in disciplinary practices in schools has been especially slow in some countries where resources for education are severely stretched at the same time as education systems are being asked to absorb ever-increasing numbers of school-goers. Laws are gradually improving²⁰ but even where laws ban corporal punishment they are not always effectively enforced and often not initially supported by prevailing social attitudes. Prohibition of corporal punishment needs to be accompanied by effective initial and in-service training in behaviour management and school organisation which respect children’s rights.

NATURE AND EXTENT OF THE PROBLEM

While the status of every country’s progress toward abolition of corporal punishment in homes, schools and penal systems has been mapped, research and analysis pertaining to other forms of violence in schools is not nearly so far advanced.²¹ Most studies have looked at one or, at most, two forms of school violence and not at the multiple dimensions of that violence and the links between school violence and phenomena outside of schools, such as violence in families and society as a whole.

FORMS OF VIOLENCE IN SCHOOLS

The forms of violence found in schools are both physical and psychological, and usually occur together. Forms perpetrated by teachers and other school staff, with or without the overt or tacit approval of education ministries and other authorities that oversee schools include corporal punishment and other cruel and humiliating forms of punishment or treatment, sexual and gender-based violence, and bullying.

Forms of violence perpetrated by children include bullying, sexual and gender-based violence, schoolyard fighting, gang violence, and assault with weapons. Technology provides a new medium for bullying using the Internet and mobile phones, and has given rise to new terms such as ‘cyber-bully’ and ‘cyber-bullying’.

Physical and psychological punishment

The Committee on the Rights of the Child defines ‘corporal’ or ‘physical’ punishment as any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light. Most involves hitting (‘smacking’, ‘slapping’, ‘spanking’) children, with the hand or with an implement. But it can also involve, for example, kicking, shaking or throwing children, scratching, pinching, biting, pulling hair or boxing ears, forcing children to stay in uncomfortable positions, burning, scalding or forced ingestion (for example, washing children’s mouths out with soap or forcing them to swallow hot spices).²²

*“She [the teacher] knows she is doing wrong, but she feels impunity.
She will go unpunished and she knows this.”*

Girl, 15, Europe, 2005^{IV}

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In the view of the Committee, corporal punishment is invariably degrading. In addition to the physical aspects defined above, there are many other non-physical forms of punishment which are also cruel and degrading and thus incompatible with the CRC. These include, for example, punishment which belittles, humiliates, denigrates, scapegoats, threatens, scares or ridicules the child. Corporal punishment, and other forms of cruel or degrading punishment used by school heads and teachers, were frequently brought to the attention of the Study by children during all nine Regional Consultations. The Children’s Consultation in Slovenia headed its list of messages to be taken forward to the Europe and Central Asia Regional Consultation with: “That there should be a prohibition of every kind of violence that happens in schools in every country and ... schools should be happy places in which children are eager to learn.”²³ Similar messages came from children all over the world.

The key set of studies on corporal punishment²⁴ and a series of regional reports developed for the Study²⁵ demonstrate a clear trend away from corporal punishment in schools in all regions, most notably in Europe. Of the 223 States and dependent territories tracked by the Global Initiative to End All Corporal Punishment of Children, 106 now have laws banning corporal punishment in all schools and another seven have laws banning it in some parts of the country, for example where provinces of a federal State have their own laws, or in some schools, such as only those funded by the State.²⁶ However, laws banning corporal punishment are often not effectively enforced,

even in countries such as China where they have been in place for many years.²⁷ In Cameroon, a 1998 law bans corporal punishment in schools but a study covering four of Cameroon’s provinces, published two years after the ban, found teachers made no secret of using it for “cheekiness, disobedience and academic mistakes” and 97% of students reported that they had been physically punished.²⁸ The consequences of non-enforcement can be serious.

Other forms of cruel or degrading punishment, not involving physical violence, have been much less studied. The Children’s Consultations informing the Study revealed that other forms of humiliation are very much on the minds of children and lodged in the minds of many adults with painful memories of how they or their classmates were humiliated by the words and actions of school heads and teachers.

Cases have been reported of the use of corporal punishment for reasons entirely beyond a child’s control, such as failure of parents to pay school fees,²⁹ and also for academic failure or to correct misbehaviour. In many situations, it is not easy to disentangle these two motivations. Studies in Egypt,³⁰ Lesotho³¹ and Togo,³² and from Indian Ocean Island nations³³ show that corporal punishment is widely used to punish unsatisfactory academic performance, as elsewhere. Studies of seven Middle Eastern and North African countries reported that one-third of students said they had been caned because their class or school had not done well on examinations.³⁴ Collective punishment for unsatisfactory performance of a whole class or whole school was also commonly reported.

Links to discrimination and gender-based violence

There is evidence to suggest that corporal punishment in schools is sometimes administered with greater severity or frequency to children from groups that are subject to stigma and discrimination in the whole of society. In India, the 1998 Public Report on Basic Education (PROBE) found that higher caste teachers were inclined to humiliate children from *Dalit* ('untouchables', or the lowest of the four castes) and other lower castes by labelling them as dull and incapable of being educated.³⁵ In the 23 states of the USA where corporal punishment in schools is still lawful, African-American children are more often victims than others.³⁶ Refugee children in Angola, Zambia and South Africa also feel singled out for corporal punishment.³⁷

In general, boys experience more frequent and more severe corporal punishment than girls but girls are far from immune. Surveys have found that in Egypt, 80% of schoolboys and 67% of schoolgirls had experienced corporal punishment in schools; in Barbados, 95% of interviewed boys and 92% of interviewed girls said they had experienced caning or flogging in school.³⁸ A survey covering 3,577 students in six provinces of China found that 17.5% had experienced one or more forms of corporal punishment by teachers before they were 16 years old; 15% had been hit, kicked or otherwise punished without the use of an object; 7% had been beaten with an object; 0.4% had been locked up in a small place, or tied up with ropes or chains; 0.1% had been choked,

burned or stabbed. The percentage of male students (26.9%) who had experienced one or more of those forms was more than 2.5 times the percentage of female students (10.1%) who had done so.³⁹

School heads and teachers may apply corporal punishment and other forms of cruel or degrading punishment in different ways, according to the sex of the child, and by so doing convey messages about what is expected of children and adults of each sex. In Botswana, for example, no male teacher but the head teacher can administer corporal punishment to a girl; and in primary schools, boys can be beaten on the buttocks but girls only on the backs of their calves and palms of their hands. Boys and girls may also be punished for different misdemeanours so that, for example, a boy might be punished for failure to perform an athletic feat in a physical education class whereas a girl might be punished for rowdy and 'unladylike behaviour' that might be forgiven in a boy. The fact that there are explicit or implicit gender policies applying to corporal punishment suggests that any strategies to eliminate corporal punishment should address gender differences, too.⁴⁰

Sexual and gender-based violence

Gender-based violence stems from gender inequality, stereotypes and socially imposed roles. Sexual violence, including sexual harassment towards girls may be motivated by the desire to punish or humiliate girls because of their sex or sexuality, or by sexual interest and bravado. It also serves to intimidate, humiliate and diminish girls. This is demonstrated by

“Violence against children has incalculable costs to present and future generations and it undermines human development. We recognize that virtually all forms of violence are linked to entrenched gender roles and inequalities, and that the violation of the rights of children is linked to the status of women.”

The African Declaration on Violence against Girls, 2006^v

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the widespread practice of blaming girls who are victims of rape, and that where gender discrimination is an unquestioned norm, blaming girls may extend to almost any kind of sexual harassment, assault or exploitation.

Studies suggest that sexual harassment of schoolgirls is common throughout the world, to varying degrees by teachers themselves as well as by students, and that it may be particularly common and extreme in places where other forms of school violence are also prevalent.^{41,42,43,44,45} Teachers often see the sexual harassment among students – most often girls – as a normal part of school life, and therefore ignore it. Under these circumstances it is difficult for students to report it. In the Middle East, sexual harassment of girls is not commonly reported, perhaps because girls are commonly separated from boys in schools, or also perhaps because girls are reluctant to speak out.

Until recently, there was almost no public discussion of sexual abuse of schoolgirls in Japan and victims rarely came forward. Their shame was profound and they knew that if they talked about what had happened, their reputations would have been tainted for the rest of their lives.⁴⁶ Similar attitudes are still common in many countries. A study in Ethiopia, for example, found that students attributed the sexual harassment of girls to the way the girls dressed and not to boys’ attitudes toward girls.⁴⁷ In West and Central Africa, teachers justified sexual exploitation of female students by saying that their clothes and behaviour were provocative, and that the teachers were far from home and in sexual need.⁴⁸

In Europe and North America, revelation of the widespread sexual abuse of boys by male teachers (often clerics) in church-run schools has only occurred since the 1990s in the presence of better protections against, and systems of, reporting abuse – often decades after the abuse took place. Previously, children who were sexually assaulted or exploited by teachers were too ashamed to tell anyone what had happened, knowing that their stories would not be believed or that, if believed, they would be blamed for attracting the sexual attention of other males. A recent study found that nearly 4,400 priests (4% of all priests ministering during that period) had been accused of sexually abusing nearly 10,700 children, in acts that took place between 1950 and 2002, and that the vast majority of the children were boys.⁴⁹

Harmful cultural stereotypes that demean children because of their sex or their known or suspected sexuality create environments in which children can be abused with impunity, including by adults in positions of trust and authority such as clerics in religious schools. In 2004, Pakistan’s Minister of State for Religious Affairs stunned the nation by reporting that, so far that year, 500 complaints of sexual abuse by clerics in religious schools had been registered and that, in the previous year, 2,000 complaints had been registered, although there had been no successful prosecutions so far.^{50, 51}

HIV and sexual violence

In sub-Saharan African countries, the average rate of HIV prevalence among girls and young women 15 to 24 years old is now three times higher than the average rate among boys and young men of that age.⁵² Sexual violence is increasingly recognised, although still under-studied, as an important factor in these increases.

An analysis of data from the Global School-Based Student Health Survey (GSHS) found that in Namibia, 19% of both boys and girls answered 'yes' when asked if they had "ever been physically forced to have sex." In Swaziland, 9% of boys and 10% of girls said 'yes'; in Uganda, 13% of boys and 25% of girls; in Zambia, 30% of boys and 31% of girls; in Zimbabwe, 11% of boys and 14% of girls.⁵³ In 1999, research based on a sample of 10,000 schoolgirls in Kenya found that one-third were sexually active and that, of those, 40% said their first encounter was forced, usually by a male student.⁵⁴ More recent research in Burkina Faso, Ghana, Malawi, and Uganda found, however, that forced sex and vulnerability to HIV infection were more prevalent among married adolescents than among unmarried adolescents.⁵⁵ In many sub-Saharan African countries, the majority of adolescent girls are not in school and between one-quarter and one-half of them are married, often to much older men.⁵⁶ In Ethiopia, girls often see attendance at school as a way to avoid early and unwanted marriage.⁵⁷

Forced sex is a risk factor for HIV/AIDS. This is a growing concern in the context of schools in Eastern and Southern Africa (as in other

regions), the Regional Consultation held for the Study identified sexual harassment and abuse by students and teachers, usually male, against female students as major problems. Participants of the Consultation attested to cases of teachers promising higher grades in exchange for sex with girls, and also that girls who become pregnant as a result of sexual abuse by teachers or students are often expelled from school. In some countries, marriage of a pregnant girl to her abuser may absolve him of legal responsibility, increasing the risks of forced marriage.

A study conducted by UNICEF found that such sexual abuse was common in all countries of West and Central Africa, and that Ministries of Education were aware of it and considered it to be one of the main reasons why girls drop out of school.⁵⁸ A Human Rights Watch study found that sexual harassment and abuse of girls by teachers and students in South African schools was widespread and that girls were raped in school toilets, empty classrooms, dormitories and hostels.⁵⁹ In a recent survey in Ghana, 6% of schoolgirls said teachers had blackmailed them, threatening to give them lower grades if they refused to have sexual relations. Two-thirds of them had not reported the incidents due to feelings of shame, advice that they should be tolerant, and their belief that no action would be taken against the culprits. A small percentage of boys had experienced sexual harassment, too. Of the boys, 24% admitted they had participated in rape, including gang rape. Of the girls, 14% said they had been raped by boys close to them.⁶⁰

"I took a folder, wrote down dates and times every time I was harassed. I took it down to the principal. He said, 'Son you have too much time on your hands to worry about these folders. I have more important things to do than to worry for what happened two weeks ago'. I told him, 'I wanted to give you an idea of what goes on, the day-to-day harassment. He took the folder away from me and threw it in the trash."

Student, North America, bullied for allegedly being gay, 2005^{VI}

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Elsewhere, more general studies into sexual abuse have found that teachers are among those who sexually coerce or abuse children and young people. In one such study, 6% of more than 2,000 college students in the Hong Kong Special Administrative Region of China said they had been abused before they turned 17. Eleven was the average age at which the abuse had occurred and teachers were the abusers in 7% of all cases, although family members or family friends were more commonly identified as abusers.⁶¹ A UNICEF study covering Nepal found that 9% of children had experienced severe sexual abuse (kissing of sensitive parts, oral sex and penetration), and that 18% of the perpetrators were teachers.⁶² In a submission to this Study, the International Rescue Committee reported that sexual abuse against girls is a significant problem in refugee schools where the teachers are male.⁶³ The Regional Consultation in Latin America reported that girls in the Dominican Republic, Honduras, Guatemala, Mexico and Panama Nicaragua experience sexual coercion from teachers, sometimes with threats that their grades will suffer if they do not cooperate.⁶⁴

On the positive side, the Regional Consultation in Eastern and Southern Africa found that countries are responding with changes in law, policy and practice. In South Africa and Zambia, for example, 'defilement' of under-age girls is treated as a serious offence by courts of law, and may result in sentences of up to life imprisonment, while pregnant girls are given a leave of absence from school.⁶⁵

Bullying

Since the 1970s, there has been growing recognition of the threat posed by bullying in

schools to children's well-being, and a increasing body of literature examining its causes, prevalence and impacts on both victims and perpetrators.^{66,67} Although bullying is a worldwide problem, the literature pertains mostly to the industrialised world. Emerging from Scandinavia in the 1970s and then from the UK, Japan, Australia, and the USA, this body of literature has analysed the characteristics of bullies and victims, and the range of personal and social risk factors that contribute to bullying. It has also broadened the definition of bullying to include more subtle and complex forms of psychological violence, and extended analysis beyond examining the characteristics of bullies and victims to looking at their upbringing and their family and social environments, including school environments. Bullying is also distinguished from other forms of violence because it represents a pattern of behaviour rather than an isolated event. The literature also reveals how almost all bullying is sexual or gender-based. This has changed the way bullying is perceived, so that responses also target the pattern.

Bullying that targets the child's sex or sexuality

Teachers and other children commonly put pressure on children to make them conform to cultural values and social attitudes that define what it means to be 'masculine' or 'feminine'. A widespread method is to use words suggesting that a boy is acting like a girl or may be gay, and that a girl is acting like a boy or may be lesbian. Such words may be used jokingly, but nevertheless convey the message that it would be very bad or wrong if it were true. Such jibes

may be used maliciously, to punish or bully children because they are 'too effeminate', 'too masculine', or known or suspected to be gay or lesbian, or else just different in other disapproved ways.

When boys call girls 'sluts', 'lesbians' or similar terms that question girls' sexual morals or sexuality, they may be expressing resentment of girls in general or anger, frustration or jealousy. A study in South Africa found that girls who complained of being sexually harassed or abused by male students were often called lesbians.⁶⁸ Similarly, boys may be called gay if they show too much respect for girls and do not participate in other boys' sexual harassment of girls.

Bullying of known, suspected or alleged gay and lesbian students can take the form of taunts, obscene notes or graffiti, unwelcome sexual advances, and mock rapes and can lead to brutal physical attacks. Though such bullying is known to be common in many countries, most of the literature on the subject pertains to Europe and North America.^{69,70} In many countries, homosexual activity is a criminal offence or, at least, highly stigmatised with the result that bullying and other forms of violence towards these groups receives little official attention, and are driven underground.⁷¹

The extent of bullying

The 2001/02 Health Behaviour in School-aged Children (HBSC) survey in developed and transitional countries in Central and Eastern Europe found that 35% of schoolchildren said they had been bullied within the

past two months, with the percentage ranging from 15% in Sweden to 64% in Lithuania (see Figure 4.1).⁷² Recent surveys done in developing countries as part of the ongoing GSHS found similarly wide-ranging percentages of children saying that they had been bullied within the past 30 days (see Figure 4.2).⁷³ The differing 'past two months' and 'past 30 days' time-frames mean that the findings are not strictly comparable but even where time-frames are the same, country comparisons should be made with caution because the reported incidence of bullying tends to increase as specialists in education and childhood development make the public more aware of the issue.⁷⁴

The 2001/02 HBSC survey found that bullying decreased as children grew older and that, while similar percentages of boys and girls said they had been bullied, more boys admitted to bullying others. While bullying within sex groups is common, when it occurs across sex groups girls are much more likely to be bullied by boys than vice versa.⁷⁵ Recent studies suggest that around half of all children involved in bullying are both victims and perpetrators, and that they are the most troubled of all children involved in bullying.⁷⁶

Bullying is just beginning to emerge as an issue in the Philippines, Thailand and other countries of the East Asia and the Pacific region. In a survey in the Lao People's Democratic Republic, 98% of girls and 100% of boys said they had witnessed bullying in schools and, while the precise nature or seriousness of the bullying was not clear, the victims were

Schools, that are supposed to be “places of learning, turned out to be a nightmare because there is violence and it is unbearable.”

Child, Eastern and Southern Africa, 2005^{VII}

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mainly girls or children from ethnic minorities.⁷⁷ A study among primary school students in the fourth grade in the Republic of Korea concluded that bullying is common in schools and arises from social conditions and bullies' emotional problems.⁷⁸ Reports from South Asia indicated severe discrimination in the classroom, amounting to abuse and exclusion, against children from minorities or low castes. A consultation on violence in schools held through UNICEF's Voices of Youth forum also confirmed the widespread experience of bullying in schools in the Middle East and North Africa, and led to calls from children to stop it.⁷⁹

The most common forms of bullying are verbal and, if left unchecked, verbal bullying can lead to extreme violence. Some of the recent impetus for studies of bullying came from the notorious school shootings in the USA and Canada during the late 1990s. One investigation found that an inability to cope with social ridicule and personal rejection may have fuelled those outbursts.⁸⁰ A study in Israel found that bullies' feelings of suffering, humiliation and anger often explain why they move from verbal to physical violence.⁸¹

The Internet and mobile phones have provided new opportunities for bullying through e-mails, online chat lines, personal web pages, text messages, and transmission of images.^{82,83} A survey of students in Canada found that boys confessed to cyber-bullying more often than girls, and were also more frequently the victims of cyber-bullying.⁸⁴ Unique aspects of cyber-bullying are that it allows perpetrators

to remain anonymous, it allows for quick distribution and replication of messages, and it can turn masses of children into bystanders or witnesses of non-physical bullying of a highly malicious nature as perpetrators hide behind their anonymity.

How schools fail to discourage bullying

Strong leadership, an ethos of caring, and clear and consistently enforced policies can reduce the incidence and severity of violence in schools of all kinds and even prevent it from happening. Unfortunately, most schools apply quick-fix solutions or deal with the problem superficially. They may expel perpetrators rather than attempt to change their behaviour, which only transfers the problem to another school or the wider community. They may include anti-violence material in non-compulsory courses or ad hoc lessons, but it is usually insufficient to impart the knowledge and skills teachers and students need to understand and prevent violence.⁸⁵

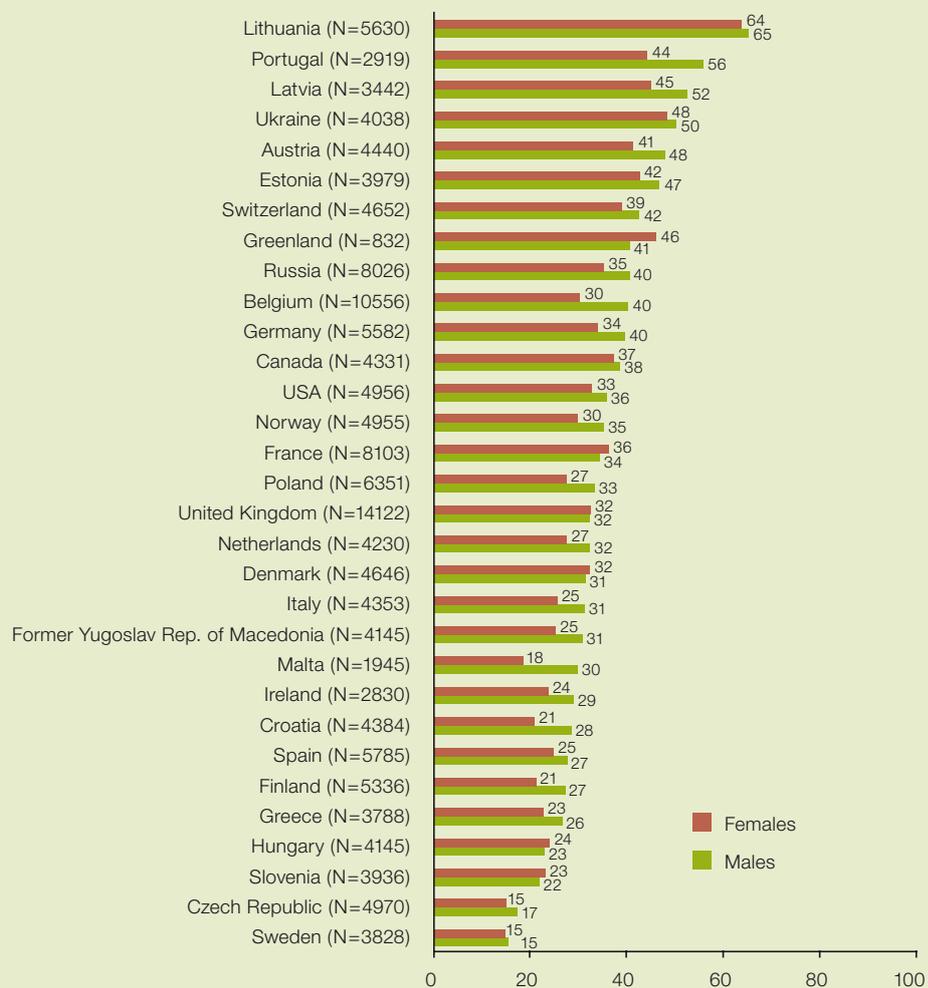
School bullying usually occurs when no teachers are present and when student bystanders neither intervene nor inform teachers or other school staff. A Canadian study found that in 57% of cases where bystanders intervened the bullying stopped.⁸⁶ North American children participating in Children's Forums held as part of this Study suggested turning bystanders into defenders through peer support schemes.

Fighting, physical assault, and gangs

Fighting generally involves conflict generally involves two or more people where it is not easy to make distinctions between perpetrators and

FIGURE 4.1

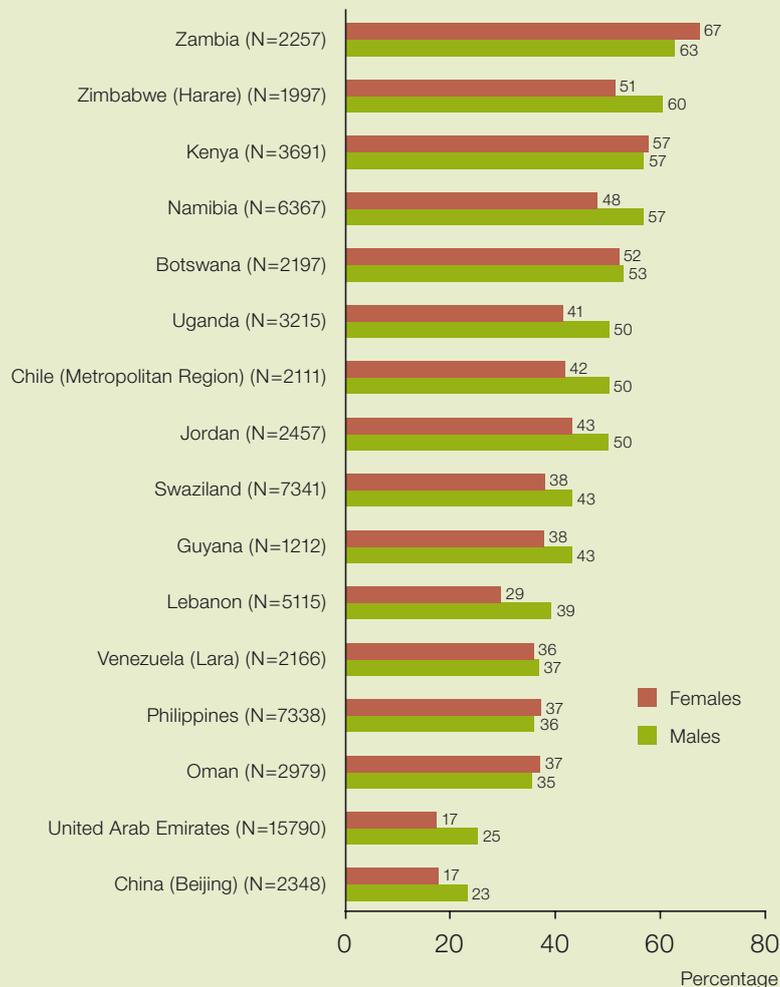
The percentage of children aged 11, 13 and 15 years who reported having been bullied within the past couple of months



Source: Analysis of data from the Health Behaviour in School-Aged Children: a WHO Cross-National Study 2001/2 (<http://www.hbsc.org>) and Currie C et al. (2001). Health Behaviour in School-aged Children: A WHO Cross-National study. Research Protocol for the 2001/2002 Survey. Edinburgh, Child and Adolescent Health Research Unit, University of Edinburgh.

FIGURE 4.2

The percentage of children aged 13–15 who had been bullied at least once within the last 30 days



Source: Analysis provided to the Study by the Global School-Based Student Health Survey: The World Health Organization (<http://www.who.int/chp/gshs> or <http://www.cdc.gov/gshs>) for surveys conducted in 2003-5

“Two kids were fighting and one of them pulled out a gun...because there were too many people around them...he didn’t do anything, but I think he would have shot him if there was no one around.”

Boy, 11, North America, 2005^{VIII}

victims. Bullying can lead to fighting, with or without weapons. Physical assault can occur as a separate phenomenon, as in the case of an attack by one person on another driven by inflamed feelings of anger or jealousy. It may also be driven by general feelings of rage, frustration or humiliation unprovoked by anything the victim may have done, as in the case of violent sexual assault and random shootings.

Analysis of data from the 2001/02 HBSC survey revealed that anywhere from 25% of school-aged children in Finland to 49% of school-aged children in Lithuania had engaged in physical fights during the past 12 months and that physical fights were far more common among boys than girls (see Figure 4.3).⁸⁷ Analysis of data from more recent surveys done as part of the GSHS suggests that, in developing countries, fighting is more common, and girls from developing countries are more likely to participate in it than girls in developed and transitional countries (see Figure 4.3).⁸⁸

Boys tend to engage in physical fighting and assault against each other as they seek to live up to stereotypes of males as being powerful and strong.⁸⁹ Students at a Kenyan university were asked to record their ‘Memories of Childhood Violence’. What they recalled most vividly was violence by teachers, but they described bullying and fighting among children in ways that suggested they were barely worthy of recollection and just accepted parts of school culture.⁹⁰

Homicide and serious injury

Homicide and assault resulting in serious physical injury— is comparatively rare in

schools, and accounts for only a tiny proportion of criminal violence in the whole of society. Media attention to extreme events such as knifings or shootings in schools has created a distorted impression of the prevalence of such violence, but it has also prompted enquiry into the connections between violence in schools and criminal violence by juveniles and adults outside schools.

The testimony of children, parents, teachers and others during the Children’s Forums and Regional Consultations held as part of this Study suggests that extreme violence in schools needs to be studied more thoroughly. A study in Jamaica found that 61% of students had witnessed acts of violence at school, 29% of those acts had caused injuries, and that many children felt unsafe in schools.⁹¹ In Jamaica, the homicide rate was 55 per 100,000 in 2004, and 25% of those arrested for all violent crimes were school-aged children, mainly boys. Most of those crimes took place away from schools; however, a separate study has concluded that crimes that did occur in schools were due to factors in wider Jamaican society, suggesting the need for comprehensive solutions.⁹²

Weapons in schools

A recent nationwide study in the USA found that from 3% to 10% of students carried weapons on school property, while 12% to 25% carried weapons outside school. The same study found that 13% of students had been involved in fights on school property at least once in the previous year and 33% had been involved in fights outside school. The study found that 5% of all students had stayed away

FIGURE 4.3

The percentage of children aged 11, 13 and 15 years old who reported having been in a physical fight within the last 12 months



*Source: Analysis of data from the Health Behaviour in School-Aged Children: a WHO Cross-National Study 2001/2 (<http://www.hbsc.org>) and Currie C et al. (2001) Health Behaviour in School-aged Children: A WHO Cross-National study. Research Protocol for the 2001/2002 Survey. Edinburgh: Child and Adolescent Health Research Unit, University of Edinburgh. Surveyed students aged 13-15.

**Source: Analysis provided to the Study by the Global School-Based Student Health Survey: The World Health Organization (<http://www.who.int/chp/gshs> or <http://www.cdc.gov/gshs>) for surveys conducted in 2003-5. Surveyed students aged 11, 13 and 15.

from school for at least one of the previous 30 days because they were worried about their safety.⁹³ In the USA, some research has suggested that in schools where boys are carrying weapons, girls are also more likely to carry weapons.⁹⁴

Studies from Canada suggest weapon-carrying in schools is as common in Canada as it is in the USA.⁹⁵ An analysis of school suspensions in Nova Scotia found that around half were due to carrying a weapon. Whether weapon-carrying is a rising or decreasing phenomenon in North American schools is a subject of debate. The same is true of Western European schools, though evidence suggests that physical violence of all kinds has remained fairly constant.⁹⁶ In other regions, weapons are often associated with gang violence.

The development of peer groups is a natural part of school life, but gangs also develop in the school environment. These groups are distinguished from other peer groups by more formal structures and rituals. Gang violence in schools would appear to be most prevalent in places where violence in the whole of society is common. Participants in the Caribbean Regional Consultation for this Study reported that gangs, gang violence outside schools and gang violence in schools have all grown in parallel. These participants reported that gang violence in schools includes severe beatings, stabbings and shootings, and tends to be more severe than other forms of violence in schools because it is associated with trafficking of illicit drugs.^{97,98} Participants in the Latin American Regional Consultation reported similar par-

allel growth in gang violence in and outside schools.⁹⁹ (See the chapter on violence against children in the community.)

IMPACTS OF VIOLENCE AT SCHOOL

This section outlines the possible impacts of violence at school. However, it is important to note that these consequences are not inevitable. In fact, they are largely preventable and can be significantly reduced by effective interventions, which are discussed in subsequent sections.

HEALTH IMPACTS

Violence in school can have a physical impact, cause psychological distress, permanent physical disability and long-term physical or mental ill-health. Physical impacts are the most obvious and may include mild or serious wounds, bruises, fractures, and deaths by homicide or suicide. Sexual assault may lead to unwanted and early pregnancy and sexually transmitted infections, including HIV/AIDS.¹⁰⁰ The psychological impacts may include immediate impairment of emotional development and long-term mental distress and ill-health, which can contribute to physical ill-health as well.

A number of studies have shown correlations between corporal punishment and poor mental health.¹⁰¹ While most have focused on corporal punishment within families, some have focused on corporal punishment in schools. One European study on personal histories of depressed children found that corporal punishment in schools was the strongest past pre-

“Tolerance of violence against children is a major obstacle to health and development in Europe. We cannot afford to let this violence continue unchallenged; we must act now to change the conditions that lead to the victimization of children.”

Dr Marc Danzon, Regional Director for Europe, WHO

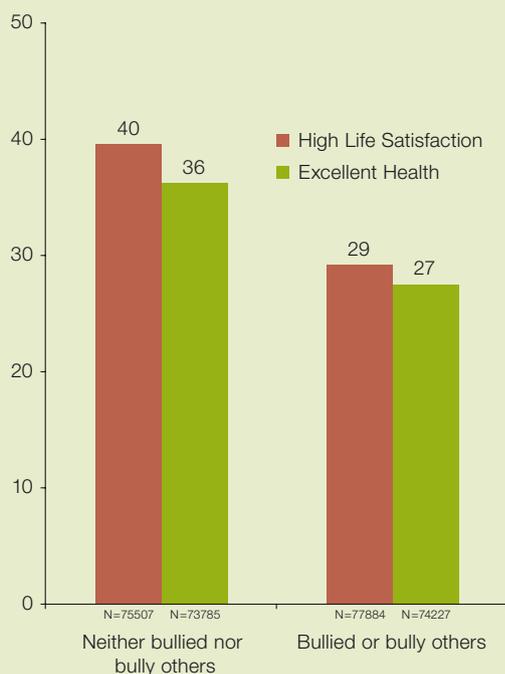
4

dicator of their current depression.¹⁰² It is now recognised that peer violence among school-children also has significant impacts on both

physical and mental health, especially if that violence is repeated or severe, and if victims lack adequate support.^{103,104}

FIGURE 4.4

The percentage of children reporting to have a ‘high life satisfaction’ and ‘excellent health’ among children aged 11, 13 and 15 years



Source: Analysis of data from the Health Behaviour in School-Aged Children: a WHO Cross-National Study 2001/2 (<http://www.hbsc.org>) and Currie C et al. (2001). Health Behaviour in School-aged Children: A WHO Cross-National study. Research Protocol for the 2001/2002 Survey. Edinburgh, Child and Adolescent Health Research Unit, University of Edinburgh.

A study of bullying in 28 European countries found that physical symptoms of being bullied included headache, stomachache, backache, and dizziness, while psychological symptoms included bad temper and feeling nervous, lonely and helpless. The same study found that, according to children’s own reports, the more often they had been bullied, the more symptoms of ill-health they had. This ‘dose–response’ relationship was similar in boys and girls.¹⁰⁵ An analysis of data from 30 industrialised and transitional countries covered by the HBSC study found that children who said they were bullies or the victims of bullying were significantly less likely than other children to say that they enjoyed ‘excellent health’ and a ‘very satisfied life’ (see Figure 4.4).¹⁰⁶ Children who said they were both bullies and victims of bullying were the least likely of all to say they enjoyed either of these things.

SOCIAL IMPACTS

Studies from many different countries confirm that the social impacts of corporal punishment and all other forms of violence against children at school are invariably negative. A recent study in Cameroon, for example, found that corporal punishment in home and school is likely to block the development of social skills. Victims of corporal punishment are likely to become passive and overly cautious, and to fear free expression of their ideas and feelings while, at the same time, they may become perpetrators of psychological violence.¹⁰⁷

"I didn't go back to school for one month after I came forward. Everything reminds me, wearing my school uniform reminds me of what happened. I have dreams. He is in the classroom laughing at me. I sometimes have to pass down the hall where his classroom was. I thought I could see him, still there. I was scared he'll still be there."

Girl, South Africa, 2001^{1X}

Some research suggests that children who are physically punished are less likely than other children to internalise moral values. They are less inclined to resist temptation, to engage in altruistic behaviour, to empathise with others or to exercise moral judgement of any kind.¹⁰⁸ They are more inclined to engage in disorderly and aggressive conduct such as hitting their siblings, parents, schoolmates and boyfriends or girlfriends.¹⁰⁹ And they may become adults who use corporal punishment against their own children, and so pass on the habits of violence.¹¹⁰

North American and European studies suggest that school bullying, whether the children are victims or perpetrators or both, can be a predictor of future anti-social and criminal behaviour, including intimate partner violence, involvement in fights and self-destructive behaviour such as smoking and drinking to excess.^{111,112}

EDUCATIONAL IMPACTS

In the Regional Consultations for this Study, physical and psychological punishment, verbal abuse, bullying and sexual violence in schools were repeatedly reported as reasons for absenteeism, dropping-out and lack of motivation for academic achievement. In a Save the Children submission to the Study, children from Bangladesh said that physical and cruel or degrading punishment affected their school performance and that they valued kind and comforting teachers who explained rather than drilled.¹¹³ The educational impacts of bullying have been less well researched than other psychological and social impacts, but it is known that both victims and perpetrators tend to get

lower marks than other children.¹¹⁴ There also appears to be a relationship between bullying, absence of bonding with other children, and absenteeism.¹¹⁵

An analysis of data collected by the Trends in International Mathematics and Science Study (TIMSS) focused on eighth and ninth grade maths and science students in 49 countries, and found that in schools where there was a heavy emphasis on competition and large gaps between high and low scorers, students were more likely to engage in violence against each other.¹¹⁶ Another analysis of the same data found no strong relationship between this violence in schools and the patterns of violence or lack of social integration in the wider society.¹¹⁷

A number of studies in South Asia indicate that violence at school, notably corporal punishment, leads to students dropping out of school. A study in Nepal, where harsh corporal punishment is routine, found that 14% of school dropouts can be attributed to fear of teachers.¹¹⁸ A Save the Children submission to this Study found that children in South Asian countries were unanimous in their opinion that corporal punishment is a major reason why children drop out of school. They also said that regular beatings result in a loss of interest in studies, and a drop in academic performance.¹¹⁹

Studies have found that, in South Africa, victims of sexual violence are greeted with such hostility after they report the violence that they leave schools for periods of time, change schools or quit schools entirely, while the teachers or students accused of abusing them remain in place.^{120,121,122,123} In most African, Asian and

Caribbean countries, pregnancy resulting from sexual assault and coercion often forces girls to quit school and miss out on opportunities for education and compromises their future.

FACTORS CONTRIBUTING TO VIOLENCE

RISK FACTORS

Risk factors make it more likely that a child will be a victim or perpetrator of violence in schools, while protective factors make it less likely. Both individual and external characteristics (including beyond the school), are relevant to increasing or decreasing the likelihood that a child will be involved in school violence or seriously harmed by it when it occurs.^{124,125,126}

Research on risk factors for violence against children specific to schools is lacking for the full range of international contexts, and tends to focus on peer violence. In general, research from mainly industrialised countries suggests that influences tend to change with developmental stage: for example, the influence of family is stronger for young children, while the influence of peers is stronger for adolescents.¹²⁷ Consistently emerging from research as significant risk factors specific to schools are poor academic performance, high absenteeism, leaving school early, and unstructured free time.^{128,129} In addition, many of the factors identified in research about other aspects of life are also likely to be relevant to schools – for example, pro-violence attitudes, risk-taking, weak social ties, affiliation with anti-social peers, poor parent–child relationships, drug

abuse, harsh, lax or inconsistent discipline, or poor parental monitoring.

A study in the USA interviewed 1,467 children from 12 to 17 years old about experiences of victimisation over time. The study suggested that some children may be ‘poly-victims’ (victims of different types of violence), who reported, for example, corporal punishment by parents, sexual abuse by a relative, physical assault by a peer, and bullying by peers in school. Persistence of poly-victimisation was associated with the child scoring high on anger and aggression scales, family problems, and having experienced recent life adversities. Having more friends was associated with decreased levels of violence.¹³⁰

Violence in schools tends to be less about isolated incidents and more about patterns of violence. Without proper systems in place, these patterns become normalised and can escalate. No single factor or combination of factors protects children from violence. Risk factors do not operate in isolation, and their impact can be mediated by protective factors. The concept of resilience involves a number of protective factors, and has emerged in the literature as important in preventing violence and a number of other risk behaviours.

RESILIENCE AND OTHER PROTECTIVE FACTORS

A child’s resilience can be defined as the child’s capacity “to cope successfully with everyday challenges including life transitions, times of cumulative stress and significant adversity or risk. Typically, resilient children are recog-

“If they [kids] are beaten at home, they are going to beat, that is, if their parents ill-treat them or don’t talk to them, kids will beat others because they are beaten. They are going to drag with them what they see at home. This is the basis of violence.”

Adolescent girls, Latin America, 2005^x

nised by their high self-esteem, internal locus of control, optimism and clear aspirations, achievement and goal-orientation, reflection and problem-solving capacity, healthy communication patterns, and the capacity to seek out mentoring adult relationships.”¹³¹

Schools can play a critical role in building children’s resilience and feelings of well-being, which have also been linked to the reduced likelihood of being victimised.¹³² Adults and peers in children’s families and communities begin building, or failing to build, children’s resilience from birth. Good parenting in stable family units is critical. The power of early parent–child bonds established within warm and supportive family relationships, along with high levels of parental care during early childhood, are important in building resilience.¹³³ But even when families or communities fail, schools can compensate, especially when they provide strong support from the early years. Schools can also provide bridges between children and their families and communities, helping families and communities to understand how they affect children and to acquire the skills to become more supportive.

Studies from Australia suggest the importance of comprehensive and whole of school approaches in reducing risk factors and increasing protective factors simultaneously. Support from teachers, parents and other adults has been identified as important, as well as having supportive peers and belonging to supportive pro-social groups. Such a whole of school approach has also shown improvements in student mental health.^{134,135}

Many of the protective factors identified in other settings are also relevant to the school environment, although research across international contexts is lacking. For example, relationships with caring and mentoring adults appear to promote resilience through modelling of pro-social behaviour, providing guidance, and offering protection – all of which good teachers do on a daily basis.¹³⁶ Having the perception that clear sanctions will follow transgressions at school is also protective, underlining the importance of having clear codes of conduct and making sure they are enforced. In addition, schools can promote the development of strong peer group and social bonds to build resilience, as well as build empathy, conflict management skills and critical thinking.^{137,138}

SYSTEMATIC RESPONSE TO PATTERNS OF VIOLENCE

While support from their families and peers is critical to making children less vulnerable to violence in schools, an increasing body of research confirms that the systematic attention to the behaviour of the school heads, teachers and other school staff is also critical. If they engage in abusive behaviour and show disrespect for the rights, comfort and safety of others, then children will follow their example. Many North American studies have found a direct correlation between their lack of firm intervention and the prevalence of violence among children.¹³⁹ A study in Yemen found the same correlation.¹⁴⁰ Studies in Botswana and Ghana have found that when teachers tolerate sex segregation and tension between the

"I am disabled and I hate children {who} tell me so."

Child, of 8-10 years, South Asia, 2005^{XI}

4

sexes, they help to sustain cultures of bullying and sexual and gender-based violence.¹⁴¹

In the Americas, South Africa and places of violent civil conflict such as Nepal and Sierra Leone, however, much of the violence among children in schools enters from the violent world surrounding the schools. Social upheaval and displacement combined with low academic achievement may lead to students becoming violent. In the Occupied Palestinian Territory and Algeria, boys who transfer from other schools and repeat grades are more prone to violence than their peers.¹⁴²

There is evidence to suggest that fierce peer competition, gender-based violence and gang violence within schools are all, to some extent, related to the stresses that go with modernisation and industrialisation. These phenomena are all more commonly reported from the urban areas of industrialised or rapidly industrialising countries than from rural areas of less developed countries. Country responses to questionnaires distributed to Governments by this Study indicate that countries in rapidly industrialising regions, such as East Asia, are just beginning to become concerned about bullying and other forms of violence among children.¹⁴³

CHILDREN WHO ARE VULNERABLE TO VIOLENCE

Children's vulnerability to violence changes as they grow older. During infancy and young childhood the child's cognitive ability is less developed and activity level is high, so training to avoid danger and self-harm or to behave

in a manner acceptable to adults is more likely to be administered by threats, slaps and other physical means.¹⁴⁴ As early as pre-school age, children develop attitudes to others, including discriminatory attitudes, and these tend to become more pronounced during primary school, perhaps evolving into bullying (or being victimised). There may also be gender-based violence of a verbal nature at early ages, and it may evolve until, towards or after puberty, it becomes threats of physical violence. Simon's story illustrates how each child's experience of violence is unique but changes over the years (see box).

Individual characteristics of the child can also increase vulnerability. According to North American researchers, children with disabilities and learning difficulties are often targeted for exclusion, discrimination and bullying.¹⁴⁶ Children with speech defects or whose movements are affected by conditions such as multiple dystrophy are also frequent targets of bullying. Much of the evidence, however, derives from schools for children with special needs. Schools with explicit policies of integration and inclusion tend to focus more on reducing stigma, discrimination and bullying of these children, although conclusive evidence is not yet available.¹⁴⁷ Data from developing countries are sparse, but a study from South Asia found that children with disabilities are sometimes referred to by their disability as if it were their name.¹⁴⁸ Studies covering seven countries in the Middle East and North Africa found that children with learning difficulties were at high risk of being both the victims and perpetrators of bullying inside and outside schools.¹⁴⁹

SIMON'S STORY: A CASE STUDY ON A CHILD'S LIFE-CYCLE AND VIOLENCE IN SCHOOLS

Day-care centre: "I hated the girls and used to tease them."

"My mother enrolled me in a nursery school. Immediately I became rational, I preoccupied my mind with constructive things, (like) building my own toy cars as I had learnt from other children. I hated the girls and used to tease them. On seeing me, they would run away because I could beat one for no reason. A Catholic sister came to our nursery to teach. She introduced common games like hiding and seeking, songs in which we played together with the girls. Surprisingly, I came to love all the girls and even sang songs praising their names and comparing them to roses."

Middle primary school: "We always anticipated being beaten for the slightest error."

"Sometimes we were beaten for having dirty collars on our shirts, (or) long nails. The punishment was very severe. (It is impossible for) the shirt of an active standard 4, 5, 6 student to be sparkling white at 4 p.m. unless the boy/girl is sick. My maths teacher in class eight made us kneel on a Saturday for 2 hours for failing a sum. We could be told to kneel on pebbles."

Upper primary school: "Students had to speak English all the time to avoid teachers' wrath."

"In my fourth year in my primary school, there was a declaration that all students of upper level (4–8) had to be speaking English. On speaking mother tongue, one's name was written down by the class prefect and the list of those who spoke Kiswahili or mother tongue forwarded to teachers. A meeting was called and those appearing on the list punished by receiving six strokes of the cane for class 4 pupils, 7 for class 5 and 10 for class 6 to 8. The teachers stood in a row and each could whip you with all his might. Surprisingly, no female teacher could join the male teachers nor be around. Tears could be shed and all forms of struggle and screams. There was nothing but fear and hatred."¹⁴⁵

“My classmates knew my parents had died, they caused problems for me. I was segregated. I was known as ‘The Son of AIDS’ and ‘TASO Child.’ The kids wouldn’t want to sit next to me.”

Boy, receiving assistance with school fees from the AIDS Service Organization, 2004^{XII}

4

‘Outsider’ children, including those who are refugees or from indigenous minorities, are especially likely to be excluded, discriminated against and bullied. Evidence from Australia suggests that Aboriginal students are more likely to be recipients of verbal abuse from teachers and from non-Aboriginal peers than the others.¹⁵⁰ In Botswana, research by authorities has found that the dropout rates of Basarwa (or San) children are unusually high, and that they drop out largely because of prejudice and bullying, though also because the corporal punishment meted out in schools is alien to their culture.¹⁵¹ Children from nomadic communities may miss formal schooling altogether or else be excluded, discriminated against, or bullied.

In South Asia, children from official castes and indigenous tribes suffer from exclusion, discrimination and bullying in schools. In Latin America, as elsewhere, indigenous children are frequently banned from wearing traditional clothing and hairstyles.¹⁵² In industrialised countries, children of minorities or those who wear faith-related garments, such as a hijab or burka, also face discrimination by State or educational authorities. Such discrimination may be called a form of psychological violence insofar as it conveys the message that children are somehow less worthy because they are different, and that what makes them different must be suppressed.

Orphaned children are more likely to drop out of school or to repeat grades, and the contrast between the attendance of orphans and non-orphans is greatest in countries where atten-

dance is already low.^{153,154} In Africa, children orphaned or otherwise affected by HIV and AIDS may suffer stigma in school while they are also shouldering extra burdens of grief, poverty and sibling care. A recent Human Rights Watch report into the impact of HIV and AIDS on affected children’s access to education in Kenya, South Africa, and Uganda, documents how stigma in school leads to taunting, and makes it difficult for children to communicate with their teachers about illness in the family.¹⁵⁵ Within the context of silence and shame that surrounds HIV infection, the fear of stigma, discrimination and possibly violence can lead to HIV-infected and affected children withdrawing from school or being excluded, as reported not only in Southern Africa but elsewhere, including Bolivia, El Salvador, Ghana, Haiti, India and Nepal.¹⁵⁶

The special situation of girls

In many places, there are local schools for young children, but children have to leave home for boarding schools, or to live with relatives for the higher primary grades and secondary school. This is often the case in regions where populations are scattered through rural areas, perhaps in mountains or other hard-to-access locations. Parents fear that their girls may be assaulted on the way there or back, on the road, or in crowded buses. A World Education study in Peru found that as the distance a girl travels to school increases, so does her chance of being molested. The risks of sexual harassment, rape and unintended pregnancy keep many Peruvian girls home and increase absenteeism, grade repetition and dropout.¹⁵⁷

*“As my father could not go to pick up my sister from school one day, she had to come home alone.
On the way home four boys touched her but she could not talk to her father about that.
But she told me, and even I could not tell father.”*

Boy, South Asia, 2005^{VIII}

The EFA campaign has shone a spotlight on the fact that girls still have less access to schooling than boys in most developing countries, that the discrepancy increases sharply after the primary grades, and that there is a strong correlation between low levels of education for girls and women and low levels of national development.^{158,159}

In some societies with low levels of girls' education, the seclusion of girls at home after puberty is still common, and the same is true of early marriage, for example, in many parts of South Asia and the Middle East. Even where seclusion is not practised, research shows that parents fear for their girls' sexual safety in school. In sub-Saharan Africa, this fear is exacerbated by fear of HIV infection. In 2001, a Human Rights Watch study on gender-based violence in schools found alarming levels of sexual violence against schoolgirls, and a frightening degree of tolerance and collusion by teachers.¹⁶⁰ Such evidence all too often results in pressure on girls to leave school.¹⁶¹

RESPONSES TO VIOLENCE AGAINST CHILDREN IN SCHOOLS AND EDUCATIONAL SETTINGS

In the many children's forums, Regional Consultations and submissions that contributed to this Study, clear messages came from the world's children:

- They want the violence to stop.
- They want teachers and other school staff to give them firm guidance while



AZERBAIJAN, 2004, *Two children from an 'internat' (boarding school) in the town of Sheki.*

accepting them for whom they are, respecting their rights and helping them to express themselves constructively and to develop their full potential.

- They want teachers and other school staff to help them get along with each other and to develop the habits of mutual respect and empathy that will see them through lives of constructive citizenship.

AT A GLANCE: CHILDREN OUT OF SCHOOL

- 115 million or 18% of children of primary school age were not in school in 2001/02. Of these, 61.3 million (53%) were girls, 45 million (39%) were in sub-Saharan Africa and 42 million (36%) were in South Asia. Most likely to be out of school were children in West and Central Africa (45.3%), Eastern and Southern Africa (38.5%), South Asia (26%) and the Middle East and North Africa (18.7%) and in all of these regions girls were more likely to be out of school than boys. The greatest disparity between boys and girls was in the Middle East and North Africa, where 15.4% of boys but 22.1% of girls were out of school.
- Boys and young men still have far better chances of going to school than girls and young women. Of the 86 developing countries for which data are available, 50% have achieved gender parity (where a girl's chances of going to school are equal to a boy's) in primary education but only 20% have achieved gender parity in secondary education and 5% in tertiary education.¹⁶²
- In much of the world, secondary schooling is a luxury. Gross enrolment in secondary education (number of children and adults of any age in secondary school as a percentage of the number of children of official age for secondary school) is less than 40% in many countries in sub-Saharan Africa, South and West Asia, East Asia and Pacific, and North Africa and Middle East and less than 60% in many other countries in these regions and in Latin America and the Caribbean.¹⁶³

- They want their parents and other adults outside schools to play constructive roles in their education, promoting and supporting violence-free schools and giving them violence-free homes and communities.¹⁶⁴

The many contributions to this Study have also shown that there is good reason for hope that the dreams of these children can and will be realised, if only countries will commit themselves to accelerating and sustaining their prog-

ress toward violence-free schools. There is now widespread and rapidly growing awareness of violence in schools and of the harm it is doing to children and to all of society. Many countries in all regions are taking action to counter that violence, and there is mounting evidence to suggest which approaches work best.

Unfortunately, there are no simple or single strategy solutions. To be effective, it is important that approaches address overall prevention, for example through life skills-based education, as

well as early intervention when problems arise, and safe and supervised activities and facilities for children and young people.¹⁶⁵

This Study has concluded that the most effective approaches to countering violence in schools are tailored to the unique circumstances of the schools in question, but that they also have key elements in common. Specifically, they are based

on recognition that all children have equal rights to education in settings that are free of violence, and that one of the functions of education is to produce adults imbued with the non-violent values and practises.

The overall approach can be called 'rights-based' and 'child-friendly'. It is consistent with the CRC, other international conventions on

THE UNITED NATIONS GIRLS' EDUCATION INITIATIVE (UNGEI) ROLE IN PROMOTING GIRLS' PARTICIPATION

In 2000, UN Secretary-General Kofi Annan showed his strong commitment to girls' education by launching the United Nations Girls' Education Initiative (UNGEI), a partnership for girls' education and gender equality. It is emerging as an effective strategy for the prevention of violence against girls. In countries where UNGEI is established, partners work together to strengthen interventions that promote girls' access to quality education. Interventions which include those that accelerate and encourage the participation of girls and boys in their own empowerment. For example, the Girls' Education Movement (GEM) operates in Botswana, Lesotho, Kenya, Uganda, South Africa, the United Republic of Tanzania, Zambia and Zimbabwe as an important aspect of UNGEI. When GEM was launched in 2001, it was conceptualised as a pan-African education initiative through which girls would become leaders in the transformation of Africa and agents in the decision-making processes concerning their educational chances. In Uganda, GEM is very active in making sure that orphans and other vulnerable children access school, and work with local authorities and traditional leaders to address the issue of early marriage. In Botswana, GEM has done a baseline study on safety in schools which is being edited for publication. In South Africa, GEM works through Public-Private Partnerships to support the education of girls in mathematics, science and technology and, sponsored by UNICEF, has a number of different activities for ensuring that the voices of girls and young women are heard, particularly in relation to policy-making. Girls' Parliaments, sponsored by GEM, in conjunction with the National Department of Education in South Africa, have offered girls the opportunity to contribute to policy-making around issues of sexual violence in schools. The first Girls' Parliament in South Africa took place in 2003. It is worth noting that GEM in South Africa has also developed posters addressing gender violence, and a chat line for girls to speak out.¹⁶⁸

human rights and the EFA goals, and widely endorsed by international organisations. Most importantly, it answers children and young adults around the world who say they want the violence to stop.

The basic principles of a rights-based child-friendly school are that it should be^{166,167}:

1. **Proactively inclusive.** The school seeks out and enables the participation of all children of both sexes, and especially those who are different ethnically, culturally, linguistically, socio-economically and in their abilities or disabilities.
2. **Academically effective and relevant.** It meets children's needs for life and livelihood knowledge, attitudes and skills.
3. **Gender-sensitive.** It creates environments that foster gender equality, and it meets the needs for knowledge, attitudes and skills that ensure gender equality.
4. **Healthy and protective.** It promotes and protects children's emotional, psychological and physical well-being by providing a healthy and protective educational climate.
5. **Engaged with the family and the community.** It seeks out and enables the participation of children's families and the community in the development and implementation of all aspects of school policies and programmes, including those designed to protect children from harm and to teach children to appreciate the rights of other children to the same protection.

LAWS AND LAW ENFORCEMENT

International conventions, regional agreements and national laws that address corporal punishment, sexual harassment and assault, and other forms of violence are essential steps in the movement toward violence-free schools. Experience has shown, however, that many countries are slow to meet their international and regional obligations and slow to enforce their own laws.

Since the UN General Assembly adopted the CRC in 1989, a substantial number of countries have taken steps to ban corporal punishment in schools, even though they have often been lax in enforcing their laws. High-level courts in many regions and countries including Namibia (Supreme Court, 1991), South Africa (Constitutional Court, 2000) and in the courts of various parts of federal countries – for example, Delhi, India (Delhi High Court, 2000), and Canada (Supreme Court, 2004)¹⁶⁹ – have condemned corporal punishment in schools and required its prohibition.

The Committee on the Rights of the Child notes in its recent General Comment No. 8: “Where, despite prohibition and positive education and training programmes, cases of corporal punishment come to light outside the family home – in schools, other institutions and forms of alternative care for example – prosecution may be a reasonable response.”¹⁷⁰ The threat to the perpetrator of other disciplinary action or dismissal should also act as a clear deterrent. It is essential that the prohibition of all corporal punishment and other cruel or degrading punishment, and the sanctions that may be imposed if it is inflicted,

should be well disseminated to children and to all those working with or for children in all settings. Monitoring disciplinary systems and the treatment of children must be part of the sustained supervision of all institutions and placements. Children and their representatives in all such placements should have immediate and confidential access to child-sensitive advice, advocacy and complaints procedures and ultimately to courts where necessary, and legal assistance. In institutions, there should be a requirement to report and to review any violent incidents.

Many countries have laws or, at least, policies that prevent sexual harassment in the work-

place and these often apply to educational workplaces, such as schools, and may serve to protect both teachers and students. In South Africa, for example, the Promotion of Equality and Prevention of Unfair Discrimination Act 4 (2000), defines harassment as “unwanted conduct which is persistent or serious and demeans, humiliates or creates a hostile or intimidating environment or is calculated to induce submission ... and which is related to sex, gender or sexual orientation.” The Government of South Africa has taken steps to make the investigation of alleged rapes more sensitive to the concerns of victims and, therefore, more likely to result in successful prosecutions. In addition, South Africa’s Department of Education has

SOUTH AFRICA’S GUIDELINES TO STOPPING TEACHERS FROM SEXUALLY ABUSING STUDENTS

In 2000, South Africa’s Department of Education issued guidelines noting the prevalence of sexual abuse of students by teachers and the consequent high risk of HIV transmission. The guidelines explain the law and the consequences of violating the law:

- Educators must not have sexual relations with learners. It is against the law, even if the learner consents. Such action transgresses the code of conduct for educators, who are in a position of trust.
- Strict disciplinary action will be taken against any educator who has sex with a learner.
- Sex that is demanded by an educator without consent is rape, which is a serious crime, and the educator will be charged. If an educator has sex with a girl or boy who is under 16 years, he or she will be charged with statutory rape and may face a penalty of life imprisonment.
- If you are aware of a colleague who is having sexual relations with a learner, you must report them to the principal or higher educational authorities, and if the boy or girl is under 16, to the police. If you do not do so you may be charged with being an accessory to rape.¹⁷²

TWO COUNTRIES WHERE NATIONAL COMMITTEES DEVELOP AND ENFORCE ANTI-VIOLENCE MEASURES

The Republic of Korea's Act on the Prevention of School Violence requires that a new plan for preventing school violence be drawn up every five years. A National Committee has responsibility for coordinating and monitoring implementation of the plan and for overseeing the five-year reviews and updates. Every school is required to hold regular sessions to review their contributions to the implementation of the plan, and to recommend whatever actions may be called for within the school or beyond.

In Cyprus, the Ministry of Education requires all schools to establish committees to address needs for "prevention and confrontation of violence in the family and school environment." These committees are empowered to receive and investigate complaints of violence before passing them on to the appropriate authorities.¹⁷⁴

issued special guidelines applying to sexual relations between students and teachers in schools (see box).¹⁷¹

Under-reporting of all forms of violence is a chronic problem in most countries. Reasons include lack of confidence in the capacity of authorities to intervene in constructive ways, and fear of repercussions to victims and their families and even to perpetrators, since so much violence occurs within circles of people who know each other.

Government responses to the questionnaire sent out as part of the Study¹⁷³ show that a few countries have reformed laws and improved law enforcement to address school violence in more holistic ways, as part of broader efforts to promote and support rights-based child-friendly education for all children (see box).

RIGHTS-BASED SCHOOL POLICIES AND PROGRAMMES

A large number and variety of policies and programmes to counter school-based violence have been introduced in all regions of the world. Only a few of these have been rigorously evaluated – and mostly in industrialised countries – but the results are encouraging, and show that effective solutions exist, although they are not widely implemented.

UNESCO has found promising anti-school-violence programmes in eight countries –Australia, France, Israel, Japan, Northern Ireland, Norway, South Africa and the USA. These programmes are well-regarded by administrators, teachers, students and parents and show early indications of being effective in reducing violence in schools. A small body of research evaluating these programmes indicates that they not only reduce violence, but help students

develop better social skills, higher self-esteem and a greater sense of personal control over their lives, and also help students attain higher levels of academic achievement.¹⁷⁵

During the past 10 years, profound concern about violence in North American schools has led to considerable research and experimentation with different interventions, and there is now a large body of literature documenting and evaluating different approaches.^{176,177} As a result, there is now evidence of approaches that work in Canada and the USA. Similar research and experimentation is underway in many other countries and, where there are evaluations, they are demonstrating that these countries are finding approaches that work, too. There is no reason to doubt that, with the will and resources (often minimal), any country, community or school can find effective ways of reducing violence in schools.

The following discussion focuses on particular areas of intervention and provides examples of promising practices from all regions of the world.

LEADERSHIP AND POLICY DEVELOPMENT

Policies to tackle school violence should recognise that schools are, above all, places of learning and can play an important role in equalising power and eliminating abuses of power. Schools can be guided by the highest human rights standards in everything they do, and use alternative, non-violent methods of communication, negotiation and conflict resolution.

A growing body of research has considered schools as social systems and sought to identify parts of the systems that might be changed to reduce violence. The conclusion has been that effective school leaders (e.g. the heads of education authorities and of individual schools) can go a long way toward improving the quality of school life by working with the other stakeholders to develop and implement policies governing the conduct and discipline of teachers and students and building community confidence in schools.^{178,179} A study of schools in Botswana and Ghana found that the most common feature of safe and high-achieving schools is strong management.¹⁸⁰

A review of programmes to address violence in Latin American and Caribbean schools pointed to the importance of building positive attitudes and behaviours from as early an age as possible, sustaining the effort to build those values right through school, and doing this through such means as giving students opportunities to participate in making the decisions that shape their school environments.¹⁸¹ Ensuring such continuity calls for action by authorities that oversee all schools, whether at national, district or local level.

A longitudinal study in Norway has found a causal link between good classroom management techniques and reduced peer violence.¹⁸² In addition, the curriculum should promote the values of social equality, tolerance toward diversity and non-violent means of resolving conflicts.

What happens outside the classroom is also critical. Education authorities should pro-

“If teachers talk badly to us, if they do not take care about what they say and do not respect us, how do you expect us to respect them? They are not good role models for us.”

Student, Indian Ocean subregion, 2006^{XIV}

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vide guidance and support to school heads and teachers, helping them shape the climate outside the classroom by changing the way in which the school is managed. Codes of conduct should be developed and enforced through processes that give a voice to every stakeholder, for example through student councils and parents' associations. The climate thus created within the school can spill over into the wider community when, for example, students carry home the values and habits they learn in school and then carry them through their lives, into their workplaces, relationships, and so on.

SUPPORTING SCHOOL STAFF

There are almost 43 million teachers at the primary and secondary school levels around the world, in addition to an unknown number of teachers in pre-schools and other educational settings, and their potential to act as role models is immense.¹⁸³ Teachers are among any country's most important agents of social development and change, since they make essential contributions to the emotional and cognitive development of current generations of children and thus to future generations of mature and responsible citizens. Even when children are subject to violence in their homes and communities, teachers can provide them with models of non-violence from a very early age.

Good teacher recruitment and training should be at the very root of any country's long-term and comprehensive strategy to reduce violence, not just in schools but in the whole of society. In reality, however, many countries undervalue teachers, pay little attention to

recruiting the best candidates, and then offer them insufficient pre- and in-service training, low salaries and poor working conditions, often in overcrowded and ill-equipped schools and classrooms. In most countries, teachers are already overburdened, but they are under increasing pressure to take on more responsibility for addressing violence in their schools, though they often lack the training and expertise for this added responsibility. If, despite all this, schools attract good teachers, they then have difficulty retaining them.

All of these factors should be taken into account when assessing needs to change the way teaching candidates are recruited, trained, and supported. Teachers cannot carry the whole burden, so any assessment of their needs should look at ways in which education authorities, school heads and other school staff, parents and communities may be undermining teachers' work, and at ways in which they could be doing more to support it.

Most Governments that responded to the Study questionnaire¹⁸⁴ reported that they, NGOs or partnerships between the two were supporting teacher training programmes that addressed violence. However, this training was often not continuous, systematic and sustainable. Most of the training programmes addressed prevention and protection; some addressed rehabilitation of victims or offenders; only a few countries mentioned redress (Gambia, Nigeria, the Seychelles, Singapore, Switzerland, and Thailand), penalties (Cameroon, Singapore, Sri Lanka, Switzerland, and Thailand), methods for educating students in violence prevention

IN CROATIA, A CAMPAIGN FOR 'SAFE AND ENABLING' SCHOOLS ACHIEVES EARLY RESULTS

In the spring of 2004, after broad consultations with Government ministries, civil society organisations and others, UNICEF launched a five-phase campaign 'For a Safe and Enabling School Environment' in Croatia. Before the launch, a national survey covering students, parents and teachers established baseline data on violence in schools. The campaign was scheduled to last for 18 months. After 12 months, an evaluation found that it was surpassing expectations.

More than 4,500 teachers, twice the number targeted, had received training in non-violent methods of teaching, discipline and intervention in violence among children. The campaign had covered 121 schools including more than 60,000 children, 20% more than targeted, and this had been achieved with 15% less than the projected budget. More than 92% of Croatian citizens had become aware of the campaign, while more than 80% of funding was now coming from individual donors and corporations within Croatia. Most importantly, there had been significant decreases in some forms of violence and increased awareness of others. For example, children and teachers were better able to recognise all forms of bullying and better prepared to stop it. More than 80% of students knew the rules against school violence, and knew of an adult they could turn to for help.

There were, however, challenges ahead. Teachers felt they were more competent to deal with violence but, while students felt safer, they still did not consider that schools provided them with enough protection against violence. The evaluation concluded that there was need for more parent involvement and for the strengthening of peer support for non-violence among students.¹⁸⁵

and protection (Bulgaria, Estonia, Indonesia, the Netherlands), or methods for integrating human rights and non-violence into the school curriculum (Brazil and the Seychelles). While these efforts are all moving in the right direction, clearly more radical and sustained improvements in teacher training for non-violence are needed.

THE PARTICIPATION OF CHILDREN

Involving children in developing and implementing programmes is important in building personal knowledge, attitudes and skills, ensuring programme relevance and ownership, and ultimately in improving programme outcomes.^{186,187} A study by the United Kingdom Department for International Development

CHILD RIGHTS CLUBS EMPOWER ZAMBIA'S SCHOOLCHILDREN

The Zambia Civic Education Association (ZCEA) works to promote and protect children's rights through civic education. Through its Child Participation Programme, it supports Child Rights Clubs that empower children by raising their awareness of their rights under the CRC, the African Charter on the Rights and Welfare of the Child, and other instruments. At least 300 Child Rights Clubs in primary and secondary schools operate throughout Zambia.¹⁹⁵

covering Bangladesh, Kenya, Nepal, Sri Lanka, Uganda, and Zambia found that teaching environments that put children at the centre of the learning experience, so that teachers listen to their concerns and needs, are more likely to address violence effectively than other schools.¹⁸⁸ Another international study by World Vision found that, in communities where children participate in discussing and addressing violence, discussion is more open and more likely to result in specific strategies.¹⁸⁹

Save the Children has had a number of first-hand experiences working with partners in the establishment and support of child-led organisations and initiatives whereby children hold adult decision-makers and caregivers accountable, and work with them on addressing school violence.¹⁹⁰ Research in the USA suggests that the best initiatives tend to be those in which students and teachers work together on developing and implementing strategies to make schools safe for everyone. Peer mediation and peer counselling, for example, are more effective when students and teachers work together in developing and assessing appropriate mediation and counselling methods.¹⁹¹

Exploratory studies and experience in all regions have identified benefits, some unexpected, of involving children in the development and implementation of programmes to address violence in schools.¹⁹² Children can provide a comprehensive snapshot of their experience of violence in their schools, thus giving staff information they need to take action. Involving children serves as effective intervention in itself, in that it helps to heal children through the disclosure of experiences and sharing of feelings, and it teaches the staff about children's experiences and feelings, and this in turn changes staff attitudes and behaviours.^{193,194}

WORKING WITH PARENTS AND COMMUNITIES

Many countries have a tradition of involving parents and communities in school life. In North America, there is a long tradition of Parent-Teachers' Associations (PTAs). Typically, these have branches in every public school within a community, plus an umbrella PTA covering the whole community, and they enable parents' rights to monitor schools and intervene as they see fit. In the USA, the Safe

Schools Coalition of Washington was set up out of concern about violence against gays and lesbians in Seattle schools, but it and similar Safe Schools Coalitions in a number of other states now serve as public–private partnerships through which many Government organisations and NGOs collaborate to address violence and other safety issues in schools.¹⁹⁶ Many other countries have similar organisations through which parents and community-based organisations address a wide range of issues in schools, in collaboration with education authorities, school heads and teachers.¹⁹⁷

Elsewhere in this section, a number of examples are given of ways in which parents and

communities get involved in addressing the full range of violence issues in schools. Where such involvement is not already taking place, there may be existing mechanisms for securing that involvement. In Lesotho, the United Republic of Tanzania and a number of other sub-Saharan African countries, for example, there are now local committees that involve a broad range of stakeholders in addressing the full range of issues related to HIV and AIDS. Mexico City, Nepal, and Kenya provide examples of what major cities or whole countries can do to involve parents and communities (see boxes).

IN MEXICO CITY – ‘COMBATING VIOLENCE: EDUCATION FOR PEACE’ PROJECT

In Mexico City, social inequalities, poverty and other factors have contributed to increasing violence in homes, schools and the whole city, and school violence has been linked to high rates of early dropout. Currently, more than 1,500 of the city’s schools and 450,000 of the city’s students are participating in a project called “Combating Violence: Education for Peace – For Me, You, and the Entire World.” The project consists of training workshops that build the capacity of school administrators, teachers, students and parents to resolve conflicts in a non-violent manner. Follow-up in schools aims to ensure that the lessons have been absorbed and put into practice, and to provide support to individuals charged with the responsibility for continuing to build the capacity of each school’s population to resolve conflicts peacefully. The project owes its launch and success to leadership and enthusiastic support from the Secretary of Education and, mostly importantly, from school heads. The hope, now, is that the project will become a permanent programme after the city’s next general elections.¹⁹⁸

IN NEPAL – GIRLS TAKING ACTION TO END SEXUAL HARASSMENT

In Surkhet, Nepal, Save the Children has supported girls as they educate men and boys and make their schools and community safer. Boys and male adults (including education officials and village leaders) were unaware that girls perceived their ‘innocent teasing’ as sexual harassment and discrimination until the girls mapped the places where they felt unsafe. By examining and discussing the maps, males were able to recognise that these were the places where girls were regularly subject to such teasing. In addition, the girls have developed networks throughout the village and district, with links to girls’ groups in other villages, local police, teachers’ and women’s groups, and the district child welfare committee.¹⁹⁹

IN KENYA – ‘BE A CHAMPION FOR CHILDREN’ CAMPAIGN

In the spring of 2006, a campaign to stop violence against children was launched in Kenya, with support from UNICEF. The campaign called upon families, schools, faith-based organisations, the private sector, the mass media and all other elements of Kenyan society to collaborate (with financial and other support) in efforts to ensure that every home, school and community in the nation was committed to stopping violence against children. The campaign aims to rally everyone against violence and to empower them with information about what they can do to help create environments in which all Kenyan children can reach their potential. It has also raised funds to support:

- A core package of child protection services for the most vulnerable communities.
- Hotlines where both children and adult victims of violence can call for help.
- Safe houses for those who need to escape violence in their homes.
- Training for counsellors to help victims and also to help families and other perpetrators of violence break their patterns of violent behaviour.
- Training for teachers, health workers and police in how to reduce violence and intervene when it occurs.
- School-based programmes and youth programmes to reduce violence.
- Publicity to raise awareness and mobilise ever greater commitment.²⁰⁰

CONSTRUCTIVE CHILD DISCIPLINE

The rights-based, child-centred approach requires that there be codes of conduct accepted by all members of the school community, establishing moral and social reference points and emphasising the values that underpin them, including the values inherent in the CRC and in other human rights conventions. Discipline should aim at positive reinforcement, constructive criticism, clear guidance and instruction. Except in extreme cases it should not promote measures that may impede a child's cognitive and emotional development.

Recent research on disciplinary regimes has made a distinction between what are termed pro-active and reactive regimes. Those that are pro-active focus on prevention, and are generally based on careful research into what works, and they establish a legal framework, clear policies, clear rules of conduct and mechanisms for enforcement. Those that are reactive are often based on ill-informed 'blanket statements' or assertions, and call for 'zero tolerance' and harsh punishments. They often involve suspending or expelling children, which only displaces the problem to another school or to the wider community while doing little to help the child. Such measures contravene a child's right to education. Firm but fair discipline can correct unacceptable behaviour without resorting to violence.²⁰¹ The consensus among leading educationalists is that reactive regimes are ineffective in the long term.²⁰² In this context, UNESCO has outlined basic principles which should govern school discipline of children which emphasise constructive criticism, clear guidance and instruction as well as the principles of the CRC.²⁰³

BULLYING: PREVENTION AND INTERVENTION

With its Olweus Bullying Prevention Programme, Norway has been a pioneer in efforts to stop bullying in schools. Monitoring of four cohorts of 600–700 elementary school students each found that, within two years, the programme had reduced bullying by 50% or more. It also had reduced rates of truancy, theft, vandalism and other antisocial behaviour, and the reductions were consistent across genders and grades.²⁰⁴ The Olweus approach has been tried and proven to work in several other countries, including Australia, Germany and the USA.²⁰⁵ It has not been tried in non-industrialised countries, mainly because bullying has not risen to prominence as a matter of public concern in these countries.

The Olweus approach has achieved a considerable degree of success and also identified important issues requiring ongoing attention, such as, the need to build the commitment of stakeholders, to sustain leadership over time, and to monitor and understand motivations and interlinking causes of violence while addressing all forms of violence at school. Introducing a human rights framework into bullying prevention programmes can also meet these challenges.²⁰⁶ (see box).

For children who are at high risk of bullying, whether as victims or offenders, it may be desirable to provide intensive one-on-one strategies that involve home visits, counselling and skills development for both children and parents.

KEY ELEMENTS OF EFFECTIVE, RIGHTS-BASED AND CHILD-CENTRED ANTI-BULLYING PROGRAMMES

While anti-bullying programmes may vary widely in specific details, the most effective programmes are rights-based and child-centred. Common characteristics include:

- They involve children at an early age, before their attitudes and behaviours become fixed in permanent patterns.
- Schools involve all key stakeholders and focus on prevention of violence – heads, teachers, students, parents and the wider community – in development, implementation and monitoring.
- There is a leadership group that sustains momentum and initiates adjustments in the light of changing circumstances.
- There are educational components that increase the knowledge and improve the skills of all key stakeholders; and components are integrated into the regular curriculum, so that children learn about human rights and develop the skills to communicate and resolve conflicts in a non-violent manner.
- There is increased monitoring of student behaviour, with thoughtful attention paid to how students relate to each other, especially when there is evidence that bullying may be taking place.
- There are mechanisms for reporting, intervention, recovery of victims and rehabilitation of offenders.
- Interventions are consistent, so there can be no perception of negligence or unfairness.^{207,208}

SEXUAL AND GENDER-BASED VIOLENCE: PREVENTION AND INTERVENTION

The whole school climate should welcome girls and all children who may be considered different because of their known, suspected or alleged sexuality. Schools should be safe and comfortable places, and all children encouraged to take full advantage of all opportunities for cognitive and emotional development. To do this, sexual and gender-based underpinnings of violence must be addressed directly,

providing children with an understanding of the issues, attitudes, and a grasp of the skills to avoid it or cope with violence when it occurs.

The concern that sexual coercion and abuse put girls and young women at extremely high risk of HIV infection has given rise to many different responses globally, especially in Southern Africa. Some of the initiatives by international NGOs extend beyond schools. For example, ActionAid's 'Stepping Stones' training programme aims to prevent HIV transmission and, in doing so, addresses related sexual and

gender-based violence in hundreds of communities in Africa, Asia, Latin America and the Caribbean.²⁰⁹ Parallel workshops are held for males and females in order to provide safe and supportive environments in which both can feel comfortable talking about sensitive issues, but participants from male and female workshops also come together periodically to share concerns and insights. Themes include “why do we behave as we do” and “how can we change.” Results have included safer sexual behaviour, reduced domestic violence, more sharing of household tasks by men, improved communications between couples and parents and children, especially about sensitive issues that pertain to sexual health.

In Ethiopia, communities have taken the initiative in establishing Girls’ Education Advisory Committees (GEACs) that address the whole problem of providing girls with access to education of a high standard. GEACs have established Girls’ Clubs that serve as safe places for girls to talk, encourage them to report problems about harassment and abuse. Other GEAC initiatives include disciplinary committees to hold teachers accountable, ‘police’ to protect girls on their way to and from school; constructing separate latrines for girls; insisting on female teachers in schools; training boys and girls on how to treat each other respectfully; providing counselling for girls in safe places; and enlisting religious and clan leaders to stop abductions and child marriages. As a result, in one primary school the dropout rate for girls fell from 57% to 19%.²¹⁰

CURRICULUM: WHAT SHOULD BE TAUGHT AND HOW?

The curriculum, teaching methods and the whole school climate should teach, illustrate and reinforce the principles of gender equality, human rights and non-violence and the skills to apply these principles in day-to-day life. They should also serve to increase children’s resilience, so they can cope with violence and recover when it occurs.

Traditionally, school curriculum has been very ‘content’ focussed (what), with less attention paid to learning skills and processes (how), such as inquiry, problem-solving, and decision-making. There is increasing recognition that, in a rapidly changing world, it is necessary to teach children the *how* of constructive human behaviour so that they can protect themselves from harm, and take action to avoid harm to others. This kind of education is often called ‘life skills-based education’.

Life skills-based education should be part of a package that includes education on the principles of gender equality, human rights and non-violence and how and why these principles have evolved and can be put into practice.^{211,212} This may involve dealing with highly personal and sensitive issues relating to the unique characteristics of each child, that child’s family background, religious and cultural traditions, and subjects that were once considered taboo in discussions involving children. Dealing with such issues requires development not only of the curriculum but of appropriate teaching methods. This involves going beyond traditional rote learning to encouraging children to ask ques-

tions, including of their teachers, to relate their own experiences, and to express their own feelings and ideas as part of the learning process. For example, in South Africa, the Curriculum 2005 programme emphasises flexible teaching methods that encourage and accommodate children's active participation in learning experiences and helps them develop critical thinking skills.²¹³

From 1998 to 2004, the Special Rapporteur on the Right to Education collaborated with UNESCO to produce the *Manual on Rights-based Education: Global Human Rights Requirements Made Simple*.²¹⁴ It states that the child has both a right *to* education and rights *in* education. This means that schools have to protect the rights of their students, and also teach them how to respect the rights of others. The rights-based approach to education makes education the very foundation of the long-term campaign against violence of all kinds, including violence against children. Children raised in schools free of violence and taught to respect the rights of everyone to live in violence-free environments are the best hope for a violence-free future.

In the USA, for example, an NGO called The Committee for Children has developed three sets of curricula – *Second Step*, *Steps to Respect* and *Talking about Touching* – designed to give children the knowledge and skills necessary to prevent bullying, sexual abuse and other forms of violence. These sets aim to help children stand up for themselves, talk rather than fight, and think about issues from others' perspectives. A 1997 assessment of the impacts of *Second Step* in more than 10,000 elemen-

tary schools in Canada and the USA found that it had decreased aggressive behaviour and increased positive social behaviour in classrooms, playgrounds and cafeterias.²¹⁵

Some sensitive issues might best be addressed in a wider context. When asked their opinion about how best to address sexual abuse, for example, children in Canada, Columbia, Bangladesh, Brazil, Mozambique, Nepal, Nicaragua, Romania, Rwanda, South Africa, Spain, Syria, and Uganda said that the subject of sexual abuse should be raised in the context of learning about children's rights and child protection, rather than singled out on its own.^{216,217} A feature of effective life skills-based education is that the teaching and learning methods are interactive and allow children to share their ideas. Effective life skills education often involves children in addressing real issues in their own schools and contributing to the development of policies and programmes.

CREATING SAFE AND WELCOMING PHYSICAL SPACES

A number of studies have asked children to map danger or safety zones in their schools and school playgrounds and these have pinpointed areas where girls feel unsafe, such as areas where boys congregate or where male teachers who sexually harass them have their classrooms.^{218,219,220} A study of a high school in Durban, South Africa, found that its spaces were extremely gendered. There were many private spaces for boys, where they were left alone and transgressions such as smoking were tolerated, and for male teachers, who declared

“When children grow up they keep what was done to them in mind and in the end they also do the same to those younger than them, especially at school. Some people become mentally disturbed.”

Boy, 14, Eastern and Southern Africa, 2005^{xvi}

their spaces strictly off limits to female teachers and girls. The only private spaces for girls were the toilets, and their privacy was compromised by missing doors. Female teachers found it difficult to find spaces that were not policed, or intruded upon, by males.²²¹

Where a school is not welcoming or visually appealing, it is more difficult to build staff morale and help children develop a positive outlook towards learning. Improving schools does not necessarily require significant expenditure of money, and can be done also as an extra-curricular activity involving school staff, students, parents and others in the community. In low-income areas of rural India, for example, staff and students have worked together to redecorate classrooms and develop school gardens using the simplest of materials at hand, though they have found that this works best when schools are secured and protected from vandalism.²²²

RESEARCH AND EVALUATION

All functioning education systems have mechanism that gather data, down to the individual school level, and many have regular inspections that provide additional opportunities for gathering data. The quantity and quality of this data vary widely, however, and rarely provide sufficient basis for making even the most approximate estimates of the prevalence of different forms of violence in schools and how the prevalence may be increasing or decreasing over time. One reason for this is that most schools have no staff trained in data collection and analysis, and the same is true of most

local and district school authorities and some national school authorities. Since such data are essential in order to evaluate interventions and whether they are contributing to reductions in violence, it is highly recommended that district school authorities develop their capacity to collect, analyse and report data for monitoring and evaluation purposes.

Agreed standards, universally accepted definitions and classifications of different forms of violence in schools are needed, but local issues should be integrated into these as well. There are models for such definitions and classifications, including the *International Classification of External Causes of Injury*.²²³ There are also *Injury Surveillance Guidelines* that would help any education authority at national, district or at school level, to develop its own definitions and classifications and, also, simple forms and mechanisms for gathering, analysing and reporting data.²²⁴

The most widely applied instruments for gathering global and national data on violence in schools are the GSHS,²²⁵ covering an increasing number of developing countries, and the HBSC study, covering mostly industrialised countries and some transitional countries.²²⁶ Other existing instruments are Demographic and Health Surveys and similar surveys periodically undertaken by ministries of health (and other sectors) in order to determine, for example, the prevalence of HIV infection and behaviour that may contribute to infection.

Monitoring and evaluation will help to identify which interventions work best and how interventions might be improved. Also needed



IRAQ, 2003, Children at Youth House in the Adhamiya neighborhood, Baghdad.

are more in-depth studies into particular forms of violence and the links between different forms of violence, their risk and protective factors, and the effectiveness of intervention programmes.

RECOMMENDATIONS

Education is a key agent of change capable of breaking the cycle of violence, not just against children but among adults, too. It can encourage children to learn self-respect, respect for others and how to express their feelings and negotiate for what they want without resort to physical or psychological violence.

The following recommendations are intended to support Governments, education authorities, school heads, teachers, students, parents and communities as they seek to create non-violent schools. The recommendations are guided by the UN Convention on the Rights of the Child, and informed by Regional Consultations for the Study, expert inputs, public submissions, and an evidence-based understanding of the causes of violence and its prevention, including its virtually universal link with gender. The recommendations are designed to ensure that education methods, curricula, programmes and services uphold the norms established by the CRC, and that their design and implementation are consistent with social and cultural diversity, as well as economic and practical realities.

Prioritise prevention

1. **Ensure universal access to violence-free learning environments, where the rights of all children are respected and promoted.** Consistent with the global call for 'Education for All' (i.e. EFA), Governments must ensure that primary and secondary schools are rights-based, and offer safe and healthy, gender-sensitive, inclu-

- sive, and effective learning environments for girls and boys. Promoting non-violence in and beyond the school should be a clear goal with policies and well-publicised procedures for enforcement.
2. **Prohibit violence in schools.** Governments have the obligation to explicitly prohibit violence against children by law, and to ensure the implementation of related policies and procedures at the school level – specifically putting a stop to corporal punishment and other humiliating or degrading treatment, bullying and other sexual and gender-based violence.
 3. **Prevent violence in schools with specific programmes which address the whole school environment.** Governments should implement violence prevention programmes comprehensively across the education setting for all staff and students, while being sensitive to the special needs of vulnerable children.
 4. **Prioritise attention to gender issues and their links with violence.** Governments must acknowledge the pervasive impact of entrenched gender stereotypes on the nature of violence in and around schools. Male students, staff and community members, must be actively encouraged as strategic partners and allies; and along with female students, staff and community members, must be provided with opportunities to increase their understanding of how to stop gender discrimination and its violent manifestations.
 5. **Give special attention to vulnerable groups.** Governments must implement specific strategies to ensure that the special needs of vulnerable children are addressed, and that discrimination in particular is stopped. Staff must understand and be able to systematically respond to the situation and particular risks experienced by minority groups, children with disabilities, children without parental care or affected by HIV, or children reintegrating into school communities such as refugee and displaced children, or former child soldiers.
 6. **Provide safe physical spaces.** Governments should ensure that safe physical spaces are provided to ensure that both girls and boys have equal access to facilities and can participate fully in school life. Schools must have adequate toilet facilities for girls and boys. All facilities must be clean and safe, accessible by girls and boys, and free of negative interference from the community.
- Build capacity**
7. **Establish and implement codes of conduct reflecting child rights principles.** Clear codes of conduct reflecting child rights principles, which are harmonised with the law, should be established and promoted widely for all staff, students and their families and communities. It is the Government's responsibility to put in place mechanisms and protocols to ensure that schools have trained and trusted adults, within or independent of the school, to whom students can safely and confidentially report incidents of violence and receive advice.

“There is new awareness about the prevalence of violence against children in Africa, and its effects, both on those who experience it, and on the society at large. We need to translate this awareness into prevention, based on successful strategies from this and other regions. To delay this response is to betray the trust invested in us to protect the vulnerable.”

Dr Luis G. Sambo, Regional Director for Africa, WHO

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8. Ensure that school heads and teachers use non-violent teaching and learning strategies and disciplinary measures.

Governments should ensure that teaching and learning strategies and disciplinary measures are used that are not based on fear, threat, humiliation or physical force. All school staff should be trained and supported in the use of non-violent and respectful classroom management strategies, as well as specific skills to prevent patterns of bullying and other gender-based violence and to respond to it effectively.

9. Listen to students and encourage participation.

Governments and their partners should actively promote and support the involvement of students in the design, development, implementation, and monitoring of policies and programmes, including through access to confidential complaints or reporting mechanisms. Participatory, gender-sensitive, and inclusive school management structures should be promoted and students should be equipped with the necessary skills and given opportunities to be involved, with special attention given to the participation of vulnerable children.

Strengthen knowledge and skills for non-violence

10. Revise the curriculum to model non-violence and gender equity. Governments should ensure that the curriculum, textbooks and teaching methods promote child rights, support diversity and indigenous knowledge, and emphasise tolerance,

respect, equity, non-discrimination, and non-violent conflict resolution.

11. Implement life skills education to enable students to build personal skills.

Governments should ensure that rights-based life skills programmes for non-violence should be promoted in the curriculum through subjects such as peace education, citizenship education, anti-bullying, human rights education, and conflict resolution and mediation; with emphasis placed on child rights and positive values such as diversity and tolerance, and on skills such as problem-solving, social and effective communication, in order to enable girls and boys to overcome entrenched gender biases and to prevent and deal with violence and harassment, including sexual harassment.

12. Promote school–community partnerships, and present schools as a resource to the community.

Governments should acknowledge the school as a community resource and facilitate closer school–community linkages to address violence in and around schools, involving students, staff, parents and other partners such as police, health services, social services, faith-based groups, community recreation groups, and cultural groups.

Build information systems

13. Strengthen data collection systems on all forms of violence against girls and boys. Data collected should ensure that the views of students and potential stu-

dents are considered along with those of teachers, parents, and the wider community, with a special focus on the experiences of vulnerable children. Governments should ensure that the information yielded should be disaggregated by age and sex at a minimum, and should be incorporated into existing education management information systems established at local, district and national levels.

- 14. Develop a national research agenda on violence in and around schools.** Governments should put in place a set of national priorities for research that can supplement data collection systems (described above) with in-depth qualitative and quantitative research that is ethical and child-centred. Data must be disaggregated to make visible the scale and scope of the experiences of girls and boys of different ages related to violence and overcoming it, their situations, and to make their risk and protective factors more evident.

REFERENCES

- 1 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Consultation Outcome Reports*. Available at <http://www.violencestudy.org/r27>.
- 2 Wood K, Jewkes R (2001). 'Dangerous' Love: Reflections on Violence among Xhosa Township Youth. In: Morrell R (Ed). *Changing Men in Southern Africa*. London, University of Natal Press, Pietermaritzburg and Zed Press, pp 317–336.
- 3 Leach F et al. (2003). *An Investigative Study of the Abuse of Girls in African Schools*. Education Research Report No 54. London, Education Department, United Kingdom Department for International Development
- 4 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: South Asia*. Available at: <http://www.violencestudy.org/r27>.
- 5 Wood K, Jewkes R (2001). 'Dangerous' Love: Reflections on Violence among Xhosa Township Youth. In: Morrell R (Ed). *Changing Men in Southern Africa*. London, University of Natal Press, Pietermaritzburg and Zed Press, pp 317–336.
- 6 Leach F et al. (2003). *An Investigative Study of the Abuse of Girls in African Schools*. Education Research Report No. 54, London, Education Department, United Kingdom Department for International Development.
- 7 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Consultation Outcome Reports*. Available at: <http://www.violencestudy.org/r27>.
- 8 Wood K, Jewkes R (2001). 'Dangerous' Love: Reflections on Violence Among Xhosa Township Youth. In: Morrell R (Ed). *Changing Men in Southern Africa*. London, University of Natal Press, Pietermaritzburg and Zed Press, pp 317–336.
- 9 Leach F et al. (2003). *An Investigative Study of the Abuse of Girls in African Schools*. Education Research Report No. 54, London, Education Department, United Kingdom Department for International Development.
- 10 World Education Forum (2000). *The Dakar Framework for Action*. Paris, UNESCO.
- 11 United Nations (2000). *United Nations Millennium Declaration*. (Adopted by the 55th Session of the General Assembly.) New York, United Nations.
- 12 UNESCO (2005). *Education For All Global Monitoring Report 2005*. Paris, UNESCO.
- 13 World Education Forum (2000). *The Dakar Framework for Action*. Paris, UNESCO.
- 14 United Nations (2000). *United Nations Millennium Declaration*. (Adopted by the 55th Session of the General Assembly.) New York, United Nations.
- 15 UNESCO (2005). *Education For All Global Monitoring Report 2005*. Paris, UNESCO.
- 16 Committee on the Rights of the Child (2001). Day of General Discussion on Violence against Children within the Family and in Schools. CRC/C/111, para 679 (b).
- 17 Committee on the Rights of the Child (2001). *General Comment No. 1. The Aims of Education*, CRC/GC/2001/1, para 8.
- 18 Committee on the Rights of the Child (2006). *General Comment No. 8. The Right of the Child to Protection from Corporal Punishment and Other Cruel or Degrading Forms of Punishment (articles 19, 28(2) and 37, inter alia)*, CRC/C/GC/8.
- 19 WorldVision (2005). *Strongim Pikinini, Strongim Laef B'long Famili: Enabling Children to Reach their Full Potential*. A contribution to the United Nations Study on Violence against Children. Milton Keynes, World Vision International.
- 20 Global Initiative to End all Corporal Punishment of Children (2006). *Global Summary of the Legal Status of Corporal Punishment of Children*. 28 June 2006.

- 21 Launched in 2001, the Global Initiative to End All Corporal Punishment of Children has the support of UNICEF, UNESCO, the former UN High Commissioner for Human Rights Mary Robinson, and many prominent international and national leaders and organisations concerned with the rights, safety, health and general well-being of children. Its home page with status reports on all countries is available at: www.endcorporalpunishment.org
- 22 Committee on the Rights of the Child (2006). *General Comment No. 8. The Right of the Child to Protection from Corporal Punishment and Other Cruel or Degrading Forms of Punishment (articles 19, 28(2) and 37, inter alia)*, CRC/C/GC/8.
- 23 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Consultation Outcome Report: Children and Young People's Consultation in Europe and Central Asia*. Available at: <http://www.violencestudy.org/r27>.
- 24 Hart SN (Ed) (2005). *Eliminating Corporal Punishment*. Paris, UNESCO.
- 25 Regional Reports on Corporal Punishment were prepared for the Regional Consultations conducted for the Study by the Global Initiative to End All Forms of Corporal Punishment. Available at: <http://www.endcorporalpunishment.org>.
- 26 Global Initiative to End all Corporal Punishment of Children (2006). *Global Summary of the Legal Status of Corporal Punishment of Children*. 28 June 2006.
- 27 Durrant JE (2005). Corporal Punishment: Prevalence, Predictors and Implications for Child Behaviour and Development. In: Hart SN (Ed) (2005). *Eliminating Corporal Punishment*. Paris, UNESCO.
- 28 EMIDA (2000). *Enquête sur les violences éducatives faites aux enfants dans les familles et à l'école primaire au Cameroun*. Yaoundé, EMIDA/UNICEF.
- 29 Nelson Mandela Foundation (2005). *Emerging Voices: A Report on Education in South African Rural Communities*. Cape Town, Nelson Mandela Foundation/HSRC Press.
- 30 Youssef RM et al. (1998). Children Experiencing Violence (II): Prevalence and Determinants of Corporal Punishment in Schools. *Child Abuse & Neglect*, 22: 975–985.
- 31 Monyooe LA (1993). Perspective Reports of Corporal Punishment by Pupils in Lesotho Schools. *Psychological Reports*, 73: 515–518.
- 32 Plan Togo (2006). *Suffering to Succeed? Violence and Abuse in Schools in Togo*. Lome, Plan Togo.
- 33 L'Observatoire des droits de l'enfant de la région océan indien (2006). *La violence contre les enfants dans la région de l'océan indien*. Annual Report of the Observatoire des droits de l'enfant de la région océan indien. Mauritius, l'Observatoire des droits de l'enfant de la région océan indien.
- 34 UNICEF MENARO (2005). *Violence in Schools in the Middle East and North Africa – Features, Causes, Intervention and Prevention*. (Dr Josi Salem-Pickertz.) Amman, UNICEF MENARO.
- 35 Anuradha D, Dreze J (1999). *Public Report on Basic Education in India*. New Delhi, Oxford University Press.
- 36 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: North America*. Available at: <http://www.violencestudy.org/r27>.
- 37 UNHCR (2005). *Refugee and Returnee Children in Southern Africa: Perceptions and Experiences of Violence – A Qualitative Study of Refugees and Returnee Children in UNHCR Operations in Angola, South Africa and Zambia*. Pretoria, UNHCR.
- 38 Durrant JE (2005). Corporal Punishment: Prevalence, Predictors and Implications for Child Behaviour and Development. In: Hart SN (Ed) (2005). *Eliminating Corporal Punishment*. Paris, UNESCO.
- 39 Qi CJ, Dunne MP (2006). *Childhood Maltreatment Experiences of Young People in China. Prevalence and Associations with Mental Health among 3,577 Students in 6 Provinces*. Peking, All-China Women's Federation, UNICEF China Institute of Child and Adolescent Health, Peking University.

- 40 Dunne M, Leach F (2004). *Institutional Sexism: Context and Texts in Botswana and Ghana*. Paper presented at the 7th Oxford International Conference on Educational Development, 9–11 September 2003.
- 41 WHO (2005). *Multi-country Study on Women's Health and Domestic Violence*. Geneva, World Health Organization.
- 42 Krug EG et al. (Eds) (2002). *World Report on Violence and Health*. Geneva, World Health Organization.
- 43 Save the Children Alliance (2005). *10 Essential Learning Points: Listen and Speak Out against Sexual Abuse of Girls and Boys*. Global Submission by the International Save the Children Alliance to the UN Secretary-General's Study on Violence against Children. Oslo, Save the Children Norway.
- 44 Heise L et al. (1994). *Violence against Women: The Hidden Health Burden*. World Bank Discussion Paper No. 255. Washington, World Bank.
- 45 Leach F et al. (2003). *An Investigative Study of the Abuse of Girls in African Schools*. London, Educational Papers, United Kingdom Department for International Development.
- 46 French HW (2003). Victims Say Japan Ignores Sex Crimes Committed by Teachers. *New York Times*, 29 June 2003.
- 47 Terefe D, Mengistu D (1997). Violence in Ethiopian Schools: A Study of Some Schools in Addis Ababa. In: Ohsako T (Ed). *Violence at School: Global Issues and Interventions*. Paris, UNESCO IBE.
- 48 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: West and Central Africa*. Available at: <http://www.violencestudy.org/r27>.
- 49 John Jay College of Criminal Justice (2004). *The Nature and Scope of the Problem of Sexual Abuse of Minors by Catholic Priests and Deacons in the United States*. A Research Study Conducted by the John Jay College of Criminal Justice, Report to the United States Conference of Catholic Bishops. New York, John Jay College of Criminal Justice.
- 50 Raza S (2004). Minister Resolves to Expose Sexual Abuse by Clerics. *Daily Times*, 9 December 2004. Available at: www.dailytimes.com.pk/default.asp?page=story_9-12-2004_pg1_6.
- 51 Murphy B (2005). Sex Abuse in Islamic Schools. *Frontpagemag*, 21 September 2005. Available at: www.frontpagemag.com/Articles/ReadArticle.asp?ID=19530.
- 52 UNAIDS (2006). *2006 Report on the Global AIDS Epidemic*. Geneva, Joint United Nations Programme on HIV/AIDS.
- 53 Analysis provided to the Study by the Global School-Based Student Health Survey: The World Health Organization (<http://www.who.int/chp/gshs> or <http://www.cdc.gov/gshs>) for surveys conducted in 2003–5 for Botswana, Chile (metropolitan area), China (Beijing), Guyana, Jordan, Kenya, Lebanon, Namibia, Oman, Philippines, Swaziland, Uganda, UAE, Venezuela (Lara), Zambia and Zimbabwe (Harare).
- 54 Youri P (Ed) (1994). *Female Adolescent Health and Sexuality in Kenyan Secondary Schools: A Research Report*. Nairobi, African Medical and Research Foundation.
- 55 Undie CC (2005). *APHRC, Kenya: HIV and Pregnancy Prevention among Adolescents in Sub-Saharan Africa*. Presentation to IPPF Workshop on Child Marriage, Nairobi, October 11, 2005. Country study profiles available at: <http://www.guttmacher.org>.
- 56 UNICEF (2005). *Early Marriage: A Harmful Traditional Practice*. UNICEF, New York.
- 57 Erulkar AS et al. (2004). *The Experience of Adolescence in Rural Amhara Region, Ethiopia*. New York, Population Council.
- 58 UNICEF (2004). *Analyse régionale sur l'exploitation sexuelle en Afrique de l'Ouest et du Centre : évolution de la situation, progrès accomplis et obstacles à surmonter depuis le Congrès de Yokohama en 2001*. UNICEF, West and Central Africa Regional Office.
- 59 Human Rights Watch (2001). *Scared at School: Sexual Violence against Girls in South African Schools*. New York, Human Rights Watch.

- 60 Brown C (2003). *Sexual Abuse of School Children in Ghana*. Cape Coast, Ghana, Centre for Development Studies, University of Cape Coast/UNICEF.
- 61 Tang CSK (2002). Childhood Experience of Sexual Abuse among Hong Kong Chinese College Students. *Child Abuse & Neglect*, 26(1): 23–37.
- 62 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: South Asia*. Available at: <http://www.violencestudy.org/r27>.
- 63 Kirk J, Winthrop R (2005). *Addressing Abuse and Exploitation in Refugee Schools: Learning from IRC's Healing Classroom Initiative*. Submission to the United Nations Secretary-General's Study on Violence against Children. International Rescue Committee.
- 64 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: Latin America*. Available at: <http://www.violencestudy.org/r27>.
- 65 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: Eastern and Southern Africa*. Available at: <http://www.violencestudy.org/r27>.
- 66 Olweus D (1984). Aggressors and Their Victims: Bullying at School. In: Frude NG, Gault H (Eds). *Disruptive Behavior in Schools*. New York, Wiley & Sons, pp 57–76.
- 67 Smith PK, Sharp S (1994). *School Bullying: Insights and Perspectives*. London, Routledge.
- 68 Human Rights Watch (2001). *Scared at School: Sexual Violence against Girls in South African Schools*. New York, Human Rights Watch.
- 69 Douglas N et al. (1999). Homophobic bullying in secondary schools in England and Wales - teachers' experiences. *Health Education*, 99: 53–60.
- 70 Human Rights Watch (2001). *Scared at School: Sexual Violence against Girls in South African Schools*. New York, Human Rights Watch.
- 71 De Groulard M et al. (1998). *Homosexual Aspects of the HIV/AIDS Epidemic in the Caribbean: A Public Health Challenge for Prevention and Control*. Port of Spain, Caribbean Epidemiology Centre, Pan-American Health Organization/World Health Organization.
- 72 Currie C et al. (2004). *Health Behaviour in School-Aged Children (HBSC) Study: International Report from the 2001/2002 Survey*. Health Policy for Children and Adolescents, No. 4. Geneva, World Health Organization.
- 73 Analysis provided to the Study by the Global School-Based Student Health Survey: The World Health Organization (<http://www.who.int/chp/gshs> or <http://www.cdc.gov/gshs>) for surveys conducted in 2003–5 for Botswana, Chile (metropolitan area), China (Beijing), Guyana, Jordan, Kenya, Lebanon, Namibia, Oman, Philippines, Swaziland, Uganda, UAE, Venezuela (Lara), Zambia and Zimbabwe (Harare).
- 74 Creighton SJ (2004). Prevalence and Incidence of Child Abuse: International Comparisons. *NSPCC Information Briefing*. London, NSPCC Research Department.
- 75 Rigby K (1998). *Manual for the Peer Relations Questionnaire (PRQ)*. Point Lonsdale, Victoria, Australia, The Professional Reading Guide.
- 76 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: North America*. Available at: <http://www.violencestudy.org/r27>.
- 77 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: East Asia and the Pacific*. Available at: <http://www.violencestudy.org/r27>.
- 78 Yang SJ et al. (2006). Bullying and Victimization Behaviors in Boys and Girls at South Korean Primary Schools. *Journal of the American Academy of Child & Adolescent Psychiatry*, 45(1): 69–77.
- 79 Report of the International Colloquium (2005). *Towards a School of Dialogue and Respect*, Tunis 14–16 April 2005, UNICEF Tunisia. Available at: http://www.violencestudy.org/IMG/pdf/Children_participation_to_the_International_Colloquium.pdf.
- 80 CNN (2002). 'What are Kids Saying about Violence? Survey: Emotional Abuse a Bigger Concern than Physical'. 30 July 2002. Available at <http://www.cnn.com/2002/HEALTH/parenting/07/30/young.bullies>.

- 81 Geiger B, Fischer M (2006). Will Words Ever Harm Me? Escalation from Verbal to Physical Abuse in Sixth-grade Classrooms. *Journal of Interpersonal Violence*, 21(3): 337-57.
- 82 Ybarra ML et al. (2004). Online Aggressor/Targets, Aggressors, and Targets: A Comparison of Associated Youth Characteristics. *Journal of Child Psychology and Psychiatry*, 45(7): 1308-1316.
- 83 ECPAT (2005). *Violence against Children in Cyberspace*. A Contribution to the UN Secretary-General's Study on Violence against Children. Bangkok, ECPAT International.
- 84 Li Qing (2005). *Cyber-bullying in Schools: The Nature and Extent of Adolescents' Experience*. Paper presented at the American Education Research Association (AERA) Conference in Montreal, Quebec, Canada, April, 2005.
- 85 Greene M (2005). Reducing Violence and Aggression in Schools. *Trauma, Violence and Abuse*, 6(3): 236-253.
- 86 Hawkins D et al. (2001). Naturalistic Observations of Peer Interventions in Bullying. *Social Development*, 10: 512-527.
- 87 Currie C et al. (2004). *Health Behaviour in School-Aged Children (HBSC) Study: International Report from the 2001/2002 Survey*. Health Policy for Children and Adolescents, No 4. Geneva, World Health Organization
- 88 Analysis provided to the Study by the Global School-Based Student Health Survey: The World Health Organization (<http://www.who.int/chp/gshs> or <http://www.cdc.gov/gshs>) for surveys conducted in 2003-5 for Botswana, Chile (metropolitan area), China (Beijing), Guyana, Jordan, Kenya, Lebanon, Namibia, Oman, Philippines, Swaziland, Uganda, UAE, Venezuela (Lara), Zambia and Zimbabwe (Harare).
- 89 UNICEF (2003). *Finding Our Voices, Gender and Sexual Identities and HIV/AIDS in Education*. Nairobi, UNICEF Eastern and Southern Africa Regional Office.
- 90 Chege F (2006). *Memories of Childhood Violence: Life Cycle Reflections of African Student Teachers*. Submission to the United Nations Secretary-General's Study on Violence against Children. UNICEF East and Southern Africa Regional Office.
- 91 Soyibo K, Lee MG (2000). Domestic and School Violence Among High School Students in Jamaica. *West Indian Medical Journal*, 49(3): 232-236. Cited in: United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: the Caribbean*. Available at www.violencestudy.org/r27.
- 92 Chevannes P (2004). *Preliminary Study on Violence in Caribbean Schools*. Change from Within Project, University of the West Indies for the UNESCO Office for the Caribbean. Cited in: United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: the Caribbean*. Available at: <http://www.violencestudy.org/r27>.
- 93 Department of Human Health Services/CDC (2004). Youth Risk Behaviour Surveillance – United States, 2003. *Morbidity & Mortality Weekly Report*, 53(SS-2): 1-29.
- 94 Webster DW et al. (1993). Weapon Carrying among Inner-city Junior High School Students: Defensive Behavior Versus Aggressive Delinquency. *American Journal of Public Health*, 83: 1604-1608.
- 95 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: North America*. Available at: <http://www.violencestudy.org/r27>.
- 96 United Nations Secretary-General's Study on Violence against Children (2005). *Violence in School. Regional Desk Review: Europe and Central Asia*. Available at: <http://www.violencestudy.org/r27>.
- 97 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Consultation Outcome Report: the Caribbean*. Available at: <http://www.violencestudy.org/r27>.
- 98 Chevannes P (2004). *Preliminary Study on Violence in Caribbean Schools*. Change from Within Project, University of the West Indies for the UNESCO Office for the Caribbean. Cited in: United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: the Caribbean*. Available at: <http://www.violencestudy.org/r27>

- 99 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Consultation Outcome Report: Latin America*. Available at: <http://www.violencestudy.org/r27>.
- 100 WHO/UNESCO/Education International (1998). *WHO Information Series on School Health – Document 3. Violence Prevention: An Important Element of a Health Promoting School*. Geneva, World Health Organization. Available at: http://www.who.int/school_youth_health/resources/en/
- 101 Durrant JE (2005). Corporal Punishment: Prevalence, Predictors and Implications for Child Behaviour and Development. In: Hart SN (Ed) (2005). *Eliminating Corporal Punishment*. Paris, UNESCO.
- 102 Csorba J et al. (2001). Family- and School-related Stresses in Depressed Hungarian Children. *European Psychiatry*, 16: 18–26. Cited in: Durrant JE (2005). Corporal Punishment: Prevalence, Predictors and Implications for Child Behaviour and Development. In: Hart SN (Ed) (2005). *Eliminating Corporal Punishment*. Paris, UNESCO.
- 103 Sharp S et al. (2000). How Long Before It Hurts? An Investigation into Long-term Bullying. *School Psychology International*, 21: 37–46.
- 104 Rigby K (2003). Consequences of Bullying in School. *Canadian Journal of Psychiatry*, 48(9): 583–590.
- 105 Due P et al. (2005). Bullying and Symptoms among School-aged Children: International Comparative Cross-sectional Study in 28 Countries. *The European Journal of Public Health*, 15(2): 128–132.
- 106 Currie C et al. (2004). *Health Behaviour in School-Aged Children (HBSC) Study: International Report from the 2001/2002 Survey*. Health Policy for Children and Adolescents, No. 4. Geneva, World Health Organization.
- 107 EMIDA (2000). *Enquête sur les violences éducatives faites aux enfants dans les familles et à l'école primaire au Cameroun*. Yaoundé, EMIDA/UNICEF.
- 108 Lopez NL et al. (2001). Parental Disciplinary History, Current Levels of Empathy and Moral Reasonings in Young Adults. *North American Journal of Psychology*, 3: 193–204. Cited in: Durrant JE (2005). Corporal Punishment: Prevalence, Predictors and Implications for Child Behaviour and Development. In: Hart SN (Ed.) (2005). *Eliminating Corporal Punishment*. Paris, UNESCO.
- 109 Durrant JE (2005). Corporal Punishment: Prevalence, Predictors and Implications for Child Behaviour and Development. In: Hart SN (Ed.) (2005). *Eliminating Corporal Punishment*. Paris, UNESCO.
- 110 Gershoff ET (2002). Corporal Punishment by Parents and Associated Child Behaviours and Experiences: A Meta-analytic and Theoretical Review. *Psychological Bulletin*, 128: 539–79.
- 111 Farrington DP (1993). Understanding and Preventing Bullying. In: Tonny M, Morris N (Eds). *Crime and Justice*, Vol. 17. Chicago, University of Chicago Press.
- 112 Alexander LC et al. (2004). *Bullying: Health, Well-being and Risk Behaviours*. HBSC Briefing Paper No. 10. Child & Adolescent Health Research Unit, The University of Edinburgh.
- 113 International Save the Children Alliance (2005). *Voices of Girls and Boys to End Violence against Children in South and Central Asia*. Contribution to UN Secretary-General's Study on Violence against Children. Kathmandu, Save the Children Sweden Regional Programme for South and Central Asia.
- 114 Olweus D (1978). *Aggression in Schools. Bullies and Whipping Boys*. Washington, DC, Hemisphere Press (Wiley).
- 115 Dake J A et al. (2003). The Nature and Extent of Bullying at School. *Journal of School Health*, 73(5): 173–80.
- 116 Baker DP, LeTendre GK (2005). *National Differences, Global Similarities: World Culture and the Future of Schooling*. Stanford, Stanford University Press.
- 117 Akiba M (2002). Student Victimization: National and School System Effects on School Violence in 37 Nations. *American Educational Research Journal*, 39(4): 829–853.

- 118 International Save the Children Alliance (2004). *Mapping Save the Children's Response to Violence against Children in South Asia Region*. Kathmandu, Save the Children Sweden. Cited in: United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: South Asia*. Available at: www.violencestudy.org/r27.
- 119 International Save the Children Alliance (2005). *Ending Physical and Humiliating Punishment of Children – Making it Happen*. Submission to the United Nations Secretary-General's Study on Violence against Children. Stockholm, Save the Children Sweden.
- 120 Jewkes R et al. (2001). Relationship Dynamics and Teenage Pregnancy in South Africa. *Social Science and Medicine*, 52: 733-744.
- 121 Wingood GM et al. (2001). Dating Violence and the Sexual Health of Black Adolescent Females. *Pediatrics*, 107(5): Art. No. e72.
- 122 García -Moreno C, Watts CH (2000). Violence against Women: its Importance for HIV/AIDS Prevention. *AIDS*, 14(Suppl. 3): S253 – S265.
- 123 Human Rights Watch (2001). *Scared at School: Sexual Violence against Girls in South African Schools*, New York, Human Rights Watch.
- 124 Chan LS et al. (2005). *Preventing Violence and Related Health-risking Social Behaviours in Adolescents*. Evidence Report/ Technology Assessment No. 107, Agency for Healthcare Research and Quality.
- 125 Baldry AC, Farrington DP (2000). Bullies and Delinquents: Personal Characteristics and Parental Styles. *Journal of Community & Applied Social Psychology*, 10(1): 17–31.
- 126 Search Institute (2005). *40 Developmental Assets*. Available at: <http://www.search-institute.org/assets/>.
- 127 US Department of Health and Human Services (2001). *Youth Violence: A Report of the Surgeon General*. Rockville, MD, US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, and National Institutes of Health, National Institute of Mental Health.
- 128 US Department of Health and Human Services (2001). *Youth Violence: A Report of the Surgeon General*. Rockville, MD, US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, and National Institutes of Health, National Institute of Mental Health.
- 129 Maugin E, Loeber R (1996). Academic Performance and Delinquency. In: Tonry M (Ed). *Crime and Justice: A Review of Research*, 20: 145–264. Chicago, University of Chicago Press.
- 130 Finkelhor D et al. (2006). *Re-victimization Patterns in a National Longitudinal Sample of Children and Youth*. Durham, Crimes against Children Research Center, University of New Hampshire.
- 131 Stewart D et al. (2006). How Can We Build Resilience in Primary School Aged Children? *Asia-Pacific Journal of Public Health*, 16 (Suppl.): S37–S41. Queensland, Asia Pacific Consortium for Public Health.
- 132 Alexander LC et al. (2004). *Bullying: Health, Well-being and Risk Behaviours*. HBSC Briefing Paper No. 10. Edinburgh, Child & Adolescent Health Research Unit, The University of Edinburgh.
- 133 WHO (2006). *Preventing Child Maltreatment: A Guide to Taking Action and Generating Evidence*. Geneva, WHO/ISPCAN.
- 134 Bond L et al. (2004). The Gatehouse Project: Can a Multi-level School Intervention Affect Emotional Well-being and Health Risk Behaviours? *Journal of Epidemiology and Community Health*, 58: 997–1000.

- 135 Stewart D et al. (2006). How Can We Build Resilience in Primary School Aged Children? *Asia-Pacific Journal of Public Health*, 16 (Suppl.): S37–S41. Queensland, Asia-Pacific Consortium for Public Health.
- 136 Smith HE, Akinsulure-Smith AM (2004). A Global Perspective on Youth Outreach. In: Clauss-Ehlers CS, Weist MD (Eds). *Community Planning to Foster Resilience in Children*. New York, Kluwer Academic/Plenum Publishers.
- 137 US Department of Health and Human Services (2001). *Youth Violence: A Report of the Surgeon General*. Rockville, MD, US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, and National Institutes of Health, National Institute of Mental Health.
- 138 Search Institute (2005). *40 Developmental Assets*. Accessed online August 2006. Available at: <http://www.search-institute.org/assets/>.
- 139 Greene M (2005). Reducing Violence and Aggression in Schools. *Trauma, Violence and Abuse*, 6(3): 236–253.
- 140 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: Middle East and North Africa*. Available at: <http://www.violencestudy.org/r27>.
- 141 Dunne M et al. (2005). *Gendered School Experiences: The Impact on Retention and Achievement in Botswana and Ghana*. London, United Kingdom Department for International Development.
- 142 UNICEF MENARO (2005). *Violence in Schools in the Middle East and North Africa – Features, Causes, Intervention and Prevention*. (Dr Josi Salem-Pickertz.) Amman, UNICEF MENARO.
- 143 All responses are available at: <http://www.ohchr.org/english/bodies/crc/study.htm>. As of 20 September 2006, 135 Member States and one observer had submitted responses.
- 144 Durrant JE (2005). Corporal Punishment: Prevalence, Predictors and Implications for Child Behaviour and Development. In: Hart SN (Ed.) (2005). *Eliminating Corporal Punishment*. Paris, UNESCO.
- 145 UNICEF (2005). *Memories of Childhood Violence*. Unpublished report. UNICEF, Eastern and Southern Africa Regional Office.
- 146 Limber S, Cedillo S (2003). Responding to Bullying. *Intervention in School and Clinic*, 38 (4):236–242.
- 147 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: North America*. Available at: <http://www.violencestudy.org/r27>.
- 148 UNICEF (not dated). *Children with Disabilities: Towards Inclusive Education in South Asia*. (Unpublished Consolidated Report.) Kathmandu, UNICEF Regional Office for South Asia.
- 149 UNICEF MENARO (2005). *Violence in Schools in the Middle East and North Africa – Features, Causes, Intervention and Prevention*. (Dr Josi Salem-Pickertz.) Amman, UNICEF MENARO.
- 150 Rigby K (2003). Addressing Bullying in Schools: Theory and Practice. In: *Trends and Issues in Crime and Criminal Justice*, No. 259. Australia, Australian Institute of Criminology.
- 151 Government of Botswana website (2003). *Daily News Online*. Available at: <http://www.gov.bw/cgi-bin/news.cgi?d=20030916>.
- 152 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: Latin America*. Available at: <http://www.violencestudy.org/r27>.
- 153 UNAIDS Inter-Agency Task Team (IATT) on Education (2006). *Quality Education and HIV & AIDS*. Available at: www.unesco.org/aids/iatt.
- 154 Monasch R, Boerma JT (2004). Orphanhood and Childcare Patterns in Sub-Saharan Africa: An Analysis of National Surveys from 40 Countries. *AIDS*, 18 (Suppl. 2): S55–S65.

- 155 Human Rights Watch (2004). *Letting Them Fail: Government Neglect and the Right to Education for Children Affected by AIDS*. New York, Human Rights Watch.
- 156 Boler T, Jellema A (2005). *Deadly Inertia: A Cross-country Study of Educational Responses to HIV*. Global Campaign for Education, ActionAid International with support from CIDA, IIEP, UNESCO et al.
- 157 World Education (2001). *Menarche and Its Implications for Educational Policy in Peru*. Girls' and Women's Education Policy Research Activity (GWE-PRA) Policy Brief. Available at: http://www.worlded.org/docs/Policy_brief.pdf.
- 158 Bruns B et al. (2003). *Achieving Universal Primary Education by 2015: A Chance for Every Child*. Washington DC, The World Bank.
- 159 UNICEF (2004). *The State of the World's Children*. New York, UNICEF.
- 160 Human Rights Watch (2001). *Scared at School: Sexual Violence against Girls in South African Schools*. New York, Human Rights Watch.
- 161 Shepard B (2000). *Youth Programmes in the SADC Countries: Sexual and Reproductive Health and Rights*. Paper presented at the 1st Youth Conference of the Southern Africa Development Community Region, 13–16 June 2000, Maputo, Mozambique.
- 162 UNESCO (2005). *Education For All Global Monitoring Report 2005*. Paris, UNESCO.
- 163 UNESCO (2005). *Education For All Global Monitoring Report 2005*. Paris, UNESCO.
- 164 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Consultation Outcome Reports*. Available at: <http://www.violencestudy.org/r27>.
- 165 National Center for Mental Health Promotion and Violence Prevention (2004). *Prevention Brief*. Newton, MA, National Center for Mental Health Promotion and Violence Prevention.
- 166 Adapted from UNICEF, UNESCO and Save the Children (2002). *Quality Education for All: From a Girl's Point of View*. New York, UNICEF; and UNESCO (2004). *Inclusive, Learner-Friendly Environment Toolkit*. Bangkok, UNESCO.
- 167 UNAIDS Inter-Agency Task Team (IATT) on Education (2006). *Quality Education and HIV & AIDS*. Available at: www.unesco.org/aids/iatt.
- 168 Kirk J, Garrow S (2003). *Girls in Policy: Challenges for the Education Sector*, Agenda No. 56. Durban, Girls' Education Movement.
- 169 Country reports available from the Global Initiative to End All Corporal Punishment of Children at <http://www.endcorporalpunishment.org/index.html>
- 170 Committee on the Rights of the Child (2006). *General Comment No. 8. The Right of the Child to Protection from Corporal Punishment and Other Cruel or Degrading Forms of Punishment (articles 19, 28(2) and 37, inter alia)*, CRC/C/GC/8.
- 171 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: Eastern and Southern Africa*. Available at: <http://www.violencestudy.org/r27>.
- 172 Jewkes R (2000). *The HIV/AIDS Emergency: Department of Education Guidelines for Educators*. Pretoria, Department of Education.
- 173 All responses are available at: <http://www.ohchr.org/english/bodies/crc/study.htm>. As of 20 September 2006, 135 Member States and one observer had submitted responses.
- 174 All responses are available at: <http://www.ohchr.org/english/bodies/crc/study.htm>. As of 20 September 2006, 135 Member States and one observer had submitted responses.
- 175 UNESCO (1996). *Examples of School-based Programs Involving Peaceful Conflict Resolution and Mediation Oriented to Overcome Community Violence*. New York, Ying Ying Lim and Morton Deutsch, International Center for Cooperation and Conflict Resolution, Teachers College, Columbia University.
- 176 Wilson SJ, Lipsey MW (2005). *The Effectiveness of School-Based Violence Prevention Programs for Reducing Disruptive and Aggressive Behavior*. Nashville, Center for Evaluation Research and Methodology, Institute for Public Policy Studies, Vanderbilt University.

- 177 Greene M (2005). Reducing Violence and Aggression in Schools. *Trauma, Violence and Abuse*, 6(3): 236–253.
- 178 UNAIDS Inter-Agency Task Team (IATT) on Education (2006). *Quality Education and HIV & AIDS*. Available at: www.unesco.org/aids/iatt.
- 179 Greene M (2005). Reducing Violence and Aggression in Schools. *Trauma, Violence and Abuse*, 6(3): 236–253.
- 180 Dunne M et al. (2005). *Gendered School Experiences: The Impact on Retention and Achievement in Botswana and Ghana*. London, United Kingdom Department for International Development.
- 181 Moser C, van Bronkhorst B (1999). *Youth Violence in Latin America and the Caribbean: Costs, Causes, and Interventions*. LCR Sustainable Development Working Paper No. 3, Urban Peace Program Series. Washington DC, World Bank.
- 182 Galloway D, Roland E (2004). Is the Direct Approach to Bullying Always the Best? In: Smith PK et al. (Eds). *Bullying in Schools: How Successful Can Interventions Be?* Cambridge, Cambridge University Press, pp 37–54.
- 183 UNESCO (2004). *Making the Case for Violence Prevention Through Schools*. FRESH Tools for Effective School Health, 1st Edition. Geneva, UNESCO.
- 184 All responses are available at: <http://www.ohchr.org/english/bodies/crc/study.htm>. As of 20 September 2006, 135 Member States and one observer had submitted responses.
- 185 Marušić I et al. (2005). *Evaluation of the Programme "For Safe and Enabling Environment in Schools – Campaign for Prevention and Combatting Violence in Schools."* Zagreb, Institute for Social Research in Zagreb and Centre for Educational Research and Development.
- 186 Save the Children Alliance (2005). *10 Essential Learning Points: Listen and Speak Out against Sexual Abuse of Girls and Boys*. Global Submission by the International Save the Children Alliance to the UN Secretary-General's Study on Violence against Children. Oslo, Save the Children Norway.
- 187 Gittins C (2006) *Violence Reduction in Schools – How to Make a Difference. A Handbook*. Strasbourg, Council of Europe.
- 188 Boyle S (2002). *Reaching the Poor: The 'Costs' of Sending Children to School*. London, United Kingdom Department for International Development.
- 189 Cow M (2001). *A World Safe for Children – Ending Abuse, Violence and Exploitation*. Milton Keynes, World Vision International.
- 190 Save the Children (2005). *Children's Actions to End Violence against Girls and Boys*. A contribution to the UN Secretary-General's Study of Violence against Children. Save the Children Sweden.
- 191 Greene M (2005). Reducing Violence and Aggression in Schools. *Trauma, Violence and Abuse*, 6(3): 236–253.
- 192 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Reviews*. Available at: <http://www.violencestudy.org/r27>.
- 193 Seshadri SP (2005). *Children and Violence: Participatory Rapid Assessment Tool*. Bangalore, Kolkata and Lucknow, UNICEF India.
- 194 Save the Children Alliance (2005). *10 Essential Learning Points: Listen and Speak Out against Sexual Abuse of Girls and Boys*. Global Submission by the International Save the Children Alliance to the UN Secretary-General's Study on Violence against Children. Oslo, Save the Children Norway.
- 195 Chigunta F (2005). *Report on the Evaluation of the Child Rights Clubs Project in Zambia*. Lusaka, Save the Sweden and UNICEF. Available at: http://www.unicef.org/evaldatabase/index_31123.html.
- 196 Safe Schools Coalition of Washington. Information available at: <http://www.safeschoolscoalition.org/>.
- 197 L'Observatoire des droits de l'enfant de la région océan indien (2006). *La violence contre les enfants dans la région de l'océan indien*. Annual Report of the Observatoire des droits de l'enfant de la région océan indien. Mauritius, l'Observatoire des droits de l'enfant de la région océan indien.
- 198 UNICEF (2005). *Combatting Violence: Education for Peace – For Me, You and the Entire World*, Background Note. Mexico, UNICEF Mexico.

- 199 Save the Children (2005). *Voices of Girls and Boys to End Violence against Children in South and Central Asia*. Submission to the UN Secretary-General's Study on Violence against Children. Kathmandu, Save the Children Sweden Regional Programme for South and Central Asia.
- 200 UNICEF (2006). *Stigma of AIDS Leads to Killing of an Orphaned Kenyan Boy*, 21 April 2006. UNICEF. Available at: http://www.unicef.org/uniteforchildren/makeadifference/makediff_33564.htm.
- 201 United Nations Secretary-Generals's Study on Violence against Children (2005). *Regional Desk Review: North America*. Available at: <http://www.violencestudy.org/r27>.
- 202 Ierley A, Claasen-Wilson D (2003). *Making Things Right. Restorative Justice for School Communities*. In: TS Jones, R Compton (Eds). *Kids Working It Out*. San Francisco, Jossey-Bass, pp 199–219. Cited in: United Nations Secretary-Generals's Study on Violence against Children (2005). *Regional Desk Review: North America*. Available at: <http://www.violencestudy.org/r27>.
- 203 Adapted from Hart SN (Ed) (2005). *Eliminating Corporal Punishment*. Paris, UNESCO.
- 204 Olweus D (1993). *Bullying at School: What We Know and What We Can Do*. Oxford, Blackwell.
- 205 SAMHSA Model Program (undated). *The Olweus Bullying Prevention Program. FactSheet – SAMHSA Model Program*. US Department of Health and Human Services. Available at: <http://www.clemson.edu/olweus/>.
- 206 Green M (2006). Bullying in Schools: A Plea for a Measure of Human Rights. *Journal of Social Issues*, 62(1): 63–79.
- 207 Green M (2006). Bullying in Schools: A Plea for a Measure of Human Rights. *Journal of Social Issues*, 62(1): 63–79.
- 208 Smith P et al. (Eds) (2004). *Bullying in Schools: How Successful Can Interventions Be?* Cambridge, Cambridge University Press.
- 209 Welbourn A (1995). *Stepping Stones: A Training Package in HIV/AIDS, Communication and Relationship Skills*. London, ActionAid.
- 210 DevTech Systems Inc. (2004). *The Safe Schools Program Ethiopia Assessment Report*. Washington, United States Agency for International Development.
- 211 WHO, UNICEF, World Bank, UNESCO and UNFPA (2003). *Skills for Health*. WHO's Information Series on School Health Document No. 9. Geneva, World Health Organization.
- 212 L'Observatoire des droits de l'enfant de la région océan indien (2006). *La violence contre les enfants dans la région de l'océan indien*. Annual Report of the Observatoire des droits de l'enfant de la région océan indien. Mauritius, l'Observatoire des droits de l'enfant de la région océan indien.
- 213 Campbell C, MacPhail C (2002). Peer Education, Gender and the Development of Critical Consciousness: Participatory HIV Prevention by South African Youth. *Social Science and Medicine*, 55: 331–345.
- 214 Tomasevski K (2004). *Manual on Rights-based Education: global human rights requirements made simple*. Bangkok, UNESCO.
- 215 Grossman DC et al. (1997). Effectiveness of a Violence Prevention Curriculum Among Children in Elementary School. *Journal of the American Medical Association*, 277: 1605–1611.
- 216 WHO, UNICEF, World Bank, UNESCO and UNFPA (2003). *Skills for Health*. WHO Information Series on School Health, Document No. 9. Geneva, World Health Organization.
- 217 Save the Children Alliance (2005). *10 Essential Learning Points: Listen and Speak Out against Sexual Abuse of Girls and Boys*. Global Submission by the International Save the Children Alliance to the UN Secretary-General's Study on Violence against Children. Oslo, Save the Children Norway.
- 218 Prosser J (2002). *Visual Studies and School Playgrounds*. Annual Conference of the International Visual Sociology Association. Santorini, Greece, July 14–17.

- 219 Leach F, Machakanja P (2000). *Preliminary Investigation of the Abuse of Girls in Zimbabwean Junior Secondary Schools*. London, Education Report, Serial No. 39. United Kingdom Department for International Development.
- 220 Leach F et al. (2003). *An Investigative Study of the Abuse of Girls in African Schools*, Educational Papers. London, United Kingdom Department for International Development.
- 221 Kent A (2004). Living on the Edge: Examining Space and Sexualities within a Township High School in Greater Durban. *Transformation*, 54: 59–75.
- 222 Black M, Talbot R (2005). *Water: A Matter of Life and Health*. Oxford University Press/UNICEF India.
- 223 WHO (2004). *International Classification of External Causes of Injury*, Version 1.2. Geneva, World Health Organization.
- 224 CDC/WHO (2001). *Injury Surveillance Guidelines*. Atlanta and Geneva, Centers for Disease Control and Prevention and World Health Organization.
- 225 Analysis provided to the Study by the Global School-Based Student Health Survey: The World Health Organization (<http://www.who.int/chp/gshs> or <http://www.cdc.gov/gshs>) for surveys conducted in 2003–5 for Botswana, Chile (metropolitan area), China (Beijing), Guyana, Jordan, Kenya, Lebanon, Namibia, Oman, Philippines, Swaziland, Uganda, UAE, Venezuela (Lara), Zambia and Zimbabwe (Harare).
- 226 Currie C et al. (2004). *Health Behaviour in School-Aged Children (HBSC) Study: International Report from the 2001/2002 Survey*. Health Policy for Children and Adolescents, No 4. Geneva, World Health Organization.

QUOTES

- I United Nations Secretary General's Study on violence against children (2005). *Regional Desk Review: Latin America*, p 16. Available at: www.violencestudy.org/r27.
- II International Save the Children Alliance (2005). *Voices of Girls and Boys to end Violence against Children in South and Central Asia*. In preparation of the UN Secretary-General's Study on Violence against Children. Kathmandu, Save the Children Sweden Regional Programme for South and Central Asia, p 22.
- III L'Observatoire des droits de l'enfant de la région océan indien (2006). *La violence contre les enfants dans la région de l'océan indien*. Annual Report of the Observatoire des droits de l'enfant de la région océan indien. Mauritius, l'Observatoire des droits de l'enfant de la région océan indien, p 34.
- IV United Nations Secretary-General's Study on Violence against Children (2005). *Regional Consultation Outcome Report: Europe and Central Asia*, p 30. Available at: www.violencestudy.org/r27.
- V Africa Child Policy Forum (2006). *The African Declaration on Violence against Girls*. Second International Policy conference on the African Child. Addis Ababa, 11 and 12 May 2006, p 1.
- VI United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: North America*, p 30. Available at: www.violencestudy.org/r27.
- VII United Nations Secretary-General's Study on Violence against Children (2005). *Regional Consultation Outcome Report: Eastern and Southern Africa*, p 18. Available at: www.violencestudy.org/r27.
- VIII United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: North America*, p 26. Available at: www.violencestudy.org/r27.
- IX Human Rights Watch (2001). *Scared at School: Sexual Violence Against Girls in South African Schools*. New York, Human Rights Watch.
- X United Nations Secretary General's Study on violence against children (2005). *Regional Desk Review: Latin America*, p 28. Available at: www.violencestudy.org/r27.

- XI United Nations Secretary General's Study on violence against children (2005). *Regional Desk Review: South Asia*, p 59. Available at: www.violencestudy.org/r27.
- XII Human Rights Watch (2004). *Letting Them Fail: Government Neglect and the Right to Education for Children Affected by AIDS*. New York, Human Rights Watch.
- XIII United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: South Asia*, p 33. Available at: www.violencestudy.org/r27.
- XIV L'Observatoire des droits de l'enfant de la région océan indien (2006). *La violence contre les enfants dans la région de l'océan indien*. Annual Report of the Observatoire des droits de l'enfant de la région océan indien. Mauritius, l'Observatoire des droits de l'enfant de la région océan indien, p 35.
- XV UNAIDS Inter-Agency Task Team (IATT) on Education (2006). *Quality Education and HIV & AIDS*. Available at: www.unesco.org/aids/iatt.
- XVI Naker D (2005). *Violence against children, the voices of Ugandan Children and Adults*. Raising Voices and Save the Children Uganda, p 35.



IRAQ, 1999, Mahmoud sits in the dormitory of Al-Rahma Rehabilitation Centre for street children in the Rashad section of Baghdad.

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*“Sometimes one day in prison felt like a year.
But after ten days you get used to it and you don’t cry as much.”*

Boy in juvenile detention, Middle East, 2003¹

5

INTRODUCTION

Around the world, millions of girls and boys grow up for substantial periods not in their own or alternative families, but under the control and supervision of care authorities or justice systems. The institutions they live in have many names, including orphanages, children’s homes, care homes, prisons, juvenile detention facilities, reform schools, etc. They may be open or closed (i.e. where children are locked in), and may be run by Governments, private companies or individuals, or by non-governmental or faith-based organisations. Many are large-scale, and children who enter them can live prolonged periods of their lives inside. Whatever their name, these institutions govern the day-to-day lives, personal development and future life chances of a very large number of children.

Although these institutions are established to provide care, guidance, support and protection to children, the boys and girls who live in them may be at heightened risk of violence compared to children whose care and protection is governed by parents and teachers, at home and at school. Reports from many countries in all regions show that institutionalised children are often subjected to violence from staff and officials responsible for their well-being. This can include torture, beatings, isolation, restraints, rape, harassment, and humiliation. In addition, the stigmatisation, isolation and often de-socialisation that results from these institutionalised responses place boys and girls at much greater risk of being exposed to further violence and in some cases becoming perpetrators of it.

Children are institutionalised for a variety of reasons. Some are placed in orphanages (as well as in more home-like arrangements such as foster care or kinship care), because they have lost their parents and have no extended or surrogate family to go to – a problem that is expanding due to AIDS, especially in sub-Saharan Africa. Others are there because of physical or mental disability, psychiatric or other severe illness. Many have been given up by parents who, lacking money or support services to cope with their child’s disabilities, feel they have no alternative. As a result, many children with disabilities are institutionalised in hospitals. Some have run away, or have been removed by the authorities, from violent and abusive homes.

The majority of children in the custody of police, or in detention because of actual or perceived offences should not be there. In many countries, this group typically includes children simply in need of care and protection but who have been placed in correctional facilities under charges such as vagrancy, and have thereby been criminalised for nothing more than homelessness and poverty. The vast majority of children in detention are charged with minor or petty crimes, and are first-time offenders.¹ The ‘institutionalised’ umbrella also includes migrant and refugee children, including those seeking asylum and who are placed in detention centres while their cases are being decided. Children in the custody of the State as members of peacetime armies are also included.

Ill-treatment – and outright negligence – stems not only from the typical overcrowding, squalid conditions and lack of resources invested in the care of these girls and boys. As importantly, there is often a profound degree of discrimination against children who end up in institutions. The lack of public concern about brutality towards children in correctional institutions may reflect societies' rejection of children who do not conform to conventional social behaviour. Such stigmatisation may also be expressed in the abusive attitudes and behaviour of poorly trained staff.

Stigma also contributes to violence against children with disabilities. Research has shown that they are frequently at higher risk of staff violence in institutions than other boys and girls.²

The violence suffered by children in institutions can be exacerbated when they are housed with adults or older children; this may lead to physical and sexual victimisation by other older children and adult inmates. The impact of institutionalisation goes beyond the immediate exposure of children to violence: long-term effects can include severe developmental delays, disability, irreversible psychological damage, and increased rates of suicide and criminal activity. A study from the USA found that children who had been in detention in the juvenile justice system were at great risk of early violent death. The main cause of death for young people who had been detained as children was homicide (90.1%). Being male, a member of a racial or ethnic minority, and from an urban area were the salient risk factors for violent death, as well as for being caught up in the juvenile justice system.³

Institutions housing children are often closed to public scrutiny. They lack a basic legal framework prohibiting all violence, and also lack adequate Government regulation and oversight, effective complaints mechanisms, and inspection systems. Perpetrators are rarely held accountable, allowing high rates of violence to continue unchecked, thereby perpetuating tolerance of violence against children.

TYPES OF CARE INSTITUTIONS

While there is no universally accepted definition of a children's care institution, the features most have in common are round-the-clock care of children who live apart from their families, and supervision by remunerated staff. The size, organisation and activities carried out within these institutions can vary widely. In the most closed and isolated institutions, the child's entire life – education, health services and work, leisure and sleep – takes place there, and the institution is very much cut off from the rest of the community.⁴

Some broad categories of institutional care include:

Long-term residential or institutional care: The number of children living in individual institutions may range from a few dozen to several hundred. Some residential institutions are specifically for children with disabilities. The terms 'residential care' and 'institutional care' are used interchangeably in this chapter.

Emergency shelter care: Facilities that provide services to meet children's basic needs for safety, food, shelter and education on a short-term basis.

HUMAN RIGHTS INSTRUMENTS

The Convention on the Rights of the Child (CRC) requires States to provide special protection to children who are deprived of a family environment (articles 19, 20). The increased risk of violence against children in institutions adds to the State obligations to take effective legislative and other measures to protect children in care or detention from violence, and reduce significantly the number of children who are institutionalised and detained. The CRC recognises that children should grow up in a family environment: the Convention's Preamble states that "... the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding."

Other articles reiterate the centrality of the family in the upbringing of the child, except when the child's best interests dictate that alternative arrangements be made. Article 9 concerns family contact in cases where children are separated from their families; article 37(b) asserts that "the arrest, detention and imprisonment of a child shall be used only as a measure of last resort, and for the shortest appropriate period of time." Article 40 concerning children in conflict with the law asserts that children should be treated "in a manner consistent with the child's sense of dignity and worth... and which takes into account the child's age and the desirability of promoting the child's reintegration." These provisions make clear that alternatives to institutional care which support the children's development and allow them to remain at home and at school are far preferable to judicial procedures and institutionalisation⁵.

The CRC specifically addresses the rights of boys and girls with disabilities, recognising "that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community" (article 23). Segregation and institutionalisation can never be justified by disability. Children with disabilities are frequently institutionalised and dangers of such placements are well known, thus the CRC requires child care which does not involve social isolation or exclusion. In addition, article 25 entitles all children who have been placed in care to have a periodic review of all aspects of their placement.



HUMAN RIGHTS INSTRUMENTS

The International Covenant on Civil and Political Rights (ICCPR) states that the sentence of death shall not be imposed for crimes committed by persons below 18 years of age (article 6). The Covenant also contains provisions which stipulate that juvenile offenders shall be segregated from adults and be accorded treatment appropriate to their age and legal status (article 10). Article 14 of the Covenant states that procedures against juvenile persons should take account of the age and the desirability of promoting rehabilitation. In addition, the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment states that States should take effective legislative, administrative, judicial or other measures to prevent acts of torture (article 2).

Psychiatric facilities: Residential care, staffed by personnel including medical professionals, for children with psycho-social disabilities.

Group homes or home shelter: Personalised residential care, provided by one or more staff in a house that is not their own, looking after a group of children (typically 10–15) in a less formal, more home-like environment.

Two other categories of care which aim to provide a non-institutional environment for children living apart from their families are:

Foster care: The placement of a child with another family for a variable period of time. The foster child is accepted into the home of the foster family, which often includes the parents' biological children.

Informal foster care/kinship care: Placement of a child with another family, which may have kinship ties to the child, usually without the involvement of Government authorities. (See

the chapter on violence against children in the home and family.)

BACKGROUND AND CONTEXT

THE RISE OF THE INSTITUTION

From their earliest inception, institutions created to take in children were essentially set up as repositories for the unwanted. Historians suggest that the earliest institution specifically for the care of neglected children was created in Constantinople in the 3rd century AD as a means of reducing infanticide. Later on, in the Middle Ages, foundling homes for abandoned children were set up by the Church in Italy, and the practice spread across Europe.⁹ As well as being a charitable work, the foundling home was a means of removing neglected and abandoned children from the streets and making the problem invisible to society – an increasingly important task as the rate of

UN STANDARDS ON JUVENILE JUSTICE

In addition to the CRC, specific UN standards have been adopted for handling cases of children in conflict with the law. These include the Standard Minimum Rules for the Administration of Juvenile Justice, known as ‘the Beijing Rules’, adopted in 1985, which offer guidance on the administration of justice in such a way as to provide for the protection of children’s rights and respect for their developmental needs.⁶ Two other standards adopted in 1990 – the UN Guidelines for the Prevention of Juvenile Delinquency (the Riyadh Guidelines) and the UN Rules for the Protection of Juveniles Deprived of their Liberty (the JDL Rules) – complete the framework of prevention, case management, and social rehabilitation of children.^{7,8}

Many children who have been abandoned or placed in residential care, including children with disabilities, could live with their families if provided with adequate social, financial or medical support. By ratifying the CRC, States have committed themselves to providing such support to the maximum extent of their resources (article 18.2). When living with the biological family is not in the child’s best interests, a range of family-based alternatives should be put in place to provide safer and more beneficial care than large-scale institutions (article 20). Similarly, stronger care and protection systems, including support for families, could reduce the number of children who come into conflict with the law. The vast majority of offences committed by children are petty and non-violent. Community-based alternatives to detention provide not only a safer environment for children, but much more effective means of rehabilitation.

When institutionalisation or detention is absolutely necessary, a safe environment for children must be provided, with adequate trained staff, programmes and services. Children should have clear, accessible and safe opportunities to complain about the way they are treated, and Governments must ensure effective monitoring, investigation, and accountability mechanisms to address violence when it occurs and to hold the perpetrators responsible.

abandonment of infants reached one in four in some European cities in later centuries. Until the 20th century, the mortality rate among children in such institutions was invariably high.¹⁰ This reflected not only the swift spread of infection in any crowded residential setting before the advent of public health systems, but

also the lack of effective and individual care given to the children.

Institutions for children grew with industrialisation and colonialism. As slums, unemployment and crime proliferated in the early industrialised world, the idea developed of ‘rescuing’

“There were teachers [at the ‘orphanage’] who exceeded their authority and could beat us for no reason. They know that children have nowhere to turn. And they could do anything they wanted.”

Child, Europe and Central Asia, 2003¹¹

poor children from their families – often judged to be delinquent or depraved – and protecting them in residential institutions. Meanwhile, in colonial and post-colonial settings, indigenous or aboriginal children were also seen as needing to be ‘saved’ from what were judged to be ‘inferior’ cultures. In Australia and Canada, for example, entire generations of such children were removed from their families, placed in residential schools, and denied their own culture, clothing and language.¹¹ Systems of ‘juvenile justice’ in Europe and the Americas began to introduce residential detention institutions that were separate from adult prisons in the late 19th and early 20th century.

In some places, the development of large-scale institutions for children came later, either to deal with profound social distress after such events as the two World Wars; or as part of an ideological commitment to ‘socialised’ child care. This was the pattern in many communist countries, notably those in the post-1945 USSR sphere of influence.

SECOND THOUGHTS ABOUT INSTITUTIONAL CARE

As understanding about child development grew, some countries began to cut back on the use of residential care institutions, and to consider options other than detention for children in conflict with the law. Beginning in the second half of the 20th century, it became recognised that large, closed institutions could not support physical, social, emotional and cognitive development in any way comparable to that in a family setting.¹²

Today, social policy ‘best practice,’ reflecting the CRC and other human rights obligations, aims to provide as many children as possible with an upbringing in a family, and access to a mainstream school and community life. However, the process of de-institutionalisation, and recognition of the damaging effects of institutionalisation on children, is at different stages around the world. In countries where institutionalisation of children was never taken up on any major scale, the care institutions that did develop have mostly been small and run by private or religious institutions.

In some countries the level of youth crime has become a high-profile political concern, and there has also been some regression towards institutional detention, even when actual child offender rates have fallen. In many countries, children in conflict with the law have typically been detained within the same institutions as those for adult offenders, and few countries have invested in real alternatives to detention.

Unfortunately, the numbers of children who lose the protection of their families and require alternative forms of care are growing for a variety of reasons. These include the changing social patterns accompanying rapid urbanisation, natural disasters, armed conflict, widespread population displacement, and the HIV/AIDS pandemic.

FACTORS CONTRIBUTING TO VIOLENCE IN INSTITUTIONS

Violence against children in care and justice systems is legitimised by long-held attitudes and behaviours, and failures in both law and

its implementation. At the time when the establishment of care institutions for children in disadvantaged and marginal groups was a preferred social policy, corporal punishment was almost universally endorsed for the discipline and control of unruly children. This effectively meant that institutionalised children were exposed to a brutal regime and to frequent violence. In all regions, by omission or commission, this situation still prevails.

Low priority

Despite changes in child care practice and the evolution of children's rights, including juvenile justice standards, reform has been slow to take place in institutions. Few Governments have set about de-institutionalising as many children as possible in keeping with their human rights obligations. This is mainly because of the low level of importance accorded to the most disadvantaged children in society – those who have been orphaned, abandoned, those living with disabilities, or in conflict with the law.

Far too often, children needing care and protection outside the family become the focus of policy attention only when some notorious care system failure or rampant abuse occurs. This lack of priority in policy terms means that conditions in residential care and juvenile detention centres are frequently poor, with inadequate (sometimes life-threateningly meagre) nutrition, hygiene and health care.

Low levels of funding result in a lack of properly qualified professionals. In Azerbaijan, for example, a 2005 report indicated that not one of the

country's 69 residential care institutions had a child psychologist on staff, despite the identified need for such expertise.¹³ There may in addition be no specialised facilities for children. In Northern Ireland, for example, only 15 beds are available for adolescents with severe mental health problems.¹⁴

Inadequate staffing

Unqualified and poorly remunerated staff are widely recognised as a key factor linked to violence within institutions. Low pay and status frequently result in poorly motivated employees and rapid staff turnover, and under-staffing is a serious problem. For example, in a number of countries it has been documented that staffing ratios in institutions for children with disabilities may be as high as one hundred children for each staff member. Under such conditions, children are often left unattended for long periods, and overnight entire wards are unattended or padlocked, with only a skeleton night shift. Physical and sexual abuse in such instances is rife.¹⁵

Relatively few staff in care institutions receive any special training in child development or rights, or information about issues of violence. In institutions for children with disabilities, inadequately trained staff can be quick to lash out at the children.¹⁶ Overwhelmed staff may resort to violent measures to maintain discipline, particularly when supervision is lacking. Staff 'burnout' results in increasingly negative attitudes towards children and in patterns of physical and impulsive responses to confrontation.¹⁷

Individuals with histories of violence against children, including sexual abuse and exploi-

tation, may seek out jobs that allow them easy access to children. Rigorous background checks on personnel are still rare, allowing an employee who has been dismissed from one institution to be hired by another and to continue a pattern of abuse.¹⁸

Failure to supervise staff properly is also a serious problem. A study of abuse in residential care in the UK identified ineffective management and minimal contact by managers with staff as significant features common to abuse cases.^{19,20}

Lack of Monitoring and Oversight

Residential care and detention facilities are often unregulated and closed to outside scrutiny, especially those run by private agencies, faith-based organisations, and NGOs, or that are situated in isolated areas. In such circumstances, violence may continue for years until an extreme incident brings it to light. Moreover, individuals responsible for violence against children in care and justice systems are rarely held accountable for their actions. If cases are reported, they often are only investigated superficially and prosecutions are extremely rare. Those in a position to take action may be complicit in the abuse, reluctant to discipline or prosecute a colleague, or fearful of negative publicity or loss of financial support. They may respond by blocking access to the institutions; punishing or threatening to dismiss workers if they speak out. The failure to hold perpetrators accountable only ensures that violence continues. Perpetrators go on to abuse other children, and their violent acts create a climate where violence against children becomes 'acceptable' and commonplace.^{21,22}

Mixing different levels of vulnerability

Many facilities fail to segregate vulnerable children from dangerous peers. Children who are vulnerable to violence because of age, size, sex or other characteristics are often housed together with older children with a history of violent behaviour.²³ For example, in former Serbia and Montenegro, NGOs report that children under the age of seven may be placed in the same institution as child offenders over the age of 14.²⁴ In Jamaica, where children in need of care and protection are often housed with children charged with offences, a 2003 Government investigation found that 'bullies' or gangs of older children sexually preyed upon more vulnerable children.²⁵ In many countries, children in detention are held with adult offenders, greatly increasing their risk of violence.



RWANDA, 1998, Rose, 4, helps set tables for lunch at the Gitarama Orphanage, where she and her sister have lived since losing their parents in the 1994 genocide.

“Some of us are abused at home. We move into the child welfare system that is meant to protect us. The system abuses us. We try to make a complaint and nothing is done. We harbor all this anger and lash out at our peers, family, friends, social workers, foster parents, group home staff, teachers etc., and the cycle continues. Somewhere this needs to stop.”

Young person, North America, 2004¹¹¹

5

CHILDREN IN INSTITUTIONAL CARE

By some accounts, as many as eight million boys and girls around the world live in institutional care.²⁶ Some studies have found that violence in residential institutions is six times higher than violence in foster care, and that children in group care are almost four times more likely to experience sexual abuse than children in family-based care.²⁷ In Kazakhstan, for example, a 2002 study found that over 63% of children in children’s homes reported that they had been subjected to violence; 28% indicated that such violence occurred regularly.²⁸ A survey of 3,164 children in residential institutions in Romania found that physical abuse included beatings, suppression of meals, physical isolation, and submission to various humiliating jobs. Almost half of the children surveyed confirmed beating as a punitive practice. More than a third of the institutionalised children were aware of cases when children were obliged to have sexual relations. Abusers included members of the staff and mainly older children in the institution.²⁹

NATURE AND EXTENT OF THE PROBLEM

Numerous studies have consistently established the negative impact of institutionalisation and the existence of high rates of violence in large-scale residential care. Yet in some parts of the world, and for some groups of children, rates of institutionalisation are increasing. For example, between 1989 and 2002, the proportion of children in institutional care was estimated by one researcher to have increased by 3% in

Central and Eastern Europe and the former Soviet Union, even though the actual numbers had declined due to a falling population. (The total number of children in institutional care declined during that period, however, because the total population of children in the region declined, the proportion of children in institutions actually increased.)³⁰

Some countries in which large-scale institutional care was previously approved have deliberately moved away from this kind of care for children without families. For example, the number of children living in children’s homes has dropped significantly over the last 20 years in England,³¹ Italy and Spain.³² In the USA and Canada, where the number of children in out-of-home care has increased significantly in recent years, the majority of children are placed in foster care or group homes.³³

The pattern of de-institutionalisation is not uniform among industrialised countries, however. In Japan, 30,000 children remain in institutions established in the post-War era. These children still live in large dormitories in hospital-like buildings, run by a small, non-specialist and overworked staff, and there is virtually no therapeutic case work. Funds are from private charitable sources, and boards of directors have ill-defined functions and are rarely monitored.³⁴

High rates of institutionalisation can also be found in other regions. In the Middle East, over 25,000 children were in residential care in 1999–2000 in Lebanon, while in Morocco, there were an estimated 25,300 children in residential care in 1999–2000.³⁵ In Latin America, certain countries still report significant num-

bers of children in care institutions, the highest being Colombia (24,300), Brazil (24,000), Bolivia (15,600), and Chile (11,600) according to figures published in 2004.³⁶

In Africa, the extended family has normally absorbed orphaned children and other victims of family casualty, and rates of institutionalisation have traditionally been low. In many African countries, the only orphanages that existed until recently were set up by missionaries before independence. However, today in many African countries private orphanages are now mushrooming, as faith-based organisations, NGOs and private donors seek to respond to the growing numbers of children orphaned by HIV/AIDS and armed conflict.³⁷ Evidence from Liberia,³⁸ Uganda,³⁹ and Zimbabwe⁴⁰ all points to an increased use of institutional care in recent years. Children's rights advocates point out that the majority of children entering these institutions often have at least one living parent or contactable relative. They argue that these new institutions simply draw children out of communities, and represent funds which could have been better used to provide improved support services at local level. Institutional care is also expensive, costing between six and 100 times more than community-based foster care, the policy response preferred both by Governments and aid donors.⁴¹

Institutionalisation in Eastern Europe and former Soviet countries

Institutions for children are more prevalent in Central and Eastern Europe (CEE) and in the Commonwealth of Independent States (CIS) than any other region. During the 1960s and

1970s, large numbers of institutions opened throughout the region. Following the collapse of communist Governments, lack of alternative support systems for families meant that the widespread use of institutions continued. In 2002, an estimated 1,120,800 children were in public care in 27 of the CEE, CIS and Baltic States, 54% of whom – around 605,000 – were in residential facilities.⁴²

Many of these facilities are for children with disabilities. In 2002, an estimated 317,000 children with disabilities in the region lived in residential institutions.⁴³ In some countries, children labelled as 'disabled' make up the majority of those in residential care. In Uzbekistan, for example, children with disabilities in care number almost 20,000, compared to only 4,300 without disabilities.⁴⁴

Ethnic minorities targeted

Historically, children from racial and ethnic minorities tend to be over-represented in care (for example in Australia, Brazil, and Canada, as mentioned above), and in many cases this trend persists. In Romania, for example, the Roma people account for less than 10% of the country's population, yet as many as 40% of institutionalised children are Roma. This pattern is repeated in several other countries of Eastern Europe, including Bulgaria, the Czech Republic and Hungary. In Central and Eastern Europe and ex-USSR countries generally, prejudice against ethnic minorities is reported to have led staff in residential institutions to discourage contact between parents and their institutionalised children, and reduced foster care and adoptive placements.^{45,46}

WHY CHILDREN ARE PLACED IN RESIDENTIAL CARE

In contrast to earlier times, today relatively few children are placed in residential care because they have no parents. In the CEE and the CIS, for example, the proportion of children living in residential institutions who have no living parent is between 2% and 5%,^{47,48} while in Brazil it is about 5%.⁴⁹ Most commonly, children are placed in care because of disability, family disintegration, violence in the home, lack of social support systems, and poor social and economic conditions, including poverty. In some countries, natural disasters, armed conflict or the effects of the HIV/AIDS pandemic may leave parents unable to care for their children. Illness, accidents, and incarceration may also separate children from their parents.

Poverty: This is a significant factor in the decision of many parents to place children in residential care. When parents feel unable to provide for their children, and believe that children can receive better access to education, health care and adequate nutrition in residential facilities, they may choose to place their child in care, believing he or she will be better off than at home.

Violence within families: Many children end up in care because of violence in their family, including neglect, and psychological, physical and sexual violence. Domestic violence in Latin America is also a leading cause for the loss of parental care.⁵⁰ SOS Children's Villages found that 73% of children in their Villages in Venezuela had prior experiences of physical or psychological violence, including sexual

violence. The organisation found that 88% of children in SOS Children's Villages in Croatia, 75% of children in Belarus, and 55% of children in Lithuania, had suffered physical or sexual violence within the biological family.⁵¹ Also, many children are removed from families because of substance abuse by their parents and caregivers.

Disability: Because of the widespread stigmatisation of children with disabilities as well as the lack of support provided to parents, these children are institutionalised at significantly higher rates than other children. In Jamaica, for example, 65% of children with developmental or physical disabilities live in homes run exclusively for children with disabilities.⁵² Country reports prepared by the CEE/CIS for the 2002 UN Special Session on Children found that the overriding reason why families placed their children with disabilities in institutions was due to a lack of care-giving capacity. Misdiagnosis, over-diagnosis and an exclusive focus on the medical model of disability are also problems leading to the overuse of institutionalisation in these countries. In some cases, the lack of stimulation or the lack of access to high-quality health and education can delay development, therefore adding to the children's disability.⁵³

Family catastrophes including HIV/AIDS: Armed conflicts, natural disasters on a massive scale, the HIV/AIDS pandemic, or other disease naturally incline some humanitarian organisations to propose the establishment of care institutions and orphanages as a suitable response to the large numbers of children in need of care. In Russia, for example,

babies born with HIV who have been abandoned are placed in special orphanages just for HIV – positive children, or isolated indefinitely in hospital wards, where they are deprived of any opportunities for social, physical and mental development.⁵⁴ In some conflict-torn countries where a high proportion of children have lost one or both parents, levels of institutionalisation may be unusually high. In Somalia, for example, although it is contrary to Islamic standards and traditional norms, use of children's homes or orphanages is strongly advocated by parents and carers, especially in urban areas. Children's homes, all of which subsist on external, mostly charitable support, provide children with food, shelter and education, which are often not available elsewhere. Among the approximately 8,000 Somali children resident in children's homes, a high proportion of them have relatives.⁵⁵

Lack of alternatives: In many environments, alternatives to institutionalisation, including support for vulnerable families and family-based care, have not been developed. This can lead to unnecessary overuse of residential placements. For example, the director of a psychiatric hospital in Turkey estimated that of 500 patients (including adults and children) at his facility, only 10% would need to be confined as in-patients if community-based services were available.⁵⁶ In Romania, the population of children in orphanages has been reduced, but many children with disabilities have simply been moved from larger institutions to smaller ones. The extensive funding needed for these new institutions has drained scarce resources from developing foster care

and services that would support community integration.⁵⁷

Patterns of institutionalisation

There is great variation in patterns of institutionalisation between countries, even within regions. A recent study carried out in European countries found significant differences in the reasons why children under the age of three are being taken into care. In Western European countries (Belgium, France, Norway, Portugal, Sweden and the UK), which provided information on reasons for placing children under three in residential care institutions, the main reasons were abuse and neglect within the family (69%), social reasons such as parents in prison (23%), abandonment (4%), and disability (4%).

There were no orphans (defined in this context as children with no living parents) living in institutions in these countries. In contrast, a little over one in 20 of the institutionalised children in central and south-eastern Europe (Croatia, Czech Republic, Estonia, Hungary, Latvia, Romania and Slovakia), Cyprus and Malta were orphans. The main reasons for the children being placed in residential care in these countries were abandonment (32%), social reasons such as family ill-health and incapacity (25%), disability (23%), abuse or neglect (14%), and orphaned (6%).⁵⁸

The study concluded that less wealthy countries with lower levels of spending on public health and social services tended to have higher numbers of institutionalised children. It speculated that this might be due to a lack

of counselling services to prevent abandonment, and that are unable to provide social services to parents who are at risk of being violent towards their child. As well, in countries with fewer health and social services to offer parents such as mental health and alcohol or drug addiction services, children are likely to remain in institutional care for longer periods of time.

In Brazil, a national survey of 589 institutions receiving federal funding used somewhat different categories to collect data on institutionalisation of children of all ages. The main reasons children were institutionalised included the following: family's lack of material resources (i.e. poverty) (24%), abandonment by parents or guardians (18%), domestic violence (11%), parents' or guardians' addiction to chemical substances (11%), parents living on the streets (7%), orphaned: 5%, imprisonment of parents or guardians (4%), and sexual abuse by either parents or guardians (3%).⁵⁹

Most children living in institutions could be reintegrated into their families with the assistance of social workers, or other services and support. When family reintegration is not possible, other family-based alternatives provide a far safer and more beneficial environment for children. The lack of arrangements for alternative systems of care in countries with the means to provide such systems is another demonstration of the obscurity and prejudice surrounding the care of children who have been deprived of their families, or had the misfortune to be born into dysfunctional, violent, or fragmented home situations.

SOURCES OF VIOLENCE WITHIN CARE INSTITUTIONS

The heightened risk of violence to children in care institutions comes from a variety of sources. The greatest amount of evidence concerns violence of various kinds by staff, including neglect, and violence by children against other children. In addition, some forms of treatment practiced in many institutions themselves constitute violence.

Violence by staff

Children in residential facilities may be subjected to physical, sexual and psychological violence by staff. Such violence can include verbal abuse, beatings, excessive or prolonged restraints, rape, sexual assault or harassment. Some of it comes in the form of State-authorised and still lawful violent disciplinary measures. In 145 States, corporal punishment and other forms of degrading punishment or treatment have not been explicitly prohibited in all residential institutions and other forms of alternative care; only 31 States have consistently prohibited all corporal punishment in all forms of alternative care.⁶⁰ In some States, there are detailed regulations specifying how punishment is to be administered, including the implement to be used, and what parts of the body may be struck.

Although the State is responsible for protecting children from violence irrespective of who is providing their care, staff violence has been documented in institutions around the world, including those run by the State, by faith-based organisations, and by private entrepre-

neurs or enterprises. The forms of violence can be horrific. In care institutions in Jordan, children have been reportedly subjected to beatings with hands, sticks and hoses, and having their heads hit against the wall.⁶¹ In care institutions in Qatar, a study found that children were often beaten with sticks by institution staff, including teachers, supervisors, guards and social workers.⁶²

Violence in the guise of treatment

In residential institutions for children with disabilities (including brain injuries, developmental disabilities, and psychiatric disabilities), children may be subjected to violence as part of their purported ‘treatment.’ For example, in Turkey, a two-year investigation found that in psychiatric institutions, children as young as nine were subjected to electroconvulsive or ‘shock’ treatment (ECT) without the use of muscle relaxants or anaesthesia. Such treatment is extremely painful, frightening and dangerous.⁶³

Electric shocks are also used as an ‘aversive treatment’ to control children’s behaviour in some institutions. For example, the SIBIS (Self Injurious Behaviour-Inhibiting System) device is a commercially available remote-controlled electric shock device marketed almost exclusively for administering shocks to children with disabilities. One facility in the United States devised its own ‘substantially stronger’ device when it found that electrical shocks from the SIBIS device “lost much of (their) effectiveness” over a period of a few months.⁶⁴

Drugs may also be used, not for medical treatment, but to control children’s behaviour and

make them more ‘compliant.’ This may have other implications; for example when children with disabilities are heavily medicated by staff in institutions and hospitals (often as a way of coping with staff shortages), they are unable to defend themselves from physical violence or sexual assault.⁶⁵

A further example of State-authorised violence is the practice of performing medical interventions to limit reproductive functions – for example, giving hysterectomies to young girls with intellectual impairments or mental health concerns. There have been reports of this violation of human rights on girls as young as seven or eight.⁶⁶ There is no medical justification for such operations. However, several reasons have been given, including that the operation will prevent the girls from menstruating, thus avoiding demands that would otherwise be placed on caregivers; and that it will ensure that the young girl will not become pregnant. Such concerns reflect the problems of understaffed institutions and the lack of sexual and reproductive health education and services for girls with disabilities, as well as the lack of adequate protection against the assumed risk of rape for young women both in institutions and the community.

Lack of care as a form of violence

Wherever children are living, including when they are in the custody of the State, Governments are required to ensure that basic needs are met. However, conditions in many residential institutions are often so poor that they put the health and lives of children at risk. Institutions are often overcrowded, unsanitary, and lacking

in both staff and resources, leading to increased mortality rates among these children compared to their peers in family environments.

In Mexico, children in psychiatric facilities have been found lying on mats on the floor, some covered with urine and faeces. Lacking adequate staff supervision, some children were seen eating their own faeces and physically abusing themselves.⁶⁷ In rehabilitation centres for children with mental disabilities bedridden children emaciated from starvation and dehydration have been found. Bottles of food were provided by staff, but children who were unable to pick up the bottles due to their disability got no nourishment.⁶⁸

In many facilities for children with disabilities, the children have no access to education, recreation, rehabilitation or other programmes. They are often left in their beds or cribs for long periods without human contact or stimulation. Such deprivation often leads to severe negative physical, mental and psychological damage, and in many instances to death.

Violence by other children

Children in residential care are vulnerable to violence from their peers, particularly when conditions and staff supervision are poor. Lack of privacy and respect for cultural identity, frustration, overcrowding, and a failure to separate particularly vulnerable children from older, more aggressive children often lead to peer-on-peer violence. Staff may sanction or encourage peer abuse amongst children – either to maintain control or simply for amusement.

While recent studies are not common on this issue, studies from the 1990s in the UK, Russia, and elsewhere indicated that bullying and sexual abuse by peers while children were in care widespread.⁶⁹ ‘High-impact’ physical violence was also reported widely, ranging from knife attacks to kicks and punches, primarily from peers.⁷⁰ In some cases, children reported that orphanage staff pitted them against each other for their own entertainment.⁷¹

IMPACT OF INSTITUTIONALISATION ON CHILDREN’S HEALTH AND DEVELOPMENT

The overuse of institutions for children exacts enormous costs on children, their families, and society. Extensive research in child development has shown that the effects of institutionalisation can include poor physical health, severe developmental delays, disability, and potentially irreversible psychological damage. The negative effects are more severe the longer a child remains in an institution, and in instances where the conditions of the institution are poor.

The risk of developmental and psychological damage is particularly acute for young children under the age of four, which is a critical period for children to bond to their parents or caregivers.⁷² Even in a well-staffed institution, it is unlikely that the attention they might receive from their own parents would be replaced by staff. One study on institutions in Europe found that young children (0–3 years) placed in residential care institutions without parents were at risk of harm in terms of attachment disorder, developmental delay and neural atro-

phy in the developing brain. The study concluded that “The neglect and damage caused by early privation of parenting is equivalent to violence to a young child.”⁷³

Inactivity, social isolation, and degrading conditions of living in institutions can lead to a decline in a child’s social and psychological functioning.^{74,75} After spending time in an institution, children can lose basic skills that they had upon entry, such as the ability to look after themselves and to develop caring relationships.

The physical condition of children in institutions may also deteriorate. Lacking rehabilitation, physical therapy or other programmes, children are often left to languish for years in a state of total inactivity. Without stimulation and opportunities for mobility, children’s arms, legs, and spines become contorted and atrophied from lack of use. Lacking adequate human contact, some children resort to self-harm. Their situation is exacerbated when staff respond by using physical restraints.

Institutionalisation also fuels the cycle of violence: institutionalised children are more likely to engage in self-harm, aggression towards others, or become involved in crime, prostitution, or substance abuse. One study in Russia suggests that one in three young people who leave residential institutions becomes homeless, one in five ends up with a criminal record, and one in ten commits suicide.⁷⁶ Some studies indicate that many institutionalised children are emotionally vulnerable and crave adult attention, making them ready targets for traffickers.⁷⁷ A study in the Republic of Moldova found that young people who had spent part

of their childhood in institutions were over-represented by a factor of 10 among returned trafficking victims.⁷⁸

Research also shows that children placed in residential care are more likely to come into conflict with the law. In Northern Ireland, for example, a large proportion of young people who end up in the criminal justice system have come from a care background. Twenty-five percent of those in custody are admitted directly from residential care, and an estimated 70% of 10–13-year-olds in detention are from the care system. One study on the state of mental health services regarding children in secure care and custody in Northern Ireland found that 48% of young people questioned had been in care for over five years, and that 22% had experienced four or more placements within the previous two years – with one person having been moved 13 times.⁷⁹

CHILDREN IN CUSTODY AND DETENTION

Violence against children while in justice institutions or in the custody of the police – police lock-ups, prisons including adult prisons, reformatory schools, and other places where children in conflict with the law may be held – is more common than violence against children placed in institutions solely for provision of care. Even though there are many overlaps and similarities (poor conditions, low quality of staffing, etc.), the institutional treatment of children regarded as being anti-social or criminal is likely to be more physically and psychologically punitive than that of other groups or in other environments. All the prejudices

and discriminations attached to unwanted or family-less children are reinforced where the child is seen as a social nuisance, or worse.

NATURE AND EXTENT OF THE PROBLEM

Although information is hard to find and data on children in care and justice systems are not generally disaggregated, some sources estimate that, at any one time, one million children worldwide are deprived of their liberty. This is certainly an underestimate, and better data collection is urgently needed globally. For example, in the USA alone, more than 600,000 children and teenagers spend some period of time in secure detention facilities every year.⁸⁰

The vast majority of boys and girls in detention are charged with minor or petty crimes, and are first-time offenders. Very few have committed violent offences. Many have committed no offence at all, but have been rounded up for vagrancy, homelessness, or simply being in need of care and protection.⁸¹

In many countries, the majority of children in detention have not been convicted of a crime, but are simply awaiting trial. In Pakistan, as of March 2003, out of around 2,340 children detained in prisons alone (i.e. not taking into account detention in police cells and other institutions), in just four regions of Pakistan, 83% were under trial, or waiting for their trial to start.⁸² In six jails in Cebu, the Philippines, 75% of children held in jail between 1999 and 2001 were detained pending trial.⁸³

Building on the International Covenant on Civil and Political Rights, the CRC requires

that every child deprived of their liberty has the right to prompt access to legal and other appropriate assistance and the right to challenge its legality, and to receive a prompt decision (article 37d). However, pre-trial detention may last for months or even years. In Burundi, for example, the pre-trial period for children is sometimes longer than the maximum sentence for the offence that was allegedly committed.⁸⁴ Pre-trial detention of children in Lagos State, Nigeria, has been found to last for as much as one year.⁸⁵ Disturbingly, many of the children detained for long periods are never convicted of a crime. In Pakistan, only 13–17% of detained children were eventually convicted of any offence.⁸⁶ In the interim, they are detained for months or even years in overcrowded, dismal conditions, at risk of violence from staff, peers and adult inmates.⁸⁷

Studies in South Asia indicate that the majority of children detained are eligible for bail and pose no danger to the public.⁸⁸ However, judges routinely set bail well beyond the reach of detainees' families, resulting in needless incarceration.⁸⁹ Bail is rarely, if ever, considered as an option for street children.

After trial, large numbers of children are sentenced to correctional facilities or prisons. Although, as noted earlier, CRC article 40 encourages a variety of alternatives, including supervision orders, probation, and foster care, imprisonment is often the norm. For example, in Indonesia in the late 1990s, up to 99% of juvenile offenders brought before the courts were sentenced to prison.⁹⁰ In Bangladesh, children are frequently sent into 'safe custody'

by the police and the courts, even if this is unnecessary. Bangladesh passed a Children's Act in 1974 which called for a separate system of juvenile justice, probation, and the removal of children from adult prisons. However, more than 30 years later, the provisions of this Act are breached and abused at every stage of a child's contact with the law, and children in custody may experience appalling conditions, abuse of rights, and violence.⁹¹

Similar situations have been reported in Africa. Most countries in Eastern and Southern Africa have legislation on juvenile justice systems designed to respect the rights of the child. However, many are not functioning or do not exist due to financial constraints and lack of capacity. Separate facilities for children in conflict with the law are scarce, and children under 18 are imprisoned with adult offenders, putting them at even greater risk of violence and sexual abuse. This situation has been reported to the Study from Kenya, Madagascar, Eritrea, and Mozambique, and occurs in many other countries.⁹²

HISTORICAL CONTEXT

Policies to deal with children in conflict with the law have evolved as societies themselves have changed over time, and as ways of administering law and order have been redesigned to match contemporary socio-political ideas and realities.

Children living on the streets of towns and cities, some of them involved in petty crime, became a fixture of the urban scene from the 19th century onwards, sparking calls for

remedy and social reform. The first separate system of criminal justice for young people was introduced in the US State of Illinois in 1899, and other States and countries swiftly followed suit. Since then, most (but not all) countries have introduced special ways of handling the cases of young people, including lighter and alternative types of sentence. Many children accused of an offence today will – without losing the right to a fair trial – be diverted from judicial processes into the welfare system, come before special 'child hearings', or be provided with treatment that takes full account of their age, circumstances and needs.⁹³ However, while many countries have introduced child-friendly legislation in line with the CRC and other international standards, application and enforcement of these norms lag behind.

Although the majority of offences committed by children are non-violent, pressure on politicians to 'get tough on crime' has driven increasingly tougher responses to children in conflict with the law. This pressure has resulted in harsher sentences and increased rates of detention. These policies are often fuelled by disproportionate media attention to juvenile crime that reinforce public misconceptions about the nature and extent of crimes committed by children. For example, in the USA, between 1993 and 1999, the number of children confined in juvenile detention facilities increased by 48%, even though violent crime committed by children decreased by 33% during the same period.⁹⁴ Between 1994 and 2004, the number of children sentenced to penal custody in England and Wales increased by 90%.⁹⁵

“The life here in prison is very difficult. It is hard, because it is not easy for a person to live. We who are new here suffer a lot. We sleep badly. Usually, you don’t sleep – you fall asleep sitting down until the morning. Because the prison is overcrowded. We eat badly. We are suffering, we’re beaten with a belt, the boss of the discipline beats us a lot. They sleep with us. The cell bosses force us to sleep with them (to have sexual intercourse).”

Boy, 14, Eastern and Southern Africa, 2005^{IV}

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On the plus side, more progressive attitudes are beginning to make an impression in pockets of the developing world. Some of these efforts to change attitudes towards marginalised and discriminated children, and to keep them from the descent into criminality which can be expected to follow exposure to incarceration and police brutality, are examined more closely later.

most modern child development experts, but the crime- and safety-conscious society may insist upon it.

The CRC and other human rights treaties set out guidelines for the use of detention, and provides that it should always be used as a last resort and for the shortest possible time (article 37). However, custodial regimes for the under-18s vary enormously, and few live up to these provisions.

Why children come into conflict with the law

Violence in the home and the pressures of chronic poverty, coupled with a lack of adequate care and protection systems, result in many children coming into conflict with the law. Research conducted in Peru found that family violence and child mistreatment were the precipitating factors in 73% of cases of children migrating to the streets.⁹⁶ Once there, many children engage in risky survival behaviours that bring them into contact with the law, including begging, loitering, scavenging, petty thieving or prostitution. Hence the frequent association between petty crime and the desperate need of care. In a study of young offenders in three districts of Uganda, 70% of children said that meeting their own needs, including those for food, was their main motivation for stealing.⁹⁷

Up to 95% of children in detention are charged with minor and petty offences.^{98,99} Theft and other property crimes are most common. In the Philippines, a study in Davao City found that more than 80% of offences were for theft



HAITI, 2005, Boys reach through bars at a jail for juveniles in the Delmas neighbourhood of Port-au-Prince.

CHILDREN IN CONFLICT WITH THE LAW

The discourse about children and criminality goes to the heart of strongly held views about child development, upbringing methods, the purpose of justice systems, political pressures, and the human potential for transformation after a ‘bad start’ in life. Institutionalisation is opposed as anything except as a last resort by

(35%), substance abuse (28%) and curfew violations (19%). Violent offences accounted for only 7% of crimes committed by children.¹⁰⁰ In Malawi, a 1999 study found that 68% of registered offences were theft, burglary and robbery. The word ‘vagabond’ was used to describe a further 8% of young offenders, which the study noted was “a term... representing obvious cases of street children.”¹⁰¹

In addition to being petty offenders, most children in detention have not been previously arrested. For example, in the Lao People’s Democratic Republic and the Philippines, it was found that over 90% of children in detention were there for a first offence.¹⁰²

Many children are arrested and detained for offences that are only a crime when committed by children. These ‘status offences’ include truancy, running away from home, or being ‘beyond parental control’. In March–April 2003, 60% of children detained in a Boys’ Remand Home

in Lagos, Nigeria were non-criminal cases, of which 55% were boys ‘beyond parental control’, and 30% were care and protection cases (‘found’ children). A further 15% were children who had been rounded up in police street raids. Likewise, 80% of girls detained in the Girls’ Remand Home were non-criminal cases, i.e. ‘beyond parental control’, or ‘care and protection’ and civil dispute cases.¹⁰³

Although almost no data are available about young offenders with disabilities, it is widely accepted that children with intellectual impairments and mental health problems are at increased risk of conflict with the law – often at the behest of others who see them as pawns. Once in trouble, these children are less likely to be able to talk their way out of trouble, or make a compelling case on their own behalf. Once in prison, they are also more likely to be victimised. Neither the juvenile justice nor the child welfare system is well equipped to address children’s mental

INFANTS AND YOUNG CHILDREN IN PRISON

A unique group of children at risk of violence in detention facilities are infants and young children who are in prison with their mothers. This practice exists in many countries, in all regions. However, institutions seldom provide the necessary conditions to protect children. There are undeniable benefits in keeping children with their mothers; some countries allow only infants to stay with their mothers, while others allow mothers to keep children up to the age of six. However, improvements are urgently needed in the conditions under which these institutions function in order to cater for the specific needs of children living with their mothers in detention. For example, a study on children in prisons with their mothers in Cambodia found that children were beaten by other prisoners when they cried, or as a result of a dispute with the child’s mother.¹⁰⁴

health needs, yet increasing numbers of children with mental or emotional disorders end up there. Such placements are devastating to families. Children with mental health needs face the added stress of being displaced and feeling abandoned. Meanwhile, parents have to give up their say about key aspects of their children's lives, sometimes even losing track of where their children are living.

Detention as a substitute for care

In too many countries, the criminal justice system is used as a substitute for adequate care and protection systems. The police are often the first and only agency to respond to children in need, and lacking appropriate alternatives, place vulnerable children in police lock-ups or in detention.¹⁰⁵ For example, in Kenya, a study found that 80–85% of children in police custody or correctional facilities were children in need of care and protection, and who had actually committed no criminal offence.¹⁰⁶

Many children working or living on the streets are simply assumed to be anti-social elements, and are taken into detention by police without proof of misdeed. In Rwanda, as in many other countries, street children are rounded up and placed in 're-education centres' where they are deprived of their liberty, whether or not they have committed an offence.¹⁰⁷ In many settings, they are sent by courts to detention in remand institutions or adult prisons, where they may be kept indefinitely.¹⁰⁸

Children who are victims of sexual or economic exploitation are frequently detained as if they were criminals, including girls fleeing forced marriages, trafficked children and children in the commercial sex industry (see box). For example, under 'safe custody' laws in Bangladesh, boys and girls can be detained in jails or homes for vagrants in cases where they have been the victims of rape or sexual assaults, rescued from brothels or from traffickers, or, in the case of girls and women, where they have

GIRLS IN DETENTION

The use of so-called 'protective custody' disproportionately affects girls who are most often the victims of sexual abuse and exploitation. Detention for the protection of girls who have been sexually abused is particularly acute in countries where 'honour crimes' are practised. For example, in Syria, girls who have been sexually assaulted are often put into an institution for juvenile delinquents rather than handed over to their parents, due to fears that the girls may be killed to preserve the family honour, or forced to marry their rapist.¹¹⁴

Since girls are usually detained in much smaller numbers than boys, Governments may have even fewer facilities to ensure their segregation from adults. A 2002 paper on juveniles and the law commented that "The numbers of juvenile girls within the system



“Ninety percent of the kids that go in, come out worse than when they went in.”

Young person, North America, 2004^v

GIRLS IN DETENTION

are small, and as a result they are simply tacked onto the rest of the system with little recognition that their needs are different and separate from older women. It also means that they attract fewer resources...¹¹⁵

Girls in detention facilities are at particular risk of physical and sexual abuse, particularly when detained in mixed-sex facilities, or where a general lack of facilities for girls results in placement in adult facilities. An additional concern is the lack of female staff in facilities detaining girls. Male staff often engage in ‘sanctioned sexual harassment,’ including improper touching during searches, or watching girls while they dress, shower, or use the toilet.¹¹⁶ Male staff also use their positions of authority to demand sexual favours, and are responsible for sexual assault and rape.

married someone from another religion or without the consent of their guardians.¹⁰⁹ Similarly, in India and Nepal, trafficking survivors and girls found in brothels are often forced by the police and NGOs into ‘protective custody’ in secure institutions.¹¹⁰

Mental health is also an issue of concern in the incarceration of children. Studies in the UK indicate that between 46% and 81% of young prisoners (aged between 15–21 years) have mental health problems.¹¹¹ Other research claims that about 80% of children in custody suffer from at least two mental disorders.¹¹² Quite apart from the fact that such children should be receiving treatment and not punishment, staff in correctional institutions are often not trained to deal with children who are mentally ill or who have emotional problems. In detention centres, for example, it has been reported that staff have responded to suicidal children by stripping them naked and tying their wrists and ankles to bare beds.¹¹³

SOURCES OF VIOLENCE IN DETENTION AND POLICE CUSTODY

Children deprived of their liberty and placed in detention are at extreme risk of violence. As in residential care, violence against children in detention often comes from staff or peers. In addition, children may be subject to violence from adult detainees, from police or security forces while in their custody, or may receive violent sentences as a judgment from the courts.

Violence by staff in detention institutions

Children in detention are frequently subjected to violence by the staff, as a form of control or punishment, and often for minor infractions. Although 124 countries have fully prohibited corporal punishment in penal institutions, in at least 78 countries it remains legal as a disciplinary measure in these institutions.¹¹⁷ In the Lao People’s Democratic Republic, 30% of detained children reported physical or mental

“Cops are really aggressive with kids. They slam kids on the ground and when they strip search you they are rough.”

Girl, 16, North America^{VI}

5

punishment, ranging from beatings, being forced to crawl, sitting in the sun, and having meals withheld.¹¹⁸ In Yemen, more than one-third of detained children reported beatings and other cruel treatment; more than half of a study sample said that they had been sexually abused, usually by guards and teachers.¹¹⁹ In some juvenile detention centres in Brazil, beatings are a daily occurrence; children reported that guards verbally abused them, punched them with their fists, kicked them, and hit them with wooden sticks.¹²⁰

Violent practices are found in both industrialized and developing countries. Children may be confined to cramped cells for weeks or even months, subjected to painful restraints as a “disciplinary” measure, or forced to hold uncomfortable physical positions for hours at a time. In the UK, information obtained in November 2005 revealed frequent use of painful restraints in four privately-run ‘secure training centres’, in which children aged between 12 and 17 were detained. Painful restraining holds involving pressure to noses, thumbs and ribs were used 768 times in the year, causing injuries in 51 cases.¹²¹

Violence while in custody of police and security forces

Police and other security forces are often responsible for violence against children. Children living or working on the street are particularly vulnerable to violence by police, including harassment, beatings, sexual assault, and killings. This is discussed at greater length in the chapter on violence against children in the community. However, it is important to note

that a significant part of this violence occurs to children formally in the custody of police and security forces, for example, during arrest, interrogation, or in police lock-ups. In Egypt, for example, children detained in police lock-ups reported beatings with batons, whips, rubber hoses, and belts, and sexual abuse.¹²² In Nepal, 85% of children and young people interviewed in prisons reported abusive treatment while in the custody of police or security forces, and 58.6% reported torture with methods such as electric shocks, beatings with hard objects, beatings with their hands tied, and beatings while blindfolded.¹²³

It is well documented that some police forces routinely use violence, including torture, to extract information and confessions from children. In Pakistan, the National Commission for Child Welfare and Development found that of juvenile detainees, 68% of respondents reported having been forced to admit their guilt.¹²⁴ In Papua New Guinea, children have been burned, cut with scissors, whipped while naked, and humiliated during interrogations by police in order to get them to confess to a crime.¹²⁵ In some states, children have died as a result of police torture.¹²⁶

In many countries, laws require children to be transferred quickly from police custody to an appropriate children’s facility or brought before a judge within 24 to 48 hours or less. However, in practice, children may remain in police lock-ups for long periods of time, often without notification to their parents or guardians. For example, in the Philippines, laws requiring police to inform the Department of

"It was like being crucified on an iron bed. I tried to resist, but seven or eight guards pushed me down on my back onto a hard iron frame. They stretched out my arms and legs and chained them to the four corners of the bed. I had to lie there like that from the evening till the next morning."

Girl, 16, Middle East, 2003^{VII}

Social Welfare and Development within eight hours of a child's arrest are frequently not observed, and children may remain detained in police cells for up to a month.¹²⁷ In Jamaica, an investigation in the late 1990s found that many children who were abused, neglected or accused of only petty offences remained in filthy and overcrowded police lock-ups for periods of eight months or more.¹²⁸

Similarly, violence may be used against children in the custody of security and military forces in occupied or disputed territories. In Israel and the Occupied Palestinian Territory, over 1,400 Palestinian children were arrested by Israeli military authorities between 2000 and 2004. Affidavits by Palestinian child detainees indicated that most were subjected to one or more forms of mistreatment during their period of arrest and interrogation including sexual harassment, and physical and psychological threats.¹²⁹

Violence as a sentence

Corporal punishment as a sentence for children convicted of offences has been prohibited in 177 States and territories, and a series of human rights judgments have condemned the practice. However, some 31 States and territories still permit corporal punishment as a court sentence against children.¹³⁰ For example, Malaysia's Child Act allows the whipping of children found guilty of an offence.¹³¹ In Tonga, the Criminal Offences Act stipulates that boys under the age of 16 can be whipped up to 20 times.

In certain countries, children who are judged to have reached puberty may be sentenced to

punishments of extreme violence, including flogging, stoning, and amputation. For example, the CRC has expressed concern about such sentencing of children to States including Brunei Darrussalam, the Islamic Republic of Iran, Nigeria, Pakistan, Saudi Arabia, and Yemen, and has recommended that these countries amend existing laws to make these practices unlawful.¹³²

Although universally condemned and prohibited by international law (ICCPR, article 6, CRC, article 37a), some States still demand capital punishment for crimes committed by children. Since 1990, Amnesty International has recorded 39 reported executions of child offenders in eight countries – China, the Democratic Republic of the Congo, the Islamic Republic of Iran, Nigeria, Pakistan, Saudi Arabia, the USA, and Yemen.¹³³ In March 2005, however, the US Supreme Court ruled that the death penalty could no longer be imposed on individuals for crimes committed before the age of 18, and the remaining 72 persons who had been sentenced to death for crimes committed as juveniles were then removed from death row.¹³⁴

A life sentence without the possibility of release for offences committed by children is also proscribed by international law (CRC, article 37a). However, at least 15 countries have laws allowing this, although only a handful impose the sentence in practice. Outside the USA, there are only about a dozen child offenders known to be serving life sentences. In the USA, however, by 2005 some 2,225 individuals had been sentenced to serve the rest of their lives

in prison for crimes they had committed as children. An estimated 59% were sentenced to life imprisonment without parole for their first-ever criminal conviction; an estimated 26% were convicted of ‘felony murder,’ in which the child had participated in a robbery or burglary during which a co-participant had committed murder, often without the knowledge or intent of the child. Racial disparities are marked, with African-Americans receiving the sentence 10 times more often than white children.¹³⁵

Violence by adult detainees

National legislation in most countries requires separate facilities for children in conflict with the law in order to prevent abuse and exploitation by adults. Yet in many countries, detention with adults still occurs. Since 2001, the Council of Europe’s Committee for the Prevention of Torture has recorded its concern about young people being kept in the same cells as adults in at least three Council of Europe countries. In Germany, for example, in 1988 UNICEF reported that young people under 18 were not systematically separated from adults, putting them at risk of threatening behaviour, blackmail, or even rape by older prisoners.¹³⁶

In police lock-ups, where space is limited, children are often held together with adults who may perpetrate violence, including sexual violence, against them. Adequate supervision, particularly at night, is often lacking, resulting in further abuses by police, including rape. In some parts of the world, separate facilities for short-term custody or longer-term detention may not even exist. In States where separate juvenile justice systems have not been

installed, children are routinely detained with adult offenders under appalling conditions, increasing their risk of violence from older inmates.¹³⁷

In addition, where countries allow children to be detained, tried, and sentenced as adults, they may also incarcerate them with adults. In the USA, nearly every state has recently changed its laws to make it easier to try children as adults; in 2000, an estimated 55,000 children were tried in adult courts.¹³⁸ Children who are convicted in these courts are then typically detained in adult prisons.

Violence by other children

As in care institutions, children in detention facilities are vulnerable to violence from their peers, particularly when conditions and staff supervision are poor. Lack of privacy, frustration, overcrowding, and a failure to separate particularly vulnerable children from older, more aggressive children often lead to peer-on-peer violence.

In Rio de Janeiro, gang-related rivalries have led to serious episodes of violence among children held in juvenile detention centers, including beatings, stabbings, rape, and murder.¹³⁹ In the UK, a 2005 report from the Chief Inspector of Prisons and Youth Justice Board (England and Wales) found that 21% of both boys and girls had been hit, kicked or assaulted by another young person.¹⁴⁰

Self-harm

Children in detention are at heightened risk of self-mutilation and suicidal behaviour due

“When I went to prison, I was around all the violence. I was like, ‘man I gotta get out of this – how am I gonna get out of this prison?’ I can’t do no life sentence here at that age. And so I thought of that [killing himself]. Gotta end it, gotta end it... I’ve got so many cuts on me... Razor blades. They give us disposable razors.”

Boy, sentenced to life without parole for an offence committed at 14, North America, 2005^{viii}

to violence, neglect, or poor living conditions. Prolonged or indefinite detention and isolation also contribute to poor mental health (discussed above) and the risk of self-harm.

In the USA, 110 youth suicides are reported to have occurred nationwide in juvenile facilities from 1995 to 1999.¹⁴¹ In 2002, a total of 122 juvenile detention facilities reported transporting at least one child to a hospital emergency room because of a suicide attempt.¹⁴² In the

UK, 29 children died in detention between 1990 and September 2005. Twenty-seven hanged themselves, the youngest aged 14, and one died while being restrained.¹⁴³

For children detained in adult facilities, the risks of self-harm are particularly great; some studies in the USA indicate that children detained in adult jails or prisons are up to eight times more likely to commit suicide than those detained in juvenile facilities.¹⁴⁴

DOES CHILD DETENTION ‘WORK’?

Children subjected to detention are more likely to commit offences in the future than children placed in diversion programmes. In the USA, virtually every study examining recidivism among children sentenced to juvenile detention facilities has found that at least 50–70% of offenders are re-arrested within one or two years after their release.¹⁴⁵ In contrast, recidivism rates for children placed in some community-based alternative programmes are as low as 10%.¹⁴⁶ Recidivism is particularly acute for children detained with adults. In Cambodia, an estimated six out of 10 children detained in adult prisons are re-arrested for more serious crimes after their release.¹⁴⁷

According to one juvenile justice expert: “Evaluation research indicates that incarcerating young offenders in large, congregate-care juvenile institutions does not effectively rehabilitate and may actually harm them. A century of experience with training schools and youth prisons demonstrates that they constitute the one extensively evaluated and clearly ineffective method to treat delinquents.”¹⁴⁸

OTHER CHILDREN IN STATE CUSTODY

REFUGEES, ASYLUM SEEKERS AND MIGRANTS

Children may flee their home countries for a variety of reasons including armed conflict, ethnic insurgency, persecution of their families, death or disappearance of their parents, or forced military recruitment. Others may move across borders in search of better economic and social opportunities, often without the necessary documents or in contravention of immigration rules. Whether legal or illegal in status, many of these children find themselves in institutions where they are isolated from the community.

Unaccompanied children

While many refugee children are with their parents or in the care of family members, a significant number of asylum-seeking and refugee children are either separated from close family, or entirely unaccompanied. In 2004, countries such as Austria, Belgium, France, Italy and the UK each recorded between 1,000 and 5,000 arrivals of asylum-seeking separated children.¹⁴⁹ In 2005, concern about the vulnerabilities and losses of rights faced by unaccompanied and separated asylum-seeking children led the Committee on the Rights of the Child to adopt a General Comment providing guidance on the protection, care and proper treatment of such children based on the CRC.¹⁵⁰

Currently, only around one-third of European countries have legal and practical provi-

sions for the care and protection of unaccompanied children. Such arrangements should ideally include separate reception facilities, a prohibition on child detention, and officially appointed trained guardians. But the reality is that many centres are not equipped to meet children's needs, and staff are not trained to deal with children, especially those who may be suffering from trauma. This increases their potential exposure to violence. Significant numbers of unaccompanied and separated children disappear from reception facilities or during the asylum procedure.¹⁵¹ Some of these disappearances are reported as being related to trafficking.

Groups working with asylum-seeking detainees have expressed concern that the level of uncertainty about how long they are to be detained, combined with fears about the consequences of return, may exacerbate these children's risk of self-harm.¹⁵² This is a particular anxiety in the case of those who have survived torture or serious trauma in their country of origin. Depression can lead to desperate outcomes. According to the Separated Children in Europe Programme, the placement of some children in residential centres "has gone on to last years and has been described as 'mental torture', leading some children to feel that the only way they can end this suffering, to take some control of their life, is to commit suicide."¹⁵³

Jail-like facilities

Although children should never be detained in relation to their immigration status, many are held in secure facilities for long periods.

"I was tortured in prison and male inmates burnt me with cigarettes because I refused to have sex with them".

Boy, 16, Indian Ocean subregion, 2006^{IX}

For example, in Australia, hundreds of girls and boys seeking asylum have been held in detention centres for an average of 20 months. The prolonged detention had a significantly detrimental impact on the mental and physical health of some of these children. Some of the children held in detention suffered from depression, post-traumatic stress disorder, and anxiety disorders. Other children experienced bed wetting, sleep walking and night terrors.¹⁵⁴ Children were also exposed to unrest, protests and violence that took place in some of the detention centres. Some children in detention also sewed their lips together and committed other acts of self-harm.¹⁵⁵

Asylum-seeking children were detained in immigration centres or confined in international airports in several countries in 2004 and 2005, including the Bahamas, Botswana, Libyan Arab Jamahiriya, Malaysia, Thailand, the USA and Europe.¹⁵⁶ Children may be detained with their family members for immigration-related offences, without it being assessed if this is in their best interests, and without examining alternatives to detention. Release is often only secured when confirmation of resettlement to a third country of the minor or the family has been obtained. Stateless children are at a particular risk of facing long-term detention for lack of residence requirements. These circumstances do not necessarily entail violence, but may leave children in especially vulnerable and exposed situations.

Detention of migrant children

Statistics on illegal migration are few and not reliable in view of the clandestine nature of

migration channels, but major flows invariably include children, including some who become unaccompanied or separated from close family during the migratory process. In Spain, almost 1,400 unaccompanied and separated migrant children were taken in by the Andalusian Administration in Southern Spain between January and October 2005.¹⁵⁷ In Mexico, over 4,000 unaccompanied children were returned to their countries of origin in 2005 alone, most of them to Guatemala. The return procedures do not include the necessary safeguards to guarantee the security and well-being of these children.

Concern over the treatment and care migrant children receive in the country of destination – as well as in their country of origin in those cases where they are subsequently repatriated – has been growing. The ‘care’ of these children too often involves unwarranted deprivation of liberty, or placement in open facilities where conditions are inappropriate. These children frequently lack the guarantees and legal representation available to other children in the country concerned.¹⁵⁸ Detained children are frequently housed in the same facilities as non-related adults; they may be exposed to traumatising experiences and have inadequate access to proper nutrition, health support and education. Some children detained for breaches of immigration regulations are held together with individuals charged with criminal offences.

Peer violence is also a risk. A study of migrant children from Northern Africa detained in Spanish centres found that many reported extortion, theft, and physical abuse by larger,

older children. Many children reported that the staff often failed to intervene, even when abuses occurred in front of them. Some children ran away from the centres in the belief that they would be safer on the streets.¹⁵⁹

CHILDREN IN PEACETIME ARMIES

This study does not cover the subject of child soldiers during wartime, which was explored in the 1996 UN study *Impact of Armed Conflict on Children* (known as the Machel Study) and its follow-up. However, children who are members of Government military forces may be subjected to violence in peacetime. The mode of life, work, and residence of these children is essentially institutional, taking place in army barracks or training camps.

In at least 65 countries around the world, boys and girls are recruited into Government military forces, either legally as volunteers, or illegally through force or deception.¹⁶⁰ Considerable evidence indicates that such underage soldiers may be subjected to bullying, rape, sexual violence, and harassment to the point of self-harm and/or suicide, depression and mental illness. For example, in Paraguay, children as young as 12 have been forcibly recruited into the armed forces, often with birth certificates falsified by civilian or military authorities. Since 1989, over 100 young conscripts have died while serving compulsory military service, and many others have been victims of serious accidents. The deaths and injuries were believed to be the result of punishment by officers and the lack of safety measures for dangerous activities such as handling

weapons. Some conscripts suffered permanent psychiatric damage after systematic ill-treatment.^{161,162,163}

In the UK, the suspicious deaths of two 17 year old soldiers at Deepcut Army Barracks led to revelations of other suicides, as well as dozens of incidents of self-harm and systematic bullying at the barracks. A 2004 parliamentary committee later conducted an inquiry and recommended an external complaints procedure to investigate allegations of bullying and abuse in the British military.¹⁶⁴

Although not members of the armed forces, thousands of children live permanently on military bases in army barracks. In Kazakhstan, Russia and the Ukraine, homeless and orphaned children may be ‘adopted’ by military units from the age of 10 or 11. They also receive military training, raising concerns about their exposure to harsh conditions, bullying and other forms of abuse, and hazardous activities such as weapons training.¹⁶⁵

RESPONSES TO VIOLENCE AGAINST CHILDREN IN CARE AND JUSTICE INSTITUTIONS

A variety of responses is required to prevent and respond to violence against children in care and justice systems. As with other settings in which violence against children occurs, primary prevention to avoid violence before it takes place in institutions is highly important. This has two major thrusts: reducing the main factors that lead to children being placed in institutions, and providing alterna-

tives to the institutions themselves. The first of these can only be dealt with briefly in this section, and is also addressed in the chapter on violence against children in the home and family. Alternatives to institutionalisation are described in more detail.

The section also deals with secondary prevention measures focused on responding immediately to violence in institutions. These take into account that however fast primary prevention advances and institutionalisation is reduced, existing institutions and all alternative care placements must be made safe places for children. These include better training and appropriate remuneration for staff, more and better services to meet a wide range of children's needs (including those related to sex and disability), improved supervision and administrative transparency, and more openness to the voices and involvement of children and their families.

Also essential is action to address the impunity of those who are responsible for violence against children, by establishing effective and transparent monitoring, investigation and accountability mechanisms.

LEGISLATIVE ACTION

A clear legislative basis to deal with children in care and detention is an essential part of eliminating violence against children in institutions and other forms of alternative care. In some countries, this may best be contained within a comprehensive children's act or similar broad-based piece of legislation; in others, existing legislation may need to be modified. In all

cases, legislation should be consistent with the CRC and other human rights instruments. Some important features of such legislation include the following.

The State must not itself be a perpetrator of violence against individuals in its care. Therefore all forms of violent sentencing must be eliminated, including capital punishment and life imprisonment without the possibility of release. The use of corporal punishment and other cruel or degrading forms of punishment or control must be prohibited explicitly within all institutional and alternative care settings where children reside or are detained.

In the interests of reducing the numbers of children taken into custody, criminal codes and other legislation related to crime and policing need to decriminalise status offences and survival behaviours (such as begging, loitering, vagrancy) to remove the legal basis under which many children are taken into custody. Sexually exploited or trafficked children should be treated as victims to be helped rather than perpetrators to be arrested, and must be provided with community-based care and protection. In the case of trafficking and illegal entry of migrant children, there should be a non-punishment clause for immigration offences such as possession of fraudulent documents.

Legislation must reflect States' obligations to protect children, wherever they are placed and whoever is providing or managing the institution or form of care. All potential staff should be screened. All institutions and alternative forms of care must be registered and the care of children within them regulated in detail. All

care and justice institutions should be required to report on all incidents of violence.

Legislation should also ensure that institutions can no longer operate as closed settings, without accountability. Public scrutiny must be guaranteed in a number of ways, including ensuring access for children's families (except when not in the best interests of the child), NGOs, human rights institutions and ombudspersons, lawyers, media, and other elements of civil society, while respecting individual privacy and dignity for girls and boys. Effective monitoring and reporting systems by competent bodies should be established in law, with the power to demand ongoing information on conditions, and to investigate and redress allegations of violence.

Guarantees that the voices of children and their families will be heard should have a basis in law, rather than just guidance or institutional procedure manuals. Legislation must ensure that simple, accessible, independent and safe complaint mechanisms should be provided to children in institutions. Children and their representatives should also have access to an appeals process if they are not satisfied with the response to their complaint.

POLICIES TO PREVENT INSTITUTIONALISATION

Policies governing care and justice systems should aim both to prevent violence against children in care or custody, and to reduce the numbers of children entering the full range of institutions, from both public and private care facilities to police custody, juvenile detention centres, and adult prisons. Detention

and institutional care should be regarded as options of last resort, taking into account the best interests of the child and his or her long-term special needs.

Most of the following are primary prevention approaches, aimed specifically at reducing institutionalisation. It should, of course, be borne in mind that a range of broad-brush measures (such as improved basic service provision, including for families of children with disabilities or other risk factors, livelihood improvement, gender and social equality, prevention of substance abuse, reduction of domestic violence, inclusive education and educational retention, and general anti-poverty development goals) would by definition help improve families' capacity to raise or manage vulnerable and at-risk children, and contribute greatly to keeping children out of care and detention institutions.

The principle of 'last resort'

Institutional care should be reserved for children whose needs cannot be met in their own family or an alternative family setting. For children who are in conflict with the law, detention should be used only for children who are assessed as posing a real danger to others, and then only for the shortest necessary time.

In practical terms, this principle of 'last resort' means that whenever a child is considered for or taken into care, an evaluation should be conducted to identify the type of placement most appropriate to that child's needs. An important objective of such evaluations is to ensure that children are not admitted into residential care unless it is in their best interests.

“We are beaten by security forces... when we are caught, on the way to the lockup, and when we arrive at the lockup. In the lockup, we are beaten by other prisoners who ask us for money. During interrogation, we are beaten so that we will tell the (police inspector) what we stole or tell him who did it.”

Boy living on the streets, Eastern and Southern Africa, 2005^x

There is nothing particularly new about the ‘last resort’ principle either for care or justice issues. The problem has been that in many parts of the world, the ‘last resort’ is frequently the *only* resort considered or available. Although there have been local successes, in only a few regions have entire care and justice systems shifted towards making alternatives the norm. In the words of one expert who contributed to this Study, “It is not enough to repeat the same mantra, it must mean a radical change in the way the systems operate.”

Prioritise alternatives

Family and community-based alternatives and diversion mechanisms must be developed and resources allocated, to reduce the reliance on

institutional care. Clear strategies for reintegrating children into the communities must be in place. In many countries, this will entail a fundamental shift in policies.

Professionals who work with children, policy makers, and officials including police and judges should be educated about the desirability and availability of alternatives to institutionalisation or detention. For example, police services should have specifically trained police to focus on children’s care and protection issues. Doctors and other health professionals should be able to provide families with a disabled child or other at-risk children with the referrals and information they need to care for and support their children.

THE HIGH FINANCIAL COSTS OF INSTITUTIONALISATION

Institutionalisation of children is expensive, and can be up to 12 times the per capita cost of community-based care options, creating an unnecessary financial drain on budgets.^{168,169} The World Bank reported that the annual cost for one child in residential care in the Kagera region of the United Republic of Tanzania was over six times that of supporting a child in a foster home.¹⁷⁰ Research in Ukraine, the Republic of Moldova and Russia during 2001 and 2002 showed that community residential and small group home care cost approximately half that of State institutional care; foster care cost approximately one-fifth to one-third that of State institutional care; and family support and social service provision cost approximately one-eighth that of State institutional care.¹⁷¹

Although less expensive over the long term, the creation of such alternatives initially requires additional resources. A study of institutionalisation in the CEE/CIS countries cautions that “the resultant savings will not be realised immediately. This is because to enable a smooth transition it is necessary to set up alternatives before an institutional system has been closed down or reduced in size... (However) as institutions are gradually closed, the costs are reduced as the new system takes over. These extra transitional costs must be regarded as an investment to the introduction of a new and better system.”¹⁷²

All donors, whether multi-lateral, intergovernmental or NGO, should actively support alternatives, through advocacy with Government and partners, and support for re-training and sensitisation activity. Where Governments have already made clear a non-institutional policy for children orphaned by HIV/AIDS and others needing care, as in South Africa, charities and NGOs should respect the policy and avoid building the kind of facilities which reinforce stigma, social exclusion, discrimination and a poor life start for children who might otherwise have stayed with family members.^{166,167} Donors that support juvenile justice reform should also ensure that they support alternatives to detention and prevention programmes, rather than allow aid to be used for the construction of secure facilities.

More generally, public education is necessary to change societal attitudes to child care and

criminalisation, as well as to institutionalisation itself. This is essential to ensure both that decision-makers actually take action, and to inform families about non-institutional solutions for the care of their children.

ALTERNATIVES TO INSTITUTIONAL CARE

Support for disadvantaged and at-risk families

With adequate support services, many parents who might otherwise abandon a child or resort to institutionalisation can be helped to care for him or her. Family support can address violence in the home and other factors that are linked with children coming into conflict with the law. Such services include accessible and quality basic health and social services; home visits by social workers, visiting nurses or community-based support groups (mutual support groups, local faith-based groups, etc.); programmes that teach effective parenting skills; livelihood assistance to relieve the pressures of poverty; and respite care to enable parents with serious burdens of care to take a break from time to time. The benefits of keeping children with their families are inarguable in terms of their health and happiness, and the best interests of the child. Furthermore, the cost of supporting families to maintain their children at home is substantially lower than institutionalising them.

Access to free education (or in some settings, help with school fees) is a means of reducing institutionalisation in places where poverty is entrenched, and parents may deposit children in institutions in order to obtain an education



YEMEN, 1998, Nine-year-old Abdullah Ahmed lies in bed reading in the dormitory at the Centre for Rehabilitation for Minors, in the old part of Sana'a.

for them. In Zimbabwe, the Child Protection Society reports that the biggest single reason why families in Zimbabwe do not want to care for their children is that they are worried about the cost of education.¹⁷³ Governments are required to invest in education for all children, and donors and NGOs should favour helping families or foster families with school fees rather than encouraging the use of orphanages or building institutions. Where necessary, normal schooling should be supplemented with targeted assistance and outreach to specific at-risk children and their families (see the chapter on violence against children in the community).

Support for families of children with disabilities

Where children have disabilities, family support programmes which enable children with

intensive needs to stay in their natural families represent an economically viable alternative to institutionalisation. They provide families with various combinations of training, financial subsidies, and services. In the two decades following the introduction of family support programmes in the USA and Canada, the number of children with developmental disabilities living in institutions decreased by about 70%.¹⁷⁴ For this to work, parents with children who have disabilities need to be provided with accurate information about how they can care for their child and what services are available in their community. The same is true of parents with disabilities or with chronic illnesses like HIV/AIDS.

Boys and girls with disabilities have an equal right to education. In 1999, it was estimated that only about 3% of children with disabilities

CASE STUDY: HELPING FAMILIES TO CARE FOR CHILDREN AT HOME

A family in Lebanon had four children between the ages of two and 12. The father was severely disabled and required extensive care. The mother was active and healthy, but jobless and overburdened with her family's daily needs. Although her three older children were doing well in school, the mother was unable to pay their education fees. She approached an SOS Children's Village, asking them to accept her children.

Rather than taking the children into care, SOS made an agreement with the mother that SOS would cover the children's educational fees for one year, and approached the school to reduce the school fees. The mother was also asked to prepare a business plan for an income-generating activity that she could carry out. SOS agreed to help with start-up costs and provide a loan for her business. Within 15 days, the mother drew up a plan for a mini-bakery in a shop next to her house. As soon as she went into business, she began to generate income and to repay the loan to SOS. The family soon became entirely self-reliant, with the children remaining at home with their parents.¹⁷⁶

“We don’t know why you are here and how long you will have to stay. You are ten years old, scared and confused. Your journey through life has been grim – family despair and violent arguments, no money for clothes or games, sometimes no money for food. But nothing has prepared you for this. Yesterday you were home. This morning a social worker came and took you away. You joined the more than one million children living in residential institutions across Europe and Central Asia. We must try to see the world through the eyes of children we serve.”

Maria Calivis, Regional Director for CEE/CIS and Baltic States, UNICEF, 2005^{XI}

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in developing countries had access to school.¹⁷⁵ Children with disabilities have a right to inclusive education alongside their peers.

Direct support for orphans and vulnerable children

When children lose their family or it is not possible for them to stay with their parents, alternatives to institutionalisation may include fostering, adoption, support for extended family members who serve as carers, and small group homes. In regions with a high HIV prevalence in rural Africa, where older children are acting as heads of household, it is often possible to provide support so as to keep siblings together and avoid institutional care.

Accommodating different needs and preferences

Governments and those involved in placement decisions, including courts, should recognise that different children need different types of care and aim to offer as wide a range of different care options as possible and ensure the quality of each. The CRC (article 20.3) also emphasises the need to take into account the child’s ethnic, religious, cultural and linguistic background when considering options for the child.

Children have a right to participate in all stages of the placement process (CRC article 12).¹⁷⁷ When it is not possible or desirable for children to stay with their biological families, both children and their parents should participate in decision-making about care options, with children having the full opportunity to express their views.

ALTERNATIVES TO INSTITUTIONAL DETENTION

As a guiding principle, children in need of care and protection should not be apprehended by the police but should instead be immediately referred to child welfare agencies. Some of this can be accomplished by decriminalising status offences (such as truancy), survival behaviours (such as begging, selling sex, scavenging, loitering or vagrancy), victimisation through trafficking or criminal exploitation, and anti-social or unruly behaviour by children, thus avoiding a criminal justice response to what is a social or developmental/behavioural problem. Of those children who remain – i.e. those in actual conflict with the law – it is essential that they are ‘diverted’ as quickly as possible from police custody and the formal justice system into alternative programmes.

Children should only be detained as a last resort, and for the shortest possible length of time. Screening systems should be put in place to ensure that children are only detained if they are assessed as posing a real danger to others and following a judicial hearing at which they are represented. Police, judges, and appropriate Government agencies should develop mechanisms to identify the least restrictive environment for each child, taking into account each child’s individual situation. Any child whose liberty is restricted has a right to speedy legal and other assistance to challenge the legality of their deprivation of liberty (CRC article 37d).

CASE STUDY: DIVERSION PILOT PROJECTS IN KENYA

In 1997 and 1998, the Kenyan Department of Children's Services estimated that 80% of children in the juvenile justice system were cases of children requiring care and protection. Only 20% of children had committed actual offences, and few of these were serious. In 2001, the Department of Children's Services and Save the Children UK started a pilot project to divert children away from the courts in Nairobi, Nakuru and Kisumu.

The aim of the programme is to divert children, especially those in need of care and protection, away from the justice system at the earliest possible point. A focus is to ensure that police officers are trained to refer children to other agencies rather than placing them in detention. As part of the project, specialised Child Protection Units were set up in major police stations in the three pilot project areas, and police officers and other stakeholders received training in child rights and the diversion process. At the community level, member groups offer skills training, counselling for parents and children, non-formal education, community centres and temporary shelters.

In its first four years, 2,800 children were diverted from the courts, and district officials reported a 90% drop in the number of children referred to Children's Courts in the project areas. Decisions by police and district teams on how to assist children are made much more quickly, with some children being resettled straight from the police station. Many now stay in police custody for less than 24 hours, reducing congestion in police stations. Around 70% of children diverted from the courts have been reintegrated with their families. The number of children in the Nairobi Children's Remand Home has been reduced by half. In general, children are spending only days in remand homes rather than weeks or months.¹⁸²

Community-based diversion programmes

A wide variety of alternatives to detention exist, both in industrialised and developing countries. Many provide effective rehabilitation and community reintegration for young offenders without unnecessarily depriving them of their liberty.¹⁷⁸ These include the establishment of community-based mechanisms to handle

minor offences before the children responsible enter the formal justice system, the use of Local Councils as 'courts of first instance' for children; and restorative justice initiatives. When successful, such programmes reduce the risk of exposing the child to a brutalising environment in which anger and resentment grows, violent behaviour is regarded as a norm, and recidivism almost guaranteed.

In some countries, traditional practices offer models for children who come in conflict with the law without resorting to detention. For example, in Somalia, under customary law, traditional elders oversee the resolution of conflicts and compensation for crimes or disputes. If a child has committed an offence, the parents of the child and the victims will go together to see an elder who will decide on the compensation to be paid by the child's parents.¹⁷⁹ However, attempts to extend or adapt such models should beware of practices that may contravene the CRC and other human rights instruments, in terms of punishments available and in some cases in terms of gender relations. In Somalian traditional justice, for example, women are generally unable to speak for themselves, and compensation is always less for crimes against women than for those against men.¹⁸⁰

In recent years, a number of NGO initiatives have been taken in countries where police routinely detain children for petty offences. For example, in the Philippines, as many as 94% of children detained in custody are first-time offenders, and the level of violence they experience in custody is high. In the country's Visayas island group, local Children's Justice Committees have been formed to handle the cases of children arrested for minor offences, using mediation between the parties. This project, run by FREELAVA, a Filipino NGO, is now operational in 10 *barangays* (villages or municipal wards) with a population of between 10,000 and 100,000. Community volunteers and peer counsellors, who were themselves previously children in conflict with the law, assist children removed from custody and help them reintegrate

in the community. Even though more serious cases – murder, rape, drug trafficking, extreme violence – do not get handled by the Committees, the reintegration service can help them upon their release from prison.¹⁸¹

A number of 'good practice' lessons have emerged from community-based diversion efforts. Such programmes should be appropriate to the age and maturity of the child, and can include the creation of cautioning or warning systems, in-home supervision, victim/offender mediation, community service as a sentence, and family and community counselling. Many other options are available and should be explored to fit local conditions.

PROTECTION FROM VIOLENCE WITHIN INSTITUTIONS

It is of utmost importance that *all* children who are placed in care systems or detention facilities should be protected from *all* forms of violence. To do so, a clear legal framework and a range of policies, regulations and programmes must be in place.

Staff selection, training and remuneration

Given the documented levels of violence perpetrated by staff against children in institutions, staff who work in both care and justice systems – including foster carers – should be carefully selected, undergo criminal record checks, receive appropriate training and necessary supervision, be fully qualified, and receive adequate wages. Levels of staffing should ensure effective care and oversight.

“We feel our juvenile justice systems have the responsibility to rehabilitate youth and integrate them back into society rather than subject them to more violence.”

Children, North America, 2005^{XI}

Staff must be trained in child rights and non-violent disciplinary measures. Care should be taken not to train staff in such a way as to create a gulf between them and children and young people. The overwhelming need of children is for nurture, and few react well to being treated like ‘clients’ and ‘caseloads’.

Efforts should be made to improve the status of individuals working with children in care and justice systems, to ensure high-calibre employees. Health-care and educational staff should be institutionally independent from the agency that runs the institution. All staff should be required to report all instances of violence.

Conforming to international standards

Where children are held in custody, international standards of due process should be strictly followed (see the Introductory section of this chapter on the relevant UN standards). These include the right to be informed promptly of charges against the young detainee, the right to legal assistance, and a swift determination of the child’s case.

Notification of a child’s parents or legal guardians, including NGOs accredited to work with children, should be mandatory whenever a child is arrested or taken into custody. From the earliest stage of apprehension, children should receive free medical and legal assistance from independent professionals. A parent, guardian or ‘appropriate adult’ should be present during any interview or interrogation of children. Guidelines for transfers should be adopted and strictly observed to limit the length of time that children are in police custody, and

ensure their transfer to more appropriate care. Police stations and lock-ups should be subject to regular, independent monitoring.

Conditions in all institutions should conform to international standards, including the provision of health and mental health care, adequate nutrition, and sanitation. Children’s dignity and need for personal space should be respected. Children should be separated from adults, and younger, more vulnerable children should be separated from those that are older or known to be violent. Facilities should not be overcrowded, and children should have opportunities for recreation and mobility. Children should not lose their right to education, vocational training, and other programmes to facilitate their full development.

Monitoring and investigation

All facilities should be independently inspected and monitored by qualified bodies with full access to the facilities and freedom to interview children and staff in private. These bodies should have the power and capacity to monitor conditions and investigate any allegations of violence in a timely manner. Such bodies could include ombudspersons, independent commissions, citizens or police review boards.

Complaints mechanisms

Children in both care and justice systems should have simple, accessible and safe opportunities to complain about the way they are treated without risk of reprisal. Children should also have opportunities to express themselves freely and verbalise their concerns, particularly for those

reluctant to access formal complaints mechanisms. Children and their families should also have an appeals process if they are not satisfied with the response to their complaint.

REDRESS AND RESPONSE MECHANISMS

When violence against children takes place, whether in care or detention institutions, perpetrators must be held accountable and the children affected must receive appropriate care, support and compensation. Children who have been subjected to violence (either previous to or subsequent to their placement) should receive appropriate medical and mental health care. Appropriate interventions can include educational and psycho-social individual or group work with the child, or psychotherapy. Special attention should be given to restoring their confidence in human relationships as an important part of the healing process. In the case of ethnic and other minorities that have systematically been institutionalised at higher rates than the rest of the population, particularly when this has been the result of Government policy, collective forms of redress may need to be considered.

Violence against children will never be fully eliminated as long as perpetrators believe that they can get away with it. To ensure there is no impunity for perpetrators of violence against children, States should therefore ensure a continuum of appropriate sanctions against individuals who are responsible for violence against children in institutions, and against the way in which institutions (public or private) are man-

aged where such violence takes place. This continuum should include:

- criminal prosecution
- civil actions, including those for damages or injunctive relief (such as ordering changes in the institution)
- administrative proceedings (such as revoking licenses, imposing fines, or closing facilities)
- professional sanctions related to employment (e.g. a note in an employee's personnel file, dismissal, being barred from working with children).

Finally, policy is improved if it is based on reliable data, and if this data is open to the public. All placements should be registered and centrally reported, and disaggregated statistics should be made publicly available for all children in all forms of care and detention. States should analyse and publish data on all instances of violence, the response to complaints, and enforcement practices, including actions taken against perpetrators of violence towards children, or against institutions in which such acts of violence take place.

DE-INSTITUTIONALISING CHILDREN ALREADY IN CARE

As alternatives are developed and implemented, concerted efforts should be made to shut down large institutions (see box). Where de-institutionalisation is introduced, this needs to be done with great care and in a monitored and appropriate manner.

CASE STUDY: DE-INSTITUTIONALISATION IN SUDAN

In 2003, approximately 110 infants were abandoned on the streets of Khartoum every month, with 50% dying within hours. Those who survived were admitted to Maygoma, Khartoum's only institution for infants, where mortality rates reached 75%. Between 1998 and 2003, of 2,500 infants admitted, only 400 survived. Those that lived suffered severe developmental delays and some suffered from chronic illnesses due to poor nutrition and to lack of stimulation and individual care.

To address the problems at Maygoma, the Sudanese Government, UN organisations, community groups and key NGOs including Médecins Sans Frontières and Hope and Homes for Children formed a task force. This task force identified three main needs in the community: services to prevent the separation of children from their families, and services to reunite families; alternative family care for children who could not live with their families; and specialist services for children with disabilities. Its goal was the eventual closure of Maygoma.

The programme developed by the task force included communications strategies to address the stigma attached to children born outside marriage; the training and activation of social workers; the development of alternative family care programmes (for both emergency and permanent placements), and prevention programmes to identify mothers at risk and to reunify infants with their birth mothers.

The programme has been enormously successful. The mortality rate at Maygoma dropped to 33% by 2004, and to 10% by 2005. Admissions from the streets have decreased from 75% to 30%, and 51 infants have been reunited with their mothers. More than 500 infants have been placed in alternative family care in less than two years. All of these infants recovered their developmental delays. The programme is also cost-effective. The expense for each child in alternative family care is only one-tenth the cost for care in Maygoma.

Maygoma is scheduled to close in 2006.¹⁸⁴

In order to ensure that children are not unnecessarily retained in residential or other care, placements should be reviewed regularly to assess whether the child's continued institutionalisation is necessary, or whether alterna-

tive placements or a return to the child's family is possible (CRC article 25). This assessment should be carried out with the full involvement of the child and, where appropriate, with the child's family, together with a multi-disciplin-

ary group including educators, social workers, representatives of the facility, and others.

Children who go out into the world at the end of a long period of institutional care or detention should not simply be left to fend for themselves, without follow-up and support. Many children feel as if they have ‘been pushed off a cliff’ when they leave care and have to manage their lives independently; they may have no experience of making the simplest decision on their own behalf. They may lose their friends and what they regard as ‘home’, and have great difficulty adjusting to any new regime, whether independent or in another form of care. For example, children formerly in care in the USA who became homeless after leaving the system identified the need for instruction in everyday life skills, transitional living programmes, and help from social workers in locating homes and available services. They also explained how highly regimented settings in group homes limited their ability to practice independent decision-making and learn other skills that would prepare them for adulthood before leaving the system. “Don’t over-shelter us and then expect us to be independent,” said one young woman.¹⁸³

PUBLIC EDUCATION: GETTING THE MESSAGE OUT

Societal attitudes play an important part in how institutions treat – or mistreat – children in their charge. Efforts should therefore be made to conduct public campaigns to promote children’s rights and counter negative stereotypes of certain groups of children, such as children living or working on the streets, children from

racial and ethnic minorities, parentless children, children with disabilities, and children affected by HIV/AIDS, since exclusion and discrimination exacerbate the risk of violence. Individuals and families should be encouraged to demand more support in caring for their children themselves, and to resist pressures to give children up to institutional care.

WHERE RESOURCES ARE SCARCE

Many of the responses described in this chapter depend on the capacity of care systems and the availability of qualified social workers. In many countries, that capacity is at a very low level, or non-existent, particularly in rural areas. For example, the lack of social workers is acute in many countries. Government officials in Namibia reported in 2002 that there were only 118 registered social workers in the entire country, and that in the Caprivi region, there was only one social worker to serve a population of 79,000. In Zimbabwe, the Child Protection Society reported that the loss of social workers through emigration led to significant delays in the review of child welfare cases, children becoming ‘stuck’ in institutions, and to delays in foster family placements.

However, much can be achieved by community-based organisations and resources. These include faith-based groups, neighbourhood associations, women’s groups, and committees of village elders or other community leaders. While some may be formed or take on such responsibilities spontaneously, or in reaction to specific events, building the capacity of local communities and para-professionals is crucial.

In response to rising numbers of children's cases of petty crime being dealt with by the formal legal system, local councils in Uganda have received training to strengthen their roles for the protection of children in conflict with the law. Specific capacity-building initiatives and support for the local council committees have included: training on roles and jurisdiction in handling child-related cases, training on diversion measures, and capacity building on children's rights, growth and development, rehabilitation and reintegration. The local councils handle child-related cases, but also refer some cases to police and probation social welfare offices. The local councils also use alternative forms of punishment such as compensation, apology and restitution, and have organised sensitisation campaigns designed to teach surrounding communities about the value of non-custodial sanctions. This project has helped to divert child-related cases from the formal justice system.¹⁸⁵

In Malawi, Community Crime Prevention Committees are combining traditional ways of handling children's issues with current law. The committees aim to divert children in conflict with the law from the court system, by counselling the family and the child, and supporting the child's reintegration. To support the work of the committees, UNICEF also supports sensitisation to increase the awareness of parents, teachers and especially traditional leaders about crime prevention and diversion possibilities. UNICEF Malawi reports that most petty crimes are now addressed within the community without police and judiciary involvement, and that both the number of court cases and levels of recidivism have decreased.¹⁸⁶

RECOMMENDATIONS

All States have the obligation to protect all children from all forms of violence, wherever they are placed and irrespective of who is providing their care. To effectively prevent and address violence against children in care and justice systems, a range of actions must be taken, and a variety of organisations and constituencies need to be engaged. It is essential that action plans be formulated, costed and fully discussed in order to bring societies 'on board' with their objectives. In doing so, the voices of children and their families must be listened to and heeded.

For all care and justice settings

1. **Prohibit all violence in care and justice systems.** Governments should ensure that sectoral laws applying to care and justice systems reflect the State-wide legislative prohibition on all forms of violence. Legal prohibition should be backed by detailed guidance for all involved.
2. **Ensure institutionalisation is a last resort, and prioritise alternatives.** Governments should ensure that placement in an institutional setting is avoided wherever possible, and a full range of alternatives should be available for both care and justice systems.
3. **Ensure quality staffing and training.** Governments should ensure that staff recruitment, training and employment policies, and rights-based codes of conduct ensure that all those who work with children in care and justice systems are both

qualified and fit to work with children and young people, that their professional status is recognised, and that their wages are adequate. Levels of staffing should ensure adequate supervision and oversight.

4. **Sensitise police, referral agencies, lawyers, judges, institution managers and staff.** Governments should ensure that all those who come into contact with children during the process of their assimilation into care and justice systems should be familiarised with children's rights; this applies equally to the children concerned and to their parents.
5. **Ensure court systems are sensitive to the needs of children and their families.** Governments should ensure that child victims, including those who have witnessed family violence, are not re-victimised during the justice process nor subjected to extended or drawn out cross-examination or other legal processes. In line with the Guidelines on Justice for Child Victims and Witnesses of Crime (ECOSOC Resolution 2005/20), all investigations, law enforcement, prosecution and judicial processes should take into account the needs of these children in terms of their age, sex, disability and level of maturity, and fully respect their physical, mental and moral integrity. If it is in their best interests, children should be accompanied by a trusted adult throughout their involvement in the justice process. Moreover, the child's privacy should be protected, his or her identity and confidentiality respected, and he or she should not

be subjected to excessive interviews, statements, hearings and unnecessary contact with the justice process.

Consideration should be given to the use of video-taping and other testimonial aids such as the use of screens or closed-circuit televisions. Unnecessary contacts with the alleged perpetrator, or their defence counsel, should be eliminated. Speedy trials should also be ensured, unless delays are in the child's best interests.

6. **Regularly reassess placements.** Governments should ensure that authorities regularly review the reasons for a child's placement in care, residential or detention facilities, and assess whether continued institutionalisation is necessary; children (and their parents when appropriate) should be involved in reviews at all stages to determine appropriate care options.
7. **Ensure effective complaints, investigation and enforcement mechanisms.** Governments should ensure that children have simple, accessible and safe opportunities to raise concerns and complain about the way they are treated without the risk of reprisals, and have access to the courts when necessary. All allegations of violence must be investigated thoroughly and promptly, safeguarding 'whistleblowers' from reprisals.
8. **Effective sanctions against perpetrators.** Governments should adopt and apply a continuum of appropriate criminal, civil, administrative and professional proceedings and sanctions against individuals who are

responsible for violence against children as well as against those who are responsible for institutions where such violence takes place.

9. Ensure effective monitoring and access.

Governments should ensure that institutions are inspected regularly by appropriately empowered independent bodies with the authority to enter without warning, interview children and staff in private and investigate any alleged violence; access to institutions by NGOs, lawyers, judges, ombudspersons, national human rights institutions, parliamentarians, the media, and others as appropriate should be assured, while respecting children's privacy rights.

10. Registration and collection of data.

Governments should ensure that all placements and movements of children between placements, including detention, are registered and centrally reported. Data on children in detention and residential care should be systematically collected and published. At a minimum, such data should be disaggregated by sex, age, disability and reasons for placement. All incidents of violence should be recorded and centrally reported. Information on violence against children should also be collected through confidential exit interviews with all children leaving such institutions, in order to measure progress in ending violence against children.

For care and social welfare systems

11. Support parents' capacity to care for their children.

Governments should fulfil their

obligations to reduce rates of abandonment and institutionalisation by ensuring parents' access to adequate support, including services and livelihood programmes. Priority should be given to supporting families of children with disabilities, and other children at high risk of abandonment or institutionalisation.

12. Ensure that alternatives to institutionalisation cover all children in need of care.

This includes all children in need of care, especially orphaned children, those with disabilities, and minority or marginalised groups. Government should ensure that family-based care options are favoured in all cases, and are the only option for babies and small children.

For justice systems

13. Reduce detention.

Governments should ensure that detention is only used for child offenders who are assessed as posing a real danger to others, and then only as a last resort, for the shortest necessary time, and following judicial hearing, with greater resources invested in alternative family- and community-based rehabilitation and reintegration programmes.

14. Legal reform.

Governments should ensure that all forms of violent sentencing are prohibited for offences committed before the age of eighteen, including the death penalty, and all indeterminate and disproportionate sentences, including life imprisonment without parole and corporal punishment. Status offences (such as truancy), survival

behaviours (such as begging, selling sex, scavenging, loitering or vagrancy), victimisation connected with trafficking or criminal exploitation, and anti-social or unruly behaviour should be decriminalised.

- 15. Establish child-focused juvenile justice systems.** Governments should ensure that juvenile justice systems for all children up to age 18 are comprehensive, child-focused, and have rehabilitation and social reintegration as their paramount aims. Such systems should adhere to international standards, ensuring children's right to due process, legal counsel, access to family, and the resolution of cases as quickly as possible.

REFERENCES

- 1 United Nations Secretary-General's Study on Violence against Children (2005). *Summary Report of the Thematic Meeting on Violence against Children in Conflict with the Law*. 4–5 April 2005, Geneva. Available at: <http://www.violencestudy.org/r180>.
- 2 American Academy of Pediatrics (2001). Assessment of Maltreatment of Children with Disabilities (Policy Statement). *Pediatrics*, 108(2): 508–512.
- 3 Teplin LA et al. (2005). Early Violent Death Among Delinquent Youth: A Prospective Longitudinal Study. *Pediatrics*, 115: 1586–1593.
- 4 Ministry for Foreign Affairs Sweden (2001). *Children in Institutions*. Stockholm, Ministry for Foreign Affairs Sweden.
- 5 United Nations (1990). *Convention on the Rights of the Child*. New York, UN. Available at: <http://www.ohchr.org/english/law/pdf/crc.pdf>.
- 6 United Nations (1985). *United Nations Standard Minimum Rules for the Administration of Juvenile Justice ('The Beijing Rules')*. Adopted by General Assembly resolution 40/33 of 29 November 1985. Available at: <http://www.ohchr.org/english/law/beijingrules.htm>.
- 7 United Nations (1990). *United Nations Guidelines for the Prevention of Juvenile Delinquency (The 'Riyadh Guidelines')*. Adopted by General Assembly resolution 45/112 of 14 December 1990. Available at: http://www.unhchr.ch/html/menu3/b/h_comp47.htm.
- 8 United Nations (1990). *United Nations Rules for the Protection of Juveniles Deprived of their Liberty*. Adopted by General Assembly resolution 45/113 of 14 December 1990. Available at: http://www.unhchr.ch/html/menu3/b/h_comp37.htm.
- 9 Carter R (2005). *Family Matters: A Study of Institutional Childcare in Central and Eastern Europe and the Former Soviet Union*. London, EveryChild.
- 10 Boswell J (1988). *The Kindness of Strangers: The Abandonment of Children in Western Europe from Late Antiquity to the Renaissance*. New York, Pantheon Books.
- 11 OHCHR (2005). *Informal Note on Indigenous Children: Four Years Experience of Servicing the Mandate of the UN Special Rapporteur*. Prepared for the United Nations Secretary-General's Study on Violence against Children.
- 12 UNICEF (2003). *Children in Institutions: The Beginning of the End? The Cases of Italy, Spain, Argentina, Chile and Uruguay. Innocenti Insight*. Florence, Innocenti Research Centre.
- 13 Burchell G (2005). *Meeting the Challenges of Out-of-Home Care Provision*. Submission to the Committee on the Rights of the Child General Day of Discussion on Children Without Parental Care. United Aid for Azerbaijan.
- 14 Include Youth (2005). *Submission to the Committee on the Rights of the Child General Day of Discussion on Children Without Parental Care*. Belfast, Include Youth.
- 15 United Nations Secretary-General's Study on Violence against Children (2005). *Summary Report of the Thematic Meeting on Violence against Children with Disabilities*. 28 July 2005, New York. Available at: <http://www.violencestudy.org/r180>.
- 16 United Nations Secretary-General's Study on Violence against Children (2005). *Summary Report of the Thematic Meeting on Violence against Children with Disabilities*. 28 July 2005, New York. Available at: <http://www.violencestudy.org/r180>.
- 17 Kendrick A (1998). 'Who Do We Trust?' *The Abuse of Children Living Away from Home in the United Kingdom*. Paper presented to the 12th International Congress on Child Abuse and Neglect (ISPCAN). September 1998, Auckland, New Zealand.
- 18 United Nations Secretary-General's Study on Violence against Children (2005). *Summary Report of the Thematic Meeting on Violence against Children with Disabilities*. 28 July 2005, New York. Available at: <http://www.violencestudy.org/r180>.
- 19 Berridge D, Brodie I (1996). Residential Child Care in England and Wales: The Inquiries and After. In: Hill M, Aldgate J (eds). *Child Welfare Services: Developments in Law, Policy, Practice and Research*. London, Jessica Kingsley, pp 180–195.

- 20 Barter C (2003). *Abuse of Children in Residential Care*. London, NSPCC.
- 21 United Nations Secretary-General's Study on Violence against Children (2005). *Summary Report of the Thematic Meeting on Violence against Children in Conflict with the Law*. 4–5 April 2005, Geneva. Available at: <http://www.violencestudy.org/r180>.
- 22 Human Rights Watch (2001). *Easy Targets: Violence Against Children Worldwide*. New York, Human Rights Watch.
- 23 Westcott H, Clement M (1992). *NSPCC Experience of Child Abuse in Residential Care and Educational Placements: Results of a Survey*. London, NSPCC.
- 24 Astra, Children's Rights Centre, Humanitarian Law Centre, and OMCT (2004). *State Violence in Serbia and Montenegro: An Alternative Report to the United Nations Human Rights Committee*. Geneva and Belgrade.
- 25 Keating P et al. (2003). *Review of Children's Homes and Places of Safety in Jamaica*. Kingston, Jamaica, Ministry of Health.
- 26 International Save the Children Alliance (2003). *A Last Resort: The Growing Concern About Children in Residential Care*. London, Save the Children UK.
- 27 Barth RP (2002). *Institutions vs Foster Homes: The Empirical Base for a Century of Action*. Chapel Hill, NC, University of North Carolina School of Social Work, Jordan Institute for Families.
- 28 Almaty (2002). *Alternative Report of Non-Governmental Organisations of Kazakhstan*. Available at: http://www.crin.org/docs/resources/treaties/crc.33/kazakhstan_ngo_report.pdf.
- 29 Stativa E (2000). Survey on Child Abuse in Residential Care Institutions in Romania (ABSUR). Available at: http://www.crin.org/docs/resources/treaties/crc.40/GDD_2005_stativa1eng.pdf#search=%22Survey%20on%20Child%20Abuse%20in%20Residential%20Care%20Institutions%20in%20Romania%22.
- 30 Carter R (2005). *Family Matters: A Study of Institutional Childcare in Central and Eastern Europe and the Former Soviet Union*. London, EveryChild.
- 31 Barter C (2003). *Abuse of Children in Residential Care*. London, NSPCC. Available at: http://www.nspcc.org.uk/Inform/OnlineResources/InformationBriefings/AbuseOfChildrenInResidentialCare_asp_ifegap26011.html.
- 32 UNICEF (2003). *Children in Institutions: The Beginning of the End? The Cases of Italy, Spain, Argentina, Chile and Uruguay*. *Innocenti Insight*. Florence, Innocenti Research Centre.
- 33 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: North America*. Available at: <http://www.violencestudy.org/r27>.
- 34 Goodman R (2000). *Children of the Japanese State: The Changing Role of Child Protection Institutions in Contemporary Japan*. Oxford, Oxford University Press.
- 35 International Save the Children Alliance (2003). *A Last Resort: The Growing Concern about Children in Residential Care*. London, Save the Children UK.
- 36 UNICEF Regional Office for Latin America and the Caribbean (2004). *Convention on the Rights of the Child. Fifteen Years Later*. Latin America, UNICEF.
- 37 Foster G (2004). *Study of the Response by Faith-Based Organisations to Orphans and Vulnerable Children*. UNICEF and World Conference of Religions for Peace.
- 38 International Save the Children Alliance (2003). *A Last Resort: The Growing Concern about Children in Residential Care*. London, Save the Children UK.
- 39 Ugandan Ministry of Labour, Gender and Social Development (2003). *Uganda Country Report for the Stockholm Conference on Residential Care*. University of Stockholm, Sweden.
- 40 Powell G et al. (forthcoming). *Children in Residential Care: The Zimbabwean Experience*. New York, UNICEF.
- 41 UNICEF (2003). *Africa's Orphaned Generations*. New York, UNICEF.

- 42 TransMONEE Database (2002). UNICEF Innocenti Research Centre, Florence. Cited in: United Nations Study on Violence against Children (2005). *Violence in Residential Facilities for Children. Regional Desk Review: Europe and Central Asia*. Available at: <http://www.violencestudy.org/tr27>
- 43 UNICEF (2005). *Children and Disability in Transition in CEE/CIS and Baltic States*. New York, UNICEF.
- 44 Burnett A (2005). *Study Examines the Situation of Children with Disabilities in Uzbekistan*. Tashkent, Uzbekistan, UNICEF. Available at: http://www.unicef.org/infobycountry/uzbekistan_25809.html.
- 45 Tobis D (2000). *Moving from Residential Institutions to Community-based Social Services in Central and Eastern Europe and the Former Soviet Union*. Washington DC, World Bank.
- 46 Carter R (2005). *Family Matters: A Study of Institutional Childcare in Central and Eastern Europe and the Former Soviet Union*. London, EveryChild.
- 47 Tobis D (1992). *The Continuum of Child Welfare Services: Principles and Practices for Central and Eastern Europe*. Paper given at the Regional Seminar for East and Central Europe, Sofia, Bulgaria, September/October 1992. Cited in: Carter R (2005). *Family Matters: A Study of Institutional Childcare in Central and Eastern Europe and the Former Soviet Union*. London, EveryChild.
- 48 A Jones et al. (Eds) (1991). *Soviet Social Problems*. Boulder, Colorado, Westview Press. Cited in: Carter R (2005). *Family Matters: A Study of Institutional Childcare in Central and Eastern Europe and the Former Soviet Union*. London, EveryChild.
- 49 Cabral C (2005). *Contributions to International Standards for the Protection of Children in Out-of-Home Care*. Submission to the Committee on the Rights of the Child Day of General Discussion on Children Without Parental Care, Geneva.
- 50 SOS-Kinderdorf (2005). *A Child's Right to a Family: The Experience, Learning and Vision of SOS Children's Villages*. Position Paper.
- 51 SOS-Kinderdorf (2005). *A Child's Right to a Family: The Experience, Learning and Vision of SOS Children's Villages*. Position Paper.
- 52 Keating P et al. (2003). *Review of Children's Homes and Places of Safety in Jamaica*. Kingston, Jamaica, Ministry of Health.
- 53 Carter R (2005). *Family Matters: A Study of Institutional Childcare in Central and Eastern Europe and the Former Soviet Union*. London, EveryChild.
- 54 Human Rights Watch (2005). *Positively Abandoned: Stigma and Discrimination against HIV-Positive Mothers and Their Children in Russia*. New York, Human Rights Watch.
- 55 UNICEF Somalia (2003). *From Perception to Reality: A Study on Child Protection in Somalia*. UNICEF Somalia, Ch. 5.
- 56 Mental Disability Rights International (2005). *Behind Closed Doors: Human Rights Abuses in the Psychiatric Facilities, Orphanages and Rehabilitation Centres of Turkey*. Washington DC, MDRI.
- 57 Mental Disability Rights International (2006). *Hidden Suffering: Romania's Segregation and Abuse of Infants and Children with Disabilities*. Washington DC, MDRI.
- 58 Browne KD et al. (2004). *Mapping the Number and Characteristics of Children Under Three in Institutions Across Europe at Risk of Harm*. European Union Daphne Programme, Final Project Report No. 2002/017/C, Publication 26951. Birmingham, University of Birmingham.
- 59 Silva E (2004). *O Direito à Convivência Familiar e Comunitária: os Abrigos para Crianças e Adolescentes no Brasil (The Right to Live with Family and Community: Shelters for Children and Adolescents in Brazil)*. Brasília: Ipea/Conanda. Cited in: Cabral C (2005). *Contributions to International Standards for the Protection of Children in Out-of-Home Care*. Submission to the Committee on the Rights of the Child Day of General Discussion on Children without Parental Care, Geneva.
- 60 Global Initiative to End All Corporal Punishment of Children (2006). *Global Summary of the Legal Status of Corporal Punishment of Children*. 28 June 2006.

- 61 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: Middle East and North Africa*. Available at: <http://www.violencestudy.org/r27>.
- 62 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: Middle East and North Africa*. Available at: <http://www.violencestudy.org/r27>.
- 63 Mental Disability Rights International (2005). *Behind Closed Doors: Human Rights Abuses in the Psychiatric Facilities, Orphanages and Rehabilitation Centres of Turkey*. Washington DC, MRDI.
- 64 Israel M (2002). *Use of Skin-Shock as a Supplementary Aversive at the Judge Rotenberg Centre (JRC)*. Paper presented at the 2002 Meeting of the Association for Behaviour Analysis. Available at: <http://www.judgerc.org/writeup3.html>.
- 65 United Nations Secretary-General's Study on Violence against Children (2005). *Summary Report of the Thematic Meeting on Violence against Children with Disabilities*. 28 July 2005, New York. Available at: <http://www.violencestudy.org/r180>.
- 66 United Nations Secretary-General's Study on Violence against Children (2005). *Summary Report of the Thematic Meeting on Violence against Children with Disabilities*. 28 July 2005, New York, pp 18–19. Available at: <http://www.violencestudy.org/r180>.
- 67 Mental Disability Rights International (2000). *Human Rights and Mental Health: Mexico*. Washington, DC, MRDI.
- 68 Mental Disability Rights International (2005). *Behind Closed Doors: Human Rights Abuses in the Psychiatric Facilities, Orphanages and Rehabilitation Centres of Turkey*. Washington, DC, MRDI.
- 69 Sinclair I, Gibbs I (1998). *Children's Homes: A Study in Diversity*. Chichester, UK, Wiley. Cited in: Barter C (2003). *Abuse of Children in Residential Care*. London, NSPCC.
- 70 Kendrick A (1998). *Who Do We Trust? The Abuse of Children Living Away from Home in the United Kingdom*. Paper presented to the 12th International Congress on Child Abuse and Neglect; Protecting Children, Innovation and Inspiration. ISPCAN, Auckland, New Zealand, 6–9 September.
- 71 Human Rights Watch (1998). *Abandoned to the State: Cruelty and Neglect in Russian Orphanages*. New York, Human Rights Watch.
- 72 Frank DA et al. (1996). Infants and Young Children in Orphanages: One View from Paediatrics and Child Psychiatry. *Pediatrics*, 97(4): 569–578.
- 73 University of Birmingham, UK Centre for Forensic and Family Psychology. Cited in: *International Foster Care Organisation* (2005). Submission to the Committee on the Rights of the Child Day of General Discussion. Available at: http://www.crin.org/docs/resources/treaties/crc.40/GDD_2005_IFCO.pdf.
- 74 Conroy J, Bradley V (1985). *The Pennhurst Longitudinal Study: A Report of Five Years of Research and Analysis*. Philadelphia, Temple University Developmental Disabilities Centre and Boston, Human Services Research Institute.
- 75 Bregman J, Harris J (1995). Mental Retardation. In: *Comprehensive Textbook of Psychiatry*, VI 2207.
- 76 Harwin J (1996). *Children of the Russian State: 1917–95*. Avebury, Ashgate Publishing Company.
- 77 Carter R (2005). *Family Matters: A Study of Institutional Childcare in Central and Eastern Europe and the Former Soviet Union*. London, EveryChild.
- 78 IOM Rehabilitation Centre for Victims of Trafficking (2004). Cited in: Child Rights Information Center (2004). *Evaluation Report: Life Skills Education for Prevention of Trafficking in Human Beings*. Child Rights Information Centre (CRIC), Secretariat of the National Council for Protection of the Rights of the Child, Ministry of Education.
- 79 Include Youth (2005). Submission to the Committee on the Rights of the Child General Day of Discussion on Children Without Parental Care. Belfast, Include Youth.

- 80 Annie E Casey Foundation (2004). *Kids Count: 2004 Data Book Online*. Available at: <http://www.aecf.org/kidscount/>.
- 81 United Nations Secretary-General's Study on Violence against Children (2005). *Summary Report of the Thematic Meeting on Violence against Children in Conflict with the Law*. 4–5 April 2005, Geneva. Available at: <http://www.violencestudy.org/r180>.
- 82 National Commission for Child Welfare and Development Records (2003). Cited in: AMAL and Consortium for Street Children (2004). *Street Children and Juvenile Justice in Pakistan*. AMAL and Consortium for Street Children.
- 83 Martin F, Parry-Williams J (2005). *The Right Not to Lose Hope*. London, Save the Children UK.
- 84 Amnesty International (2002). *Burundi: Juvenile Justice in Burundi*. London, Amnesty International. Cited in: United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: East and Southern Africa*. Available at: <http://www.violencestudy.org/r27>.
- 85 Human Development Initiatives and Consortium for Street Children (2004). *Street Children and Juvenile Justice in Lagos State*. Human Development Initiatives and Consortium for Street Children, p 73.
- 86 Jahangir A, Doucet M (1993). *Children of a Lesser God: Child Prisoners of Pakistan*. Lahore, Pakistan, Vanguard Books, p 1.
- 87 Human Rights Watch (1999). *Prison Bound: The Denial of Juvenile Justice in Pakistan*. New York, Human Rights Watch.
- 88 NCCWD (2001). *Situation Analysis of Juveniles in Jails*, p 79. Cited in: United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: South Asia*. Available at: <http://www.violencestudy.org/r27>.
- 89 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: South Asia*. Available at: <http://www.violencestudy.org/r27>.
- 90 Defence for Children International (2003). *Kids Behind Bars: A Study on Children in Conflict with the Law: Towards Investing in Prevention, Stopping Incarceration and Meeting International Standards*. Amsterdam, Defence for Children International.
- 91 Save the Children (2005). *Mapping Save the Children's Response to Violence against Children in the South Asia Region*. International Save the Children Alliance
- 92 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: South Asia*. Available at: <http://www.violencestudy.org/r27>.
- 93 UNICEF (1998). *Juvenile Justice. Innocenti Digest No 3*. Florence, International Child Development Centre.
- 94 Annie E Casey Foundation (2003). *The Advocacy Index: Kids, Crime and Punishment. Advocacy*, 5(1).
- 95 Nacro (2005). *A Better Alternative: Reducing Child Imprisonment*. London, Nacro.
- 96 Consortium for Street Children and University College Cork (1999). *Prevention of Street Migration: Resource Pack*. London, Consortium for Street Children and University College Cork. Cited in: Wernham M (2004). *An Outside Chance: Street Children and Juvenile Justice – An International Perspective*. London, Consortium for Street Children.
- 97 Kakama PT (2002). *Deprivation of Basic Needs as Motivator for Criminal Activities Among Children*. London, Save the Children UK.
- 98 Defence for Children International (2003). *Kids Behind Bars: A Study on Children in Conflict with the Law: Towards Investing in Prevention, Stopping Incarceration and Meeting International Standards*. Amsterdam, Defence for Children International.
- 99 Martin F, Parry-Williams J (2005). *The Right Not to Lose Hope*. London, Save the Children UK.
- 100 Martin F, Parry-Williams J (2005). *The Right Not to Lose Hope*. London, Save the Children UK.
- 101 Centre for Youth and Children's Affairs (1999). *A Survey Study Report on the Juvenile Offenders in Malawi Prisons and Approved Reform Centres*. Lilongwe, Malawi, Centre for Youth and Children's Affairs, p 16.

- 102 Martin F, Parry-Williams J (2005). *The Right Not to Lose Hope*. London, Save the Children UK.
- 103 Wernham M (2004). *An Outside Chance: Street Children and Juvenile Justice – An International Perspective*. London, Consortium for Street Children.
- 104 Quaker United Nations Office (2005). *Violence against Babies and Small Children Living in Prisons with Their Mothers*. Submission to the UN Secretary-General's Study on Violence against Children.
- 105 NGO Advisory Panel for the United Nations Secretary-General's Study on Violence against Children (2005). *Summary Report: Violence against Children in Conflict with the Law*. Thematic Consultation for the UN Secretary-General's Study on Violence against Children. Geneva, 4–5 April 2005. Available at: <http://www.violencestudy.org/r180>.
- 106 The Consortium for Street Children. Data Taken from the Juvenile Court Register, Nairobi, Kenya, for the Period Feb. 1998–Jan. 2002. Cited in: Wernham M (2004). *An Outside Chance: Street Children and Juvenile Justice – An International Perspective*. London, Consortium for Street Children.
- 107 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: Eastern and Southern Africa*. Available at: <http://www.violencestudy.org/r27>.
- 108 Defence for Children International (2003). *Kids Behind Bars: A Study on Children in Conflict with the Law: Towards Investing in Prevention, Stopping Incarceration and Meeting International Standards*. Amsterdam, Defence for Children International.
- 109 Khan SZ (2000). *Herds and Shepherds: The Issue of Safe Custody of Children in Bangladesh*, BLAST/Save the Children UK.
- 110 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: South Asia*. Available at: <http://www.violencestudy.org/r27>.
- 111 Home Affairs Committee (2005). *Rehabilitation of Prisoners*. First Report of Session 2004–2005. House Affairs Committee, House of Commons. London, The Stationery Office Ltd.
- 112 Davies N (2004). Wasted Lives of the Young Let Down by Jail System. *The Guardian*, 8 December 2004. Available at: <http://www.guardian.co.uk/criminaljustice/story/0,,1369112,00.html>.
- 113 Human Rights Watch (1996). *Modern Capital of Human Rights? Abuses in the State of Georgia*. New York, Human Rights Watch.
- 114 Moussa D (2005). *Report About the Sexual Assault and Children Exploitation in Syria*. Save the Children Sweden in Lebanon.
- 115 The Howard League for Penal Reform (UK). Cited in: Roy N, Wong M (2002). *Juvenile Justice Review and Training Documents*. Prepared for Save the Children UK, pp 2002–2003.
- 116 United Nations (1999). *Report of the Special Rapporteur on Violence against Women of the Mission to the United States of America on the Issue of Violence against Women in State and Federal Prisons*. E/CN.4/1999/68/Add. 2, paras 55 and 58.
- 117 Global Initiative to End All Corporal Punishment of Children (2006). *Global Summary of the Legal Status of Corporal Punishment of Children*, 28 June 2006. Available at: <http://www.endcorporalpunishment.org>.
- 118 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: East Asia and the Pacific*. Available at: <http://www.violencestudy.org/r27>.
- 119 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: Middle East and North Africa*. Available at: <http://www.violencestudy.org/r27>.
- 120 Human Rights Watch (2004). *Real Dungeons: Juvenile Detention in the State of Rio de Janeiro*. New York, Human Rights Watch.
- 121 Children's Rights Alliance for England (2005). *State of Children's Rights in England annual review*, available at www.crae.org.uk
- 122 Human Rights Watch (2003). *Charged with Being Children: Egyptian Police Abuse of Children in Need of Protection*. New York: Human Rights Watch.

- 123 Penal Reform International and Advocacy Forum (2006). *Assessment of children and young persons in prisons, correction home and police custody in Nepal*. Juvenile Justice in Nepal Series 2. Kathmandu. UNICEF.
- 124 National Commission for Child Welfare and Development (2001). *Situation Analysis of Juveniles in Jails*, p. 79. United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: South Asia*. Available at: <http://www.violencestudy.org/r27>.
- 125 Human Rights Watch (2005). *Making Their Own Rules: Police Beatings, Rape and Torture of Children in Papua New Guinea*. New York, Human Rights Watch.
- 126 See for example, Amnesty International (2000). *Hidden Scandal, Secret Shame*. London, Amnesty International, and Human Rights Watch (2001). *Easy Targets: Violence against Children Worldwide*. New York, Human Rights Watch.
- 127 Defence for Children International (2003). *Kids Behind Bars: A Study on Children in Conflict with the Law: Towards investing in prevention, stopping incarceration and meeting international standards*. Amsterdam, Defence for Children International.
- 128 Human Rights Watch (1999). *Nobody's Children: Jamaican Children in Police Detention and Government Institutions*. New York, Human Rights Watch.
- 129 Defence for Children International (2003). *Kids Behind Bars: A Study on Children in Conflict with the Law: Towards Investing in Prevention, Stopping Incarceration and Meeting International Standards*. Amsterdam, Defence for Children International.
- 130 Global Initiative to End All Corporal Punishment of Children (2006). *Global Summary of the Legal Status of Corporal Punishment of Children*, 28 June 2006. Available at: www.endcorporalpunishment.org.
- 131 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: East Asia and the Pacific*. Available at: www.violencestudy.org/r27.
- 132 Committee on the Rights of the Child (2005, 2006). *Concluding Observations: Brunei Darussalam (CRC/C/15/Add. 219) 2003; Iran (CRC/C/15/Add. 254) 2005; Nigeria (CRC/C/15/Add. 257) 2005; Pakistan (CRC/C/15/Add. 217) 2003; Saudi Arabia (CRC/C/SAU/CO/2) 2006; and Yemen (CRC/C/15/Add. 267) 2005*.
- 133 Amnesty International (2005). *Violence against Children: Capital Punishment*. Submission to the UN Secretary-General's Study on Violence against Children.
- 134 United States Supreme Court (2005). *Roper vs Simmons*. 543 USA 551.
- 135 Human Rights Watch (2005). *The Rest of Their Lives: Life Without Parole for Child Offenders in the United States*. New York, Human Rights Watch.
- 136 UNICEF (1998). *Juvenile Justice. Innocenti Digest No 3*. Florence, International Child Development Centre.
- 137 United Nations Secretary-General's Study on Violence against Children (2005). *Summary Report of the Thematic Meeting on Violence against Children in Conflict with the Law*. 4–5 April 2005, Geneva. Available at: <http://www.violencestudy.org/r180>.
- 138 Human Rights Watch (2005). *The Rest of Their Lives: Life Without Parole for Child Offenders in the United States*. New York, Human Rights Watch.
- 139 Human Rights Watch (2004). *Real Dungeons: Juvenile Detention in the State of Rio de Janeiro*. New York, Human Rights Watch.
- 140 HM Chief Inspector of Prisons (2005). *Juveniles in Custody 2003-2004: an analysis of children's experiences in prison*.
- 141 Annie E. Casey Foundation (2003). *Juvenile Justice at a Crossroads. Advocasey*, Vol. 5, No 1. Baltimore, The Annie E. Casey Foundation.
- 142 US Department of Justice (2004). *Office of Juvenile Justice and Delinquency Prevention Annual Report, FY2003-2004*. Washington DC, OJJDP.
- 143 The Howard League for Penal Reform (2005). Available at: <http://www.howardleague.org/index.php?id=213>

- 144 Office of Juvenile Justice and Delinquency Prevention (1985). *Juveniles in Adult Jails and Lockups: It's Your Move*. Washington DC, OJJDP.
- 145 American Youth Policy Forum (2001). *Less Cost, More Safety: Guiding Lights for Reform in Juvenile Justice*. Washington DC, American Youth Policy Forum.
- 146 Coalition for Juvenile Justice (2004). *Unlocking the Future: Detention Reform in the Juvenile Justice System*.
- 147 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: East Asia and the Pacific*. Available at: <http://www.violencestudy.org/r27>.
- 148 Feld BC (1998). Juvenile and Criminal Justice Systems' Responses to Youth Violence. *Crime and Justice*, 24: 189–261. Cited in: Annie E Casey Foundation (2003). *Juvenile Justice at a Crossroads*. *Advocacy*, 5(1): 17.
- 149 Separated Children in Europe Programme (2005). *Newsletter No. 22*. Available at: http://www.savethechildren.net/separated_children/publications/newsletter/NEWSLETTER_No_22.pdf.
- 150 The Committee on the Rights of the Child (2005). *General Comment No. 6 on the Treatment of Unaccompanied and Separated Children Outside Their Country of Origin*. CRC/GC/2005/6.
- 151 Separated Children in Europe Programme (2005). *Newsletter No. 22*. Available at: http://www.savethechildren.net/separated_children/publications/newsletter/NEWSLETTER_No_22.pdf.
- 152 Amnesty International (2005). *Seeking Asylum Is Not a Crime: Detention of People Who Have Sought Asylum*. AI Index : EUR 45/015/2005. London, Amnesty International. Available at: <http://web.amnesty.org/library/Index/ENGEUR450152005?open&of=ENG-369>.
- 153 Kanics J (2005). *Presentation to the UN Regional Consultation on Violence against Children, Ljubljana, Slovenia*. Cited in: United Nations Secretary-General's Study on Violence against Children (2005). *Regional Consultation Outcome Report: Europe and Central Asia*. Available at: <http://www.violencestudy.org/r27>.
- 154 Human Rights and Equal Opportunity Commission Australia (2004). *A Last Resort? Summary Guide*. (A summary of the important issues, findings and recommendations of the National Inquiry into Children in Immigration Detention.) Human Rights and Equal Opportunity Commission.
- 155 Human Rights and Equal Opportunity Commission Australia (2004). *A last resort? Summary Guide*. (A summary of the important issues, findings and recommendations of the National Inquiry into Children in Immigration Detention.) Human Rights and Equal Opportunity Commission.
- 156 United Nations Secretary-General's Study on Violence against Children (2006). *Summary Report of the Thematic Consultation on Violence against Refugee and other Displaced Children*. 25 April 2006, Geneva. Available at: <http://www.violencestudy.org/r180>.
- 157 BBC Monitoring of RNF Radio 1 (2005). *Child Migrant Centres at 'Breaking Point' – Spanish Official*. 1 November 2005.
- 158 UNICEF and International Social Service (2004). *Improving Protection for Children Without Parental Care, a Call for International Standards*. New York, UNICEF, and Geneva, International Social Service. Available at: http://www.crin.org/docs/resources/treaties/crc.40/GDD_2005_CALL_FOR_INT_STANDARDS.pdf.
- 159 Human Rights Watch (2002). *Nowhere to Turn: State Abuses of Unaccompanied Migrant Children by Spain and Morocco*. New York, Human Rights Watch.
- 160 Coalition to Stop the Use of Child Soldiers (2004). *Child Soldiers Global Report 2004*. London, Coalition to Stop the Use of Child Soldiers.
- 161 Coalition to Stop the Use of Child Soldiers (2005). *Submission to the UN Secretary-General's Study on Violence against Children, with specific reference to children in military schools and to children in peacetime government forces*. Coalition to Stop the Use of Child Soldiers.

- 162 Amnesty International (2001). *Paraguay: No Child's Play – Under-age Recruitment in the Armed Forces Must Stop*. Press release, 5 April 2001. Available at: <http://web.amnesty.org/library/engindex>.
- 163 Rojas F (2001). *El Servicio Militar Obligatorio en Paraguay: Entre la Contestación Social y la Inercia de las Instituciones del Estado Autoritario*. Research and Education in Defense and Security Studies Conference, Centre for Hemispheric Defense Studies, Washington DC, 22–25 May (REDES 2001). Available at: <http://www.ndu.edu/chds/REDES2001> (Programa, Bloque IV, Panel 2).
- 164 Coalition to Stop the Use of Child Soldiers (2005). *Submission to the UN Secretary-General's Study on Violence against Children, with specific reference to children in military schools and to children in peacetime government forces*. Coalition to Stop the Use of Child Soldiers.
- 165 Coalition to Stop the Use of Child Soldiers (2005). *Submission to the UN Secretary-General's Study on Violence against Children, with specific reference to children in military schools and to children in peacetime government forces*. Coalition to Stop the Use of Child Soldiers.
- 166 Presentation by Child Protection Society of Zimbabwe (2002). Cited in: *Meeting on African Children Without Family Care: Final Report*. Windhoek, 30 November 2002.
- 167 Hillman AA, Rosenthal E (2003). Unanswered Cries: Institutionalisation and Violence against Children with Disabilities. *One in Ten*, 24: 12–14.
- 168 International Save the Children Alliance (2003). *A Last Resort: The Growing Concern About Children in Residential Care*. London, Save the Children UK.
- 169 Desmond C (2002). *The Economic Evaluation of Models of Care for Orphaned and Vulnerable Children*. Paper prepared for Family Health International, August 2002 draft.
- 170 World Bank (1997). *Confronting AIDS: Public Priorities in a Global Epidemic*. Washington DC, World Bank.
- 171 Carter R (2005). *Family Matters: A Study of Institutional Childcare in Central and Eastern Europe and the Former Soviet Union*. London, EveryChild, pp 34–35.
- 172 Carter R (2005). *Family Matters: A Study of Institutional Childcare in Central and Eastern Europe and the Former Soviet Union*. London, EveryChild.
- 173 Meeting on African Children Without Family Care (2002). *Final Report*. Windhoek, 30 November 2002.
- 174 Lakin KC et al. (1998). Decreases Continue in Out-of-Home Placements of Children and Youth with Mental Retardation. *Mental Retardation*, 36(2): 165–167.
- 175 Habibi G (1999). UNICEF and Children with Disabilities. *One-in-Ten*, 2(4). UNICEF Education Update.
- 176 Allouche Z (2005). *Children Without Parental Care*. Submission to the Committee on the Rights of the Child General Day of Discussion on Children Without Parental Care. The Lebanese Association of SOS Children's Villages.
- 177 Committee on the Rights of the Child (2005). *Recommendations Following a 'Discussion Day' on Children Without Parental Care*. Available at: <http://www.ohchr.org/english/bodies/crc/docs/discussion/recommendations2005.pdf>.
- 178 OHCHR et al. (2005). *Protecting the Rights of Children in Conflict with the Law. Programme and Advocacy Experiences from Member Organisations of the Inter-agency Coordination Panel on Juvenile Justice*. Summary Document. Inter-Agency Coordination Panel on Juvenile Justice /UNICEF.
- 179 UNICEF (2003). *From Perception to Reality: A Study on Child Protection in Somalia*. UNICEF Somalia, Ch. 10.
- 180 UNICEF (2003). *From Perception to Reality: A Study on Child Protection in Somalia*. UNICEF Somalia, Ch. 10.
- 181 OHCHR et al. (2005). *Protecting the Rights of Children in Conflict with the Law. Programme and Advocacy Experiences from Member Organisations of the Inter-agency Coordination Panel on Juvenile Justice*. Summary Document. Inter-Agency Coordination Panel on Juvenile Justice /UNICEF.

- 182 Martin F, Parry-Williams J (2005). *The Right Not to Lose Hope*. London, Save the Children UK.
- 183 Human Rights Watch (2006). *Failure to Protect Children in Foster Care: Former Foster Children, Now Homeless in California*. Advocacy Paper. New York, Human Rights Watch.
- 184 Mulheir G (2005). *De-institutionalisation in Sudan: Preventing Violence Through Transforming Services to Children and Families*. Submission to the United Nations Secretary-General's Study on Violence against Children.
- 185 OHCHR et al. (2005). *Protecting the Rights of Children in Conflict with the Law. Programme and Advocacy Experiences from Member Organisations of the Inter-agency Coordination Panel on Juvenile Justice*. Summary Document. Inter-Agency Coordination Panel on Juvenile Justice /UNICEF.
- 186 OHCHR et al. (2005). *Protecting the Rights of Children in Conflict with the Law. Programme and Advocacy Experiences from Member Organisations of the Inter-agency Coordination Panel on Juvenile Justice*. Summary Document. Inter-Agency Coordination Panel on Juvenile Justice /UNICEF.
- VI United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: North America*, p 43. Available at: www.violencestudy.org/r27.
- VII Save the Children (2003). *One Day in Prison-Feels like a Year: Palestinian Children Tell Their Own Stories*. Stockholm, Save the Children Sweden.
- VIII Human Rights Watch (1998). *The Rest of their Lives : Life Without Parole for Child Offenders in the United States*. New York, Human Rights Watch, p 64.
- IX L'Observatoire des droits de l'enfant de la région océan indien (2006). *La violence contre les enfants dans la région de l'océan indien*. Annual Report of the Observatoire des droits de l'enfant de la région océan indien. Mauritius, l'Observatoire des droits de l'enfant de la région océan indien, p 52.
- X United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: Eastern and Southern Africa*, p 27. Available at: www.violencestudy.org/r27.
- XI United Nations Secretary-General's Study on Violence against Children (2005). *Regional Consultation Outcome Report: Europe and Central Asia*, p 25. Available at: www.violencestudy.org/r27.
- XII United Nations Secretary-General's Study on Violence against Children (2005). *Regional Consultation Outcome Report: North America*, p 67. Available at: www.violencestudy.org/r27.

QUOTES

- I Save the Children (2003). *One Day in Prison-Feels like a Year: Palestinian Children Tell Their Own Stories*. Stockholm, Save the Children Sweden.
- II Youth Human Rights Group (2003). *Monitoring Human Rights in Orphanages and Boarding Schools for Abandoned Children in the Kyrgyz Republic*. Bishkek, Youth Human Rights Group, p 13.
- III United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: North America*, p 42. Available at: www.violencestudy.org/r27.
- IV Martin F, Parry-Williams J (2005). *The Right Not to Lose Hope*. London, Save the Children UK, p 37.
- V United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: North America*, p 41. Available at: www.violencestudy.org/r27.



PAKISTAN, 2006, (Left-right) Raz Mohammed, 10, Farooq, 8, and Musa, 12, sit on a pile of garbage in Quetta, capital of the southern province of Balochistan. They live on the streets and scavenge for food and items to sell.



VIOLENCE AGAINST CHILDREN IN PLACES OF WORK

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INTRODUCTION

Of all the settings where children are exposed to violence, the workplace is among the most difficult to address. According to international instruments and most national laws, children under a certain age (usually 15 but sometimes lower; see Table 6.1) should not be in the workplace at all, let alone in a workplace where they may be subject to violence. Yet well over 200 million children and adolescents do work, at ages both below and above the minimum legal age,¹ and many suffer ill-treatment, physical and psychological violence, verbal or sexual abuse.

Violence is a neglected aspect of debates on child labour; there are little data available, especially for child workers in the informal economy where the majority are to be found. Although specific studies are few, a growing body of information from organisations and from children themselves presents a convincing picture of an acute global problem. Violence towards working children has only remained 'invisible' because the direct question is rarely posed: for example, participants in the Study's South Asia consultation noted that data are systematically collected on violence against female and other workers, but child workers are ignored. They also commented that values and perceptions have served to minimise and even undermine the issue of workplace violence against children – a comment that applies equally elsewhere.

Addressing violence has also been largely absent from explicit efforts to eliminate child labour, or to reduce its harmful and negative

aspects for those young people who are working legally. This is surprising, given that the image of child labour derives from the brutalities suffered by children in 19th century factories and mines.² Overt or implied violence was integral to the view of workplace abuse of children informing early campaigns against child labour. The effects on children's physical growth and well-being were among the most potent arguments for its elimination.

The most obvious response to violence against children in the workplace is to remove them from it. However, it is important to recognise that for many children this is not an easy option. Programmes to remove children from violent workplaces have to ensure that the reasons they are there – economic, social and cultural – are simultaneously addressed, or they will simply return to them. Unless programmes engage with child workers and their families and seek to change attitudes, expectations and prospects, they are not likely to remove children permanently from an exploitative working life.^{3,4,5,6}

It is also important not to further violate the well-being of children who work by penalising or criminalising them for circumstances beyond their control (see also the chapters on violence against children in the community and in care and justice institutions).⁷ The reduction of violence against children in the workplace is not achieved by inflicting official violence on them, and deepening the stigmatisation they already endure. Young workers have themselves made a contribution, through Study Consultations, to an understanding of

“Raids are conducted on our work places as part of the government programme to eliminate child labour, and working children are rounded up like stray dogs. We are pulled out of work, taken away against our wishes and illegally confined. The actual raid experience is very traumatic for us.”

Child, South Asia, 2005¹

the violence they suffer. They report losing their self-esteem through being denigrated in the workplace, and feel similarly denigrated when their work is treated as something evil to be abolished, ignoring their sincere attempts to contribute to family survival.⁸

Despite 150 years of experience in responding to exploitative and abusive child labour and the significant progress made in recent years in finding ways to remove children from the worst forms of child labour, experience in responding specifically to violence in working children's lives is limited. This chapter looks at existing information and programmes in an attempt to open a new window on the working child phenomenon.

HUMAN RIGHTS INSTRUMENTS

Standards to regulate child labour were the very earliest international instruments put in place concerning child protection. A Minimum Age (Industry) Convention was first adopted in 1919 by the newly formed International Labour Organization (ILO), at a time when the employment of children was regarded as a major social issue in Europe and North America.⁹ The involvement of children in abusive, forced or violent types of workplace was also recognised and addressed by the Forced Labour Conventions No. 29 (1930), and No. 105 (1957); and in the 1956 Supplementary Convention on Slavery, which prohibits any practice whereby a child is given or sold by his/her parents to someone else for the purposes of labour or exploitation (article 1.d).

During the immediate post-colonisation era, the child well-being issues which mainly preoccupied international organisations and newly-independent Governments were public health and education. In 1973, the ILO adopted the Minimum Age Convention No. 138 (1973), which put under-age labour back onto the international agenda. This addressed the issue from the perspective of minimum age of employment of children and young people in different types of work with some flexibility according to countries' different stages of development.

TABLE 6.1 – Minimum ages according to ILO Convention No. 138

CATEGORY OF WORK	IN GENERAL	WHERE THE ECONOMY AND EDUCATIONAL FACILITIES ARE INSUFFICIENTLY DEVELOPED
General minimum wage	Not less than the age of completion of compulsory schooling, and in any case not less than 15 years	Not less than 14 years for an initial period
Light work	13 years	12 years
Hazardous work	18 years (16 years under certain strict conditions)	18 years (16 years under certain strict conditions)

Source: ILO/IPEC (2004). *Global Child Labour Trends 2000–2004*. Geneva, International Programme on the Elimination of Child Labour, International Labour Organization.

During the 1980s, the protection of ‘children in especially difficult circumstances’, including children suffering from exploitation, came to the fore. This was due to the emphasis by NGOs on these issues, and the impetus they gave to the articulation of the 1989 UN Convention on the Rights of the Child (CRC). Although the Convention later took in the child survival and development – or public health – agenda, the main driver was child protection;¹⁰ thus the vision of child rights established in the CRC fully embraced the need to protect children from exploitative work of all kinds.

Exploitative work and the Convention on the Rights of the Child

A specific article in the CRC is devoted to work (article 32). This recognises “the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child’s education, or to be harmful to the child’s health or physical, mental, spiritual, moral or social development.” The article goes on to oblige States to “provide for a minimum age or minimum ages for admission to employment” and other key aspects of a regulatory regime. Other articles



“Preventive action against violence in the workplace affecting children is essential. Start with keeping or getting under-age children out of these situations and allowing them to be or remain in school. And there has to be zero tolerance of violence against children wherever they work.”

Frans Roselaers, Editorial Board of the UN Secretary-General’s Study on Violence against Children

HUMAN RIGHTS INSTRUMENTS

that relate to the exploitation of child labour include article 34 (protection from sexual exploitation); article 35 (protection from trafficking); and article 36 (protection against all other forms of exploitation).

However, the notion of child protection in the CRC goes well beyond non-exploitation. Within its holistic framework for the upbringing, well-being and development of the child, the CRC covers a number of rights potentially at risk in cases where children work. These include article 2 (protection against discrimination); article 3 (primary consideration given to ‘the best interests of the child’); and article 8, the right to identity (working children may be denied the use of their own name). There are also rights to access to health (article 24), education (article 28), and recreation (article 29), which the working child frequently does not enjoy.

Certain CRC articles apply to specifics of the working situation, especially when a child is working away from home and is under the control of some adult other than the parents. These include article 19 (protection from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment); article 27 (the right to an adequate standard of living); and article 37 (protection from torture, cruel and degrading treatment and arbitrary deprivation of liberty). Finally, the rights relating to civic participation apply to working children as to others: article 12 (the right to be consulted); article 13 (the right to seek and impart information and views); and article 15 (the right to freedom of association).

Post-CRC developments

In 1992, growing concern with the plight of working children led the ILO to launch the International Programme on the Elimination of Child Labour (IPEC). The elimination of child labour began to be recognised also as a core labour standard, including at the World Summit for Social Development in Copenhagen (1995), and the WTO Ministerial Conference in Singapore (1996). International meetings on child sexual exploitation and child labour took place in Stockholm (1996), Amsterdam (1997), Oslo (1997), and Yokohama (2001).

In 1999, the ILO adopted Convention No. 182, the Worst Forms of Child Labour Convention, targeting the most hazardous and exploitative situations in which children are found.

The purpose of the new Convention was to strengthen the international legal framework for action by focusing more widely than on minimum age of employment. With its passage, the international profile of activity to tackle child labour reached an unprecedented level. The concept of ‘worst forms’ helped establish global priorities, and directed attention to the impacts of work on children as well as on the type of work they perform. A ‘worst form’ is not occupationally defined internationally, but by participating countries for their own context. However, some ‘unconditional worst forms’ are identified as universally outlawed.

Taken together, Conventions Nos 138 and 182 set the boundaries of the types of work that are unacceptable under international standards. These standards express the consensus view that work which falls within the legal limits and does not interfere with the child’s health and development or prejudice their schooling can be a positive experience. Child labour proscribed under international law falls into three categories:¹¹

- Unconditional worst forms of child labour, which are internationally defined as slavery, trafficking, debt bondage and other forms of forced labour, forced recruitment of children for use in armed conflict, prostitution and pornography, and illicit activities.
- Work that jeopardises the physical, mental or moral well-being of a child, either because of its nature or because of the conditions in which it is carried out, known as ‘hazardous work’, which should be defined at the national level and prohibited for all children under 18 years; hazardous work is defined as work “which exposes children to physical, psychological or sexual abuse.”
- Work that is performed by a child who is under the minimum age specified for that kind of work, and which is thus likely to impede the child’s education and full development. The minimum working age should not be lower than the age for completing compulsory schooling, and normally at least 15 years. However, light work that is not harmful for the child and which does not hinder education may be allowed from 13 years onwards, but only for a limited number of hours.

The adoption of Convention No. 182 created a consensus among international bodies and NGOs on priorities for ending child labour, beginning with the worst forms. Additional international concern with child sexual exploitation led to two further



'We all come from the same village in the south. We came to the city to work and have not seen our families since we left. We pay rent and live together as a group to defend ourselves from thieves.'

Shoeshine boys, Eastern and Southern Africa, 2003¹¹

HUMAN RIGHTS INSTRUMENTS

international legal developments: the Palermo Protocol on the trafficking of persons, especially women and children (2000); and an optional protocol to the CRC on the sale of children, child prostitution and child pornography (2000). These protocols are directly relevant to the likelihood of violence against children in situations of economic activity where there is international unanimity that children should not be employed.

BACKGROUND AND CONTEXT

Children have always worked. Many forms of child work are a natural part of growing up; traditionally, the child assumed domestic working responsibilities – carrying water, minding siblings, herding goats, helping parents at the loom or spindle – at the earliest practicable age. These activities fused with 'work' in its economic sense as the child grew older. Many children in the world today still work in family-based activities as part of the informal economy. Some of this work contains risk of violence. It may involve children taking animals to pasture far from home and being exposed to marauders; it may be associated with seasonal migration for agricultural work, when children accompany their families and work in settings where conditions are extremely tough. It may involve them leaving home for a precarious and unsafe life in town.

In some places and among certain classes, castes or ethnic groups, parents place greater value on children being employed in economic activities

than going to school;¹² this attitude is particularly likely where the quality and relevance of the available schooling is low. In settings with a strong social hierarchy, it may be normal for children from a disadvantaged background to be assigned to work for better-off families at an early age. Children in such societies are at the very bottom of the pecking order. They are seen as the property of the family or employer, and do what they are told.¹³

THE EMERGENCE OF CHILD LABOUR AS A POLICY CONCERN

The issue of child labour has had a particular genesis as a public policy concern. Until the industrial revolution of the 19th century, work was seen as being the lot of poor children from an early age. As in much of the developing world today, children made a working contribution to the family economy. Child labour became a public issue when large numbers of children left the relatively protected environment of the family or family workshop, and became exposed to hazardous conditions in factories and mines.

Though competing interpretations have been proposed by historians for the decline of child labour in the industrialisation process of the 19th and 20th centuries, an important factor was the changing ideology regarding childhood.¹⁴ In 19th-century Europe, child labour began to be viewed as wrong because it violated the notion that children had a right to childhood, and that the State should protect that right. For the first time came the public assertion that children had the right *not* to work, and *not* to be exposed to dangers, exploitation and abuse in the ‘new’ – organised and industrialised – workplace.¹⁵

In responding to what had become the notorious phenomenon of ‘child labour’, social reformers put in place a number of interventions which remain in the contemporary portfolio: public inquiries, minimum age legislation, compulsory education, labour inspec-

torates, and providing education for working children. The modern campaign has had to take into account a rather different process of industrialisation, and the fact that childhood in many developing societies is constructed differently than in westernised settings, with continuing expectations that children should help shoulder family needs and responsibilities at an early age.¹⁶

THE CONTEMPORARY CAMPAIGN AGAINST CHILD LABOUR

The contemporary drive against child labour has been accompanied by international, academic and NGO attempts to enhance understanding of its dynamics and remedies – although violence as a specific issue has been neglected. The information generated enables a picture to be drawn of occupations and workplaces where violence can be assumed to be more or less likely to occur.

Global estimates indicate that the vast majority of children’s work (69%) is in the agricultural sector, followed by 22% in services and 9% in industry (see Figure 6.1).¹⁷

Many child workers operate within a family setting, and the informal economy harbours most child workers across all sectors. Gender plays a significant role in determining the different types of work done by boys and girls; for example, girls predominate in domestic labour, while boys are heavily represented in mining and quarrying.

Although analysis of sending factors shows some cultural drivers, the predominant reason



PERU, 1996. A boy and a girl carry pumice stones, out of an underground volcanic mine near the southern city of Arequipa.

“Bihari ustads (masters) punish too much. My second ustad once hung me by the hands and beat me so hard, the stick broke. After that he continued beating me with the shuttle. I left him and worked under a third ustad. This one insulted me and did not pay me regularly.”

Boy in sari industry, 15, South Asia, 2001¹¹¹

why children work is ‘poverty’; this poverty may have been exacerbated by family tragedy such as the loss of parents, or other economic shock. Children below minimum working age often state that they are working because of their own or their families’ poverty, and children do more work in poorer societies.¹⁸ Sending their children to work instead of to school can be seen as part of a ‘Faustian bargain’ that poor parents make for immediate economic gain.¹⁹ Their children’s prospects in life, which depend on having an education, matter less than immediate family survival.

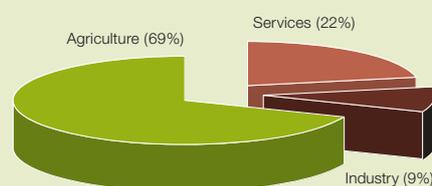
If a child goes out to earn because of acute family need, anxieties about personal safety will be overridden. By definition, the environments in which under-age children are sent to work are unsupportive of child rights; thus protection from physical, psychological or sexual violence (and other forms of harm) is often ignored. Since the main thrust of child labour campaigns and programmes has been to remove children from such workplaces for child developmental reasons, addressing the violence in them specifically has not up to now been a key preoccupation, except in the case of sexual exploitation and other forms of work where the occupation is itself abusive. However, this may not always be the main source of workplace violence.

Conflict, HIV/AIDS, and economic globalisation

Many challenges have emerged in recent years to compound the problem of child labour and workplace risk. In sub-Saharan Africa, in post-conflict countries such as the Democratic

FIGURE 6.1

Distribution of working children by sector in 2004



Source: ILO (2006). *The end of child labour: within reach. Global Report.* Geneva, International Labour Organization.

Republic of the Congo, Liberia, Rwanda, and Sierra Leone, the increased presence of children on the streets and open spaces trying to secure the wherewithal to eat is the outcome of economic devastation (see the chapter on violence against children in the community).²⁰

Another source of household economic ruin is the HIV/AIDS epidemic; in Eastern and Southern Africa, the loss of parents to AIDS has pushed many children into the informal economy in order to survive. In Ethiopia, the United Republic of Tanzania and Zambia, ILO/IPEC found a strong co-relation between the epidemic and the entry of orphaned children into occupations associated with violence such as domestic work, quarrying and prostitution.²¹ In Zambia, 47% of children (average age 15 years) selling sex for money had lost both father and mother, and 24% had lost one parent.²²

Though globalisation’s specific effects on child labour are little researched, there are strong

“They take their childhood away from them when they make them work from an early age, struggling in the streets, they never have time for their own lives. When they should be at school, they must go to work, they can’t play and are traumatized by the insults and the aggressions they suffer everywhere.”

Adolescent boys, Latin America, 2005^{IV}

6

indications from anecdotal reports that these are widespread and mainly negative. The increasing informalisation of labour in most regions of the world has seen the growing presence of all unskilled working people, especially young female workers, in precarious, vulnerable and low-earning activities.²³ Organisations involved with children working on the streets report that numbers are rising, although reliable statistics are few.²⁴

Economic crises, such as those facing the Commonwealth of Independent States (CIS) in their transition to market economies, are forcing many children into street work and sexual exploitation as a means of survival, and fuelling a growing trafficking industry that often brutalises its victims. This picture is repeated in a number of regions, notably East and South Asia and Europe. However, data specifically on violence are difficult to find.

The importance of a child-centred perspective

Since the adoption of the CRC, the importance of a rights-based child-centred perspective on the phenomenon of working children is now more widely recognised and its implications better understood. The views of children as an input to projects for the elimination of child labour have been more actively and systematically sought. This not only meets their right to participation, but has a practical purpose in that programmes which respect the views of working children and acknowledge choices they have made in their lives are more likely to attain their objectives than those where children and their families are seen as passive

recipients of interventions.²⁵ Greater familiarity with children’s working environments has provided a window onto the brutality and callousness many young workers face.

As a consequence of their life experience, working children often have a powerful sense of their own will and capacities; hence the existence of working children’s organisations in Africa, Asia and Latin America, which undertake programming and advocacy activity to fulfil their own agendas, including leaving exploitative and violent work. Other programmes to end child labour have helped develop groups in which working children participate, and which support their efforts to leave the workplace and gain education. The views of working children on harmful work tend to coincide with those of adults, and with those expressed in international conventions. They oppose the exploitation of children, work that inhibits education, work that involves long hours for little pay, forced labour, and work that endangers health or morals. They strongly oppose physical, sexual and psychological abuse of children in the workplace.²⁶

NATURE AND EXTENT OF THE PROBLEM

Much of what is known about violence in the organised workplace is derived from studies in industrialised countries and among adult workers, where the phenomenon appears to be on the increase. There has been a tendency to focus on physical violence. Only recently has the analytical perspective been extended to embrace verbal, psychological and sexual violence, including

sexual harassment, bullying or mobbing (ganging-up on and intimidating another worker).²⁷

THE EXISTING KNOWLEDGE BASE

Prevalence statistics on violence according to worker age group are lacking. In the regulated workplace where young workers are legally employed, safety codes and standards apply. However, these may not adequately protect young workers. They may be reluctant to report violence against them. Where employment is under-age and illegal, incidents are even less likely to be reported.

Child labour surveys may not be conducted in such a way as to elicit the reality of the violence under-aged workers experience.²⁸ In Cambodia, in a 2002 survey of working children, only 0.5% of the children indicated that they were exposed to mental and physical abuse. This contrasted with statements made at a 1997 workshop where the children reported widespread employer violence, including severe beatings, sexual abuse and electric shocks.²⁹ This example illustrates how hard accurate information is to obtain.

Where children are exploited in the informal sector, the knowledge base is more severely lacking while risks are greatly enhanced. NGOs and human rights organisations have undertaken qualitative surveys among relatively small groups of child workers in 'dangerous' or violence-prone occupations. But child workplaces are notoriously difficult to research. The Indian Government is rare in having made an effort to identify workplace violence and abuse perpetrated on children,

and comments that most of it occurs in the informal workplace where regulation is non-existent and solid data is lacking.³⁰

Types of workplace violence

The most common forms of violence against children in the workplace are:

- Physical violence, including beatings, kicking, slapping, whipping, scalding and in extreme cases, even murder;
- Psychological (emotional) violence including shouting, scolding, insults, threats, obscene language, bullying, mobbing, isolation, marginalisation, repeated discriminatory treatment;
- Sexual violence, including sexual harassment, fondling and rape.

The most frequent harm to working children's well-being from the violence they experience appears to be low self-esteem resulting from verbal abuse, humiliation and bullying.³¹ Children frequently complain of the lack of respect in the way they are treated; in one study in Bangladesh, 84% of working children complained of insults and other hurtful words.³² The violence working children experience is often systematic and part of a collective workplace culture of physical brutality, shouting, bad language, and casual violence including sexual taunts.

Child labour statistics

New global estimates published by the ILO in 2006 indicated that, in 2004, 218 million children were involved in child labour. Of these, more than 60% (126 million) were deemed to

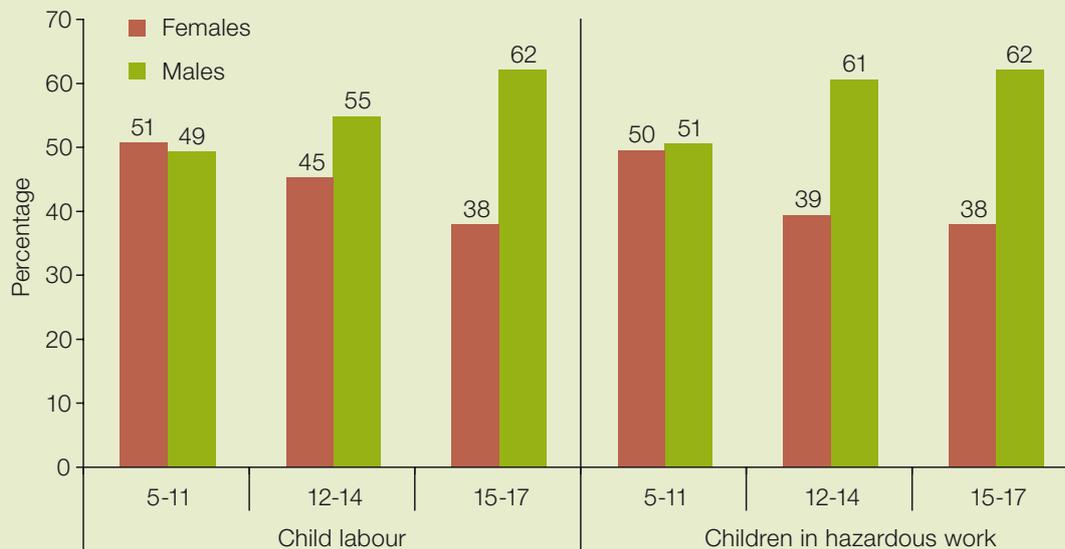
be in 'hazardous work'. In the age group 5–14 years, 74 million children were working in hazardous situations. Between the ages 5 and 11, boys and girls tend to be equally represented in both child labour generally and hazardous labour more specifically. At older ages, boys are more involved than girls (see Figure 6.2). The overall trends show a reduction in child labour, especially in hazardous work.³³

Hazardous work makes up the majority of the worst forms of child labour, and is not permit-

ted for any child under 18 years of age according to ILO Convention No. 182; nor are 'unconditional' worst forms of child labour, such as bonded labour, forced labour, child prostitution, or engagement in fighting forces. Some 8.4 million children are estimated to be employed in these forms. Of these, 1.2 million are victims of trafficking; 5.7 million are in forced or bonded labour; 300,000 children are involved in fighting forces; 1.8 million in prostitution and pornography; and 600,000 in illicit activities such as drug trafficking.³⁴

FIGURE 6.2

Children in child labour and in hazardous work by age and sex in 2004



Source: ILO (2006). *The end of child labour: within reach. Global Report*. Geneva, International Labour Organization.

"If I broke something or did something badly they would beat me with a shoe or a belt. I couldn't leave the house, they would lock the door when they left. When my mother came the last time to visit I told her I wouldn't stay at that house any more. I said, 'Either I go with you or I will run away or kill myself'."

Boy, 14, domestic labourer, North Africa, 2005^v

CHILDREN IN CERTAIN HIGH-RISK WORK SETTINGS

Among workers in informal employment, certain occupations in which violence is a particular risk as a result of personal, workplace and/or environmental factors require special examination. Children whose occupations are on the street or in other 'open' locations are not specifically examined here, because their major risk is less often occupational than the result of being beyond the safety of a protected space. (See the chapter on violence against children in the community).

Child domestic labourers

The taking-in of children from other households to perform domestic chores has long been seen in many societies as a form of surrogacy, adoption or assisting a child from a less fortunate family. In West Africa, there is a tradition of children migrating from rural to urban areas to work for others as part of their upbringing. In most of sub-Saharan Africa, exchanges of children between couples within the extended family used to be standard forms of mutual support.

Today, such practices have become increasingly commercialised. Millions of children live in the households of others at ever further distances from home, and undertake domestic work as 'helpers' or employees. Although a small proportion are boys, domestic work is normally consigned to females and is the largest employment category of girls under 16 years in the world.³⁵ Recruiters and traffickers in many regions supply rural girls from disadvantaged groups, depressed areas, and neigh-

bouring countries to feed urban demand for domestic help in countries all over the world.³⁶ Increasingly, this has become a form of unregulated employment and exploitation, even of servitude. This picture is confirmed by several recent studies pointing to the extreme vulnerability of child domestic labourers.^{37,38,39,40}

The situation of child domestic labourers is usually considered by their parents to be safe since the child may live in better accommodation than at home, may eat better, and is under the care of the employers and family members. However, the closed nature of the household, the child's isolation and the 'invisible' nature of the employment puts a child at considerable risk. Children in domestic labour are at the mercy of the employer and other household members. Child domestics describe the relationship as often starting well, but later becoming intolerant and abusive.⁴¹ Where social stigma towards lower-status groups is entrenched, a female employer may behave with impunity, subjecting her 'girl' or 'boy' to impossible demands, extreme forms of physical punishment and serious violence. At the same time, girls in domestic labour may be preyed on sexually by the men of the household.^{42,43}

Violence of all kinds is common

Violent and abusive behaviour towards child domestics is much more common than realised; this form of child labour first came to the attention of child labour activists a decade ago, and in several countries has been designated a 'worst form' of child labour under ILO Convention No. 182.⁴⁴ It includes extreme overwork (16-hour days are not uncommon);

"I sleep in one room by myself, at night, the male owner of the house knocks at my room, now I am in dire straits because I am afraid to report this, I am also afraid that will lose my job. This is because I have lost both parents, and I would not like to leave this job."

Girl, 12, domestic labour, 2005^{VI}

6

beating, whipping, pulling hair, scalding with water or an iron, and denial of food. The psychological violence includes shouting, name-calling, insults, threats, and obscene language. The girls are often subjected to sexual harassment, and sometimes rape; pregnancy may also lead to their ejection onto the street by the employer.⁴⁵ Physical health consequences can also arise from lack of food, and failure to look after injuries or treat sickness.

Consultations with children in domestic labour have revealed these high levels of violence. In the Philippines and Peru, almost all child domestic workers reported that they had suffered maltreatment consisting of physical punishment, discrimination, humiliation and sexual harassment.⁴⁶ In Fiji, eight out of 10 domestic workers reported that their employers had sexually abused them.⁴⁷ Research in El Salvador found that 66% of girls in domestic service reported having been abused, and that the threat of sexual advances from employers or visitors was always present.⁴⁸ In a local study in the United Republic of Tanzania, 43% of child domestic labourers reported being beaten, insulted, denied food, fined for damages, or forced to remain out of doors.⁴⁹ In Nepal, children frequently start work at the age of 8 or 10, and if the employer becomes annoyed with the girl and abusive towards her, she may arbitrarily transfer the girl to another household. Such children lose touch with their families entirely.

Isolation and psychological distress

One of the most painful experiences for child domestic labourers is that of being consistently treated as an inferior being; of having no friends

or social peers, not being able to play even with the employer's children.⁵⁰ Child domestics are often referred to by a derogatory label or denied the use of their own name. In Haiti, the term '*restavèks*' ('stay withs') has come to mean someone unwanted, and is often used as an insult; a *restavèk* girl may also be called '*la pou sa*', or 'there for that', meaning available for sex.⁵¹ These experiences leave children with deep feelings of inferiority and chronically low self-esteem.

For girls who are dismissed or fall pregnant and are excluded from the household the street and prostitution are likely, as few other options are available.⁵² Lack of resources, lack of knowledge about how to travel or where to go, and the shame of being 'spoiled'⁵³ prevent them from returning home. A report from the United Republic of Tanzania found that girls arriving in support centres for sexually exploited children had been thrown out of homes where they were working as domestics and had been sexually abused and ended up on the streets; some were as young as 10 years old.⁵⁴

Children exploited in the sex industry

The exploitation of children under 18 in prostitution, in child and adolescent pornography or sex shows, constitutes *prima facie* violence against them.⁵⁵ Making children perform sexual acts or acts with sexual overtones, or providing a child to someone else to use in any sexual way, is a violation of child rights and criminalised throughout the world. Children of working age have themselves condemned this form of earning, speaking of the sex trade as a criminal activity, not to be confused with other types of work.⁵⁶

*“In the seven years I was working, night after night, I thought it was me, that I was wrong.
The police would always chase me and social workers called me a pervert.
There was no one there to validate that I was victimized.”*

Child exploited in the sex industry, North America, 2005^{VII}

Although statistics relating to the number of children used in prostitution are broad estimates and all statistics concerning prostitution should be treated with caution, around one million children are thought to enter prostitution every year.⁵⁷ A 13-country study by Save the Children suggests that child sexual exploitation is increasing, with evidence of growing criminal activities related to trafficking of children for sexual purposes, exploitation by tourists and travellers, and pornography and Internet-related crimes.⁵⁸ In South and East Asia, around one-third of those used in prostitution are thought to be under 18; this is, a sector where youth are often in demand, and one in which girls appear to be entering at an ever younger age, often via work in bars and massage parlours. The average age of girls from Nepal entering the sex trade dropped from 14–16 years in the 1980s to 12–14 in the 1990s.⁵⁹

As in the case of child domestic labour, some girls enter prostitution because traffickers and recruiting agents promise golden opportunities. In West Africa, from Senegal to Nigeria, thousands of children from destitute families are reportedly sent to the Middle East each year, many ending up in prostitution.⁶⁰ The trafficking itself may include violence. According to an investigator into the trade from Albania to Greece, children described ill-treatment such as being burned with cigarettes, slapped, insulted, and obliged to sleep outside.⁶¹

Risk factors

A range of predisposing factors for child sexual exploitation have been identified: violence in the home and family, including sexual abuse

from husbands of young married girls, who will not be accepted back by their parents, or expulsion from the school or workplace.^{62,63,64,65} The ways children enter prostitution are therefore intrinsically abusive, and include abandonment and extreme social stigma. Some children are born into the trade in brothel communities,⁶⁶ or given to priests in ritual forms of sexual slavery, as in the case of *devadasi* in India⁶⁷ and *trokosi* in Ghana.⁶⁸ Disability can also be a risk factor. Some brothel proprietors in Thailand reportedly seek out girls who are deaf, calculating that they will be less able to protest or escape since they will not be able to communicate easily with customers or employers.⁶⁹

There is also widespread evidence from every region that many girls and boys sell sex on the street simply as a survival strategy in exchange for food, shelter or drugs.⁷⁰ In South Africa, where 10,000–12,000 children have lost their caregivers to HIV/AIDS and are homeless and face stigma, the police estimate that 28,000 children are exploited in the sex industry; 25% of those used in prostitution in Cape Town are children.⁷¹

Additional exposure to violence

The violence intrinsic to sexual exploitation is compounded by exposure to additional physical or psychological violence, to which the youngest are most vulnerable. According to an ILO/IPEC study in Vietnam,⁷² 12% of children used in prostitution said that they had been subjected to torture, beaten up by customers, or by employers/pimps for disobedience; also that they underwent repeated abor-

"I left home because my brother made me go out at two or three in the morning to do things I didn't like doing. He offered me to his friends, to our uncles, to strangers. Then, the day my father tried to abuse me, I left."

Homeless adolescent girl, East Asia and the Pacific, 2005^{viii}

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tions, even having an abortion in the morning and receiving a customer in the afternoon. In Mongolia, 33% of girls exploited in prostitution indicated that they had been raped.⁷³ In Jamaica, boys in prostitution reported that they were "at risk of violence from individuals who abhor homosexuals and think they should be eradicated."⁷⁴

In recent years, unknown individuals in Honduras made a practice of abducting sexually exploited children, torturing and sometimes murdering the victims. Surviving victims described how the perpetrators pretended to be prospective 'clients' for sex, then took the victims to lonely places where they were sexually assaulted, tortured, insulted and humiliated. The aggression had the characteristics of 'moral' punishment or collective revenge against the bodies of children who were socially abandoned and excluded – as if the girls or boys represented the social evil to be eliminated. The abductors taunted their victims: "If you disappeared, nobody would ask after you."⁷⁵

Social condemnation is another critical aspect of the violence children in prostitution suffer. Even where deception has been practised and the work awaiting the child falsely portrayed, the stigma of having been sexually active makes it impossible for the child to return home. Young people exploited in the sex industry are often ashamed and are not aware that they are victims of abuse, believing themselves to blame. An underlying sense of guilt makes it difficult for them to talk about their exploitation.^{76,77}

Forced and bonded labour

Children in forced and bonded labour represent two-thirds of children in the unconditional worst forms of child labour, which by a conservative estimate amount to 5.7 million children world-wide according to ILO.^{78,79} An unknown but significant proportion are victims of trafficking; most cases are in Asia, but the practice exists in all regions. Forced and bonded labour are classified as slavery according to the 1956 Supplementary Convention on Slavery, and although they are universally regarded as criminal, these cases are very rarely prosecuted.

The definition of forced labour comprises two basic elements: work or service exacted under the menace of a penalty, and work undertaken involuntarily. The menace or penalty can take many forms; its most extreme form involves physical violence or restraint, or even death threats addressed to the victim or relatives. There can also be a subtler form of menace, for example, threats to denounce illegal workers to the police, or tell village elders about girls forced to prostitute themselves in distant cities.⁸⁰

Bonded servitude

A bonded child works in conditions of servitude to pay off debts, which may have been passed down through generations. Normally, a child worker is bound to an employer or proprietor in return for a 'loan'. In areas where the practice is common, workers are from socially inferior groups or castes, have no say over terms of any employment, and their families are excruciatingly poor. In this situation the

child is a commodity, and works in conditions tantamount to slavery.

Though bonded labour survives elsewhere, much of the problem is concentrated in South Asia. India, with its vast population, has the largest number of children in bonded labour (some estimates suggest that the figure may be as high as 15 million,⁸¹ mostly from the *dalit* or scheduled caste community). This practice has long been illegal, and since 1997, under a new Supreme Court injunction, there have been efforts to regulate it, bring perpetrators to justice, and rescue children from servitude.

These actions were inspired by strong local activism. Sector-specific surveys have found bonded child labour in small-scale mining, brick making, fish processing, gem cutting, carpet weaving, tanneries and fireworks production. Carpet-weaving manufacturers employ children in conditions of severe bondage, and coercion is often used for discipline and to curb protests.⁸² According to Human Rights Watch surveys conducted in the silk industry in Uttar Pradesh in 1996 and 2003, the level of violence suffered by children is high. They report that loom owners abuse the children on a routine basis; the children are often locked up, and their food is far from adequate.⁸³

A similar picture emerges in Pakistan.⁸⁴ Feudal social structures give landowners power to exact labour from indebted families, and may 'gift' a bonded servant to another landlord. In Sindh, documentary evidence of murder, sexual assault, kidnapping and physical assault has been collected by human rights groups.⁸⁵ In Nepal, bonded labour involves minority

groups in the now outlawed *kamaiya* system in agriculture. A study which looked into this practice found that 30% of the children who had left their employer had done so because of 'harassment or punishment'.⁸⁶ In all such feudal settings, the writ of law or the assertion of rights are absent. Intimidation, physical punishment and verbal humiliation reinforce a deep sense of inferiority and powerlessness.

Indigenous groups

In Latin America, as elsewhere, high levels of forced labour are endured by indigenous peoples and their children, who typically also face high rates of poverty, discrimination and exclusion. People in remote areas are particularly susceptible to coercive recruitment and debt bondage due to the weak presence of the State. In remote parts of Brazil, children are cheaper to hire and considered more docile. They work in tree-logging, wood-cutting, sugar cane plantations, mining, distilleries, and coal production, all of which are dangerous.⁸⁷ Since they have been invariably hired deceitfully, they are indebted and have no chance of returning home. The intolerable situation of children in small-scale gold mining in Madre de Dios, Peru, is well-known to human rights organisations and the authorities. Around 20% of the miners are 11–18 years old.⁸⁸

Vulnerability is enhanced by lack of official identity. Since they do not register births, indigenous people are invisible to national authorities and are therefore unable to denounce forced labour or seek redress. In Peru's remote labour camps in the Amazon basin, 20,000 workers may be in forced labour, many accom-

“At 4:00 a.m. I got up and did silk winding. I only went home once a week. I slept in the factory with two or three other children. We prepared the food there and slept in the space between the machines. If I made a mistake – if I cut the thread – he would beat me. Sometimes [the owner] used vulgar language. Then he would give me more work.”

Child, 11, bonded at around age 7 for Rs. 1,700 (US \$35), South Asia, 2003^{1x}

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panied by children who are expected to work for free.⁸⁹ According to an ILO study of 19 countries in the Latin American region, nearly 10% of the total child and adolescent population aged 5 to 17 is working in worst forms of labour where violence is routine.⁹⁰

Traditional forms of slavery

Africa has the highest incidence of informal child work, and there is evidence to suggest that a higher proportion may be ‘forced’ than in other regions.⁹¹ However, coercion is mostly related to the importance attached to kinship and client-ship in economic relations, and to the fact that most people, especially in rural areas, do not make their living in an industrialised, monetised, or standard employer–worker economy. Distance from the modern economy is furthest in mountain, desert or semi-desert environments. Life is hard, and coping mechanisms for times of calamity well-honed. Kin and client relationships can be invoked to demand services from extended family members and those of lower status; these arrangements may be considered ‘natural’ and sanctioned by social and religious beliefs.⁹²

Abuse within or perversions of customary arrangements for the exploitation of children occurs in a few countries of Eastern Africa, such as Ethiopia; but is more extensive in the Sahelian countries where feudal forms of governance persist. Mauritania and Niger are the last countries in the world where regular slavery – direct ‘ownership’ of people, not by means of commercial trade, but by customary arrangement – continues, though nominally

banned by law.^{93,94} These people are usually descendants of slaves, and their degree of actual ‘slavery’ is locally disputed and open to interpretation. However, a range of services can be required of slave descendants, including children, both in the household and in the fields; and they suffer severe limitations on their behaviour, rights, and entitlements.⁹⁵

Children in such families are the property of their masters and can be passed on from one owner to another as ‘gifts’. Girls start work very young and are at the beck and call of their masters, including sexually, and as bearers of additional slave children by designated partners. Slavery was only legislatively banned in Niger in 1999, and progress towards its elimination is slow. A survey conducted in 2004 by a local organisation established that around 43,000 men, women and children are still enslaved.⁹⁶ Many of the 11,000 interviewees had been subjected to violence, rape, degrading treatment and threats. Humiliating punishments controlled every aspect of their lives, and prevented them from fleeing.

In African countries which have seen a collapse of governance and the rule of law, conditions arise in which forced labour can flourish, and children be abducted to provide working service of some kind. This has included sexual slavery to warlords.⁹⁷

Illicit activities

Every Regional Desk Review undertaken for the Study recorded the involvement of children in activities of a petty or serious criminal nature, mostly on the streets. The Caribbean

Regional Desk Review, for example, expresses concern about a 'growing population' of street children in countries like Jamaica and Haiti who become involved in illicit activities to earn money, including packaging and selling drugs, or acting as 'look-outs' for both police and criminals.⁹⁸

In some countries of Europe and Central Asia, the growing presence of children working on the streets, and their involvement in illicit activities including petty theft, begging and prostitution has prompted similar concern.⁹⁹ In Saint Petersburg, some 10–30% of working street children are involved in illicit activities such as trade in stolen goods and drug trafficking.¹⁰⁰

In many parts of the world, police assume that children trying to earn money on the street are necessarily involved in illegal activity, adding to the violence in these children's lives. In some countries, such children are legally defined as potentially deviant or criminalised as outcasts, and the police are entitled to arrest them.¹⁰¹ (Arbitrary and violent arrest for offences such as vagrancy is covered in the chapter on violence against children in care and justice institutions.)

Children involved in trading drugs

The trade in drugs has become one of the most pervasive categories of illicit child labour. In this type of street-based work, violence or being on the end of violent behaviour is common, and drug trading also exposes children to risks of substance abuse and harm. A study in the two regions of Estonia where drug

use among minors is common found that the majority of children involved in drug dealing or trafficking are users of cannabis, heroin or amphetamines themselves.¹⁰² Although not addicted when they start pushing drugs, they soon experiment with the products they are selling.

In Somalia, the trade in *khat*, a narcotic leaf, is openly practised and is one of the most profitable businesses in the country. Working in the *khat* trade is sought after by boys, because it is the highest-paying form of entrepreneurship.¹⁰³ In the Philippines, a study found that nearly 20% of children involved in the drug trade were hurt or injured in the process, and 17% witnessed other children being physically punished.¹⁰⁴ Reasons included losing the drugs, or failing to remit the money to the handler. About 25% of the children said that if they failed to perform well, the consequences would be beating, scolding or threats.

A study on children in the drug trade in Rio de Janeiro is one of the few extensive surveys on children in illegal activities.¹⁰⁵ Since the 1980s, increasing numbers of children have become involved as the trade has become more open, more centred on cocaine, more established in the *favelas* (poorer city quarters), and more heavily armed. Children are drawn into the trade through social association with dealers on the street and through the lack of alternative opportunities. The rise in young people's involvement is reflected by the dramatic rise in registered convictions (of under 18s) for drug dealing or trafficking – from 110 in 1980, to 1,584 in 2001. Inten-

tional harm and carrying illegal firearms also rose significantly during this period (see also the chapter on violence against children in the community).¹⁰⁶

FACTORS CONTRIBUTING TO VIOLENCE

The ILO has developed a conceptual framework for analysing violence at work among the general worker population, viewing it as function of four interrelated factors:

- characteristics of the victims
- characteristics of the perpetrators
- factors in the working environment
- risks related to the environment external to the place of work.¹⁰⁷

Though not developed with child workers in mind, this framework is helpful in capturing a number of interactive features, including individual and social risk factors, the context in which certain types of work are performed, and individual and social outcomes, and workplace costs.

CHARACTERISTICS OF WORKERS AND PERPETRATORS

Children are by definition more vulnerable to violence than adult workers due to their generally small size, developmental immaturity, and state of dependence. The distance of the employer in terms of space, social and ethnic affiliation from the child's background affects whether he or she feels responsibility for the young worker's well-being. In addition, girls are more vulnerable to sexual violence¹⁰⁸ – and

children with disabilities are at elevated risk of violence. Children are also less likely than adults to physically resist violence or make complaints, making them easy targets. Young workers, whether they have attained the legal working age or not, are usually at the bottom of the workplace hierarchy.

Disability may also play a part in violence against working children. In many parts of the world, for example, there are frequent reports of children with visible disabilities (from congenital disfigurements to open wounds) being sent out to earn a living as beggars, often suffering physical violence if they do not earn enough during their 'working day'. Such practices are not only painful, exploitative and humiliating for the children, but frequently contribute to worsening their disabilities and undermining their health.¹⁰⁹

The power relationship of employer over worker exacerbates risk; this power is absolute since the job is in the boss's hands. Available information on recorded cases of workplace violence against children implies that most consists of violence inflicted by employers, since the majority of children work informally for 'employers', a term that includes anyone who has a controlling relationship over a working child. Perpetrators also include foremen, co-workers, customers, police, and criminal gangs. Vulnerability is enhanced where the working situation is isolated or illegal; children in the sex trade often fall under the control of pimps or brothel owners.

Traditional systems of apprenticeship – in the Caribbean, for example¹¹⁰ – can also be the

“No child should have to fight a war or carry heavy loads and neither should a child have to work long hours without pay or be abused or treated unfairly. Children deserve to be treated as equals in the workplace and those who abuse them should be severely punished. Equality and quality in the workplace is what the children want.”

Child, Eastern and Southern Africa, 2005^{XI}

context of abuse. However, apprenticeship of this kind may be the only path out of dire poverty for young workers trying to obtain skills in the informal economy.¹¹¹ Where apprenticeship schemes exist in industrialised settings, there are also some reports of abuse. One study in France found that 16% of apprentices reported physical or verbal violence,¹¹² and a European Union study in 2000 found that 2% of apprentices were victims of physical violence from fellow workers.¹¹³

WORKPLACE CHARACTERISTICS

Risks related to the workplace itself vary according to whether the working activity takes place in an organised setting, such as a factory or an informal setting, such as a backroom enterprise; whether the workplace has special characteristics of remoteness or danger, such as mines, fishing, quarrying, and some types of agriculture;¹¹⁴ whether it consists of a closed environment such as a household; or whether it is part of an illegal activity, such as sexual exploitation or drug dealing. The most extreme examples of workplace violence against children occur within the worst forms of child labour.

Children in unsafe working environments are at constant risk of violence. Such environments include glass factories, mining, and plantation agriculture, especially where health and safety regulations are lax or non-existent.¹¹⁵ Severe injuries can result from dangerous machinery, guns, accidents, toxic fumes and explosions. All such ill-effects affect young and growing bodies and minds more than those of adults. Reports from a range of countries of systemic workplace abuse against children include for example: inhumane conditions in the cotton industry¹¹⁶ and unsafe use of pesticides around agricultural workers, including children^{117,118, 119}

ENVIRONMENTAL FACTORS

Where the environment is itself full of risk, children who work in open spaces are constantly exposed to violence. In some places, work in the service industries such as restaurants and shops may expose young workers to armed robbery or customer aggression. When working children feel constantly threatened by violence in the environment, they may also

SCAVENGING: A WORKPLACE FULL OF RISK

In many countries in Asia and Latin America, large numbers of under-age children work on garbage dumps as scavengers. In the Philippines, in Metro Manila's Quezon City, thousands of children and their families make a living from dumpsites and live in satellite communities. In 2000, one of the garbage mountains collapsed under torrential rains, killing between 500 and 1,000 adults and children who were buried in the trash. Even on a daily basis, injury from truck manoeuvres or sharp objects is common, as is infection from rotting material.¹²⁰



HAITI, 1995, A girl works at the crowded Solomon Food Market in Port-au-Prince.

learn violent behaviours themselves or become behaviourally disturbed, exhibiting sexual or personal aggression.¹²¹

Work on the street or in transport, shops, bars or hotels based in shanty-town areas known for their violence presents special risks to the children involved. Illicit activities such as trade in illegal goods are by their nature conducted in high-risk areas where criminal enterprises are part of the environment.¹²²

RESPONSES TO VIOLENCE AGAINST CHILDREN IN PLACES OF WORK

Violence as a specific issue has not been given much attention by programmes concerning child labour. A global challenge that emerges from the Study, according to the Study's Regional Consultation in the Caribbean, is

to make workplace violence against children a more visible issue, and give it a higher priority with policy-makers.¹²³ The Regional Consultation in South Asia similarly observed that the violence implicit in many working children's situations has not been adequately noticed or challenged.

There is nonetheless experience in dealing with abuse and violence within many existing programmes related to child labour. Most such programmes are multi-pronged, addressing economic and cultural causes, the promotion of education and alternative occupations, social mobilisation around children's needs and rights, and advocacy to change attitudes towards the acceptability of child labour. Within such programmes, the violence certain children experience in the workplace should be better researched and given more attention.

Appropriate responses will depend to a considerable extent on key differences concerning the nature of the work or workplace, and therefore of the violence within it. These can be grouped as follows:

- **Worst forms:** In the case where violence is an integral component of the hazardous and exploitative nature of the labour, covered under ILO Convention No. 182, children should not be in the workplace. Therefore, the principal response will be to enable them to leave it and take up a new course of life, with parental, social and State support. This requires a multi-pronged approach, including measures

to combat poverty, promote education, and enforce labour regulations.¹²⁴

- **Work in informal settings:** Where there is no 'employment' in a contractual sense, and where the workplace is not easy to access or consists of streets and open spaces, children's immediate need for protection from violence may best be addressed by programmes which provide services such as shelters and drop-in centres, non-formal education, development of life skills to resist sexual advances, peer activities such as sports and recreation, and opportunities to gain qualifications and schooling.^{125,126}
- **Children who are working within the law:** In cases where children and adolescents are working legally, either because they are undertaking light work, or are above the minimum age of employment, and where they face potential violence from employers or from other workers as an incidental hazard, efforts can be made to increase their protection and reduce their vulnerabilities and risks.

In the case of 'worst forms' of child labour, it is not possible to make a distinction between reducing violence and eliminating the working circumstances, since to focus exclusively on violence would imply that children might be left in hazardous and exploitative labour if the violence alone were stopped. No children should be employed in circumstances and occupations where they face physical, psycho-

logical or sexual abuse and suffer risks to their health, safety or morals.

However, as already observed, efforts directed at taking children out of the workplace need to be accompanied by measures which eliminate the economic and social reasons for them to work or earn, or otherwise their removal will be short-lived. Experience has shown that, where under-age children are ejected from the formal workplace without provisions in place for them to re-direct their lives, they often end up in more hazardous informal situations. This occurred in Bangladesh in the early 1990s, following the abrupt dismissal of under-age girls from the garment export industry, under the threat of a US boycott of goods made with any involvement of child labour.¹²⁷ The range of interventions required therefore includes:

- Legislative and enforcement measures, in accordance with the international framework encompassed by the CRC and key ILO Conventions; establishment of workplace regulations, inspectorates, and stiff legal sanctions against the employment of under-age workers; and crack-downs on criminal activities involving children, with child rehabilitation.
- Programmatic effort with families and communities to reduce the need for and likelihood of parents sending boys and girls to work or earn, including preventive measures such as poverty reduction, family support, scholarship funds or school fee reduction, and

universal access to basic services, especially quality education.

- Interventions to respond directly to working children's need to be removed from workplaces that expose them to violence, hazard and exploitation, targeted at a wide-ranging audience including employers, parents, community leaders and enforcement officials.
- Advocacy and social mobilisation by civil society to promote the right of children not to be treated with violence in the workplace, and for all children to have access to quality education and appropriate preparation for a future working life free from exploitation and abuse.

LAWS AND THEIR IMPLEMENTATION

International standards guide national legislative action on child labour. All but two countries have ratified the CRC and more than 80% of the world's children now live in countries which have ratified the two key ILO Conventions. Since its adoption in 1999, Convention No. 182 has enjoyed a rapid pace of ratification, which in turn has helped to double the rate of ratifications of the Minimum Age Convention, No. 138.¹²⁹ This reflects a strong political consensus and significant new momentum on urgent action to eliminate child labour. Many Governments have undertaken reviews of their legislation, and shown greater resolution in addressing the many issues involved.

There are still major challenges in bringing customary law and traditional codes concerning 'work' and 'employment' into conformity with international law. One important action at the national level has been determining the list of

KENYA: ADDRESSING WORK, POVERTY AND EDUCATION IN TANDEM

In recent efforts to reduce child labour, acknowledgement has been made of the difficulties faced by seriously poor families, including those affected by HIV/AIDS. Even where primary school fees have been abolished, some African families still find that they need children to supplement the family income by working instead of going to school. In an effort to address this situation, Kenya – with two million working children aged 5–17 years – has tried compensating parents for the loss of their children's economic contribution; the money is conditional on children attending school. US\$ 7–14 per month per child is given as an incentive to parents of those working in plantations, subsistence farms and fisheries, as well as for orphans and other vulnerable children.¹²⁸

hazardous occupations and tasks, and prohibiting them for all under 18s, as called for under ILO Convention No. 182. A recent review indicates that this has been an area of high activity; so has legislative action against trafficking and the involvement of children in prostitution and pornography. However, attention from Governments to forced and bonded labour has been more modest, and there has been little action on improving legislation against the use of children engaged in illicit activities.¹³⁰

Labour law enforcement

In many countries, lack of law enforcement, including bringing perpetrators to court, is a more acute problem than that of the nature of legislation on the statute book. For example, new laws were passed against bonded labour in India (1976) and Pakistan (1992), but the numbers of prosecutions and releases of bonded labourers by the courts show that neither is vigorously prosecuted. In India, the National Human Rights Commission was ordered by the Supreme Court in 1997 to oversee the enforcement of the 1976 Act, and has been able to pressure officials into freeing and rehabilitating bonded children in some areas, primarily in Uttar Pradesh's carpet belt.¹³¹ But the Commission's resources and power are limited, and States have been slow to fulfil their obligations. In Pakistan, where fines are far higher than in India, prosecutions have been minimal in recent years.¹³²

The South Asian Regional Consultation for the Study has pointed to the need for a supervisory system to ensure effective implementation of child labour laws by all entities charged with enforcement throughout the region. Similarly,

the East Asia and Pacific Regional Consultation noted that in general the enforcement of child labour laws appears to lag behind other legal measures enacted to protect children.

Many impediments to the enforcement of laws exist. One is the lack of an effective and universal birth registration system, which constricts enforcement of laws on minimum age of employment.¹³³ Another is that the labour inspectorates which helped remove children from the workplace in industrialising countries in the West have generally not proved to be as effective in the developing world.¹³⁴ Although successful in some instances, most do not extend their reach beyond organised urban workplaces, where the minority of child workers are to be found. Many inspectors are overwhelmed by their caseloads, short of resources and means of travel, and poorly paid. Both employers and child workers may resort to pay-offs, and there can also be pressure from official sources not to undertake the kind of rigorous inspections which might damage the investment climate.¹³⁵

Avenues for legal redress regarding violence inflicted on working children are almost inaccessible to them, given their inferior status. Cases of serious injury, such as burning with a hot iron, and of gross abuse, may attract media attention; in which case employers of children in domestic labour, for example, are prosecuted, usually with NGO assistance. Attempts are also made by NGOs such as the South Asian Coalition on Child Servitude to gain for released Indian bonded child workers their legal entitlement to Rs. 20,000 (US\$ 420) for rehabilitation; but

such attempts are few and far between.¹³⁶ Cases of sexual abuse against working children are also rarely prosecuted.¹³⁷ Moreover, those who champion rescued child workers in the courts often put themselves at risk from retaliation by vested interests.

There are specific situations where enforcement has been effective, with the necessary programmatic and back-up interventions in place, but these are rare. It can be done, however, in circumstances where the work is exclusive to children on the pretext of their small size, manual dexterity or need to learn a skill at a very young age (as in carpet-weaving or decorative craft). In a closed workplace or occupation, removal of the entire child workforce may be practicable.

One example is the agreement made with the United Arab Emirates (UAE) in May 2005 concerning the release and repatriation to their countries of origin of 3,000 young boys employed as camel jockeys and stable boys (see box). This initiative illustrates the complementary roles that can be played by campaigning

and international organisations in bringing an end to the trafficking and employment of children in an exploitative occupation.

Backing for law enforcement within civil society

As noted throughout the Study, law enforcement is problematic in environments where formal legal, administrative and judicial systems have little influence over most people's lives. This is the case in areas where child work is common. Application of the law requires popular acceptance and the cooperation of civil society in applying it. Violence is particularly difficult to outlaw; there is no guarantee in societies where interpersonal violence is commonly used in dispute resolution that a legal prohibition on a practice will be treated with respect, even by those expected to enforce it. Until social attitudes condemn violence against children absolutely and in every circumstance, the enforcement of laws against child labour may inadvertently lead to further discrimination against working children, for

THE LONG STRUGGLE TO END THE USE OF BOYS AS CAMEL JOCKEYS

The trafficking of small boys from certain countries in South Asia (Bangladesh and Pakistan), and Africa (Mauritania, Somalia and Sudan), for use as jockeys in camel races in the UAE and other Gulf States (Kuwait, Qatar and Saudi Arabia) came under protest for many years by Anti-Slavery International (ASI). A Bangladeshi NGO calculated that nearly 1,700 boys had been trafficked to the Middle East during the 1990s for this purpose, the vast majority under the age of 10. The boys were tied onto the camel's saddles during the races, and often sustained injuries and falls. They were also frequently starved before races to reduce their weight, and suffered other forms of physical and psychological violence, including occasional sexual abuse.



THE LONG STRUGGLE TO END THE USE OF BOYS AS CAMEL JOCKEYS

ASI was unable to make significant progress until it joined forces with the International Confederation of Free Trade Unions (ICFTU) and the ILO. In 2001, the ILO persuaded the UAE to ratify Convention No. 182. This led to a ban in 2002 on the use of camel jockeys aged under 15 and lower in weight than 45 kg. Even then, progress was slow and some trafficking continued. However, in March 2005 the age limit was legally revised upwards to 16 years (later to 18), and in May 2005 UNICEF reached an agreement with the UAE Governments to facilitate the repatriation of the boys to their countries of origin over a two-year period. Within eight months well over 1,000 boys had been identified. Many began to return home to Pakistan and Bangladesh later in 2005.

The boys were initially received at special centres, from which they were to be reunited with their families if possible. If these were not able to be found, education and reintegration within the society were to be undertaken by care organisations. Other boys, including workers at the stables, were subsequently also returned to Sudan and Mauritania. In all four countries, support was provided to families and communities and permanent mechanisms set up to help prevent further trafficking or re-trafficking. The reintegration of the children was subject to monitoring with emphasis on strengthening community care and creating a supportive environment to prevent discrimination against them.^{138,139,140}

example by official persecution of the children themselves on the basis of their stigmatised social status.

Some efforts to implement child labour laws with civil society cooperation have been made. In areas where trafficking is common, community groups or community-based watch/vigilance systems have been set up; they may also report breaches of child labour legislation and non-attendance of children in school.¹⁴¹ For example, in Benin, village surveillance committees backed by the provincial administration have helped to reduce the trafficking of

children, both by educating families about the dangers of trafficking, and by working with the police when a child from the village goes missing.¹⁴² However, a number of lessons were learned from this programme.¹⁴³ It was necessary not to use fear-inducing messages, but to try to convince people about the harmful nature of something they currently accepted. Surveillance committees did not function well if they were seen as agents of oppression against local families and children.

“She is so young, hardly 8 years old, carrying charcoal, and in school uniform, when asked why she has not gone to school, she says she is working.”

Boy, 15, Eastern and Southern Africa, 2005^{xii}

6

UNIVERSAL EDUCATION AND LIFE SKILLS

Universal access to schooling is a key component of ending child labour. There are many arguments in favour of making basic education compulsory for both boys and girls, including the requirement on the State to increase educational investment and impetus to reach the international goal of Education For All (see the chapter on violence against children in schools and educational settings). The attainment of this goal is closely related to many others, including poverty reduction, gender equality, and improved maternal and child health. Universal education also has a track record in helping end child labour. For example, in both the Indian state of Kerala and in Sri Lanka, progress towards universal education has been accompanied by the departure of some children from full-time work, despite little effort to implement child labour laws.¹⁴⁴

It is important to note that schooling and work are not mutually exclusive: going to school does not exclude all types of work at all times of day for children of working age. Children in many societies undertake part-time earning activities in order to help pay for schooling expenses, or as a useful part of their socialisation. Studies in industrialised societies confirm the long-term value to the adolescent child of steady part-time earning during secondary school as part of their preparation for future adult life.¹⁴⁵ However, such working and earning opportunities must be done within boundaries that support, rather than diminish, developmental opportunities.

In many settings, however, working children do not attend school. For this reason, many programmes to end child labour focus on bringing children into school, or returning them to school, as an alternative to work. For example, the Child Workers’ Opportunities Project (CWOP), a large-scale community-based programme in three states of India used a multi-pronged strategy to enable children to leave the workplace, in which the promotion of school-going was the prominent strand (see box). In Benin, the Groupe de recherche et d’actions pour le développement humain (GRADH) works mainly with boys, some as young as seven, who have been placed by their parents or guardians with artisans such as car mechanics, carpenters, and masons. The NGO carries out surveys on artisans in collaboration with the artisans’ association, identifying the younger children and those in especially difficult working conditions. It then arranges formal apprenticeships for the older children and reinsertion of the younger children into schools, working closely with the Ministry of Labour and the ILO.¹⁴⁶

Child workers in their teens are usually very aware of the disadvantages they face if they have not attended school; if practicable, they usually want to gain education and training, and the future job advantages which these imply. Even if they continue to work, they tend to seek opportunities in which they may learn, and raise their status and prospects.¹⁴⁷ But where children are totally dependent on street-based income to survive, they tend to place the need to earn at a higher level than their need for education, however much they would like to be able to read and write.¹⁴⁸

Universal attendance at school is difficult to enforce where the quality of education is poor, families and children perceive in it nothing of advantage, or teachers are verbally or physically abusive. Unless schooling is child-friendly, and adds value in terms of useful learning and qualifications, it can be difficult to attract and retain children from working situations.

Schooling itself provides an opportunity for the promotion of self-protection, non-violence and peaceful conflict resolution, as do non-formal education programmes (see chapter on

violence against children in schools and educational settings). Life skills-based education in both settings, should be made accessible to working boys and girls whether or not they are able to quit work, to learn about gender equality, avoidance of coercive or oppressive situations, sexual behaviour, and the need to adopt non-violence within relationships. The reduction of gender-based violence, unsafe sexual practices, street violence and misogyny requires challenging dominant forms and perceptions of masculinity, by reaching out to boys and men.¹⁴⁹

CHILD WORKERS' OPPORTUNITIES PROJECT (CWOP), MAHARASHTRA

This four-year programme in India supported by Save the Children Canada targeted 10,000 working children, including 4,000 in two project sites in Maharashtra. These children were identified during baseline surveys in the 94 intervention communities covered by the two local operational NGO partners; the intention was to bring an end to child labour in the communities in question.

The strategy centred on shifting children out of work and into school or training, by simultaneously addressing the reasons why they worked, and by offering them other opportunities. Working children under 14 were to be enrolled in the formal primary system, and those aged 14–18 in vocational training. Community-based non-formal education classes, to which all children identified in the survey were invited, were the starting-point. At the same time, initiatives were made to foster income-generation for women in households with working children, and build awareness in the community to render the concept of child work socially unacceptable. Village education committees were established, and communities encouraged to improve school buildings, and to demand high quality teaching and child-friendly behaviour from teachers.

Child participation was a fundamental principle in all project activities. Child groups were set up, in which working and ex-working children participated. Members took on

CHILD WORKERS' OPPORTUNITIES PROJECT (CWOP), MAHARASHTRA

such responsibilities as mentoring children new to the classroom who needed motivation to stay; and in the case of a teacher being lax, drunk, or using violence in class, report the behaviour to the village authorities. Children themselves helped transform attitudes about work and school; in one community they postered every house in the village with the message: "No working children, every child in school."

Over the four-year programme, 75% of the 10,000 children gained access to school or vocational training, and 3,000 children left work entirely. Project managers in Maharashtra concluded that improving educational quality and making schools more child-friendly is the most important activity, and that if more investment in basic education is made at state level, the results would be more impressive. The project's success has subsequently influenced other projects to end child labour run by state Governments.^{150,151}

THE PARTICIPATION OF CHILDREN

One of the most important steps towards enabling children to remove themselves from exploitative work and abuse in the workplace is to facilitate their participation in programmes developed and carried out on their behalf. Participation should consist not only of systematic consultation with children and their families from the data-gathering stage through programme implementation and evaluation, but should also include enabling them to use their own considerable powers of agency.¹⁵² This includes organising their own programme activities, such as drives to remove children from exploitative workplaces, as well as advocacy on their behalf. Participatory activities can be used to raise awareness of the violence to which children may be subjected.

In a number of settings, NGOs have helped working children and non-working children

develop their own organisations through which they seek to improve their lives, gain skills and education, enjoy sports and cultural programmes, and perform socially useful activities. Some have become sophisticated advocates: working children's movements have formed an international network, and were represented at the UN World Summit for Children in 2002.¹⁵³ Many such organisations provide young people with an opportunity to develop and demonstrate qualities of social responsibility, taking a lead on issues such as illegal employment of under-age workers, alcohol abuse in the community,¹⁵⁴ changes in the law to provide young workers with better protection including against sexual abuse,¹⁵⁵ rescuing domestic workers from abusive households,¹⁵⁶ and persuading employers to give their adolescent workers time off for studies and recreation.¹⁵⁷ For example, in Nicaragua the National Movement of Working

“We have reduced the heavy work that we used to do. We can now say to our family and employers that this is too much for a child and that it is an adult’s job. We now can negotiate what is and isn’t acceptable.”

Teen-aged worker, West and Central Africa, 2004^{XIII}

Children and Adolescents (NATRAS) began in 2003 to work on preventing sexual abuse of children and adolescents, especially of working children. Eighteen of NATRAS’ member organisations have participated in a variety of activities – from carrying out surveys to direct lobbying with municipal officials – aimed at reducing sexual abuse in 13 targeted municipalities and at increasing awareness of the issue within the society and the State. In all of these organisations’ activities, the role of adults is limited to being facilitators and companions to the young members.¹⁵⁸

The opportunities created by children’s organisations allow participants to gain confidence, self-esteem, leadership and social skills, a broader view of the world and a sense of their own potential within it. These attributes are essential in overcoming the self-denigration and deep sense of inferiority felt by many children in violent and abusive situations. These and other community groups provide a vehicle for changes in attitudes by children, families and communities that enable the children to leave work and go to school instead. In some settings, ‘poverty’ as a blanket reason for sending children to work melts away when the alternative of going to school is socially endorsed and backed by community support.¹⁵⁹

ADVOCACY

The role of advocacy in relation to workplace violence against children is two-fold. On the one hand, it is necessary to draw policy-makers’ attention to the abuse children endure and set in motion the development and imple-

mentation of appropriate policies, laws, programmes and services; on the other, it is as important to challenge the social acceptance of damaging child work by influencing popular opinion. A transformation in the attitudes and behaviours which condone the presence of children in the workplace is a pre-condition of children’s departure from it on a sustainable basis. Governments have been loathe to intervene in child labour issues unless confident of public and political support.

Children and young people are often their own best advocates and should be given a prominent role as spokespersons on their own behalf, to policy makers, employers, communities, legislators, media and the society at large. The participation of children in the Technical Sub-Council on Child Work in Honduras led to changes in the National Plan of Action, notably to include deep-sea fishing as a ‘worst form’ of labour, because of the possible harm associated with it.¹⁶⁰ Many opportunities exist to engage children, even those in invisible occupations such as domestic labour or child prostitution, in advocacy campaigns. Children can be more effective than organisational intermediaries in addressing police, administration or justice.

Theatre, drama and role plays performed by children have been used with great success as vehicles for advocacy.¹⁶¹ Messages can be put across in a non-blaming way, and actors can feel free to show incidents of abuse which they would be unlikely to mention in an interview. Similarly, parents and community members who may have not understood the abuse their children are likely to experience if they send

them away to work are more able to absorb and believe that there are real reasons not to do so.¹⁶² Parents' Days at school, local Children's Day celebrations, and similar events at the national level can be used to promote awareness of the worst forms of child labour and showcase action against it. The World Day against Child Labour initiated in June 2002 has adopted a particular aspect of the worst forms of child labour to campaign against each year; for example, trafficking (2002), child domestic labour (2004), and mining and quarrying (2005).

TARGETED INTERVENTIONS: CONTACT, RESCUE, AND REHABILITATION

Taking action on violence against children, particularly the worst forms of child labour, requires the integration of practical programme interventions with advocacy, and both types of action with data collection. A variety of approaches is possible, depending on the size and type of organisation undertaking the action, and the situation to which they are responding.

Many NGOs, responding to an emergency need such as providing shelter for seriously abused and traumatised runaway children, start with a small-scale project such as a centre, and base their service development, data collection and advocacy on that. Where they are able to develop a sizeable range of services, they may also provide legal assistance for abused child workers to take their employers to court. Handbooks exist with 'good practice principles' for programme interventions in some 'worst form' child labour contexts such as child domestic labour.¹⁶⁴ These interventions largely constitute secondary prevention, responding to violence as and where it occurs.

In contrast, larger-scale programmes initiated by international organisations often include primary prevention measures to avoid violence before it takes place.

They start with a planning process: they are not in immediate contact with abused working children. A planning methodology has been developed by ILO/IPEC for 'Time-Bound Programmes' (TBPs) to eliminate child labour.¹⁶⁵

"WE'RE TIRED!" – A DRAMA FOR CHILD DOMESTIC WORKERS

A playlet entitled *Sanayo* ("We're tired" in Wolof) was written by and for girl domestic workers in Dakar, Senegal, with support from the NGO ENDA Tiers Monde. In the playlet, a *patronne* (employer) takes on a house-girl, and then subjects that girl to abuse in front of her friends for failures of service, food preparation, and other tasks. The friends join in the mockery of the girl, and the *patronne's* young daughter accuses her unjustly of stealing. The girl is eventually fired, without receiving her salary. This playlet was performed at a preparatory meeting for the OAU Conference in 1993 on Assisting the African Child. It has since been staged in many locations in Dakar.¹⁶³

TBPs comprise a package of interventions covering prevention, withdrawal, rehabilitation and future protection, with which States that have ratified Convention No. 182 can tackle 'worst forms' of child labour within a set time-frame. They start with data collection and other actions to create an 'enabling environment for the elimination of the worst forms of child labour'.¹⁶⁶

El Salvador, Nepal, and the United Republic of Tanzania were the first three countries to implement TBPs, starting in 2002. Seventeen other countries have since followed suit, several more are preparing similar programmes. As an example, the United Republic of Tanzania set out to reduce the number of children involved in the worst forms of child labour by 75%, and the overall child labour participation from the current 25% to less than 10% by 2010. Mid-term evaluation found these objectives to be on course.¹⁶⁷

Contact

In spite of the hidden nature of much child labour, a variety of mechanisms can be used to make contact with child workers. These include child-to-child contact in places where young workers go at off-duty times. Such places include parks, churches, temples or mosques, evening classes, shops or markets. Several organisations, including those taking part in ILO/IPEC and UNICEF programmes, run awareness-raising sessions for local leaders, police, householders and children, in which they learn about reporting, handling cases, the need to avoid violence in removing children from abusive situations, and to retain the cooperation of employers.

Hotlines and help-lines have become a well-known technique for enabling children to report violence against themselves. Some organisations working to eliminate child labour have established hotlines for child workers to use. The *Kasambahay* (domestic worker) programme run by Visayan Forum in the Philippines operates hotlines to receive reports of abuse and facilitate rescue.¹⁶⁸ In Cambodia, a local NGO organises the distribution of cards with pop stars' pictures on the front and telephone numbers and addresses of centres to contact on the reverse. These are left in places such as phone booths, bars, markets, and discos.¹⁶⁹ However, hotlines are resource-intensive: they need to be manned round the clock, by well-trained personnel, and have effective processes for involving police or emergency services.

Rescue operations

Efforts to remove children from workplace violence may require emergency action. Key steps in a process of rapid response to emergency cases include: setting up systems to receive information about abuse, including from children themselves via hotlines and drop-in centres; planning the rescue; the rescue operation; post-rescue rehabilitation; and post-rescue legal redress.¹⁷⁰ In removing children from dangerous workplaces, interventions must ensure that the situation of children is not worsened – that their physical well-being and self-respect are not further damaged by the trauma of the rescue.¹⁷¹ Many rescue operations are not properly prepared nor are the necessary follow-up support and services in place, such as health care and counselling for women and children rescued from the sex industry.¹⁷²

RESCUE OPERATION IN ATHLONE, CAPE TOWN

In early 2004, an NGO campaigning against the abuse of domestic servants (Anex-CDW) began to receive referrals from the local police station of girls who had run away from an agency called 'Excellent Domestic'. The agency brought girls in from the countryside, housed them and found them jobs. When Anex visited the premises, they found appalling living conditions, under-age girls, and cases of workers not given any pay. They reported their findings to the Department of Labour. A few weeks later, an article in the newspaper about a girl trapped at the agency finally led to action. The agency was found to be operating illegally and closed. The girls at the premises were all traumatised and wanted to return to their homes, even when offered skills-training in town. The police and Anex found them shelter and food, and they received free tickets home. The proprietors of 'Excellent Domestic' were taken to court.¹⁷³



VIET NAM, 1999, A girl selling postcards on the street shows one of her cards to a social worker who works with street children in Ho Chi Minh City.

Rehabilitation

A number of organisations' primary activity is to remove children from child labour and reintegrate them with their families. The South Asian Coalition on Child Servitude (SACCS) has a mission to identify, liberate and rehabilitate children in servitude. In India, a number of human rights organisations attempt to gain release of, and rehabilitate children in forced and bonded labour. WAYS in Kampala, Uganda has had notable success in resettling over 300 former child domestic labourers. They regard counselling of the families in advance of resettlement and reunification as essential. Whenever possible, children should have access to services that aim to bring them closer to their family.¹⁷⁴

Organisations working with victims of workplace abuse maintain that it is always important to contact the family, but not to force the child to return if she or he does not want to.

This may not be in the child's best interests if social stigma and rejection are likely to be the outcome; or the child will be again sent to work, or re-trafficked. In the case of girls rescued from the sex industry, there is likely to be heavy stigma from families and communities to whom they are returned, and they may be looked upon as carriers of HIV.¹⁷⁵ Cases of re-trafficking, for example, from Nepal to India, are common.

IMPROVED DATA COLLECTION

Much progress has been made since the mid-1990s in developing methodologies to obtain reliable data on child labour. A major initiative to improve understanding on the hidden, illegal and often criminal abuse of children in the workplace has been through the joint development by ILO and UNICEF of a Rapid Assessment methodology.¹⁷⁶

NGOs have played a major role in uncovering some of the worst abuses of children in the workplace. For example, Anti-Slavery International led initiatives on children in domestic labour, initially focusing on simple research methodologies for local NGOs to use as a basis for advocacy.¹⁷⁷ Subsequently, an active network of practitioner NGOs working in the field of child domestic labour was developed, and through this, consultations were conducted with child domestics which shed much insight into the violence and abuse they suffered. Since this is a notoriously difficult group of children to reach, much can be learned from these experiences about how to contact invisible child workers and collect data with and from them.¹⁷⁸

Much more is known about street children; as they are visible and accessible, children working in streets and public spaces have been studied in a number of settings, and even though numbers are usually estimates, a considerable body of information about them now exists. Some street child programmes now include components for monitoring, verification and tracking.¹⁷⁹ Far fewer extended surveys have been conducted into bonded child labour in South Asia, or into traditional forms of slavery or forced labour affecting children in Africa and Latin America. Those studies that exist have mostly been conducted by NGOs and, with some notable exceptions, are relatively small-scale. Very little is known about violence within a family work setting (mostly small-scale agriculture), which is where most children work.

Action research and monitoring

Effort has recently been invested in research methodologies that aid in designing interventions or monitoring the impact of existing interventions in order to improve them. For example, action research on boys and girls involved in drug trafficking has been conducted in Indonesia, the Philippines, Thailand,¹⁸⁰ and Brazil, with an emphasis on collecting data about these children that is of direct use in developing interventions. One study by IPEC on drug use and trafficking in Estonia illustrated the difficulties of obtaining information on the experiences of children in extreme situations, concluding: "Violence is one of the few topics which young drug users do not want to discuss with strangers. It seems that the topic

of violence is taboo, and one interview is just not enough to build up mutual trust.”¹⁸¹

In recent years, the concept of child labour monitoring has shifted from monitoring of industries or organised workplace settings, to monitoring of the children removed from work and provided with protection services. IPEC has developed a ‘tracer’ methodology to assess long-term changes (two years and more after the completion of an intervention) that have occurred in the lives of working children as a consequence of the intervention. Impacts examined include educational status, economic well-being, employment, health, and attitudes; working children on the streets (Turkey), mining (Ecuador), domestic labour (Uganda), fishing (Indonesia) and trafficked children (Sri Lanka).¹⁸² In the informal economy, community-based monitoring is increasingly being used to provide reliable data and the tracking of working children. All these initiatives represent opportunities to identify children’s experience of physical and psychological violence, its impact and the necessary steps to be taken for redress.

BUILDING MOMENTUM FOR CHANGE

Since the mid-1990s, a worldwide movement against child labour has emerged, in which a wide range of protagonists have been active. Manifestations of the momentum behind this movement are the rapidity at which ILO Convention No. 182 has been ratified around the world, and the success of such initiatives as the Global March against Child Labour, which in 1998 brought together a network of organi-

sations to take ongoing action against child labour. Partners in the movement include international and regional organisations, bilateral agencies, the Inter-Parliamentary Union (IPU), workers’ and employers’ organisations, NGOs, the media, academics, and organisations representing working children.

An important dynamic has been the growing concern (and consumer action) over corporate social responsibility. Action has come largely through self-regulation via sectoral alliances and voluntary codes of conduct to ensure that members of supply chains in globalised manufacturing industries – garments, footballs, sports shoes, tobacco products – are not using child labour.¹⁸³ Employers’ organisations in, for example, Azerbaijan, the Republic of Moldova, Malawi and Uganda, have promoted media campaigns against child labour; in Ghana, they have been involved in discussions with parliamentarians on a new draft of the Human Trafficking Bill. In Brazil, the National Confederation for Industry (CNI), in collaboration with local NGOs, has set up a prevention and rehabilitation programme for children in prostitution. In China’s Yunan Province, 74 influential employers in Kunming City have called on private sector managers to comply with child labour laws and contribute to anti-trafficking efforts, including a street advocacy campaign.¹⁸⁴

Trade unions have a long association with efforts to reduce child labour, and are well-placed to act as watchdogs and monitors of violence and abuse within the workplace. However, few trade unions are operational within the informal economy, or in those parts of the worldwide

“The protection of children involves major financial resources but the life and well-being of millions of children depend on the willingness of governments to put in place the necessary measures. In our view, violence committed against a single child is one instance of violence too many.”

Children, Regional Consultation, West and Central Africa, 2005^{XIV}

working scene where children facing violence are most often found. In Bulgaria, trade union centres have begun to address the worst forms of child labour and workplaces in the informal economy. In the Ukraine, the Independent Trade Union of Miners (ITUMU) has taken the lead to end child labour in 500 unregistered small-scale mines as part of an internationally brokered sector agreement involving both sides of industry. The agreement was signed on World Child Labour Day, 2005.

A long way to go

Despite increased engagement in child protection issues by the UN system and NGOs since the advent of the CRC, and the new momentum to end ‘worst forms’ of child labour since the ratification of ILO Convention No. 182, there is still a long way to go. There has been a failure to acknowledge sufficiently working children’s varied experience of violence – physical, psychological and sexual – and take it fully into account when developing plans and programmes. There is still a need give greater weight internationally and nationally to those forms and situations of work that are intrinsically hazardous and violent, especially those in remote, illicit or hidden locations. There is also a need to work with trade unions and employer organisations to improve protection for the youngest members of the regular workforce where they are facing more risks than their older peers.

Within organisations working to end child labour, an enhanced focus on the violence suffered by child workers may help build renewed momentum for change.

RECOMMENDATIONS

A wide range of measures is needed to address the problem of workplace violence against children. The issue has to be tackled as a livelihood, human rights, labour, health and safety, and law enforcement issue, starting with efforts to prevent under-age children from entering the workplace in the first place. Support for universal access to basic education and action to end children’s employment in ‘worst forms’ of labour are important preventive actions, but actions on a broader front, particularly those related to poverty and family need, are also required.

The key departure point has to be *a policy of zero tolerance of violence against children who are working*, whether within the law or outside it, in organised workplaces or in the informal economy. The issue has to be brought out into the open, and perpetrators of acts of violence towards children in the workplace brought to account. Children who are under working age need to be helped to leave work, receive education and training, and improve their life chances. Where they are working legally, prevention of violence should be explicitly built into the regulation and inspection process, with access of young workers to reporting systems, complaints procedures and the courts.

Legislation

- 1. Violence against working children should be condemned.** Governments should ensure that the reality that child workers in many settings, both under- and above the minimum legal age of employ-

ment, routinely suffer violence in the workplace is brought to public attention and systematically condemned in law and in practice.

2. **Relevant international legal instruments should be ratified and applied.** Governments should harmonise national legislation concerning child labour with international standards, notably ILO Conventions Nos 138 and 182 and the Convention on the Rights of the Child. Legislation should specify enforcement mechanisms and impose penalties that act as an incentive to eliminate ‘worst forms’ of child labour as a first priority.

Policy and programme development

3. **Develop national action plans to address child labour.** Governments should create and implement plans of action to tackle the many issues connected with child labour. These plans should be integrated into national development plans and policies; this should be done with the necessary range of partners (including working children’s representatives), appropriate expertise, and resources. In order to base these plans on solid evidence, high priority should be given to building a knowledge base about violence against working children (see recommendation 14).
4. **Tackle violence in the workplace generally.** Governments should ensure that workplace violence is tackled as a whole, with an emphasis on the special vulnerabilities of the youngest members of the

workforce. Employers, trades unions and labour authorities should promote zero tolerance towards those who victimise young workers.

5. **Set up services for children to report violence and escape from it.** Governments should ensure that working children should have a means of reporting violence against them to people whom they can have trust, and who can help them to leave the workplace or obtain redress. These services may include hotlines so that children can summon assistance, and if necessary be rescued and placed in emergency care.
6. **Provide services for working children and those leaving the workplace.** Governments should ensure that working children’s rights to education, health, and social services are fully respected. Children should be encouraged and enabled to leave work and attend school or vocational training, by transitional education programmes and other initiatives which ensure that learning is relevant, accessible and child-friendly. Life skills should be part of non-formal education for working children.
7. **Mainstream the participation of working children in the creation and implementation of policies, programmes and services for their benefit.** Governments should ensure that children’s right to, and capacity for, participation is respected. Working children’s views, energies, creative skills, and effectiveness in advocacy should be deployed in ways that enable policies

and programmes to end child labour to be effective and sustainable.

8. **Build the capacity for all who come into contact with working children.** Governments should ensure that the capacity of programme partners, Government agencies, trades unions, employers, police, judiciary, labour inspectorates, NGOs, community organisations, children's groups, and researchers to address violence in the workplace is enhanced.

Enforcement

9. **Perpetrators of violence against children in the workplace should be brought to account.** Governments should ensure that the impunity frequently enjoyed by employers of under-age children, and the perpetration of physical, psychological and sexual violence against them, is ended by the real prospect of prosecution and meaningful penalties. Criminal sanctions against the use of children for sex, prostitution or pornography, and against recruiters and traffickers of children need to be vigorously enforced.
10. **Enforcement and judicial procedures should be child-friendly.** Governments should ensure that in the enforcement of legislation concerning the removal of children from workplaces or the prosecution of employers or co-workers, the rights of children not to suffer further violence, trauma or discrimination are respected. In addition, the principle of 'best interests of the child' needs to be observed in all actions involving child workers.

Advocacy and social mobilisation

11. **Increase public awareness of the damaging effects of child labour.** Governments should ensure that public awareness of the right of all children to be protected from all forms of violence is increased, and information about the risks of violence and its damaging impacts on working children are disseminated to parents, families and communities. Social dialogue should be encouraged around the concept of decent work, and the value of schooling underlined.
12. **Enlist the support of the private sector and civil society.** Governments should make efforts to stimulate corporate social responsibility to tackle workplace violence against children, including by the adoption of ethical guidelines in the workplace. In particular, the tourism industry and media should be encouraged to campaign against sexual exploitation and trafficking of children.

Information and research

13. **Collect data about violence against children in the workplace.** Given the almost total lack of data about violence against children in the workplace, Governments should ensure that all possible means of collecting such data are deployed within programmes and services and by specific studies and surveys. Especially vulnerable children should be targeted for research, notably those in home-based, street-based and illicit work.

14. Interventions should be monitored and evaluated. Governments should ensure that the impact of interventions is monitored over a period of time extending beyond the conclusion of any intervention, and good practice lessons widely disseminated.

REFERENCES

- 1 ILO (2006). *The End of Child Labour: Within Sight*. Geneva, International Labour Organization.
- 2 Walvin J (1982). *A Child's World: A Social History of English Childhood, 1800–1914*. London, Penguin Books.
- 3 Tolfree D (1998). *Old Enough to Work, Old Enough to Have a Say*. Save the Children Sweden.
- 4 Boyden J et al. (1999). *What Works for Working Children*. Save the Children Sweden and UNICEF.
- 5 Boyden J et al. (1999). *What Works for Working Children*. Save the Children Sweden and UNICEF.
- 6 Black M (2003). *Good Practice in Working Children's Participation: A Case Study from CWOP, Maharashtra India*. Prepared for the Save the Children Alliance Task Group on Children and Work. London, Save the Children UK.
- 7 Liebel M (2004). *A Will of Their Own: Cross-Cultural Perspectives on Working Children*. London and New York, Zed Books. Cited in: Bourdillon M (2006). *Violence against Working Children*. Stockholm, Save the Children Sweden.
- 8 Bourdillon M (2006). *Violence against Working Children*. Stockholm, Save the Children Sweden.
- 9 Boyden J et al. (1999). *What Works for Working Children*. Save the Children Sweden and UNICEF.
- 10 Black M (1996). *Children First: The Story of UNICEF Past and Present*. UNICEF, Oxford University Press.
- 11 ILO (2002). *A Future without Child Labour*. First Global Report. Geneva, International Labour Organization.
- 12 Delap E (2001). Economic and Cultural Forces in the Child Labour Debate: Evidence from Urban Bangladesh. *Journal of Developmental Studies*, 37(5): 1–22. Cited in: Bourdillon M (2006). *Violence against Working Children*. Stockholm, Save the Children Sweden.
- 13 Burra N (1995). *Born to Work: Child Labour in India*. Oxford, Oxford University Press.

- 14 Cunningham H (2001). The Rights of the Child and the Wrongs of Child Labour: A Historical Perspective. In: Lieten K, White B (Eds). *Child Labour: Policy Options*. Amsterdam, Aksant Academic Publishers, pp 1–11.
- 15 Cunningham H (1995). *Child Labour and Industrialisation*. Working Conditions and Environment Department Working Paper No. 1. Geneva, International Labour Organization: Cited in: ILO (2006). *The End of Child Labour: Within Sight*. Geneva, International Labour Organization.
- 16 Bourdillon M (2006). *Violence against Working Children*. Stockholm, Save the Children Sweden.
- 17 ILO (2006). *The End of Child Labour: Within Sight*. Geneva, International Labour Organization.
- 18 Fallon P, Tzannatos Z (1998). *Child Labor: Issues and Directions for the World Bank*. Washington DC, World Bank.
- 19 Wood G (2003). Staying Secure, Staying Poor: The 'Faustian Bargain'. *World Development*, 31(3): 455–471.
- 20 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: Eastern and Southern Africa*. Available at: <http://www.violencestudy.org/r27>.
- 21 UNICEF (2003). *Africa's Orphaned Generations*. New York, UNICEF.
- 22 Mushingeh A et al. (2002). *HIV/AIDS and Child Labour in Zambia: A Rapid Assessment on the Case of the Lusaka, Copperbelt and Eastern Provinces*. Paper No. 5. Geneva/Lusaka, International Programme on the Elimination of Child Labour, International Labour Organization
- 23 UNRISD (2005). *Gender Equality: Striving for Justice in an Unequal World*. United Nations Research Institute for Social Development.
- 24 The Consortium for Street Children (2003). *Each Child is Unique*. Available at: <http://www.streetchildren.org.uk/faq/>.
- 25 Black M (2004). *Opening Minds, Opening up Opportunities*. London, Save the Children UK.
- 26 Declarations of the World Movement of Working Children, Including the Kundapur Declaration, India (1996), the Dakar Declaration, Senegal (1998) and the Final Declaration of the 2nd Meeting of the World Movement of Working Children and Adolescents, Berlin, Germany (2004). Cited in: Bourdillon M (2006). *Violence against Working Children*. Stockholm, Save the Children Sweden.
- 27 Woodhead M (2004). Psychosocial Impacts of Child Work: A Framework for Research, Monitoring and Intervention. *International Journal of Children's Rights*, 12(4): 321–377.
- 28 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: East Asia and the Pacific*. Available at: <http://www.violencestudy.org/r27>.
- 29 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Regional Desk Review: East Asia and the Pacific*. Available at: <http://www.violencestudy.org/r27>.
- 30 Government of India (2005). *Country Report on Violence against Children 2005*. New Delhi, Ministry of Human Resource Development, Department of Women and Child Development.
- 31 Bourdillon M (2006). *Violence against Working Children*. Stockholm, Save the Children Sweden.
- 32 Blanchet T (2001). *Child Work in a Bihari Camp and in the Benarasi Sari Industry of Mirpur*. Stockholm, Save the Children Sweden.
- 33 ILO (2006). *The End of Child Labour: Within Sight*. Geneva, International Labour Organization.
- 34 ILO (2002). *A Future without Child Labour*. First Global Report. Geneva, International Labour Organization.
- 35 LO (1996). *Child Labour: Targeting the Intolerable*. Geneva, International Labour Organization.

- 36 Anti-Slavery International (2005). *Child Domestic Workers: A Handbook on Good Practice in Programme Interventions*. London, Anti-Slavery International.
- 37 Human Rights Watch (2004). *Abuses against Child Domestic Workers in El Salvador*. New York, Human Rights Watch.
- 38 Human Rights Watch (2005). *Always on Call: Abuse and Exploitation of Child Domestic Workers in Indonesia*. New York, Human Rights Watch.
- 39 Human Rights Watch (2005). *Inside the Home, Outside the Law: Abuse of Child Domestic Workers in Morocco*. New York, Human Rights Watch.
- 40 Blanchet T (1996). *Lost Innocence, Stolen Childhood*. Dhaka, University Press Limited.
- 41 Anti-Slavery International (2005). *Child Domestic Workers: A Handbook on Good Practice in Programme Interventions*. London, Anti-Slavery International.
- 42 UNICEF (1999). Child Domestic Work. *Innocenti Digest*, No. 5. Florence, UNICEF Innocenti Research Centre.
- 43 ILO/IPEC (2004). *Helping Hands or Shackled Lives? Understanding Child Domestic Labour and Responses To It*. Geneva, International Programme on the Elimination of Child Labour, International Labour Organization.
- 44 ILO/IPEC (2004). *Helping Hands or Shackled Lives? Understanding Child Domestic Labour and Responses To It*. Geneva, International Programme on the Elimination of Child Labour, International Labour Organization.
- 45 Blagbrough J (1995). *Child Domestic Work in Indonesia: A Preliminary Situation Analysis*. London, Anti-Slavery International.
- 46 Anti-Slavery International (2005). *Child Domestic Workers: A Handbook on Good Practice in Programme Interventions*. London, Anti-Slavery International.
- 47 Save the Children UK (1996). *Kids for Hire: A Child's Right to Protection from Commercial Sexual Exploitation*. London, Save the Children UK.
- 48 ILO/IPEC (2004). *Helping Hands or Shackled Lives? Understanding Child Domestic Labour and Responses To It*. Geneva, International Programme on the Elimination of Child Labour, International Labour Organization.
- 49 Anti-Slavery International (2005). *Child Domestic Workers: A Handbook on Good Practice in Programme Interventions*. London, Anti-Slavery International.
- 50 Anti-Slavery International (2005). *Child Domestic Workers: A Handbook on Good Practice in Programme Interventions*. London, Anti-Slavery International.
- 51 Anti-Slavery International (2005). *Child Domestic Workers: A Handbook on Good Practice in Programme Interventions*. London, Anti-Slavery International.
- 52 UNICEF (1999). Child Domestic Work. *Innocenti Digest*, No. 5. Florence, UNICEF Innocenti Research Centre.
- 53 Heissler K (2001). *Background Paper on Good Practices to Combat Sexual Abuse and Exploitation of Children in Bangladesh*. Ministry of Women and Children's Affairs, and UNICEF Bangladesh.
- 54 ILO/IPEC (2004). *Helping Hands or Shackled Lives? Understanding Child Domestic Labour and Responses To It*. Geneva, International Programme on the Elimination of Child Labour, International Labour Organization.
- 55 *Declaration of the First World Congress against Commercial Sexual Exploitation of Children*. 27–31 August 1996, Stockholm. (For a full definition of the commercial sexual exploitation of children.) Available at: <http://www.csecworldcongress.org>.
- 56 *The 2004 Declaration of the World Movement of Working Children in Berlin*. 19 April–2 May 2004, Berlin. Cited in: Bourdillon M (2006). *Violence against Working Children*. Stockholm, Save the Children Sweden.
- 57 UNICEF (2001). *Profiting from Abuse: An Investigation into the Sexual Exploitation of Our Children*. New York, UNICEF.
- 58 Save the Children Alliance (2005). *10 Essential Learning Points: Listen and Speak Out against Sexual Abuse of Girls and Boys*. Global Submission by the International Save the Children Alliance to the UN Study on Violence against Children. Oslo, Save the Children Norway.
- 59 International Save the Children Alliance (2004). *Mapping Save the Children's Response to Violence against Children in the South Asia Region*. Kathmandu, Save the Children Sweden.

- 60 Association pour le Progrès et la Défense des Droits des Femmes Maliennes (APDS) et la Fondation Friedrich Ebert (2000). *La Situation de la Femme Malienne: Cadre de Vie, Problèmes, Promotion, Organisations*. Mali, Association pour le Progrès et la Défense des Droits des Femmes Maliennes (APDS) et la Fondation Friedrich Ebert – Bureau de Mali. Cited in: UNICEF (2000). Domestic Violence against Women and Girls. *Innocenti Digest*, No 6. Florence, UNICEF Innocenti Research Centre.
- 61 Terre des Hommes (2003). *The Trafficking of Albanian Children in Greece*. Terre des Hommes.
- 62 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: Latin America*. Available at: <http://www.violencestudy.org/r27>.
- 63 Save the Children Alliance (2005). *10 Essential Learning Points: Listen and Speak Out against Sexual Abuse of Girls and Boys*, Global Submission by the International Save the Children Alliance to the UN Secretary-General's Study on Violence against Children. Oslo, Save the Children Norway.
- 64 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: East Asia and the Pacific*. Available at: <http://www.violencestudy.org/r27>.
- 65 Farid M (1998). *Sexual Abuse, Sexual Exploitation and CSEC in Indonesia*. Cited in: United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: East Asia and the Pacific*. Available at: <http://www.violencestudy.org/r27>.
- 66 International Save the Children Alliance (2004). *Mapping Save the Children's Response to Violence against Children in the South Asia Region*. Kathmandu, Save the Children Sweden.
- 67 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: South Asia*. Available at: <http://www.violencestudy.org/r27>.
- 68 Ameh RK (2001). *Lessons from the Ghanaian Anti-trokosi Campaign*. Paper prepared for the 1st West African Workshop on Female Ritual Servitude, February 2001, Accra, Ghana, Simon Fraser University.
- 69 United Nations Secretary-General's Study on Violence against Children (2005). *Summary Report of the Thematic Meeting on Violence against Children with Disabilities*. 28 July 2005, New York. Available at: <http://www.violencestudy.org/r180>
- 70 Save the Children Alliance (2005). *10 Essential Learning Points: Listen and Speak Out against Sexual Abuse of Girls and Boys*. Global Submission by the International Save the Children Alliance to the UN Study on Violence against Children. Oslo, Save the Children Norway.
- 71 Save the Children Alliance (2005). *10 Essential Learning Points: Listen and Speak Out against Sexual Abuse of Girls and Boys*. Global Submission by the International Save the Children Alliance to the UN Secretary-General's Study on Violence against Children. Oslo, Save the Children Norway.
- 72 ILO/IPEC (2002). *Vietnam – Children in Prostitution in Hanoi, Hai Phong, Ho Chi Minh City and Can Tho: A Rapid Assessment*. Geneva, International Programme on the Elimination of Child Labour, International Labour Organization.
- 73 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: East Asia and the Pacific*. Available at: <http://www.violencestudy.org/r27>.
- 74 ILO/IPEC (2001). *Jamaica, Situation of Children in Prostitution: A Rapid Assessment*. Geneva, International Programme on the Elimination of Child Labour, International Labour Organization.
- 75 ILO/IPEC (2002). *Commercial Sexual Exploitation of Boys, Girls and Adolescents in Honduras*. Project for the Prevention and Elimination of Commercial Sexual Exploitation of Children and Adolescents in Central America, Panama, and the Dominican Republic, San Jose. International Programme on the Elimination of Child Labour, International Labour Organization.
- 76 ECPAT (2003). *A Situational Analysis of Child Sex Tourism in Nepal (Katmandu Valley and Pokhara), by Child Workers in Nepal-Concerned Centre (CWIN)*. ECPAT International.

- 77 Save the Children Alliance (2005). *10 Essential Learning Points: Listen and Speak Out against Sexual Abuse of Girls and Boys*. Global Submission by the International Save the Children Alliance to the UN Secretary-General's Study on Violence against Children. Oslo, Save the Children Norway.
- 78 ILO (2005). *A Global Alliance against Forced Labour*. Global Report under the follow-up to the ILO Declaration on Fundamental Principles and Rights at Work, Report I(B). International Labour Conference, 93rd Session. Geneva, International Labour Organization.
- 79 ILO/IPEC (2002). *Every Child Counts: New Global Estimates on Child Labour*. Geneva, International Programme on the Elimination of Child Labour, International Labour Organization.
- 80 ILO (2005). *A Global Alliance against Forced Labour*. Global Report under the follow-up to the ILO Declaration on Fundamental Principles and Rights at Work, Report I(B). International Labour Conference, 93rd Session. Geneva, International Labour Organization.
- 81 Human Rights Watch (2003). *Small Change: Bonded Labour in India's Silk Industry*. New York, Human Rights Watch.
- 82 ILO (2005). *A Global Alliance against Forced Labour*. Global Report under the follow-up to the ILO Declaration on Fundamental Principles and Rights at Work, Report I(B). International Labour Conference, 93rd Session. Geneva, International Labour Organization.
- 83 Human Rights Watch (2003). *Small Change: Bonded Labour in India's Silk Industry*. New York, Human Rights Watch.
- 84 Human Rights Watch (1995). *Contemporary Forms of Slavery in Pakistan*. New York, Human Rights Watch.
- 85 Anti-Slavery International (2001). *The Enslavement of Dalit and Indigenous Communities in India, Nepal and Pakistan Through Debt Bondage*. Submission by Anti-Slavery International to the UN Sub-Commission on the Promotion and Protection of Human Rights.
- 86 ILO/IPEC (2001). *Nepal – Bonded Labour among Child Workers of the Kamaiya System: A Rapid Assessment*. Geneva, International Programme on the Elimination of Child Labour, International Labour Organization.
- 87 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: Latin America*. Available at: <http://www.violencestudy.org/r27>.
- 88 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: Latin America*. Available at: <http://www.violencestudy.org/r27>.
- 89 ILO (2005). *A Global Alliance against Forced Labour*. Global Report under the follow-up to the ILO Declaration on Fundamental Principles and Rights at Work, Report I(B). International Labour Conference, 93rd Session. Geneva, International Labour Organization.
- 90 ILO (2005). *Build the Future, Invest in Childhood. Economic Study of the Costs and Benefits of Eradicating Child Labour in Ibero-America*. Executive Summary. Geneva, International Labour Organization.
- 91 ILO (2005). *A Global Alliance against Forced Labour*. Global Report under the follow-up to the ILO Declaration on Fundamental Principles and Rights at Work, Report I(B). International Labour Conference, 93rd Session. Geneva, International Labour Organization.
- 92 ILO (2005). *A Global Alliance against Forced Labour*. Global Report under the follow-up to the ILO Declaration on Fundamental Principles and Rights at Work, Report I(B). International Labour Conference, 93rd Session. Geneva, International Labour Organization.
- 93 Anti-Slavery International (2002). *Forced Labour in Mauritania*. Submission to the UN Sub-Commission on the Promotion and Protection of Human Rights, Working Group on Contemporary Forms of Slavery. Anti-Slavery International. Available at: <http://www.antislavery.org/archive/submission/submission2002-mauritania.htm>.
- 94 Anti-Slavery International (2004). *Slavery in Niger, Historical, Legal and Contemporary Perspectives*. London, Anti-Slavery International and Association Timidria, London.

- 95 ILO (2005). *A Global Alliance against Forced Labour*. Global Report under the follow-up to the ILO Declaration on Fundamental Principles and Rights at Work, Report I(B). International Labour Conference, 93rd Session. Geneva, International Labour Organization.
- 96 Anti-Slavery International (2004). *About Timidria*. Anti-Slavery International. Available at: <http://www.antislavery.org/homepage/antislavery/award/timidriabackground2004.htm>.
- 97 ILO (2005). *A Global Alliance against Forced Labour*. Global Report under the follow-up to the ILO Declaration on Fundamental Principles and Rights at Work, Report I(B). International Labour Conference, 93rd Session. Geneva, International Labour Organization.
- 98 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: the Caribbean*. Available at: <http://www.violencestudy.org/r27>.
- 99 United Nations Secretary-General's Study on Violence against Children (2005). *Violence in the Community. Regional Desk Review: Europe and Central Asia*. Available at: <http://www.violencestudy.org/r27>.
- 100 ILO/IPEC (2000). *In-depth Analysis of the Situation of Working Street Children in St. Petersburg* (2000). Saint Petersburg, International Programme on the Elimination of Child Labour, International Labour Organization.
- 101 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: Middle East and North Africa*. Available at: <http://www.violencestudy.org/r27>.
- 102 ILO/IPEC (2002). *Estonia. Children and Adolescents Involved in Drug Use and Trafficking: A Rapid Assessment*. Geneva, International Programme on the Elimination of Child Labour, International Labour Organization. Cited in: United Nations Secretary-General's Study on Violence against Children (2005). *Violence in the Community. Regional Desk Review: Europe and Central Asia*. Available at: <http://www.violencestudy.org/r27>.
- 103 UNICEF (2003). *From Perception to Reality: A Study on Child Protection in Somalia*. UNICEF Somalia, Ch. 7.
- 104 ILO/IPEC (2002). *Philippines – Children's Involvement in the Production, Sale and Trafficking of Drugs in Cebu City: A Rapid Assessment*. Geneva, International Programme on the Elimination of Child Labour, International Labour Organization.
- 105 Dowdney LT (2003). *Children of the Drug Trade: A Case Study of Organised Armed Violence in Rio de Janeiro*. Rio de Janeiro, Viva Rio / ISER, 7 Letras. Cited in: Bourdillon M (2006). *Violence against Working Children*. Stockholm, Save the Children Sweden.
- 106 Dowdney LT (2003). *Children of the Drug Trade: A Case Study of Organised Armed Violence in Rio de Janeiro*. Rio de Janeiro, Viva Rio / ISER, 7 Letras.
- 107 Chappell D, Di Martino V (2000). *Violence at Work*. Geneva, International Labour Organization.
- 108 Save the Children Alliance (2005). *10 Essential Learning Points: Listen and Speak Out against Sexual Abuse of Girls and Boys*. Global Submission by the International Save the Children Alliance to the UN Secretary-General's Study on Violence against Children. Oslo, Save the Children Norway.
- 109 Wonacott P (2004). Qian Qian's Tale in Beggars' Village. *The Wall Street Journal*, 7 December, 2004. Available at: <http://www.uoregon.edu/~caps/wonacott.htm#19>.
- 110 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: the Caribbean*. Available at: <http://www.violencestudy.org/r27>.
- 111 ILO (2005). *Youth: Pathways to Decent Work*. International Labour Conference, 93rd Session. Geneva, International Labour Organization.
- 112 Paoli P, Merllié D (2000). *Troisième enquête européenne sur les conditions de travail*. Dublin, Fondation Européenne pour l'amélioration des conditions de vie et de travail. Eurofound.
- 113 Paoli P, Merllié D (2000). *Troisième enquête européenne sur les conditions de travail*. Dublin, Fondation Européenne pour l'amélioration des conditions de vie et de travail. Eurofound.
- 114 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: Latin America*. Available at: <http://www.violencestudy.org/r27>.

- 115 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: Latin America*. Available at: <http://www.violencestudy.org/r27>.
- 116 The International Crisis Group (2005). *The Curse of Cotton: Central Asia's Destructive Monoculture*. Asia Report No. 93. Bishkek, The International Crisis Group.
- 117 Human Rights Watch (2002). *Tainted Harvest: Child Labor and Obstacles to Organizing on Ecuador's Banana Plantations*, Human Rights Watch. New York, Human Rights Watch. Cited in: Bourdillon M (2006). *Violence against Working Children*. Stockholm, Save the Children Sweden.
- 118 Human Rights Watch (2001). *Underage and Unprotected: Child Labor in Egypt's Cotton Fields*. New York, Human Rights Watch. Cited in: Bourdillon M (2006). *Violence against Working Children*. Stockholm, Save the Children Sweden.
- 119 Human Rights Watch (2000). *Fingers to the Bone: United States Failure to Protect Child Farmworkers*. New York, Human Rights Watch. Cited in: Bourdillon M (2006). *Violence against Working Children*. Stockholm, Save the Children Sweden.
- 120 Racelis M et al. (2005). Making Philippine Cities Child-friendly: Voices of Children in Poor Communities. *Innocenti Insight*. Manila, Institute of Philippines Ateneo de Manila University and Florence, UNICEF Innocenti Research Centre.
- 121 Save the Children (2004). *Planning Working Children's Education: A Guide for Education Sector Planners*. London, Save the Children UK.
- 122 ILO/IPEC (2000). *In-depth Analysis of the Situation of Working Street Children in St. Petersburg 2000*. St Petersburg, International Programme on the Elimination of Child Labour, International Labour Organization.
- 123 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: the Caribbean*. Available at: <http://www.violencestudy.org/r27>.
- 124 ILO (2006). *The End of Child Labour: Within Reach*. Global Report. Geneva, International Labour Organization.
- 125 Anti-Slavery International (2005). *Child Domestic Workers: A Handbook on Good Practice in Programme Interventions*. London, Anti-Slavery International.
- 126 Save the Children Alliance (2005). *10 Essential Learning Points: Listen and Speak Out against Sexual Abuse of Girls and Boys*. Global Submission by the International Save the Children Alliance to the UN Secretary-General's Study on Violence against Children. Oslo, Save the Children Norway.
- 127 ILO and UNICEF (2004). *Addressing Child Labour in the Bangladesh Garment Industry, 1995–2001: A Synthesis of UNICEF and ILO Evaluation Studies of the Bangladesh Garment Sector Projects*. New York, UNICEF and Geneva, International Labour Organization.
- 128 Mulama J (2006). *Spare the Plough, and School the Child*. Nairobi, International Press Service. Available at: http://www.ungei.org/SFAIdocs/SFAI_press_clipsMay12.pdf.
- 129 ILO (2006). *The End of Child Labour: Within Reach*. Global Report. Geneva, International Labour Organization.
- 130 ILO (2006). *The End of Child Labour: Within Reach*. Global Report. Geneva, International Labour Organization.
- 131 Human Rights Watch (2003). *Small Change: Bonded Labour in India's Silk Industry*. New York, Human Rights Watch.
- 132 ILO (2005). *A Global Alliance against Forced Labour*. Global Report under the follow-up to the ILO Declaration on Fundamental Principles and Rights at Work, Report I(B). International Labour Conference, 93rd Session. Geneva, International Labour Organization.
- 133 ILO/IPEC (2002). *Every Child Counts: New Global Estimates on Child Labour*. Geneva, International Programme on the Elimination of Child Labour, International Labour Organization.
- 134 Boyden J et al. (1999). *What Works for Working Children*. Save the Children Sweden and UNICEF.
- 135 Boyden J et al. (1999). *What Works for Working Children*. Save the Children Sweden and UNICEF.

- 136 Human Rights Watch (2003). *Small Change: Bonded Labour in India's Silk Industry*. New York, Human Rights Watch.
- 137 Save the Children Alliance (2005). *10 Essential Learning Points: Listen and Speak Out against Sexual Abuse of Girls and Boys*. Global Submission by the International Save the Children Alliance to the UN Secretary-General's Study on Violence against Children. Oslo, Save the Children Norway.
- 138 Mehmood AS et al. (2005). *Camel Jockeys of Rahimyar Khan: Findings of a Participatory Research on the Life and Situation of Child Camel Jockeys*. Pakistan Rural Workers Social Welfare Organisation, Save the Children (Sweden). Available at: http://gaatw.net/reference-trafficking-reports/camel-jockeysorahimyarkhan16%5B1%5D_0.pdf.
- 139 UNICEF (2006). *Former Camel Jockeys Reclaiming Their Lost Childhood*. Available at: http://www.unicef.org/infobycountry/pakistan_30655.html.
- 140 Anti-Slavery International (2003). *Trafficking and Forced Labour of Children in the United Arab Emirates (UAE)*. Submission to the UN Sub-Commission on the Promotion and Protection of Human Rights, Working Group on Contemporary Forms of Slavery. Anti-Slavery International. Available at: <http://www.antislavery.org/archive/submission/submission2003-UAE.htm>.
- 141 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: West and Central Africa*. Available at: <http://www.violencestudy.org/r27>.
- 142 UNICEF (2002). *La traite d'enfants en Afrique de l'Ouest : réponses politiques*. Florence, UNICEF Innocenti Research Centre.
- 143 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: West and Central Africa*. Available at: <http://www.violencestudy.org/r27>.
- 144 Boyden J et al. (1999). *What Works for Working Children*. Save the Children Sweden and UNICEF.
- 145 Mortimer JT (2003). *Work and Growing Up in America*. Cambridge, Harvard University Press.
- 146 Prywes M et al. (2004). *Costs of Projects for Orphans and Other Vulnerable Children: Case Studies in Eritrea and Benin*. Social Protection Discussion Paper Series. Washington DC, World Bank. Available at: <http://siteresources.worldbank.org/SOCIALPROTECTION/Resources/SP-Discussion-papers/Safety-Nets-DP/0414.pdf>.
- 147 Groves L (2004). *Good Practice in Working Children's Participation: A Case from Senegal*. Save the Children.
- 148 Tolfree D (1998). *Old Enough to Work, Old Enough to Have a Say*. Save the Children Sweden.
- 149 Karlsson L, Karkara R (2006). How to End the Violence. *CRIN Newsletter*, No. 19. Available at: http://www.crin.org/docs/CRIN_Newsletter_19_Eng.pdf.
- 150 Delap A, Rashid L (2005). *Children and Work in South Asia: An Analysis of Save the Children's Experience*. Save the Children South and Central Asia.
- 151 Black M (2003). *Good Practice in Working Children's Participation: A Case Study from CWOP, Maharashtra India*. Prepared for the Save the Children Alliance Task Group on Children and Work. London, Save the Children UK.
- 152 Black M (2004). *Opening Minds, Opening Up Opportunities*. London, Save the Children UK.
- 153 Miljeteig P (2000). *Creating Partnerships with Working Children and Youth*. SP Discussion Paper, No. 21. Washington, DC, World Bank, 2000.
- 154 Concerned for Working Children (no date). *The Makkala Panchayat Closes Liquor Shops in Keradi Panchayat*. Available at: <http://www.workingchild.org/interven6.htm>.
- 155 Save the Children (2006). *Betrayal of Trust - An overview of Save the Children's findings on children's experience of physical and humiliating punishment, child sexual abuse and violence when in conflict with the law*. Save the Children.
- 156 Visayan Forum Foundation (2004). *Beyond Closed Doors. A Primer on Child Domestic Labour in the Philippines*. (Cited therein: Activities by SUMAPI, an association for domestic workers.) Manila, Visayan Forum Foundation.

- 157 Asociación Grupo de Trabajo Redes. *La Casa de Panchita, Lima, Peru*. Available at: <http://www.gruporedes.org/>.
- 158 Save the Children (2005). *Children's Actions To End Violence against Girls And Boys*. A contribution to the UN Secretary-General's Study on Violence against Children. Save the Children Sweden.
- 159 Black M (2003). *Good Practice in Working Children's Participation: A Case Study from CWOP, Maharashtra India*. Prepared for the Save the Children Alliance Task Group on Children and Work. London, Save the Children UK.
- 160 Black M (2004). *Opening Minds, Opening Up Opportunities*. London, Save the Children UK.
- 161 ILO (2002). *Supporting Children's Rights through Education, Arts and the Media (SCREAM) – Stop Child Labour Education Pack*. Geneva, International Labour Organization.
- 162 Black M (2002). *Child Domestic Workers: Finding a Voice (A Handbook on Advocacy)*. London, Anti-Slavery International.
- 163 Black M (2002). *Child Domestic Workers: Finding a Voice (A Handbook on Advocacy)*. London, Anti-Slavery International.
- 164 Anti-Slavery International (2005). *Child Domestic Workers: A Handbook on Good Practice in Programme Interventions*. London, Anti-Slavery International.
- 165 IPEC (2003). *Time-bound Programmes: Manual for Action Planning*. Guidebook I–V. Geneva, International Labour Organization.
- 166 ILO/IPEC (2003). *Time-bound Programmes: Manual for Action Planning*. Guidebook IV. Geneva, International Programme on the Elimination of Child Labour, International Labour Organization.
- 167 ILO (2006). *The End of Child Labour: Within Reach*. Global Report, Geneva, International Labour Organization.
- 168 Visayan Forum Foundation (2004). *Beyond Closed Doors. A Primer on Child Domestic Labour in the Philippines*. Manila, Visayan Forum Foundation.
- 169 Anti-Slavery International (2005). *Child Domestic Workers: A Handbook on Good Practice in Programme Interventions*. London, Anti-Slavery International.
- 170 ILO/IPEC (2003). *Time-bound Programmes: Manual for Action Planning*. Guidebook IV. Geneva, International Programme on the Elimination of Child Labour, International Labour Organization.
- 171 Bourdillon M (2006). *Violence against Working Children*. Stockholm, Save the Children Sweden.
- 172 Save the Children Alliance (2005). *10 Essential Learning Points: Listen and Speak Out against Sexual Abuse of Girls and Boys*. Global Submission by the International Save the Children Alliance to the UN Secretary-General's Study on Violence against Children. Oslo, Save the Children Norway.
- 173 Anti-Slavery International (2005). *Child Domestic Workers: A Handbook on Good Practice in Programme Interventions*. London, Anti-Slavery International.
- 174 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Consultation Outcome Report: Eastern and Southern Africa*. Available at: <http://www.violencestudy.org/r27>.
- 175 Save the Children Alliance (2005). *10 Essential Learning Points: Listen and Speak Out against Sexual Abuse of Girls and Boys*. Global Submission by the International Save the Children Alliance to the UN Secretary-General's Study on Violence against Children. Oslo, Save the Children Norway.
- 176 ILO and UNICEF (2005). *Manual on Child Labour: Rapid Assessment Methodology*. Geneva, International Labour Organization and UNICEF.
- 177 Black M (1997). *Child Domestic Workers: A Handbook for Research and Action*. London, Anti-Slavery International.
- 178 Anti-Slavery International (2005). *Child Domestic Workers: A Handbook on Good Practice in Programme Interventions*. London, Anti-Slavery International.

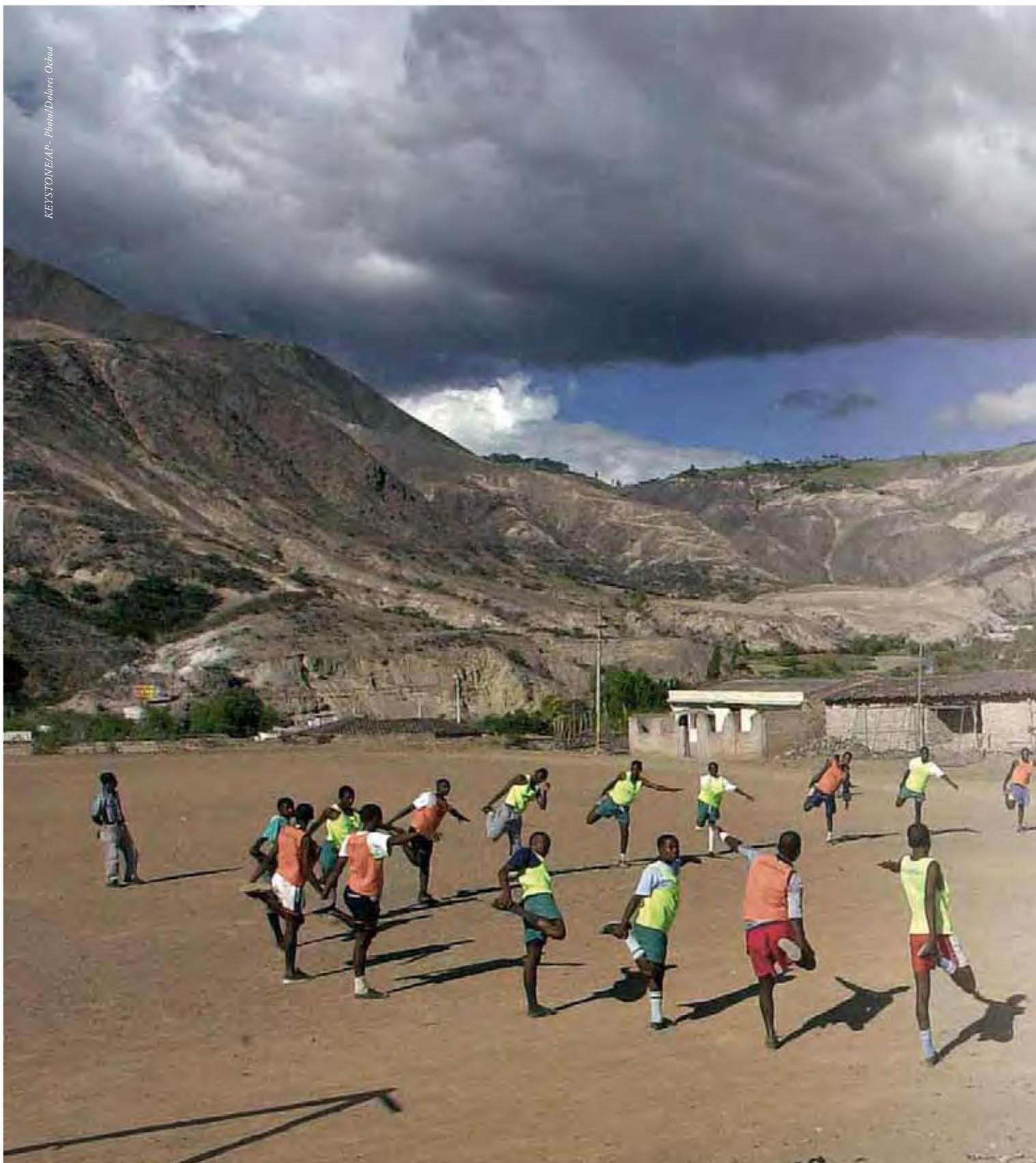
- 179 ILO/IPEC (2003). *Facts on Children Working in the Streets*. Geneva, International Programme on the Elimination of Child Labour, International Labour Organization. Available at: http://www.ilo.org/public/english/standards/ipecc/publ/download/factsheets/fs_streetchildren_0303.pdf.
- 180 ILO/IPEC (2004). *The Use of Children in the Production, Sale and Trafficking of Drugs: Intervention Models Developed in Indonesia, the Philippines and Thailand*. Bangkok, International Programme on the Elimination of Child Labour, International Labour Organization.
- 181 ILO/IPEC (2002). *Estonia. Children and Adolescents Involved in Drug Use and Trafficking: A Rapid Assessment*. Geneva, International Programme on the Elimination of Child Labour, International Labour Organization, p 50.
- 182 ILO (2006). *The End of Child Labour: Within Reach*. Global Report, Geneva, International Labour Organization.
- 183 There are many examples of codes covering: garments (1995), soccer ball stitching (1997), tobacco (1999), cocoa (2001) and small-scale mining (2005). See also: code on conduct for tourism: 'Child-Safe Tourism' in Brazil, Cambodia, the Dominican Republic, Kenya, Mexico and Tanzania. ILO/IPEC has been a major sponsor of these sector initiatives. See also ILO Global Report (2006).
- 184 ILO (2006). *The End of Child Labour: Within Reach*. Global Report, Geneva, International Labour Organization.
- IV Blanchet T (2001). *Child Work in a Bihari Camp and in the Benarasi Sari Industry of Mirpur*. Stockholm, Save the Children Sweden, p 97.
- V United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: Latin America*, p 47. Available at: www.violencestudy.org/r27.
- VI Human Rights Watch (2005). *Morocco: 'Hidden' Child Workers Face Abuse*. New York, Human Rights Watch. Available at: <http://hrw.org/english/docs/2005/12/21/moroccl2278.htm>
- VII United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: Eastern and Southern Africa*, p 25. Available at: www.violencestudy.org/r27.
- VIII United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: East Asia and the Pacific*, p 49. Available at: www.violencestudy.org/r27.
- IX Save the Children Alliance (2005). *10 Essential Learning Points: Listen and Speak out against Sexual Abuse of Girls and Boys*. Global Submission by the International Save the Children Alliance to the UN Secretary-General's Study on Violence against Children. Oslo, Save the Children Norway, p 58.
- X Human Rights Watch (2003). *Small change: bonded labour in India's silk industry*. New York, Human Rights Watch, p 4.
- XI United Nations Secretary-General's Study on Violence against Children (2005). *Regional Consultation Outcome Report: Eastern and Southern Africa*, p 18. Available at: www.violencestudy.org/r27.
- XII Groves L (2004). *Good practice in working children's participation: A case from Senegal*. Save the Children.
- XIII Government of Kenya (2005). *Second Periodic Kenya Country Report on Implementation of the UN Convention on the Rights of the Child*. 11 November 2005, CRC/C/65/Add.39.
- XIV United Nations Secretary-General's Study on Violence against Children (2005). *Regional Consultation Outcome Report: West and Central Africa*, p 7. Available at: www.violencestudy.org/r27.

QUOTES

- I United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: Latin America*, p 46. Available at: www.violencestudy.org/r27.
- II Bhima Sangha (2005). *Submission to the United Nations Secretary-General's Study on Violence against Children*. Bhima Sangha.
- III UNICEF (2003). *From perception to reality: A study on child protection in Somalia*. UNICEF Somalia. Ch. 7, p 11.

6 |





ECUADOR, 2001, Children attend soccer school at El Juncal, north of Quito.

VIOLENCE AGAINST CHILDREN IN THE COMMUNITY



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INTRODUCTION

No community is free of violence. However, the risk of encountering violence, both *against* as well as *by* children, is much higher in some communities than in others. In some settings, especially those where weapons are in wide circulation, violence has today assumed frightening proportions. These are primarily urban areas in regions with high levels of poverty, economic disparity and social inequality, sometimes complicated by ongoing political or economic instability. At the same time, also in relatively wealthy and stable societies, especially where there are clear inequalities, alarming levels of violence against children have been documented.

Much of this chapter focuses on older children, particularly those in their teenage years. Children tend to experience their teenage years as a time of excitement, when they begin independent exploration both of the physical spaces of their community, and of the roles they will assume in adulthood. For some, the daily walk or bus-ride to school, or going out to shop for their family, may be their first independent exposure to the community; it may also be their first exposure to its risks of violence.

Communities everywhere are subject to stresses which have the effect of reducing the protections available to children. These include rapid urbanisation, political instability, environmental insecurity, and large-scale population movement. In some parts of the world, the AIDS epidemic has greatly increased numbers of orphaned children. Many communities have also had to cope with rising misuse of drugs,

alcohol and firearms, increases in trafficking of children for labour or sexual exploitation, and growing exposure to violent and pornographic images through globalised media and new information and communications technologies.

Yet it is important to emphasise that the community can also be a source of protection and solidarity. Indeed, without the cooperation of the community – however it is defined – little can be done to stop violence against children. In many minds, the weakening of social and community cohesion in today's world is at the heart of the violence which threatens so many young lives today. Equally, the building of child-friendly communities by supporting the delivery of basic infrastructure and services, and by offering communities help in building or rebuilding positive group values and neighbourhood solidarity, is a promising remedy.

For the purposes of this chapter, the community includes any space used or occupied by children other than homes, schools, institutions, and organised workplaces, which are the subjects of other chapters in the report. However, it must be remembered that the community is not only a physical space, but a social environment. Children are born and grow up under its framework of behaviours, attitudes, customs and beliefs and are thereby socialised through it to engage with the wider world, including learning how to deal with the network of relationships and institutions that provide the non-familial context of their lives.

The issues considered here include physical and sexual violence, assault by authority

“A paradigm shift is needed. We have the knowledge to prevent violence against children from occurring. We must do more to balance our investment so that the same level of attention is paid to prevention as to the punishment of perpetrators.”

Dr Etienne Krug, Director of the Department of Injuries and Violence Prevention, WHO

figures such as the police, violence associated with gangs and traffickers, and the special risks faced by certain groups such as children living on the street and those living in camps for displaced persons. Also examined is violence in the mass media, including new information and communications technology.

BACKGROUND AND CONTEXT

A child’s vulnerability to violence in the community increases with age and maturity and increased contacts with the wider world. Homicide and violence-related injury among children occur in community settings all over the world, but are more frequent in poverty-stricken urban areas characterised by lack of employment, poor standards of housing, over-

HUMAN RIGHTS INSTRUMENTS

Provisions in the Convention on the Rights of the Child (CRC), the International Covenant on Civil and Political Rights, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention against Torture and Other Cruel, Inhuman and Degrading Treatment and Punishment and other treaties, in particular regional human rights treaties, apply to violence against children in the community. These address harmful traditional practices, slavery, servitude, torture and cruel, inhuman or degrading treatment and punishment. The Palermo Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children establishes legal obligations to address trafficking, and the CRC’s Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography sets out standards relating to prostitution and pornography.¹

The obligations contained in these treaties are imposed on States, and only States or their agents can commit human rights violations. State obligation for human rights violations is incurred if the State or its agents violate the terms of a treaty which the State has accepted. State obligation is also incurred if the State fails to ensure children’s rights to protection against violence by permitting such violence, or failing to take appropriate measures, or to exercise due diligence to prevent, punish, investigate or redress the harm caused by the acts of individuals, groups or entities. Therefore, where violence in the community is concerned, States are required to put in place appropriate laws, policies and programmes to prevent such violence, investigate it if it takes place, ensure that perpetrators are sanctioned and redress the harm which may result.

crowding and low standards of education and social amenities. Young and rapidly growing populations – particularly boys – in these areas may express frustration, anger and pent-up tension in fights and anti-social behaviour. Where firearms and other weapons are widely available, fights are more likely to lead to severe injuries and death. Violence may be more common in situations where boys are encouraged to exhibit aggressive masculinity, weapons skills, private codes of loyalty and revenge, and general risk-taking.^{2,3,4}

In many places children – particularly girls – face increased exposure to violence in the community as they grow older and the domestic tasks they are required to perform take them further and further away from the household. Many children in rural Africa and Asia report feeling threatened or being attacked when they fetch water, fuel or fodder, tasks which may require walking a considerable distance in isolated areas.^{5,6} Older children may encounter violence in intimate and dating relationships, peer groups, sports and other recreational activities, as well as in the context of religious groups, traditional associations, and political or social movements.

NATURE AND EXTENT OF THE PROBLEM

The following sections examine the types of violence faced by children in the community, including both physical and sexual violence, and violence that occurs within intimate and dating relationships between young people. It also considers groups of children who face

especially high risks of violence, including children living on the street, young members of ethnic minorities, children in camps for refugees or displaced persons, and those victimised by trafficking or abduction.

It should be noted that, in the quantitative data discussed below, data are rarely aggregated in ways that clearly distinguish children (defined as being under 18 years of age) from adults. More often, data are collected and aggregated in four-year age groups: 0–4; 5–9; 10–14, and 15–19. Sometimes inferences have to be made from data covering young people up to the age of 25.

PHYSICAL VIOLENCE

In countries with reliable data, a sudden, steep increase in the rates of violent victimisation and perpetration is noted at around the age of 15, indicating that a number of factors come together at adolescence to make physical violence – including much that is between teenagers – more common.⁷ Such violence follows clear patterns in respect of where it occurs, when it occurs, whom it is most likely to affect, and factors (such as alcohol use and economic inequality) associated with its occurrence. Being highly predictable, in principle, it is preventable through population-level interventions.

Homicide

The WHO global burden of disease estimates for the year 2002 indicate that 52,904 children aged 0–17 years died as a result of homicide.⁸ Of these child homicide victims, 21,995 or nearly 42% were aged 15–17 years, nearly

75% of whom were boys. These global estimates do not indicate the settings in which homicides occur, but country-level data from police statistics, injury surveillance systems and special studies suggest that a majority of homicides in the 15–17-year age group occur in community settings.

In some regions, notably in Latin America, the highest homicide rates of any age group across the population occur among 15–19-year olds. In others, including Africa, Eastern Europe and Central Asia, homicide rates continue to rise after the age of 15–19, peaking among young adults in their twenties, or even later. In every region, however, homicide rates in boys aged 15–17 are at least three times greater than those of boys aged 10–14, while homicide rates in girls aged 15–17 are nearly twice those of girls aged 10–14. This sudden increase in violence in the over-15 age group occurs even in regions with low overall homicide rates, and implies that measures to curtail violent behaviour are critical before and during the early and mid-teens, to prevent further increases in later years.

Over 95% of homicides in 15–17-year olds occur in low- and middle-income countries, where the homicide rate for boys aged 15–17 years is 9.8 per 100,000 population compared with 3.2 per 100,000 for boys in high-income countries. Girls in high-income countries have a homicide rate of 1.5 per 100,000 population, versus 3.5 per 100,000 for girls in low- and middle-income countries. Apart from the USA, most of the countries with the highest adolescent homicide rates are either developing countries or those experiencing rapid social

and economic change. The countries with low rates of adolescent homicide tend to be in Western Europe or in Asia, while the countries with high rates tend to be in the Americas and Africa (see Table 7.1).

The marked variation in homicide rates across regions at different levels of social and economic development mirrors even sharper differences in homicide rates observed between communities within countries. For instance, provincial and city-level studies from high- and low- to middle-income countries including Brazil,⁹ Colombia,¹⁰ Jamaica,¹¹ the Russian Federation,¹² South Africa¹³ and the UK¹⁴ show that homicide rates follow a recurrent geographical pattern of inequity, with homicide rates in the most deprived communities being many times greater than in wealthier communities. For instance, in Cape Town, South Africa, just a few kilometres separate shanty towns where male homicide rates exceed 200 per 100,000 from wealthier, well-established suburban areas where male homicide rates are four times less, at around 50 per 100,000.¹⁵

Relatively few studies have examined the victim–perpetrator relationship and the typical scenarios that underlie homicide in 15–17 year olds. Those which have been conducted suggest that perpetrators are often friends or acquaintances of the victim, and that much of this homicidal violence occurs in neighbourhoods and local hang-outs, and is linked to inter-personal arguments which develop into fights – over girls, possessions, rivalries, broken loyalties or group codes – and to intoxication with liquor or drugs. The availability of fire-

arms may mean that this violence results in serious injury or death.^{16,17,18,19}

Sex differences in adolescent homicide rates raise questions about how male socialisation and norms regarding masculinity contribute to violence against children in community settings. In almost all countries (and with the exception of young children whose male/female homi-

cide rates are similar), homicide rates among children are substantially higher among males than females. Homicide rates among boys aged 15–17 are nearly three times greater than those among girls of the same age. In the Americas, Africa, and Eastern Europe, where some of the highest adolescent homicide rates are found, the rates among 15–17-year-old boys are two to six times higher than those among girls of the

**TABLE 7.1 – Homicide rates by region for males and females:
estimated adolescent homicide rates by UN region, 2002**

REGION	MALES (AGE GROUP, YR)		FEMALES (AGE GROUP, YR)	
	10 – 14	15 – 17	10 – 14	15 – 17
All	2.08	9.06	1.49	3.28
High-income countries	0.56	3.25	0.40	1.53
Low-income countries	2.25	9.75	1.61	3.48
Africa	5.09	15.64	4.62	9.45
Asia	1.21	3.93	0.69	1.48
Australia/New Zealand*	0.41	1.60	0.31	0.48
Europe	0.89	5.72	0.75	1.67
Latin American & Caribbean	4.01	37.66	1.81	6.50
Northern America	1.09	6.37	0.72	1.60
Oceania**	2.00	0.13	0.85	2.14

* Rate is based on less than 100 cases

** Excluding Australia and New Zealand. Rate is based on less than 100 cases.

Source: WHO (2006). Global Estimates of Health Consequences Due to Violence against Children. *Background Paper to the UN Secretary-General's Study on Violence against Children*. Geneva, World Health Organization.

same age group. Preliminary data from the City of Cape Town and Burden of Disease Unit of South Africa's Medical Research Council show that a boy celebrating his 15th birthday in the Cape Town informal settlement of Nyanga would have a greater than 1 in 20 chance of being shot dead by the age of 35.²⁰ Data from Colombia show that a youth celebrating his 18th birthday in the Department of Antioquia would have a greater than 1 in 20 chance of being shot dead by the age of 25.²¹

Non-fatal physical violence

The consequences of non-fatal physical violence occurring in the community and involving children range from minor to severe injuries. Severe injuries may require resource-intensive emergency medical treatment and inpatient care and result in lifelong disabilities such as brain damage, paraplegia, or may require amputation. Additionally, physical fights often precede even more serious forms of violence such as homicide.

WITNESSING VIOLENCE

In addition to those who suffer violence directly, large numbers of children witness violence in the communities in which they live (for a discussion on children who witness domestic violence see the chapter on violence against children in the home and family). A wide range of research has established that children who witness community violence are at risk of a variety of psychological, behavioural, and academic problems, as well as difficulty in concentrating, impaired memory, anxious attachments to caregivers, or aggressive behaviour.^{22,23,24}

Much of the pioneering research on children's exposure to violence in the community and consequences of such exposure has been carried out in the USA, focusing on urban communities where high levels of violent crime and multiple risk factors are present. For example, in a study of 95 'high-risk' boys aged 6–10 in New York City, 35% reported witnessing a stabbing, 33% had seen someone shot, 23% had seen a dead body in their neighbourhood, and 25% had seen someone killed.²⁵

Even when they have not directly witnessed the violence, children can be harmed when the victim is someone close to them. In Colombia, a 2001 study of 5,775 children aged 12–18 found that 11% of these adolescents reported having had a family member murdered or kidnapped, or receiving a death threat in the past year. This figure doubled for adolescents residing in Medellin, a city with particularly high levels of gun crime.²⁶ In Jamaica, 60% of 9–17-year-old children reported that a family member had been a victim of violence, and 37% had a family member who had been killed.²⁷

Few countries have information systems to monitor non-fatal violent injuries, and existing systems typically record only data on violent injuries with victims presenting at hospital emergency departments. Data from those sites cannot be compared directly, given the marked differences among and within countries in the availability and accessibility of emergency medical services. Furthermore, most studies do not report their findings using age categories that comply with the definition of the child in the (CRC) as a person aged between 0 and 18 years.

Special studies on youth violence occurring among 10–29-year olds do, however, provide some insight into the magnitude of the problem. For instance, it is estimated that for each of the approximately 200,000 homicides among youths aged 10–29 years that occurred in the year 2000, around 20–40 victims of non-fatal physical violence received hospital treatment.²⁸ In other words, between 4 and 8 million young people are treated in hospitals for violence-related injuries each year. As with homicide, rates of non-fatal violent victimisation are substantially higher among males than females; for instance, in Eldoret, Kenya, there were 2.6 males for every female victim of violence who received hospital emergency treatment; in Jamaica, the ratio was 3 males per female, and in Norway the ratio was between 4 and 5 males per female.^{29,30,31}

Studies on non-fatal physical violence leading to hospital emergency room treatment show that, as in the case of homicide, rates increase dramatically during mid-adolescence and early adulthood.^{32,33,34,35} Also as for homicide,

violence-related injuries leading to hospital treatment are sustained largely in the course of male-on-male violence, with the majority of the perpetrators being friends or acquaintances of the victim, and a large proportion of victims and perpetrators having consumed alcohol shortly before or during the violent incident. Unlike homicidal violence, however, the largest proportion of non-fatal violent injuries are not caused by firearms, but by knives, blunt objects, fists and feet.³⁶

Violence within adolescent intimate and dating relationships

Intimate and dating relationships with peers of the opposite sex (and, less frequently, of the same sex) are part of growing up for many adolescents. The forms the relationships take range from simply spending time together and casual dating to more formal courtship and marriage (for partner violence within early marriage, see the chapter on violence against children in the home and family). Dating is common in industrialised countries, whereas other cultural traditions may prohibit relationships between boys and girls before marriage.³⁷

The Global School-Based Student Health Survey, conducted with students aged 13 to 15, collected information on dating violence between 2003 and 2005. Preliminary analysis of the data has shown significant levels of physical violence within intimate relationships in a wide range of countries. Asked if they had been hit, slapped or hurt on purpose by their boyfriend or girlfriend in the past 12 months, 15% of the girls and 29% of the boys in Jordan responded 'yes'. This was also reported by 9%

of the girls and 16% of the boys in Namibia, 6% of the girls and 8% of the boys in Swaziland, and 18% of the girls and 23% of the boys in Zambia (see Figure 7.1).³⁸

A 2001 study of intermediate and secondary school students in the USA (75% of them under the age of 18) found similarly high levels of physical violence, and also psychological violence. It also found that physical violence rarely occurred in the absence of psychological violence, such as name-calling, insults, swearing, and threats of physical violence.³⁹

The International Dating Violence Study, conducted at 31 universities in 16 countries across Asia, Latin America, the Middle East and North America, found a high prevalence of physical violence perpetrated by both males and females against their dating partners (17% to 38% of males and 17% to 48% of females).⁴⁰ Although this study surveyed young adults (mean age: 22 years), the findings point to the reality that intimate relationships among young adults and adolescents worldwide are characterised by high levels of aggression.

SEXUAL VIOLENCE

Sexual violence against children can have a devastating impact on both physical and mental health, and can lead to suicide, HIV infection, or murder of the victim in the case of 'honour killings'.⁴¹ Far too often, the violence is carried out with total impunity for the perpetrator.

Coerced first sex

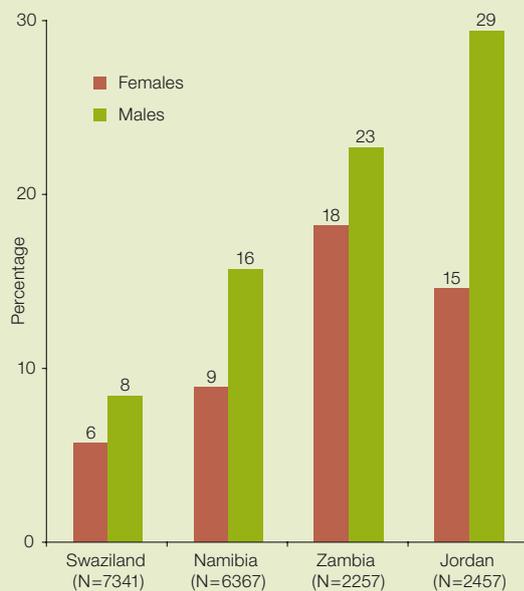
For many adolescents, the first experience of sexual intercourse is unwanted or actively coerced; Figure 7.2 shows the prevalence of forced sexual initiation reported in studies from several countries, and illustrates the extent of sexual violence among adolescents. Outside child marriage (see the chapter on violence against children in the home and family), much of this initial sexual coercion is perpetrated by peers, including in the context of an intimate relationship.

Research indicates that the younger the age of sexual initiation, the more likely that it was coerced in some way.^{42,43,44,45} This is particularly true for girls, who face a greater risk of forced first sex than boys. The WHO's Multi-Country Study on Women's Health and Domestic Violence against Women found that women reporting first sex before the age of 17 were more likely to report forced sexual initiation than women who reported later sexual initiation. Of women who reported first sex prior to age 15, between 11% and 45% reported that it was forced.⁴⁶

In addition to forced sexual initiation, many children experience ongoing sexual coercion from boyfriends or girlfriends (see Table 7.2). While available studies suggest that physical violence in intimate relationships (see above) occurs at similar rates for girls and boys, girls are at much greater risk than boys of sexual violence within intimate and dating relationships.⁴⁷ One study of sexual coercion among young people in Kenya found that for females who had experienced sexual coercion,

FIGURE 7.1

Percentage of students whose boyfriend or girlfriend hit, slapped or hurt them on purpose in the last 12 months



Source: Analysis provided to the Study by the Global School-Based Student Health Survey: The World Health Organization (<http://www.who.int/chp/gshs> or <http://www.cdc.gov/gshs>) for surveys conducted in 2003-5 for Jordan, Namibia, Swaziland, Zambia.

boyfriends were the most common perpetrators (51%), followed by husbands (28%) and acquaintances (22%).⁴⁸ A study in Thailand found that 54% of adolescent and young women's experiences of forced sexual intercourse occurred with steady or casual partners, and an additional 27% with acquaintances.⁴⁹ The Australian Study of Health and Relationships found that most sexual coercion of both males and females occurred at or before the age of 18. Among women who reported sexual coercion, one-third said that the first experience occurred between the ages of 9 and 16, and 40% of men reporting sexual coercion were between the ages of 9 and 16 at the first occurrence.⁵⁰

Sexual violence by strangers in the community

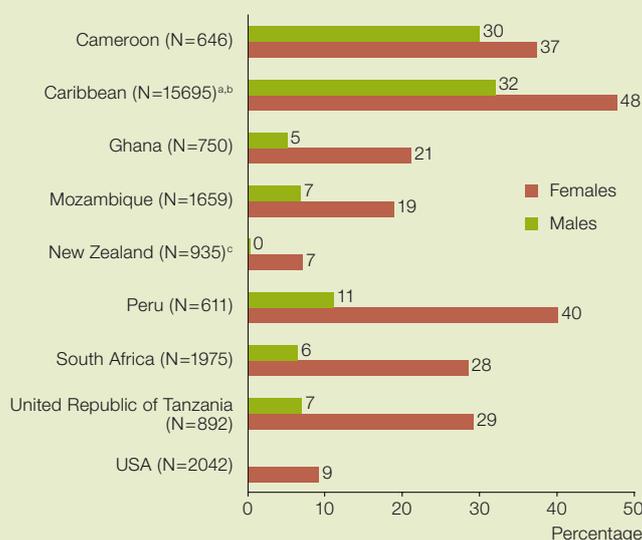
Sexual violence against children is more commonly perpetrated by someone known to the child, either from the family or within the family circle, but people outside these circles also perpetrate a significant number of sexual assaults on children in many countries.⁵² Perpetrators can include a wide variety of people, some who may have planned the assault. A selection of available studies shows the range and seriousness of sexual violence by people the child did not know. In a survey of South African women who reported having been raped before they were 15 years old, 21% identified strangers or recent acquaintances as the assailant⁵⁷. Chinese college students in the Hong Kong Special Administrative Region of China reported that 28% of the perpetrators of sexual abuse were strangers.⁵⁸ In Hungary, 34% of under-18 girls treated at a hospital

“In all countries children with disabilities continue to experience violence at equal to or higher rates than children without disabilities. They are often perceived as not worthy of dignity and respect. We must remember that children with disabilities are first and foremost children. They, like children without disabilities, must have the right to be free from violence, they too have the right to be respected and protected. It is our legal responsibility to ensure that this happens”.

Charlotte McClain-Nhlapo, Editorial Board of the UN Secretary-General’s Study on Violence against Children

FIGURE 7.2

Rates of forced sexual initiation involving adolescents for the period 1993–1999



Rates are based on those who have had sexual intercourse.

a) Antigua, Bahamas, Barbados, British Virgin Islands, Dominica, Grenada, Guyana, Jamaica and Saint Lucia

b) Percentage adolescents responding that first intercourse was forced or “somewhat” forced

c) Longitudinal study of cohort born in 1972-1973. Subjects were questioned at 18 years of age and again at 21 years of age about their current and previous sexual behaviour

Source: Krug EG et al. (Eds) (2002). *World Report on Violence and Health*. Geneva, World Health Organization

following sexual assault reported having been assaulted by a stranger.⁵⁹ In some cases, sexual violence is accompanied by or associated with abduction or trafficking.

ISSUES OF SPECIAL CONCERN

Reports of violence experienced by specific groups of children, or particular situations in which children seem to be at high risk of vio-

lence, were received by the Study. Children with disabilities may be targeted by others in the community, fuelled by stigma and prejudice. Services that cater well for their needs are still the exception. The vulnerability of children living on the street was strongly emphasised in Regional Consultations. Physical and sexual violence by figures of authority such as coaches, religious leaders and teachers was widely mentioned, although hard data

“It is easy to get beaten if you are a street boy. People can rape you. Men can beat a boy and rape him. There is nothing you can do but run away if you are lucky.”

Boy, 12, living in the street, Eastern and Southern Africa, 2005¹



TABLE 7.2 – Adolescents reporting sexual coercion: selected surveys, 1999 – 2005

COUNTRY	STUDY POPULATION	YEAR	SAMPLE		PERCENTAGE REPORTING FORCED SEXUAL INTERCOURSE	
			Sample size ^a	Age group (yr)	Females	Males
China ⁵¹	Hong Kong	1999	8,382	15 – 18	16.9	17.0
Kenya ⁵²	Nyeri District	2001	2,712	10 – 24 ^b	20.8	11.0
Nigeria ⁵³	Plateau State	2000	4,218	12 – 21	45.0	32.0
Thailand ⁵⁴	Chiang Rai Province	2001	832	15 – 21	28.1	n/a
USA ⁵⁵	National	2005	13,953	13 – 18 ^c	10.8	4.2

a) Total number of adolescents in the study. Rates are based on those adolescents who have had sexual intercourse.

b) Of the 1753 respondents included in the analysis, about 6% of the males and 30% of the females had never been married.

c) High school students grades 9 to 12 reporting on coerced sexual intercourse.

are scarce. In regions with large numbers of refugees and displaced persons, concern was voiced about the safety of children in camps or dispersed within the community, while contributors from all regions were concerned about trafficking, and the plight of children affected by HIV/AIDS.

Violence against children living on the street

‘Street children’ are a large and ill-defined category of children. Since the 1980s, analysts have drawn a distinction between children *on* the street and children *of* the street.^{60,61} A relatively small proportion – less than 10%

– of those visible on the streets have actually adopted the street as their habitat. This group is normally characterised by the term ‘street children’; although the term can be used pejoratively, it is also used by many children and their representative organisations, sometimes with considerable pride.

In the past, it was thought that millions of rootless children lived on the streets in various countries of Asia and Latin America. However, research established that many of these children actually have functioning families. Nonetheless, there are cities in many regions where large numbers of children have become based

“They treat you badly. You don’t feel like walking in the street, they give you names. They whisper when you pass. They take it that when one person in the house is sick, all of you in that house are sick.”

Girl, 16, Eastern and Southern Africa, 2003¹¹

in the street, and who rarely or never go home. In Nairobi, for example, local NGOs estimate numbers to be as high as 20,000.⁶² In China, one countrywide estimate was 150,000,⁶³ and in Indonesia it was 170,000.⁶⁴ The majority of children living on the street everywhere are boys.⁶⁵

Discrimination and violence against children living on the street often stems from the stigma associated with having no family (of course, many do have families) and with the activities they may have to adopt to survive. Children living on the street everywhere report being demonised for activities which – even they involves petty offences – in no way warrant the kind of cruel and gratuitous violence to which they are often subjected.⁶⁶

Murder of children living on the street has been reported from Colombia, Brazil, Guatemala, and the Philippines.⁶⁷ Appalling brutality has been documented in the Haitian capital of Port-au-Prince where the 3,000 children who live on the streets are frequently targeted by armed vigilantes.⁶⁸ The extent of serious human rights violations may be much greater than the few and unreliable available figures indicate. Many cases are not reported because of the lack of witnesses, or because victims or their relatives live on the fringes of society, and tend to remain anonymous. The World Organisation against Torture reported that in Ciudad Bolívar, Bogotá, Colombia, 850 children and adolescents were assassinated between 2000–2004, and that 620 were abducted between August 2003 and August 2004. The national police force was among those cited as being responsible for this.⁶⁹



UNICEF/HQ05-1829, Giacomo Pirozzi
UKRAINE, 2005, Two boys sniff glue in a sewage pipe in the port city of Odessa.

Girls and boys living on the street are vulnerable to sexual abuse from many individuals, including from passers-by and from those who offer them shelter.⁷⁰ They also risk being recruited by pimps and traffickers for sexual and economic exploitation, or having to resort to ‘survival sex’ (sex in exchange for food or shelter).⁷¹

HIV and violence in the community

Children whose parents are ill because of HIV/AIDS or those who have been orphaned by the disease face psychological violence, stigma and discrimination. They may be rejected by their friends and schoolmates, as well as at health centres. In addition to the grief and loss they feel, the estimated 15 million orphans due to AIDS face growing up without adequate bond-

ing and emotional support from parents. Many of these children find themselves without family or extended family support, either because the initial solution was unsustainable or because they had no options available. While there are no meaningful estimates of the numbers or proportions of children orphaned by HIV/AIDS who live on the street, there are clear indications that the overall numbers of street children are rising in many sub-Saharan towns and cities, most likely because of the increasing number of children orphaned by HIV/AIDS. In Brazzaville, Congo, almost 50% of street children are orphans. In Lusaka, Zambia, the majority of children living on the street are orphans.⁷²

Psychosocial trauma can continue even when orphans move to foster families or to extended families. They may be treated as second-class family members – discriminated against in the allocation of food, perhaps, or in the distribution of work. Orphans in Zambia have reported a lack of love and a feeling of being excluded, as part of outright discrimination. Many of these children are vulnerable to abuse (physical, emotional and sexual) from extended family members and other members of their communities, and girls are particularly vulnerable to sexual abuse.⁷³

Violence by police

The level of violence against children by police was rated a serious issue in a number of Government responses to the Independent Expert's questionnaire⁷⁶, and was a common theme in regional reviews and consultations. Even in societies where systems of justice are far more deeply embedded and socially accessible than

in many other parts of the world, police violence against children (or inaction against perpetrators) is rarely investigated. The level of impunity such conduct enjoys is an important reason for its continuation.⁷⁷ Without independent monitoring systems, children have no one to report police violence to, except other police, from whom they understandably fear reprisals. This, combined with the perception that children's presence on the street equates with 'juvenile delinquency', places many children at risk of police violence.

Since the 1990s, international human rights NGOs have drawn attention to police violence against children living and working on the street. Studies in Bulgaria, Egypt, Guatemala, Papua New Guinea, Sudan and elsewhere reveal widespread brutality, including beatings, sexual assault, and torture. This may take place casually on the street; during arrest on the way to the police station; and subsequently in police lock-ups.⁷⁸ Kenya reported in its questionnaire response to the Study⁷⁹ that children living on the street are frequently harassed and arrested by police; they may be charged with loitering or petty offences, and without representation in court, deprived of their liberty for years in corrective institutions.

In Honduras, a total of 59 children and young people under the age of 23 died in detention centres between May 2002 and March 2004. Local NGOs allege that 41 of these victims were extra-judicially executed by agents of the State.⁸⁰ Following her visit to Brazil in 2004, Asma Jahangir, the UN Special Rapporteur on extrajudicial, summary or arbitrary executions,

WHEN TRADITION MEETS SUPERSTITION

Violence against children labelled as witches or sorcerers has been documented in many countries. Reports from West Africa (notably Benin, Cameroon, Gabon, Liberia and Nigeria) have documented cases of children who have been driven out from their families, marginalised by society, and subjected to physical violence including torture, sometimes resulting in fatalities.⁷⁴ In the Democratic Republic of the Congo, where churches specialising in the exorcism of evil spirits have increased in number, accusations of sorcery are no longer exclusively made against older women living alone (the traditional target of such charges) but also against children, many of whom swell the 30,000 children already living on Kinshasa's streets.⁷⁵

reported that victims of police violence and summary executions tend to be young Afro-Brazilian males between the ages of 15–19 years, who are often involved in criminal gangs.⁸¹

Violence by other authority figures

While police are the authority figures most often mentioned in relation to community violence against children, it is clear that many other people with responsibility to supervise or defend children regularly abuse the trust implicit in their positions. These include sports coaches, religious authorities, youth club workers, and teachers (the latter are discussed in the chapter on violence against children in schools and educational settings).

In recent decades, long-held assumptions about the purely positive impacts of organised activities for children have been shattered by reports of physical and sexual violence against children in sport- and faith-based activities. In 1998, studies in Canada and Norway revealed that over one-third of young athletes had had

negative and uncomfortable experiences, ranging from mild sexual harassment to abuse. A Danish pilot study (1998) also revealed that about 25% of athletes under 18 knew about or had experienced situations of harassment by a coach or trainer. A Norwegian study comparing the prevalence of sexual harassment in and outside the context of sport suggests that twice as many athletes as non-athletes have experienced sexual harassment from coaches and other authority figures.⁸² In the case of faith-based organisations, information tends to be limited to media reports and systematic data from various faiths is seriously lacking.

Although these cases do not represent the complete spectrum of situations, they are warning signs that should be taken very seriously.

Violence against sexual minorities

Media reports, cases documented by human rights groups, and anecdotal evidence by victims themselves indicate that violence against young lesbians, homosexuals, bisexuals and

*“At the river we are beaten by the owners of the wells, the women. They shout at us
“Why didn’t you come with your own wells from [your own country]?”
They beat us with hands but also beat us with bottles and sticks.”*

Girls, Eastern and Southern Africa, 2005^{III}



transgendered individuals is widely prevalent, with perpetrators including family members, peers, teachers, clergy and police.^{83,84,85}

Laws outlawing same-sex behaviour which exist in some countries, as well as stereotypical attitudes, can encourage violence against sexual minorities. Discriminatory attitudes are also ingrained in both traditional and popular culture, in much the same way as attitudes that accept domestic violence and corporal punishment.

Violence against child refugees, returnees and internally displaced persons

It is estimated that there are 19.2 million refugees and displaced people globally. Although well-run camps can be safe havens for their inhabitants, physical insecurity can be a serious problem in camps and settlements for refugees and displaced persons, particularly in terms of gender-based violence.^{86,87,88,89} Many camps lack secure buildings, good lighting, regular law enforcement, sanctuary for survivors of attack, and means of reporting and redress.^{90,91} Moreover, the traditional assignment of certain jobs to women and children – notably the fetching of firewood, water and other domestic supplies – creates conditions of high risk of sexual assault as they carry out these tasks. Communities may be forced to rely on informal or traditional methods of security, and where fathers or husbands are not present (as is the case for many refugee families, particularly those displaced by war), this represents particular difficulties.

In 2006, the United Nations High Commissioner for Refugees published a study carried out in 13 countries (Bangladesh, Côte d’Ivoire, Ethiopia, Guinea, Kenya, Mexico, Nepal, Pakistan, Sierra Leone, the United Republic of Tanzania, Thailand, Yemen and Zambia), including information on violence against children in refugee camps.⁹² These countries currently have 52 camps and a total population of nearly one million refugees.

Of particular concern was the study’s finding that a high proportion of crimes and disputes in all the surveyed refugee camps fall under the broad category of sexual and gender-based violence. Domestic violence – which can include violence against spouses, children, and other members of the family such as daughters-in-law – was widespread in all the countries surveyed, and was the most commonly reported form of sexual and gender-based violence. In Sierra Leone for example, domestic violence was second only to theft as the most pervasive justice issue arising in the camps.

In many cases, little formal protection or redress was available to victims of such violence through camp dispute resolution systems, many of which are administered by traditional elders from among the refugees themselves. For example, the study found that rape of girls and women often draws only negligible punishments. Some rapists were absolved if they agreed to marry the survivor, although if the victim was a minor, a small fine or a minimal length of detention might be imposed. The study cites two examples from one refugee camp, where men confessed to raping young

girls who were described respectively as “one physically and one mentally handicapped minor.” As punishment, the men received six months detention for crimes which would have resulted in far lengthier prison terms under the national law of their host countries.⁹³

Violence may also be perpetrated by people in authority or in support positions. A recent report from Liberia found that girls between the ages of eight and 18, especially from age 12 upwards, had been regularly selling sex to camp officials, humanitarian workers, peace workers, and Government employers, usually because of extreme want.⁹⁴

When dispersed in urban settings, it is much more difficult for assistance programmes to identify, monitor and support displaced persons. They may be hidden among already underserved, poor local populations in shanty towns or scattered over broad, densely populated areas with limited infrastructure and access.

Children who are resettling in their home country can also be at higher risk of violence.⁹⁵ A study of children in Zambia, South Africa and Angola who had been long-term refugees reported children suffering from violent discrimination because of their status both as refugees and as returnees.⁹⁶ This treatment comes on top of the harrowing violence witnessed (or experienced directly) by many children in their country of origin or on the journey to their host nation, a problem which was not always addressed by the services available. However, emerging studies on resilience suggest that family support and having structured education and recreational activities are important

for children to recover and regain a sense of routine and normalcy. Although many factors can affect children’s coping mechanisms, culturally relevant forms of counselling and specific support to restructure the way they think about their experiences and develop positive skills can be of assistance.⁹⁷

Trafficking of children

Since the 1990s, the substantial traffic in human beings, including children, within countries and across international borders has aroused major international concern. Statistics on trafficking are imprecise, but the International Labour Organization (ILO) estimated in 2003 that 1.2 million children are trafficked every year.⁹⁸ The phenomenon is complex, and interacts with poverty, labour migration flows, demand for cheap labour, and perceptions or misinformation relating to a better life ‘elsewhere’. Where children are not registered, the lack of identification documents compounds the trafficking problem in that children become easy targets for traffickers, and once trafficked they are effectively ‘lost’.⁹⁹

In certain settings, infants are at particular risk of abduction for trafficking. For example, in Central America there are reports of infant kidnapping for the US adoption market, sometimes directly from the hospital shortly after birth.¹⁰⁰

In some areas, there are reports of young children being trafficked for begging. At the Cambodian border, parents sell or lease their children for use as members of begging groups in Thai venues.¹⁰¹ Begging in transport hubs,

“My job was to make 2-3,000 beedis (cigarettes) in 24 hours. I didn’t know how to make beedis so they used to beat me up and I was in a lot of pain because of that. I realized they were trying to traffic me somewhere else so I tried to run away, but they noticed and I was tortured.”

Boy, 13, trafficked from Bangladesh to India, South Asia, 2001^{IV}

7

car parks and public places is a characteristic of child work in Romania and is ‘exported’ through the trafficking of children domestically and into other parts of Europe.¹⁰²

Trafficking may involve abduction, but in many cases it begins with deception or enticement. For example, many recruiters and traffickers deal directly with the parents, who may believe they are being offered an opportunity to improve the child’s chances in life, gain a well-paid job, and that the child can remit money home to help the family. Once the child is away from the home and the community, however, he or she is vulnerable to many forms of violence. These include physical and sexual abuse experienced by a significant proportion of victims during the course of their voyage, being held captive while waiting for ‘job’ placement, and the kind of situations into which they are trafficked. Such situations range from low-paid domestic work to prostitution, or labour on agricultural plantations in conditions of servitude or debt bondage (see the chapter on violence against children in places of work).¹⁰³

For example, in India, reports of professional traffickers recruiting girls from poor village communities in coastal areas suggest that, while the girls’ expectation is of domestic employment and city life, the reality is entry into the sex trade in various cities. Traffickers similarly operate in Nepal for outlets in India, and in Myanmar for Thailand. Thousands of children from Bangladesh have been trafficked into sexual exploitation in Pakistan and the Middle East, as have teenage girls from West Africa into Italy. The trade from Eastern

Europe into Western European cities is similarly well documented.¹⁰⁴

Victims often face stigma if they manage to escape: because they are viewed as immoral or ‘unclean’, girls are often rejected by their family and community, and may return to a life of prostitution. A trafficked child is generally undocumented and often unable to speak the language of the host country, so will have difficulty in finding or reaching home. In many cases, children go home to unchanged social circumstances, and so risk being re-trafficked.

Where trafficked children are rescued or escape, they may be detained by the police or immigration authorities, and risk deportation to their country of origin.¹⁰⁵ This has been reported from countries in every region and typically occurs without referral either to the courts or other authorities. Repatriation takes place without any attention paid to the child’s best interests or to their right to be consulted when making decisions affecting their future. Child victims of trafficking are often treated as if they were criminals because of their supposed or actual involvement in offences committed as a result of being trafficked, or of coercion by their captors, such as theft, prostitution, or illegal immigration.

FACTORS CONTRIBUTING TO VIOLENCE

INDIVIDUAL AND FAMILY FACTORS

Many key factors contributing to violence against children are found or begin in the

*“When I come out of my house the people point at me and say. Why don’t you stay in, look at you!
You cannot walk properly.”*

Boy, 12, with physical disabilities, South Asia, 2005^v

home, and have therefore been covered at some length in the chapter on violence against children in the home and family. For the purposes of the present chapter, it is important to point out that these include *individual factors* (biological make-up and personal history of both the child and his or her family members) and *relationship factors* (how the child interacts with parents and siblings) which affect the likelihood that a child will become a victim or perpetrator of violence. For example, children who show early signs of hyperactivity and poor attention span (individual factors), or who grow up with poor parental supervision, parental aggression and harsh discipline (relationship factors), are at a higher risk of involvement in violence either as victims or perpetrators in later years.

Many of these factors – as well as the physical and psychological symptoms that indicate a child’s experience of violence – may be identifiable by trained professionals such as teachers, social workers or medical staff, but also by members of the community. This is particularly true if community members’ awareness of violence against children has been raised by interventions.

The important point to draw from this is that while these risk factors are located at individual and family level, it is at community level that many of the key preventive interventions and responses to violence must be delivered. These are discussed below in the section on responses.

SITUATIONAL FACTORS

Many years of research and experience confirm that the presence of several key situational fac-

tors in the community can precipitate violent events that might not otherwise occur. Three of the most important are: widespread access to firearms, alcohol consumption, and the characteristics of the physical environment. In situations where these factors are present, young people who have no prior history of violent behaviour and who are not continuously violent may nevertheless react violently, and with serious consequences. A fourth important situational factor is the presence of gangs or organised armed groups within the community.

Firearms

It is estimated that several hundred thousand people die from firearm-related injuries each year. A large proportion of these deaths are due to homicide and suicide.¹⁰⁶ The number of non-fatal firearm-related injuries is unknown, but is likely to be many times greater than the number of deaths. Adolescents and young adults are the primary victims and perpetrators of firearm-related violence in almost every region of the world.¹⁰⁷

For instance, firearm-related mortality in Brazil has increased significantly for all age groups since 1991, but death rates due to firearms have risen the most among children and adolescents aged 10 to 19. In 1991, 55.7% of homicides involving 15–19-year-olds were firearm-related, while in 2000 the proportion amounted to 77%.¹⁰⁸ In the State capitals with the highest adolescent firearm-related mortality rates (between 102 and 222 per 100,000), rates are 5 to 11 times those of the overall rate for all age groups.¹⁰⁹

Alcohol

Alcohol is a known factor in intimate partner violence, and children are often directly affected by this. Alcohol is also an important factor in violence against and by older children in community settings. In many societies, alcohol is common in social situations. Young people may use alcohol to bolster their self-confidence, and their aggression levels may increase and escalate to produce violent confrontations, while impaired physical control and ability to interpret warning signals in dangerous situations may make some young drinkers targets for perpetrators.¹¹⁰

Patterns of alcohol use by children and young people vary widely among countries, and are partially determined by wider cultural norms regarding the social acceptability of alcohol consumption. In general, young people are more likely than the older population to engage in heavy episodic drinking, and there is a growing concern that a youth culture of alcohol abuse is spreading.¹¹¹ The Health Behaviour in School-Aged Children Study found that across 32 European countries, regular alcohol consumption was reported by 5% of 11-year-olds, 12% of 13-year-olds and 29% of 15-year-olds. More than one-third of the children reported having been drunk twice or more, with boys more likely to use alcohol and report drunkenness than girls in all age groups.¹¹²

Several studies have demonstrated the links between alcohol and violence for adolescents: in Finland, 45% of all violent incidents reported by 12–18-year-olds involved drink-

ing on the part of the perpetrator and/or victim.¹¹³ In the Philippines, where 14% of 15–24-year-olds reported physically injuring someone through violence in the previous three months, such violence was significantly associated with drinking.¹¹⁴ Among 10–18-year-olds participating in the Caribbean Youth Health Survey, having used alcohol in the last year was significantly associated with weapon-related violence for both males and females.¹¹⁵

Studies in Finland, England and Wales and Australia have shown that levels of alcohol-related involvement in violence increase with age throughout adolescence and usually peak in the early twenties.^{116,117,118}

Physical environment

The nature of a community's physical fabric, its density of settlement and layout, and the availability of services and amenities supportive of family well-being, have an important bearing on social relationships within the community and on whether or not adults and children become prey to violence. For example, research on refugees in Africa cites the lack of safety in public spaces as a risk for sexual and gender-based violence, most of it against girls.^{119,120,121,122}

The physical design of public spaces can determine whether they are potential settings for violence. Environmental design, such as improved street lighting, can help prevent crime as well as reduce fear of victimisation.¹²³ Evidence is emerging that improved street lighting achieves reductions in crime through

increased community pride and informal social control rather than as a result of increased surveillance and deterrence.

Seriously inadequate housing, and overcrowding within both dwellings and neighbourhoods can have a damaging effect on child nurture.^{124,125} Among the most frequent community health concerns related to family housing are the inadequate supply of affordable housing for low-income people and the increasing spatial segregation of households by income, race, ethnicity, or social class into unsafe neighbourhoods.¹²⁶ The increasing concentration of poverty can result in physical and social deterioration of neighbourhoods, resulting in housing disinvestment, deteriorated physical conditions, and reduced ability of formal and informal institutions to maintain public order.

Forced evictions

Recognition of the right of the child to a standard of living adequate for his or her physical, mental, spiritual, moral and social development is set out in article 27 of the CRC, and is fundamental to ensuring children's security and to protecting them from violence. Adequate housing, along with adequate food and clothing, is considered to be an element constituting the right to an adequate standard of living (article 11 International Covenant on Economic, Social and Cultural Rights).

In its 2005 State of the World's Children Report, UNICEF reported that more than one out of every three children in the developing world live in inadequate housing (approximately 640

million children). One in five does not have access to safe water (approximately 400 million children). While child homelessness is perhaps the most visible and dire violation of children's housing rights, all violations of housing rights, from forced eviction to inadequate housing conditions, have special ramifications for children.

While forced evictions are universally detrimental to all their victims, they have special implications for children. Forced evictions are often accompanied by violence, particularly against women and children who are most likely to be at home when such a procedure is carried out. Evidence suggests that in response to the violence, panic and confusion so often characteristic of forced eviction, many children experience recurrent nightmares, anxiety and distrust. The impacts on family stability and the emotional well-being of children can be devastating, even when evictions are followed by immediate relocation. Children also have recounted increased incidents of violence within their own homes after a forced eviction had taken place.^{127,128}

Gangs

Gangs are an important factor in violence among and against children in many parts of the world. UNICEF Country Offices in the Philippines, Vietnam, Mongolia and Cambodia all report worrying levels of gang fights and violent gang initiation practices among some of the poorest communities, often involving children living on the street.¹²⁹ In addition to violence directed outside the gang, it may also be used against members who fail the gang, refuse to carry out a leader's order, or are in breach of its internal rules.¹³⁰

Gang membership may be drawn exclusively from among school students, exclusively from among non-school-goers, or from both. However their membership is drawn, gangs operating in and around schools can expose students and teachers to criminal activity and extreme violence. Research shows that, in many societies, physical and verbal aggression, including fighting, is considered a healthy and normal way for boys to prove their manhood and that explains, in part, why boys are more inclined to join gangs than girls and why boys' gangs enter into aggressive competition with other gangs.¹³¹ However, there are also gangs made up of girls and, like gangs of boys, they may also engage in violence.¹³²

Although gangs of boys on the streets are almost universally associated – in the public's mind – with violence, crime, and other forms of antisocial behaviour, it should be remembered that children – mostly but not exclusively boys – join gangs for a variety of reasons. In some cases, lack of nurturing and emotional support at home may prompt young teenagers to seek gang membership; in others, gang affiliation is the only means of achieving economic sufficiency or feeling safe. In the USA, an ethnographic study of immigrant school children from Mexico and Central America found that they joined gangs to find a positive cultural identity as Latinos when they felt thwarted by negative stereotypes.¹³³

In addition to adolescent street-based youth gangs, concerns were raised during the Study process about children's involvement in organised armed groups acting outside defined war

zones. These include organised crime organisations (including those in the drug trade), ethnic or religious militias, vigilante groups, and paramilitary organisations.

A recent study that investigated such groups in 10 countries (Colombia, El Salvador, Ecuador, Honduras, Jamaica, Nigeria, Northern Ireland, the Philippines, South Africa, and the USA) found that the average age at which boys tended to join such groups was 13, with the exception of Nigeria, where the average was 15–16.¹³⁴ Alarmingly, however, the age of gang members appears to be decreasing.¹³⁵ The study found that children working for armed groups were directly involved in acts of violence, including the murder of fellow group members and non-involved parties.¹³⁶

Many Governments have tried using repressive law enforcement tactics to deal with children involved in organised armed violence (see box). However, available evidence suggests that a focus solely on repression will tend to be ineffective for several reasons: it does not deal with the root causes of the problem; the juvenile justice and penal systems in most countries affected by this problem are inadequate and worsen the problem; and armed groups tend to become more organised and increasingly violent when faced only with repressive tactics.¹³⁷ Continued pressure from international child protection agencies must be focused on the eradication of any such legislation that would place certain minors under harsher legal regimes than others.

REPRESSIVE ANTI-GANG POLICIES IN LATIN AMERICA

Levels of youth violence are high on the agenda of public debate in Latin America.¹³⁸ Growing concern with youth violence, particularly that associated with gangs, has led some countries of the region to adopt repressive measures and legislative reforms that not only contradict human rights principles but that may also have negative effects on the levels of violence and the organisation of youth gangs.

According to the available data, children are not responsible for the large majority of crimes of which they are accused, but there is a strong belief that the adoption of international human rights standards protects children (particularly adolescents) from justified punishment and is being used as a shield by young criminals. The perceived synchronisation between the adoption of human rights standards and the increase in crime in Latin America is sometimes used to undermine important legal advances and even to question the need for accountability in cases of State violence.

The adoption of security strategies which focus on repressive measures is marked by a harsh rhetoric, the neglect of long-term preventive measures and the lack of data to guide and determine the impact of such strategies. In a visit to Central America, the Independent Expert was informed about recent legal changes lowering the age of criminal responsibility and repressively penalising young people for gang membership. The lack of reliable data does not allow an in-depth assessment of the impact of such policies.¹³⁹

Some of these legal reforms contradicted binding human rights principles relating to children,¹⁴⁰ and were subsequently abrogated. For example, the preemptive detention of adolescents on the grounds of supposed gang membership identified by tattoos or signals was ruled as being arbitrary in various cases. Large-scale arrests of supposed gang members have also resulted in a significant increase in the population of already extremely overcrowded detention centres, leading to violent conflicts within these institutions. These institutions also expose young detainees to the gang networks, thereby increasing the internal linkages of gangs and rivalry among opposing groups.^{141,142,143} Although criminal networks must be dismantled, the rise of violence in Latin America is unlikely to be curbed by harsh security policies.¹⁴⁴ Rather, this requires long-term investment in a number of policies to reinforce protective factors and limit risk factors. The identification of the best strategies to deal with this growing concern is predicated on reliable data and good data collection systems. The success of security measures is also linked to the capability of Governments to stop the violence and corruption which may exist within the security forces, and to ensure access to justice, particularly to the poor.

Situations of unrest or conflict

Some situations in which conflict or unrest are ongoing – such as in Northern Uganda and Nepal – have exposed children to mass kidnapping and abduction, so they can perform as fighters, porters, or be in support positions; girls have been used as sexual slaves.^{145,146} Other countries in which systems of public security have broken down in the wake of actual war such as Afghanistan, the Democratic Republic of the Congo, and Somalia, have developed a

‘semi-formal’ structure in which groups based on ethnic affiliation compete for authority over territory, and over lucrative forms of trade (especially drugs), or other resources. During turbulent times in Somalia’s southern and central regions, for example, one of the only ‘jobs’ available to young men was in clan militias, without whose protection civilian businesses or aid operations cannot function. These failures of Governments impact heavily on their communities.

VIOLENCE AGAINST CHILDREN IN SITUATIONS OF ONGOING CONFLICT – THE CASE OF THE OCCUPIED PALESTINIAN TERRITORY

Political violence in the community tends to affect the risks of violence in other contexts not related with the ongoing conflict. More than four decades of conflict have deeply affected the lives of Palestinian children from the Occupied Palestinian Territory (OPT). Development and human rights indicators for children, who comprise 53% (1,954,000) of the total population of the OPT, have deteriorated sharply since the start of the second *intifada* (September 2000). For example, in 2005 42.1% (822,634) of Palestinian children were living below the poverty level,¹⁴⁷ and in 2003 data related to the psychosocial well-being of Palestinian children indicates that nine out of 10 parents report symptomatic traumatic behaviour among at least one of their children.¹⁴⁸

The increasing pressure the Israeli occupation has on the lives of those in the OPT, and the renewed and reinforced restrictions on mobility which apply deeply affect relations between and within communities and families, leading to an increase in violence against children in different settings. Addressing the root causes of this violence in the OPT, rather than its symptoms, only requires contextualising the violence within the ongoing conflicts.



VIOLENCE AGAINST CHILDREN IN SITUATIONS OF ONGOING CONFLICT – THE CASE OF THE OCCUPIED PALESTINIAN TERRITORY

Violence threatens children in the streets, at school, and in the home. While there is a paucity of quantitative data on the OPT related to violence within families and the larger community, one-fifth of the children surveyed in a qualitative study indicated that the number one source of violence in their lives was the family, with community violence ranked as being the second most common source of violence.¹⁴⁹ Notably, when asked to identify the perpetrators and places of violence in their lives, 43% of surveyed Palestinian children reported having experienced violence at the hands of more than one perpetrator; and almost half of them indicated having experienced violence in more than one place, including their homes and schools.¹⁵⁰

More than 50% of the Palestinian children surveyed affirmed that their parents were unable to meet their care and protection needs.¹⁵¹ This sentiment was echoed by the parents themselves, with more than 43% of Palestinian parents feeling that they were unable to provide adequate protection and care for their children.¹⁵² Studies contextualising the root causes of violence in the family found that the combination of lack of resources in the family and subsequent stress that this places on the family caregivers is a significant predictor of family violence in the OPT.¹⁵³

At home and in the classroom, adult caregivers have noted signs of increasing anger and aggression among children.¹⁵⁴ In school, teachers have noted higher levels of stress, disobedience, irritation, and reduced concentration and confidence among students.¹⁵⁵ Teachers also report an increase in violence between students, particularly boys, while parents report that children are acting in an increasingly aggressive manner towards friends and siblings.

Safe areas for children

The lack of safe places for children to play and interact seems to be related to the prevalence of various forms of violence that take place in areas marked by conflict. Local-level partnerships between municipalities, NGOs and local authorities have been forged under the Child-Friendly Cities initiative in four locations in the OPT: two in the Gaza Strip (Rafah and Gaza City), and two in the West Bank (Jenin and Jericho).

VIOLENCE AGAINST CHILDREN IN SITUATIONS OF ONGOING CONFLICT – THE CASE OF THE OCCUPIED PALESTINIAN TERRITORY

The approach to planning takes into account the need to respond to emergencies, while developing comprehensive protection strategies for children. Participatory needs include assessments and workshops involving children: they have been conducted, and their results have been fed into City Plans of Action for Children in each location, endorsed by participating institutions.

Safe Play Areas have been developed in the most deprived areas of Rafah, Gaza and Jenin. Teams of facilitators have been trained to design and conduct weekly extra-curricular activities. Children's Municipality Councils have been established, whereby children are trained as leaders, and they themselves design and implement small projects to reach larger numbers of children. Activities include fun days, sports competitions, and community campaigns on key issues of concern for children.¹⁵⁶



WEST BANK, June 2003. On the road between Ramallah and Jerusalem, children wait as their parents try to get permission to pass through the Israeli checkpoint.

SOCIETAL FACTORS

Urbanisation

During the second half of the 20th century, the process of urbanisation in the developing world rapidly accelerated. Cities and towns are now home to around half the world's children.¹⁵⁷ In many regions, notably sub-Saharan Africa, which now contains more urban children than North America, this demographic change has come about during a period of political and economic crisis and environmental pressure. The process of relocation and its accompanying social changes, together with a lack of economic opportunity for those in the lowest educational, lowest skilled and lowest socio-economic groups, has helped to create circumstances favouring frustration and unrest, potentially leading to violence.

Although urbanisation has historically been accompanied by lower rates of child mortality, increased access to education, and improvements across all social indicators, it also has negative aspects including poverty, inequality, changes in family structure and the breakdown of social networks – factors that all contribute to violence.¹⁵⁸ Few of the environments inhabited by poor urban families are friendly to children.¹⁵⁹ A high proportion of new arrivals live in informal (and, in the eyes of the law, illegal) settlements. The pace and irregular form of urbanisation has put under severe pressure the capacity of municipal authorities to provide services and amenities. Much of the housing in newly urbanised areas is cramped, flimsy, and insecure, while the surrounding environment does not offer many opportunities for children to play and interact safely with the world about them. Outdoor space – which they enter at an early age – is often contaminated by garbage and human waste.¹⁶⁰

Poverty, inequality and social exclusion

Around 2.8 billion people today survive on less than US\$ 2 a day,¹⁶¹ of whom almost 50% are children. Poverty alone, however, is a less significant correlate of violence – as measured by homicide rates – than a combination of high income inequality and poverty. Although more research is needed to fully understand the links, emerging findings suggest that wealthier societies have lower homicide rates, even where there is a large income gap between rich and poor communities. In societies at a lower level of overall economic development, higher

homicide rates are experienced. It may be that wealthier societies are able to provide a higher level of protection and social support for their poor communities than those at a lower level of overall economic development.

Measures of economic inequality are powerful predictors of homicide rates of 10-19 year-olds, especially boys, and this association is stronger in countries with lower overall gross domestic product (GDP).¹⁶² However, the relationship between absolute poverty (as opposed to relative poverty) and violence is not entirely straightforward. Growth in GDP is associated with lower homicide rates, as might be expected, but this effect is in many cases negated by the economic inequality and social exclusion that often flourish alongside rapid economic development and urbanisation.¹⁶³

Poorer communities and their children appear to be most vulnerable to interpersonal violence when exposed to economic and population changes that contribute to community disorganisation and, ultimately, to a community's ability to control violent behaviour. Recent research has supported the theory that the imbalance between concentrations of affluence and poverty in the same urban area could be an important predictor of community variations in interpersonal violence.

The social exclusion experienced by low-income urban populations in all regions has been exacerbated by trends at the international level. The rapid pace of social and political change, and economic globalisation – the adoption of domestic deregulation, trade liberalisation and privatisation of services, a policy

paradigm which was introduced in the 1980s and intensified in the 1990s – has had enormous impacts on society generally, including on children’s well-being.¹⁶⁴ Although many people have benefited from the creation of jobs in export manufacturing industries, better access to information, and some other aspects of globalisation, the majority of the least well-off have suffered a widening gap in economic exclusion. Low-income rural people in 60 countries surveyed in the World Bank’s 2000 *Voices of the Poor* Study stated that life had become less secure, more marginal, and more threatened in recent decades. This was due to the growing precariousness of livelihoods, exclusion from services and institutions, the loss of social cohesion, the higher exposure to negative influences such as crime and alcohol, powerlessness and humiliation at the hands of authority, constant worry at home and the greater frequency of family disputes, among other factors.¹⁶⁵

Social exclusion is a problem that is by no means confined to countries in the developing world. A recent UK report estimated that one million people could be described as being socially excluded, and that 5% of the population were at risk. The characteristics of social exclusion were described in similar terms to those in Latin America: unemployment, discrimination, poor housing, low incomes, poor skills, high crime, ill-health, family breakdown. In the USA, one in four children is living in poverty, with ethno-cultural minority families representing a high proportion of those at risk, mostly in urban neighbourhoods with inadequate housing and few resources.¹⁶⁶

In view of the strong relationship between poverty, inequality and social exclusion, and violence against and among children in community settings, the urgency of State obligations to fulfil human rights – especially long-neglected social, economic and cultural rights – is clear. Although that technological advances and other resources have never been greater to accommodate these needs, worldwide there are still communities where few individuals enjoy their right to an adequate standard of living, their right to the highest attainable standard of health, their rights to social security, education, participation, and non-discrimination. In these communities, violence against children flourishes and significant prevention gains will not be made until these rights are better protected, respected and fulfilled.¹⁶⁷

CYBER-SPACE AND CYBER-THREATS – THE CHALLENGES OF INTERNET AND COMMUNICATION TECHNOLOGIES

Access to information is a child's right and has an important role in transmitting new knowledge and facilitating the adoption of life-enhancing pro-social behaviours and values. In terms of protecting children, technology has certainly helped in making information and advice more available, for example through 'child help lines' (<http://www.chiworld.org>), and also via the Internet, although the quality is difficult to regulate. Better communication has also increased the potential for protecting children. However, where children's access to the media and printed images is not appropriately supervised by parents or other caregivers, it allows exposure to violent, abusive and pornographic material.

Many contributors to the Study voiced concern that Governments were not doing enough to limit children's exposure to images of violence and male domination of women and girls on television, films, video games and the Internet, that endorse ideas of violence, verbal aggression and sexism as norms and lower sensitivity to violence.¹⁶⁸ A review by the International Centre for Missing and Exploited Children found an urgent need to need increase the number of countries with laws in place related to Internet child pornography.¹⁶⁹

The specific threats to children from the internet and communications technologies (ICTs) stem from exposure to violent imagery including through video and online games, and also the production, distribution and use of materials depicting sexual violence and more specifically, child sexual abuse and pornography. While the problems of exposure have been well documented in industrialised countries, little is known about what takes place in developing countries. A study in three cities of Pakistan – Karachi, Lahore, and Peshawar – in 2001, showed that many children are exposed to pornography in Internet cafes. Almost 50% of the children interviewed in the study reported visiting pornographic sites, and over 80% could name a number of such sites. Most of the children interviewed were from poor neighbourhoods, or were child workers.¹⁷⁰

Online solicitation of children or 'grooming' (securing a child's trust in order to draw them into a situation where they may be harmed) for such purposes is difficult to curtail in any jurisdiction, let alone across international borders. In addition, the phenomenon of 'cyber-bullying' is emerging in tandem with the proliferation of mobile phones.¹⁷¹ A 2006 survey in the UK showed that more than one in 10 children aged

between 11 and 15 had been harassed, bullied or victimised by threatening messages, or because someone had published misleading information about them online. Such actions can be part of complex operations involving the manipulation of photographs taken on mobile phones, and invitations to anonymous users to attack named victims on website forums.¹⁷²

According to experts, the apparent increasing interest in images of abuse may be associated with the way the online environments allow for expression that is not generally tolerated in other environments.¹⁷³ For example, in the general climate of lowered inhibitions provided by the online environment, users can alter their mood, recreate themselves sometimes with multiple self-representations, validate and justify the exchange of abusive images with others, challenge concepts of regulation, and disrupt conventional hierarchies. ECPAT research suggests that children and young people who do not have adequate parental supervision, who suffer from low self-esteem, or who have no strong mentor in their lives are particularly at risk of negative outcomes related to use of ICTs.¹⁷⁴

Media violence may give children unrealistic ideas about violence in real life. For example, there is some evidence that watching action films can lead children to believe that the human body is much tougher than it actually is, and to underestimate the serious physical damage that punches and kicks can inflict. It is also suspected that media-instilled ideas about violence and a feeling of being under threat can predispose some individuals to resort to destructive aggressive behaviour in situations of stress or perceived danger.¹⁷⁵ In addition, it is hypothesised that access to television and the Internet may promote consumer envy, and underline the gap between the lifestyles of the haves and have-nots, and thus lead to petty or violent crime.¹⁷⁶

A recent meta-review of scientific studies examined the effects of media violence on children up to 18 years of age. It concluded that there is “consistent evidence that violent imagery on television, film and video, and computer games has substantial short-term effects on arousal, thoughts, and emotions, increasing the likelihood of aggressive or fearful behaviour in younger children, especially boys.” The effects are not clear in the case of older children (including teenagers), or regarding the long-term impacts



CYBER-SPACE AND CYBER-THREATS – THE CHALLENGES OF INTERNET AND COMMUNICATION TECHNOLOGIES (ICTS)

on any age group. The researchers emphasised the difficulty of determining causation, and that aggression is related to a wide variety of factors. A number of issues remain unresolved, such as the relationship between media violence and crime, and whether individuals from violent backgrounds, or who are predisposed to aggressive behaviour, might be more susceptible than others to the effect of watching violent images. Nor is much known about violent media imagery's interaction with mental health problems, or with viewers under the influence of alcohol or drugs.¹⁷⁷

During the Regional Consultations convened for the Study, the challenges presented by ICTs to the safety of children were universally recognised. The Middle East and North Africa region underscored the importance of the involvement of the private sector, including that relating to tourism and transport industries, in partnership with others in addressing the serious problem of trafficking of women and children, including in relation to sex tourism. Two types of sexual exploitation of under-18s in relation to tourism are noted by ECPAT International: the minority are sex tourists with a specific interest in pre-pubescent children (paedophiles); the majority are ordinary tourists who take advantage of the sexual services of children, mostly aged in their mid- or upper teens, who are made available to them. The methods of organising child sex tourism have changed over time. Whereas it was initially more common for tourists to make contact through a brothel or in a well known area of such activity, in recent years the Internet has been used – transforming and multiplying the risks for exploitation of children through tourism.¹⁷⁸

While some major companies internationally are now committing themselves to the “Code of Conduct to Protect Children from Sexual Exploitation in Travel and Tourism,” to stop human trafficking, including making the links between HIV/AIDS and trafficking, Governments need to make sure that a great deal more is done.¹⁷⁹

While advances in technology have brought many benefits, efforts to extend these benefits more equitably are still needed – protecting children from the negative potential of technology is a serious challenge. The need for a *focus on prevention* as an absolute imperative in addressing child safety and ICTs was a message that was reiterated throughout the Study process. Greater attention paid to the prosecution of offenders,

to increasing the public perception and reality that offenders would be caught was also emphasised, along with the need for more effort to be dedicated to diversifying the technology to protect children. Increasing the protection of children while expanding access to ICTs was specifically included in the Tunis agenda for the Information Society from the World Summit on the Information Society hosted by Tunisia in 2005. The agenda reaffirmed the importance of “incorporating regulatory, self-regulatory, and other effective policies and frameworks to protect children and young people from abuse and exploitation through ICTs into national plans of action and E-strategies.”¹⁸⁰

From the expert meeting hosted by ECPAT, Bangkok, and also at the Study’s Regional Consultations in the East Asia and Pacific region and in the Middle East and North Africa region, it was noted that agreement is lacking within and between countries on definitions, laws and perceptions of what is acceptable regarding ICTs and their content.¹⁸¹ Some countries allow sexualised images of children within mainstream media, or permit the publication of images of abuse. There is a need for campaigns to support parents and adults to provide better understanding of ICTs, and the supervision of children and young people who use them. The vast potential for ICTs to spread positive and useful messages, including public advocacy and education, is also generally under-studied and underutilised. There is also a need for greater attention to strong international and national standards, and greater cross-border cooperation in the implementation of these standards (see Table 7.3).

TABLE 7.3 – Current worldwide Internet usage

	CURRENT INTERNET POPULATION	PERCENTAGE OF INTERNET PENETRATION
Northern Africa	9,585,000	6.30
Sub-Saharan Africa	13,152,000	17
Latin America and the Caribbean	74,735,188	14
Eastern Asia	150,173,713	11
Southern Asia	58,919,000	4
South-Eastern Asia	52,752,600	9
Western Asia	9,320,085	8
Oceania	497,550	6
Commonwealth of Independent States	33,301,700	12
Developed countries	569,056,865	59
World total	972,828,001	15.20

Source: Microsoft (2006). Current Worldwide Internet Statistics and Trends. Submission to the United Nations Secretary-General's Study on Violence against Children.

“Under the leadership of Her Majesty Queen Rania of Jordan, and growing from the work of the Arab regional network of ISPCAN, the barriers to discussing and understanding violence against children in our region are crumbling. In addition to excellent work of awareness-raising and service provision for victimised children, we look forward to expanding our approach to the prevention of violence against children in coming years.”

Dr Hussein Abdel-Razzak Al Gezairy, Regional Director for the Eastern Mediterranean, WHO



RESPONSES TO VIOLENCE AGAINST CHILDREN IN THE COMMUNITY

As the challenges facing children are multifaceted, so too are the ways in which communities can respond. While much of the research focuses on the individual level, an over-emphasis on the individual level too often locates the problem within the child alone rather than examining the broader context of family and community, and other relationships. In terms of the ecological model, the community facilitates interaction on many different levels, and strategies and services should include attention to the potential for prevention as well as risks.¹⁸²

In middle- and high-income countries, some health and criminal justice systems have reliable and comprehensive data regarding violent deaths and injuries dealt with at hospital emergency departments. Analysis of these data has demonstrated that homicide and non-fatal violent injury rates in young people (including the 15–18-year age group) are particularly sensitive to changes in societal and community-level risk factors. These factors include alcohol availability, illegal drug markets, access to firearms, type and intensity of policing, schooling and employment opportunities, and economic inequalities.

Efforts to prevent violence by and against children in community settings have been the subject of a considerable number of outcome evaluation studies aimed at providing scientific evidence for programme effectiveness. Most of these studies have been conducted in high-income countries, and few have focused exclusively on children

and adolescents up to 18 years old. Despite these limitations, important lessons have been learned about the range of policies and interventions that can be used by low- and middle-income countries to prevent violence against children in community settings. Some practical lessons from the field of violence prevention as well as public health suggest that:

- **Not all prevention strategies work, and certainly not in all communities.** The evidence base identifies a number of strategies that appear to be effective, and a larger group that show promise but which require more testing. Some are ineffective, while others actually appear to make things worse.
- **Integrated prevention efforts over time that link the contributions of different sectors are necessary (if difficult to achieve).** Effective prevention is most likely through a range of coordinated approaches that integrate legal, social, educational and economic strategies to reduce risk factors and strengthen protective factors at the levels of the individual, the family, the community and society with short- and long-term objectives.
- **Top-down and bottom-up approaches are both required.** Top-down prevention approaches that can influence society-wide risk and protective factors should be balanced against bottom-up approaches that highlight local needs and which allocate prevention responsibility to communities.¹⁸³

With these lessons in mind, the following section discusses strategies for preventing violence against children in community settings at four levels of the ecological model, namely the individual, family, community and society.

INDIVIDUAL AND FAMILY-LEVEL

Consistent with evidence that a significant proportion of adolescent violence is causally rooted in early developmental experiences, programmes targeted at infants and young children, their parents and others who influence them during early development have been shown to be among the most effective in preventing violence by and among adolescents. More specifically, family-oriented interventions to change parenting styles (increase predictability, parental monitoring, and decrease negative parenting methods) and improve relationships within the family (closeness, positive statements, emotional cohesion and communication clarity) show strong and consistent evidence for reducing the risk of children going on to engage in serious antisocial behaviour and violence.¹⁸⁴ The earlier these programmes are delivered in a child's life, the greater the benefits, although significant benefits have also been demonstrated when programmes are delivered to adolescents who have already been arrested for violent or delinquent behaviour.^{185,186} (Also see the chapter on violence against children in the home and family.)

COMMUNITY-LEVEL

Community-level support for education and socialisation

Many individual and family-level interventions are provided in community settings or use community resources. The following are interventions which have either proven effective in some settings, or are thought to have a strong potential in preventing violence by supporting high-risk children's education and socialisation.

Reducing truancy and returning dropouts to school

Schooling provides most children with their second most important source of socialisation (after the family). Research suggests that one of the most effective means of preventing violence and crime among certain high-risk children is to provide incentives for them to complete schooling, obtain vocational training and pursue higher education. Comparisons of different interventions to reduce youth violence and crime in the USA have consistently found that providing high school students with incentives to graduate was the most cost-effective intervention.^{187,188}

Programmes in schools are an important strategy, both for divesting schools themselves of gang culture and interpersonal violence, and also for preventing violence among young people in the community. In the Caribbean, a nine-country study by the Pan-American Health Organization (PAHO/WHO) found that truancy was one of the strongest risk factors for the involvement of young people aged

10–18 in violence. The strongest protective factors were positive affiliation with school, including liking the teachers, religious belief, and church attendance.¹⁸⁹ The development of such affiliation can begin with pre-school enrichment programmes which have been shown to strengthen bonds with the school and introduce children early on to the social and behavioural skills necessary for success in school.^{190,191,192,193} A few long-term follow-up studies of such programmes have found positive benefits, including less involvement in violence and other anti-social behaviours.^{194,195,196} Quality schooling, which embraces learning, support for non-discrimination, and activities to support child protection in the community, is an essential element in fostering the child-friendly environment (see the chapter on violence against children in schools and educational settings).

Non-formal learning opportunities

Children who are from disadvantaged backgrounds and groups that suffer from discrimination are more likely to be involved in anti-social behaviour, and are also likely to be excluded from school or drop out early. Community-based programmes can reach out to such children and re-introduce them to formal education via non-formal or ‘catch-up’ programmes. These can also provide adult mentors for children with family problems, who can do much to redirect such children into a safe, non-aggressive and personally fulfilling development path.¹⁹⁷

Mentoring programmes. These can sometimes match high-risk children or young people with trusted and caring adults such as older

peers, tutors, counsellors, law enforcement officers or other community members. Such positive relationships can improve the child’s school attendance and performance, decrease the likelihood of drug use, and repair his or her relationships with parents.^{198,199} These programmes may be particularly valuable for children from minority groups, or for those from difficult circumstances such as refugees and displaced persons.²⁰⁰

Programmes with and for children living on the street. Examples include drop-in centres, shelters, and other places of safety where trusted adults, food, washing facilities, education and skills-building, and other support may be available.

Many children who attend such centres have suffered injury or been traumatised by their life experience. However, many educational programmes are primarily directed at children living on the street, and aim to assist their withdrawal from the street and their access to school or vocational training. All such programmes can be regarded as helping vulnerable children to safety and providing them with protection from sources of violence, both in the immediate sense and in terms of future life and work opportunities.

Sport and youth activities. These activities and other structured leisure time are essential for child development. Although there is little research internationally on the subject, it is widely thought that properly supervised, community-based activities for children – from sports and youth clubs to social, cultural and faith-based groups – can be useful in build-

"I used to think that being a girl I don't have the right to protest when boys and men misbehave with me. But after joining the child club I came to know that I have all the right to feel safe all the time. I can protect and protest whenever someone tries to harass or abuse me. My body is mine and I have the right to protect it."

Girl, 13, South Asia, 2005^{VI}

ing protective factors such as self-confidence and developing children's potential to prevent violence.²⁰¹ Children and young people might also be attracted to places where sport and recreational activities are provided along with educational activities and programmes to reduce violence. In general, better results can be expected where these programmes are implemented along with other effective strategies, rather than as stand-alone programmes.

Research cites several ways in which community-based activities can support children's development and resilience (e.g. ability to resist pressure to join gangs or engage in peer violence), including through mentoring and tutoring, fostering identity development, and opportunities to interact with trusted adults and positive role models.^{202,203,204}

Proper supervision and other measures are important in avoiding violence in the context of youth activities. For example, since the mid-1990s European countries such as France, the Netherlands, Switzerland and the UK have taken action to increase protection of children in sport. In 2000, the Council of Europe's Committee for the Development of Sport adopted a comprehensive resolution on preventing sexual harassment and abuse of women, young people and children in both recreational and competitive sports. A wide range of measures are possible, including the adoption of child protection policies and ethical charters; criminal record checks of adults in charge (e.g. trainers or coaches); awareness-raising and training of athletes, parents, coaches and other officials; appointment of child protection officers in

sports clubs and federations; establishment of telephone help lines; and research on child protection in sport issues.²⁰⁵

Life skills-based education

Within non-formal or formal education programmes, life skills-based education can be effective in reducing youth violence, especially as part of a comprehensive effort.^{206,207,208,209,210,211} Aimed at enabling children to adopt self-protective behaviours, life skills-based education can include a wide variety of topics, for instance: learning how to avoid unwanted sexual intimacy; gaining practice in forming views and expressing them; developing problem-solving and negotiating skills, including conflict resolution by non-violent means; improving interaction between children and community authorities (including the police and judiciary), outreaching workers in health and social affairs, and others the children may need to know how to approach.^{212,213,214} Such programmes have also yielded positive results for dating violence.^{215,216,217,218}

The Safe Dates Project in the USA is a successful school-based intervention that aimed to change attitudes on dating violence within both the school and the community. This intervention took a holistic approach, including both adolescent boys and girls in sessions on the role of gender norms and the positive formation of intimate relationships. It included training of teachers, community members and parent groups, a 10-week curriculum covering awareness-raising on healthy and unhealthy relationships, gender roles, sexual assault, and communications development to prevent

“Violence against children has incalculable costs to present and future generations and it undermines human development. We recognize that virtually all forms of violence are linked to entrenched gender roles and inequalities, and that the violation of the rights of children is linked to the status of women.”

The African Declaration on Violence against Girls, 2006^{VII}

7

dating violence. After four years, significantly less physical and sexual dating violence perpetration and victimisation was evident for the adolescents in the intervention group.²¹⁹

Some life skills-based education programmes are delivered through peer facilitators. Such programmes utilise children and young people of the same or older ages as the target group to deliver programmes designed to improve knowledge, attitudes or behaviours. While the active participation of children and young people is an important principle from a rights-based perspective, evidence that programmes facilitated by peers alone reduce violence is ambiguous at best, especially when applied in isolation from other strategies.^{220,221} Many of these programmes suffer from a lack of adequate support, and it appears that the level of support required is high for such initiatives. In addition, peer leaders are constantly ‘aging out’ of their role as they mature and move on to other things.

Community-level situational prevention

Promoting norms and values that promote respect and peaceful conflict resolution

A large number of efforts are undertaken to prevent violence by and against children in the community through public information or prevention campaigns aimed at changing community attitudes, beliefs and norms surrounding the use of violence. Multi-component prevention campaigns have been launched to address youth violence, gang violence, bullying, and sexual violence.^{222,223,224,225,226,227} Campaigns

can make the social climate more conducive to change by breaking taboos and creating public debate on issues. However, lasting change tends to require a combination of efforts beyond campaigns alone. In general, these types of campaign seem to be most effective in increasing knowledge and awareness, as well as in shifts in social norms concerning some types of violence and gender relations, and some have led to an increase in the disclosure of sexual offences.²²⁸ But such campaigns, when implemented in isolation, have not consistently led to changes in behaviour or to a reduction in violence.

Police reform and training at community level

In places where police ‘culture’ is extremely negative and discriminatory against children or young people, physical and sexual violence – among other abuses of their human rights – can be a routine occurrence, and entirely unpunished. Often the violence is not towards all children but towards certain groups such as children and young people who are poor or living on the street, refugees, returnees or internally displaced young persons. In such cases, police forces need to be sensitised to human rights in general, and children’s rights and protection issues in particular, in the overall context of system-wide reforms.

With training and motivation, police can take an active part in bringing about positive change in the lives of children instead of being ranked among their most frequently cited abusers. In Mumbai, India, for example, improved relations between the police and children working in the informal sector has led to employment

“Children are caught between the hate and fury of two groups: local delinquents and police forces (quite a global phenomenon) reinforces the sense of powerlessness in the poorer communities; and amongst youth, reinforces the idea that the use of violence is acceptable, and again, something quite pervasive.”

Nancy Cardia, Editorial Board of the UN Secretary-General’s Study on Violence against Children

RAISING VOICES IN UGANDA

Over 1,400 children were involved in research in five districts of Uganda in 2004 and 2005. It focused on the various types of violence they experience at home, in schools and in the community, how it makes them feel, and their ideas about violence-free childhoods. Also involved were almost 1,100 adults who provided their perceptions of punishment and discipline, mistreatment and how they also feel about the issues. The research fed into an evidence-based advocacy campaign, launched in 2006, directed at protecting and promoting children’s rights to live free from violence. These efforts were intended to increase public debate and break down the barriers to taking action. The campaign made an important contribution to the Ministry of Education and Sport’s initiative on banning all corporal punishment in schools in Uganda.²²⁹

for some older children as assistants in traffic control at peak hours.²³⁰

The Consortium for Street Children undertook an international research study into police child rights training programmes around the world. It documented training programmes aimed at reducing violence against children living on the street in a large number of countries, mostly under the auspices of NGOs, with cooperation from local authorities and with some donor support. Having identified a number of good practices, the Consortium compiled a manual for such training. The Consortium commented: “Widespread, consistent, long-term and sustainable change will only be possible when child rights and child protection is formally recognised and included in official curricula, manuals and collaborative agreements.”²³¹

However, training police has proved largely ineffective in changing police behaviour, where it is not accompanied by, or reinforced

by, efforts to change attitudes and organisational culture.²³² In terms of health care providers, training frequently influences changes in knowledge and awareness in the short term, but these changes are difficult to translate into behavioural change or changes in practice.^{233,234,235,236} To improve the potential of training efforts to reduce violence against children they have to be part of a wider strategy, including law reform and attitudinal change. Other potential ways to prevent police violence include increasing the numbers of women serving as police officers, providing independent complaints mechanisms, and improving the pay and status of police officers.

Accountability, and access to justice

State violence and corruption are two factors directly associated with violence in communities. Community confidence in local security and justice systems is central to the effectiveness of public policies. International legal instruments emphasise the importance of

“Religious leaders and communities of faith are well placed to confront violence against children and to work to heal its ravages. Religions for Peace helps the world’s diverse religious communities to stand together, pooling their collective moral strengths to stop violence against children in their homes and societies.”

Dr William F. Vendley, Secretary General, World Council of Religions for Peace



ensuring accountability and access to justice in the fulfilment of human rights obligations.

In addition to improving training and reforming law enforcement generally, and ensuring that it is functioning in accordance with international norms, it is fundamental to ensure independent monitoring and thorough investigation in all cases of State violence. Apart from being a core human right obligation, ensuring State accountability is crucial in building trust and improving the efficiency of security policies. Impunity for perpetrators of police violence against street children often allows such abuse to continue. Many police who commit violence against children are never investigated or prosecuted. Mechanisms must be put in place to ensure that police and other security personnel implicated in violence against children are promptly and thoroughly investigated, and held accountable. The establishment of permanent mechanisms such as ombudspersons or civilian review boards to independently receive and investigate cases of violence by the security forces can provide important support to ensure accountability.

Special measures are also required to ensure access to justice by all communities, particularly those affected by poverty and high levels of criminal activity. It is essential to provide access to independent and qualified legal assistance when required. Mechanisms can also be established to facilitate the access of marginalised groups to justice: these vary from special services within courts to the placement of special services to facilitate the mediation of small conflicts within communities.

Community organisations against trafficking

Community-level activities can be effective at preventing trafficking, particularly when working in cooperation with law enforcement and other authorities. In East Africa, there has been some success with community-based watch/vigilance systems to prevent the trafficking of children and breaches of child labour legislation. For example, in Benin, village committees backed by the provincial administration have helped to reduce the trafficking of children, both by educating families about the dangers of trafficking and by working with the police when a child from the village goes missing.²³⁷

In southern India’s Andhra Pradesh state, another example is the Society to Help Rural Empowerment and Education (STHREE), which was established in 1998 to address trafficking of women and children from rural areas. STHREE emphasises the role of the community, and has supported the formation of community-based Self-Help Groups (SHGs), Anti-Trafficking Committees (ATCs), and a Highway Mobile Committee (HMC). When it becomes known that a woman or girl has been offered work outside the community, the local ATCs ask for verification of the employer’s name, address and contact number. For those women or children being sent to Kuwait or to the Gulf, the ATCs try to verify visa status, help educate communities on the verification of expected payment details and share cases of villagers being duped. While the ATCs and the HMC work directly to prevent the trafficking

'The way to decrease violence is to work together with all our leaders in our village.'

Boy, Solomon Islands, 2005^{VIII}

of girls and women from the region, the SHGs work on the underlying causes of trafficking through educational and awareness generation activities, as well as through providing viable livelihood options to the community members. An assessment managed by UNICEF in Andhra Pradesh found that the number of girls/women trafficked from the project area decreased between 2000 and 2004. STHREE has also managed to rescue girls and women from places as far away as Delhi, Pune and Mumbai by helping families or ATCs to file complaints with the police and by following up with police and NGO networks in other States.²³⁸

Other important initiatives to reduce the vulnerability of children to being trafficked centre on taking action to fend off the economic pressures that face families in difficult situations. In Albania, the Swiss Government Cooperation for Development funds vocational training for young people at risk of trafficking to equip them with marketable skills so that they can find work at home. In the countries of the Mekong, ILO-IPEC has supported micro-credit grants, vocational training, job placement and small business development for families at risk. All of these initiatives reinforce the coping mechanisms of families and adolescents, and reduce the likelihood that they will leave to look for dubious work, or fall prey to recruiters exploiting their desire to improve their situation.²³⁹

Providing safe physical environments

As discussed above, there is considerable evidence of a relationship between the physical

environment and violence, particularly in urban settings. A number of measures can be taken to alter the physical environment of communities in order to reduce the risk of violence by and towards children. These include improved lighting, reducing the number of 'blind' locations (alleys, underground causeways, etc.) where violence can be perpetrated unseen, and creating safe routes for children on their way to and from school and other community activities. In locations such as shanty towns and refugee camps, particular emphasis is placed on creating safe routes to communal water collection, and to bathing and toilet facilities.

At a more fundamental and long-term level, efforts should be made to improve housing and basic infrastructures (schools, health services, etc.) in crowded and squalid urban environments. A variety of approaches are possible. Some experts hold that the most effective approach to dealing with severe overcrowding in poor urban areas is to de-concentrate housing where possible, change local regulations to allow more logical use of space, and improve the quality of the surrounding environment.²⁴⁰ At the same time, efforts must be made to improve inadequate neighbourhood facilities, such as lack of places for washing and laundry, lack of toilets, lack of recreation spaces for children, and lack of community facilities such as day care and team sports.

From a political point of view, some of this may be difficult to accomplish if municipal authorities are reluctant to improve 'illegal' urban settlements through fear that this will act as an

enticement to further rural–urban migration. Considerable advocacy may thus be required to inform such authorities about the need for such approaches, both from a human rights point of view (i.e. the need for decent housing and healthy communities) and as regards the concrete objective of reducing violence. Advocacy must also be directed at professionals who

advise the authorities and carry out the work, such as architects, urban planners and engineers, few of whom may be aware of the impact of the living conditions on child development. In this regard, the Child-Friendly Cities Initiative (see box) provides a useful tool for changing attitudes and placing the needs of children at the centre of the urban agenda.

CREATING CHILD-FRIENDLY CITIES

The Child-Friendly Cities Initiative (CFCI) was launched in 1996 to act on the resolution passed during the second UN Conference on Human Settlements (Habitat II) to make cities livable, and place ‘children first’. The Conference declared that the well-being of children is the ultimate indicator of a healthy habitat, a democratic society and good governance.

All children in cities have the right to access basic services and enjoy opportunities for development. CFCI advocates the adoption of governance approaches and participatory urban management that promote the realisation of the rights of the youngest citizens. In line with the CRC, it challenges cities to conceive of themselves, of the services, amenities and quality of life they provide, in a new way.

In practice, the movement for Child-Friendly Cities has seen young citizens take part in municipal decision-making and help planners design “the city they want;” and child-sensitive quality indicators have been developed to measure progress against child-oriented goals. An International Secretariat for Child-Friendly Cities was created in 2000 at UNICEF’s Innocenti Research Centre in Florence, Italy.

Source: UNICEF (2006). Child-Friendly Cities. Florence, UNICEF Innocenti Research Centre. Available at: <http://www.childfriendlycities.org>.

Services for victims of violence

Improving pre-hospital care systems and emergency medical responses.

In contrast to most of the other settings addressed in this report, violence by and towards children in community settings includes a majority of attacks involving firearms, knives and other weapons. Such violence therefore gives rise to the largest proportion of homicides across the 0–18-year period of childhood, and accounts for a significant proportion of long-term physical and mental disabilities in children who survive severe violence-related injuries.

Efforts to improve pre-hospital and emergency medical responses are therefore likely to be particularly valuable for reducing case-fatality ratios and disabilities due to violence in community settings. These should be connected to a range of services to support the physical and psychological rehabilitation of children once their immediate medical needs have been dealt with (see box).

Recovery, reintegration and rehabilitation services.

When children have been exposed to violent and traumatic events, a variety of services may be needed. These may include physical rehabilitation, counselling services, and social worker follow-up to assist social reintegration. Where domestic violence, trafficking or sex work is involved, 'safe houses' or shelters may be necessary; however, it is important that these shelters provide for the needs of the children as well for those of their mother/caregiver. Making the access points for these services widely known, especially to vulnerable groups, is an important aspect of cre-

ating community confidence and also ensuring timely access. The Thuthuzela Centres of South Africa represent an emerging example of the importance of the integration of a range of relevant services in the interests of earlier and higher-quality service to clients.

Although it is frequently feared that children who were used in armed groups and who committed acts of violence during a conflict may continue this violence in their communities after the conflict, research suggests this is not necessarily so. A longitudinal study of former child soldiers in Mozambique shows that former child soldiers who are provided rehabilitative services, and are accepted back into their families and communities, are able to become productive, responsible and caring adults when they have received the required attention by child protection workers at the time of demobilisation. Important components in successful rehabilitation included the care and role modelling provided by trusted adults, traditional practices such as cleansing rituals, educational opportunities, apprenticeships, income generation projects, and the provision of seeds and tools.²⁴³

“Violence against children must stop now. All countries can demonstrate greater proactive leadership in this area by increasing resources for child protection, ensuring that schools are child-friendly spaces, increasing community vigilance against violence and eliminating the stigma that haunts children affected by HIV/AIDS.”

Cecilio Adorna, UNICEF Representative, India

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ASSESSING THE RESPONSIVENESS OF THE CHILD PROTECTION SYSTEM IN THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA

A study was carried out in the former Yugoslav Republic of Macedonia, using quantitative and qualitative methods to assess the responsiveness of the child protection system to violence against children, particularly focusing on formal mechanisms of referral, as well as mechanisms that promote coordination within the child protection system.

Key informants in 277 institutions were interviewed, including persons from social work centres, from centres for victims of violence, schools, police stations, hospitals, residential institutions for children without parental care, and detention and correctional centres.

The pilot study revealed that only a few cases of violence against children had been officially reported by service providers in the 12-month period. Also, the findings showed that there was a lack of official criteria and procedures for recording cases of violence, or an official referral system for use by all institutions dealing with child protection. Furthermore, the findings revealed that the laws and mechanisms for coordination among institutions were insufficient, as well as the monitoring and evaluation of the quality of services provided.

The assessment provided recommendations for the strengthening of the child protection system, which included strengthening of the legislative framework in order to clearly delineate the responsibilities of various bodies and institutions dealing with child protection as well as stipulating the conditions of coordination between these institutions; the establishment of coordination mechanisms among institutions dealing with child protection; the preparation of official guidelines and protocols which regulate referral of cases and action to be taken; the provision of training for relevant professionals on violence against children; and the establishment of new centres for child victims of violence.

Without such an assessment, guided by international standards associated with child rights, it is difficult for Governments to discern the key areas requiring action, to make all parts of the system effective and accountable for the quality of the services provided.²⁴⁴

SOUTH AFRICA'S THUTHUZELA CARE CENTRES: INTEGRATED SERVICES FOR VICTIMS OF SEXUAL VIOLENCE

Thuthuzela Care Centres provide a 'one-stop' integrated response to the high rates of sexual violence against women and children in South Africa, and are increasingly held up as examples of good practice. The Thuthuzela model – the word means 'comfort' in Xhosa – aims to reduce secondary trauma for the victim (i.e. due to police, legal, medical or other responses), improve perpetrator conviction rates and reduce the lead time for finalising cases. Its integrated approach to care of rape victims is one of respect, comfort, restoring dignity on the one hand, and ensuring justice on the other. Victims who arrive at police stations are no longer required to make statements until they are transported to the Thuthuzela Centre by specially-trained ambulance staff, where they are examined by doctors and nurses, receive counselling and are given the opportunity to bath or shower. Then, and only if she is ready, does the victim make a statement. Afterwards she is given transportation home, and a variety of follow-up services are also offered including HIV testing.

The Thuthuzelas are located in public hospitals in communities where the incidence of rape is particularly high, and work closely with nearby specialised Sexual Offences Courts staffed by prosecutors, social workers, investigating officers, magistrates, health professionals and police. Although subject to funding difficulties, the centres are making efforts to become more 'child-friendly' with tools such as posters, drawings, and anatomically correct dolls to help prepare children to appear in court, should that become necessary.²⁴¹ Thuthuzela has improved the process of reporting and prosecuting rape and other sexual offences, and offender conviction rates are increasing. The Government of South Africa is working to scale-up this model to a planned 80 centres by 2010.²⁴²

Reporting services. Reporting systems that are not only available, but accessible to children and young people, can be a critical part of a comprehensive approach to protecting children. Protecting confidentiality and providing a high-quality service are also important. Such systems can also provide access or referral, in a coordinated way, to trained professionals and referral to social workers, or health professionals, or law enforcement, as needed.

An increasingly popular mechanism for community settings is the child helpline, a phone service that links children in need of care and protection to services and resources. In 2003, it is estimated that about 11.3 million calls were made to child helplines during that year. Children's reasons for calling included requests for crisis intervention, rehabilitation, counselling or just needing someone to talk to. Approximately 9% of the calls were related to abuse

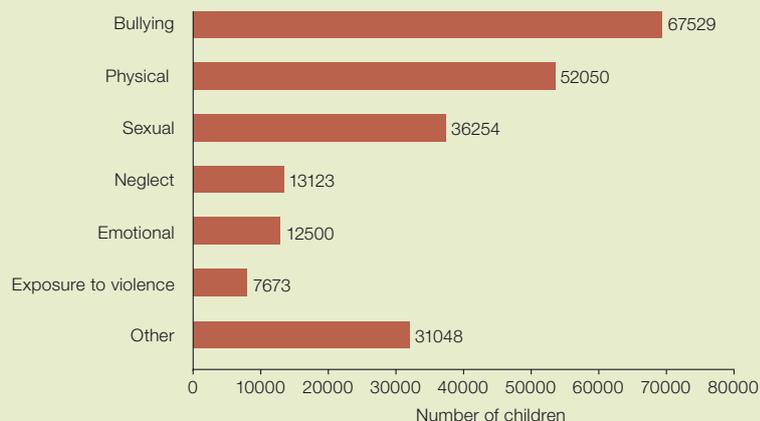
and violence, while a significant number were from children being exploited commercially, including those forced to work as beggars or involved in bonded child labour.²⁴⁵

EXTENDING ACCESS TO HELPLINES

Child Helpline International (CHI) is a global helpline network which was established in 2001 and by the end of 2005, comprised 78 network members. The greatest increase in members has been among developing countries. The global network provides support for existing helplines as well as for countries interested in initiating them, and has been active in advocating countries to set up such services. In 2005, the Tunis Agenda at the World Summit on Information Society called on every country to have a local, easy to remember, toll-free number for children to call.²⁴⁷ CHI is also extending its services to the Internet by providing an online counselling service called Chiworld (www.chiworld.org). The website is a multilingual gateway to the helpline in member countries for children who do not choose to use the telephone, but are still in need of care and protection (see Figure 7.3).²⁴⁷

FIGURE 7.3

Breakdown of violence reported through ChildHelpLines (globally)



Source: ChildHelpLine International (2005). Submission to the United Nations Secretary-General's Study on Violence against Children. Amsterdam, ChildHelpLine International.

SOCIETAL-LEVEL

Societal-level interventions can have a significant bearing on whether interpersonal violence is prevented or reduced, or the extent to which violence is tolerated and encouraged.²⁴⁸ For this reason, violence prevention among the young needs to be factored into 'macro-level' decision-making areas such as national poverty reduction strategies, sectoral policies to reduce social vulnerability, policies for local Government reform and administrative decentralisation, the extension and improvement of services for health, education and community infrastructure, as well as specific initiatives to advance women's and children's rights. The mechanisms whereby such policies are adapted and implemented at local level via community-based or group-based approaches require close attention.

Economic opportunity and equality

Two of the most critical challenges directly affecting young people, particularly those in high-risk settings, are access to positive livelihood opportunities and the possibility of upward mobility by non-criminal means. If young people feel they have a personal stake in building a safe environment and that their aspirations are realisable within the law, the personal frustration and social tension that fuel violence may be considerably defused. A framework of national political, economic and social policies therefore needs to be developed which prioritises growth, equity and sustainability in the harnessing of natural and human resources, and that replaces or rebuilds the deficits in social safety and security which have emerged.²⁴⁹

There is some evidence that policies that reduce the concentration of poverty in urban areas, for example by improving employment and education opportunities, may be effective in reducing violent behaviour by young people.²⁵⁰ For example, in a pioneering study in the USA, young people in families that received rental subsidies and assistance to move out of poor neighbourhoods were significantly less likely to engage in violent behaviour than those who did not receive this level of support.²⁵¹

The strong and consistent demonstration of a close relationship between high levels of economic inequality and increased homicide rates in adolescents and young adults indicates that policies which reduce economic inequality or minimise its effects may be of great value in preventing such violence. This appears to be especially relevant for males, since research indicates that the relationship between economic inequality and homicide is much stronger in males than in females.²⁵²

Reducing access to alcohol and illegal drugs

Interventions which reduce access to alcohol or raise its price have been shown to reduce both levels of consumption and rates of youth violence within the community. In Diadema, Brazil, the prohibition of alcohol sales after 23:00 helped prevent an estimated 273 murders (all ages) over a two-year period.²⁵³ In parts of the USA, restricting access to alcohol for underage youths has reduced disorderly conduct violations among 15–17-year olds.²⁵⁴ Conversely, the end of an anti-alcohol programme that curtailed the supply of alcohol

in the mid-1980s, as well as the socioeconomic crisis that followed the demise of the Soviet Union saw a remarkable increase in homicides among Russians under the age of 20 in the early 1990s.^{255,256}

There is also evidence that programmes which alter peer drinking habits and other social norms can reduce harmful alcohol consumption levels among young people, and thus may be useful in reducing alcohol-related violence. Modifying drinking establishments such as bars and clubs can be effective. For example, improving management and staff practice through training programmes, implementing codes of good practice, and strictly enforcing licensing legislation creates environments less conducive to violence.^{257,258,259} In wider nighttime environments, the presence of large numbers of intoxicated individuals at the end of the night increases the potential for violent confrontations.²⁶⁰ Interventions such as provision of safe late-night transport, improvements to street lighting and use of closed circuit television have been shown to help reduce alcohol-related violence around licensed premises.²⁶¹

A large proportion of the alcohol consumed in many low- to middle-income societies is produced at home or sold in unlicensed establishments.²⁶² For example, it is estimated that 80–90% of South Africa's liquor outlets are unlicensed. In such settings, increasing the price of alcohol may be less effective than other approaches such as legislation on the legal minimum age for purchase of alcohol, and efforts to regulate liquor outlets.

Reducing access to, and demand for weapons

As described earlier, access to guns and other lethal weapons are a major factor in homicides and serious injuries to children in many communities. Interventions to reduce access to such weapons include bans on certain types of firearms, waiting periods, gun buybacks, rules on licensing and registration, stricter policing of illegal possession and trafficking of guns and rules for storing them safely. In many places, there is a growing recognition of the need to also address the carrying and use of knives.

To date, relatively few interventions to reduce access to lethal weapons have included evaluation components rigorous enough to allow conclusions to be drawn about their impact on homicide rates,²⁶³ or to specifically identify impacts on children. However, examples from Australia and Colombia that have been properly evaluated suggest that reducing access to and demand for lethal weapons can be an effective means of preventing violence by and among children in community setting.^{264,265} The box that follows describes how a combination of interventions to prevent the carrying of firearms in public and to reduce alcohol consumption has helped lower homicide rates in Cali, Colombia.

FIREARMS, ALCOHOL, AND THE PREVENTION OF HOMICIDES IN CALI

The use of evidence-based strategies to reduce situational risk factors is illustrated by the Colombian city of Cali. Between 1985 and 1992, homicide rates in the city increased five-fold to reach levels of 100 per 100,000 people. In response, the city established the Development, Security and Peace Programme (DESEPAZ) in 1992 to implement strategies to prevent violence and improve security among residents.

An important step was to create a joint-agency surveillance system to identify patterns and determinants of homicide in the city. Among other important source of information, the surveillance data showed that males aged 15–19 years had a homicide rate of 250 per 100,000, that 79% of all homicides were committed using firearms, that blood alcohol concentrations in 23% of cases far exceeded the legal limit for drivers, and that homicides were clustered in specific areas of the city, particularly the most impoverished areas. Homicides were more common during weekends, especially those coinciding with bi-weekly pay days.

This information informed the development of DESEPAZ prevention policies and programmes, which had the full support of the municipal Government. Among other initiatives, the mayor restricted the hours during which alcoholic beverages could be sold, and prohibited the carrying of guns in public during high-risk weekends, holidays and election days. Although resource constraints permitted only intermittent application of the full-range of interventions, evaluation showed clear signs of success. Homicide rates fell by 14% when the ban on carrying guns in public was strictly enforced. Between 1994 and 1997, the homicide rates in Cali declined by 30%, from 124 to 86 per 100,000. Furthermore, public opinion in Cali shifted strongly from a passive attitude towards dealing with violence to a vociferous demand for more prevention activities.²⁶⁶

Reducing exposure to violence in the media

Prevention of violence against children through the media will require cooperation at the individual and community levels, but also the development of national strategies. Many contributors to the Study suggested the use of education campaigns for children and parents to inform them about the issues sur-

rounding violence in and through the mass media, and particularly about Internet risks and safe Internet behaviour. Other strategies specifically aimed at the Internet include creation of 'watchdog' organisations which monitor offensive websites, and both regulation and self-regulation of the Internet industry. Better law enforcement measures are also called for, including criminal prosecution of people who

“An evidence-based approach to preventing violence against children is essential for long term success. A priority must therefore be to expand this evidence base by supporting scientific studies that measure the effectiveness of prevention programmes everywhere, but especially in low- and middle-income countries where the problem is greatest.”

Dr Catherine Le Galès-Camus, Assistant Director-General, WHO

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use the Internet to harm children, monitoring of known offenders once they have been prosecuted, programmes to prevent people becoming offenders, and treatment for offenders.²⁶⁷

CHILDREN'S PARTICIPATION AT ALL LEVELS

Research has shown that silence is the almost universal response of children suffering abuse.²⁶⁸ In such circumstances, special efforts are required to make it possible for them to feel safe to discuss violent incidents. Systems of local Government can play a particularly important role in this regard; whether in the context of centralised systems, decentralisation, or privatisation, they need to include the views of children and young people. A Council of Europe project on the social inclusion of young people found that genuine

youth empowerment was fundamental to developing neighbourhood strategies for violence prevention.²⁶⁹ Creating associations or support groups for specific groups such as children living on the street or survivors of child abuse, with the objective of developing a common identity and solidarity around their own issues, can be an empowering experience. It can be the springboard for taking action on behalf of their own agendas, including the promotion of other child rights, and for undertaking joint activity on behalf of vulnerable peers suffering from domestic abuse, risk of child marriage, discrimination or school exclusion.²⁷⁰

Participation is thus a key principle to be applied in all efforts to prevent and eliminate violence to and by children in the community.

DATA COLLECTION AND RESEARCH

As in all arenas of violence analysed by the Study, there is an urgent need for better data and for further research, particularly in developing countries and regions. Systems need to be put in place in the health and criminal justice sectors to collect and monitor such data, with attention given to the ages and sex of perpetrators and victims. Data sources include death certificates, vital statistics records, medical examiners' reports, hospital records, police and judiciary records, and self-reported information from victim surveys and special studies.

Special priority needs to be given to developing systems for monitoring deaths and serious injuries among children and young people in regions where homicide data are currently lacking. These include Africa, South-East Asia, the



PHILIPPINES, 1997, Children outside the Nayon Kabataan Rehabilitation Centre for street children and victims of child labour and physical abuse in Manila.

“If you want to know how to paint, you consult a painter; if you want to eat, consult a chef; so if you want to know about children’s issues, you have to consult young people.”

Young person, NGO Advisory Panel to the Study, April 2004

CHILDREN AND YOUNG PEOPLE TAKING ACTION

In Europe and Central Asia: UNICEF has been supporting the development of mechanisms for the expression of children’s views, and their participation as a distinct group with their own policy agenda in civil society. In the Republic of Moldova, for examples, Local Youth Councils have been set up to strengthen their capacities and empower young people for conscious participation in community life. In Azerbaijan, youth centres have been established in areas with high concentrations of internally displaced people, and events organised to promote a dialogue among ethnic groups and the wider community.²⁷¹

The Government of Kenya: In the response to its questionnaire submitted to the Study²⁷², the Government reports that the participation of young people in fostering pro-social attitudes has been promoted through the development of the National Youth Service (NYS); through training of young citizens to engage in ‘tasks of national importance’, such as in reception centres for children living on the street. This is one example of a country facilitating the potential of young people to contribute to policy debates and assume a vanguard role in building a secure society. A similar approach has been applied under the UNICEF programme of cooperation in Somalia, where young people participated in training programmes for citizenship and are setting an example in the renunciation of violence.²⁷³

In the Caribbean ‘XChange’– creating a culture of non-violence in the English-speaking Caribbean: This project seeks to create safe and protective environments for children and adolescents in the home, school and community where they can live and reach their full potential. The project covers seven Caribbean countries: Barbados, Belize, Grenada, Guyana, Haiti, Jamaica, and Trinidad and Tobago. UNICEF teamed up with well-known Caribbean entertainer Machel Montano in 2005, to conceptualise the ‘movement’, using entertainment as an entry point for bringing about positive change among young people and adults. The campaign uses music, sports, and various forms of arts to reach and empower adolescents to adopt a positive lifestyle. XChange is a ‘youth-led movement’, and is multilevel, including parenting and building protective environments in homes, providing health and family life education, peace-building and child-friendly school initiatives; building protective communities with adolescents and young people, improving quality and access of service delivery in relevant institutions, policy development and legislative reform, and advocacy and social mobilisation. Young leaders clearly defined the vision they have for the XChange project. The second phase will need to reflect this vision by clarifying the role that XChangers will play within a clear organisational structure spearheading the initiative.²⁷⁴

*“You were not there to protect me as a child and I’ll live with that damage for the rest of my life.
But I vow, as a young person in this society, to put an end to this violence for the next generation.
You can stand by me or you can turn your back.”*

Youth leader, survivor and street involved youth, North America, 2005^{IX}

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PRIORITIES IN ACTION: BUILDING A EUROPE FOR AND WITH CHILDREN

The Council of Europe’s programme “Building a Europe for and with Children” (2006-2008) comprises two closely linked strands: the promotion of children’s rights and the action programme “Children and Violence. The programme takes into account the social, legal, educational and health dimensions of violence against children, and pays particular attention to gender perspectives and to vulnerable children.”

In the strand focused on promoting children’s rights, the programme will help States to devise integrated policies and comprehensive legal frameworks, establish the requisite institutions and structures, develop networks, and produce tools and working methods, including involving children and the general public. In 2008, the Council of Europe will be able to offer member States models of national strategies, as well as instruments and methodologies, which include all elements that have proved to be necessary and effective for the protection of children’s rights.

The action programme on “Children and Violence” is designed to assist States to implement their obligations to the human rights instruments of the Council of Europe and the Convention on the Rights of the Child. The programme will ensure appropriate follow-up at pan-European level to the recommendations included in the UN Secretary-General’s Study on Violence against Children²⁷⁵

Middle East, and some parts of the Americas and Western Pacific, especially poorer countries. Studies are also needed to establish the ratio of fatal to non-fatal injuries, classified by the age of attacker, age and sex of the victim²⁷⁶. Without such basic information, it is difficult to map the issue of violence against children and adolescents in the community and develop effective preventive response. Research concerning the interactions between family and community socialisation and exposure to violence, and their full range of effects, is needed for all age groups, as is research into good practice from existing policies, programmes – official and NGO – and laws in areas such as weapons control and victim redress.

RECOMMENDATIONS

Violence prevention as a policy aim, especially by means other than repression and use of the law, needs to be given far more attention. Because the violence-prone adolescent and young adult is often the product of influences which begin early in childhood, it is clear that policies which promote child-friendly communities will need to focus on all stages of a child’s life from infancy and early childhood, via programmes and services directed at families, day care centres, schools and other social institutions which children attend. Not only is this a necessary strategy for fulfilling child rights, but it will have long-term benefits for communities and society at large.

“We believe that governments and civil societies are all individually and collectively responsible and mutually accountable to ensure that every child lives in a world free from violence. We also believe that governments have the primary responsibility and obligation to take concrete and immediate action to end all forms of violence against children, particularly girls.”

The African Declaration on Violence against Girls, 2006^x

The fact that different interventions are effective over different periods of time serves to emphasise the need for policies and funding mechanisms that permit a consistent, stable approach over several years and which address short-, medium- and long-term objectives. Decision-makers should therefore be wary of calls for immediate responses to specific headline-grabbing incidents and instead work to provide lasting support for strategies based on empirical findings.²⁷⁷

The following recommendations for the prevention of community-based violence against and among children are made with reference both to the concerns expressed by participants in the Study and to existing knowledge about the determinants and preventability of such violence.

Prioritise prevention

High-risk individuals and families

- 1. Support efforts to prevent violence in the family and home as a means of preventing violence in the community.** Governments should support efforts to strengthen knowledge and skills within families regarding child development, non-violent discipline and behaviour management options, as well as increasing social safety nets. In the long run this will contribute to the prevention of violence against children in the community (see the recommendations in the chapter on violence against children in the home and family).
- 2. Support programmes that encourage at-risk children to stay in or return to**

school, or to participate in non-formal education programmes. Research indicates that this can be an effective measure to reduce violence in the community.

- 3. Implement programmes that engage responsible and trusted adults in the lives of high-risk children.** Governments should ensure the implementation of approaches such as mentoring programmes that bring children and responsible adults together to learn and benefit from each other. These programmes can protect children from violence in their community, especially for families under stress.
- 4. Promote and support local Government and civil society initiatives to provide safe recreational and citizenship-building opportunities for boys and girls.** Sports leagues, faith-based and cultural organisations, village and neighbourhood committees, women’s groups, and others can provide constructive activities for children who might otherwise engage in high-risk activities. Governments should ensure that the safety of children participating in such activities is safeguarded by measures such as criminal record checks of adults in charge (coaches, group leaders, facilitators, etc.) and formal child protection policies.

Immediate and environmental risk factors in the community

- 5. Reduce demand for and access to alcohol and weapons, such as firearms.** Governments should ensure comprehensive prevention which requires the reduction

of both supply and demand for these two salient risk factors in community violence, including through measures such as pricing and regulation reforms, law enforcement, and public education.

6. **Reduce risk factors in the physical environment.** Governments should ensure that efforts are made in urban rehabilitation initiatives to make public spaces safer through design features such as better lighting. In addition, urban design should include safe public places and routes for children in and between communities.
7. **Train law enforcement agents to work with children, and end impunity of police who abuse the rights of children.** Governments should ensure that police need to be trained about children's rights as well the basics of child development and how to deal with particular groups such as street children or child group members. At the same time supervision of police practices must be improved, while officers who abuse children's rights must be held accountable for their actions.
8. **Increase efforts to both prevent and punish child trafficking.** Governments should ensure that measures range from primary prevention (i.e. changing the conditions that make children vulnerable to trafficking) to vigorous law enforcement action against traffickers. Children who are trafficked or used to traffic drugs and weapons are usually victims themselves of several violations of their rights, and should not be re-victimised as criminals.

They should be carefully assisted to get out of these situations, with a focus on safe and viable alternatives.

Victim services

9. **Provide improved pre-hospital care and emergency medical services.** Improved pre-hospital care and emergency medical can significantly reduce deaths from violence and improve the outcome of victims that suffer non-fatal violent injuries.
10. **Improve access and quality of support services for victims.** The impact of violence can stay with its victims throughout their lifetime. Early access to quality support services can help to mitigate the impact of the event on the victim, including preventing longer term consequences such as becoming a perpetrator of violence.
11. **Provide effective reporting systems for children.** Governments should ensure that effective reporting systems for children are established. They allow children who are victimised to reach trained professionals, who can, if necessary, refer the case to social workers, or health professionals, or law enforcement. In community settings, these may include child helplines as well as formal mechanisms such as community advocates for children.

Societal level

12. **Invest in social, housing and educational programmes that strengthen families and improve linkages and social networks within and between**

different income groups. Governments should analyse the impact of public policies on communities and their children. Local Governments in particular should be encouraged to make violence prevention explicit in urban rehabilitation schemes and rural development programmes. Governments, and their national and international partners, should strive to integrate efforts on violence against children as a key element of sustainable and culturally sensitive poverty reduction programmes.

13. **Conduct sustained campaigns in society at large to promote social norms that emphasise respect and non-violence and gender equity.** Governments should ensure that initiatives to instil non-violent, non-sexist norms and values are carried out through media campaigns and strong leadership from public figures. Focuses should include eliminating sexual harassment and rape, and providing alternative models of masculinity which do not support violence from men and boys.
14. **Stop the use of mass media and information technologies, including the Internet and electronic games, in violence against and sexual exploitation of children.** As well as educating children and parents, Governments should work with the industry to devise global standards for child protection, undertake research on protective hardware and software solutions, and fund worldwide education campaigns on safe use of the new technologies. Governments should also pursue law enforcement approaches, including criminalising those

who make, distribute, possess or profit from pornography involving children.

Build information systems

15. **Implement civil registration universally, including the registration of births, deaths, and marriages.** Governments must ensure free and accessible civil registration free certification, and must remove penalties for late registration. The process must be advocated widely and facilitated and implemented in cooperation with local Government, hospitals, professional and traditional birth attendants, police, religious and community leaders, and other partners in order to ensure universal uptake.
16. **Establish a national research agenda on preventing and reducing community violence.** Governments should develop and adequately resource research that will improve understanding of the protective and risk factors for community violence, including low-income communities and the cultural context. Such a strategy should go beyond descriptive research, to include evaluations, and more complex research to improve effective implementation at scale. This should dovetail with efforts to create a multi-layered system of data collection, including improved reporting by existing services (police, hospital emergency rooms, mortuaries, schools, local health centres, housing authorities, etc.) and population-based surveys to provide disaggregated information about the geographical location, incident characteristics, and victim and perpetrator characteristics for all reported homicides and non-fatal violent events.

REFERENCES

- 1 See <http://www.unhcr.ch/html/menu2/6/crc/treaties/opsc.htm>.
- 2 Martin F, Parry-Williams J (2005). *The Right Not to Lose Hope*. London, Save the Children UK.
- 3 Batmanghelidjh C (2006). *Shattered Lives. Children who Live with Courage and Dignity*. Jessica Kingsley Publishers.
- 4 Wilson M, Daly M (1997). Life Expectancy, Economic Inequality, Homicide, and Reproductive Timing in Chicago Neighbourhoods. *British Medical Journal*, 314: 1271.
- 5 World Vision (2001). *Every Girl Counts. Development, Justice and Gender*. Girl Child Report, Ontario, World Vision.
- 6 UNICEF (2003). *From Perception to Reality: A Study on Child Protection in Somalia*. UNICEF Somalia, Ch. 3.
- 7 WHO (2006). *Global Estimates of Health Consequences Due to Violence against Children*. Background Paper to the UN Secretary-General's Study on Violence against Children. Geneva, World Health Organization.
- 8 WHO (2006). *Global Estimates of Health Consequences Due to Violence against Children*. Background Paper to the UN Secretary-General's Study on Violence against Children. Geneva, World Health Organization.
- 9 Gawryszewski VP, Costa LS (2005). Social Inequality and Homicide Rates in Sao Paulo City, Brazil. *Rev Saude Publica*, 39(2): 191–197.
- 10 Cardona M et al. (2005). Homicides in Medellin, Colombia, from 1990 to 2002: Victims, Motives and Circumstances. *Rev Saude Publica*, 21(3):840–851.
- 11 Lemard G, Hemenway D (2006). Violence in Jamaica: An Analysis of Homicides 1998–2002. *Injury Prevention*, 12(1): 15–18.
- 12 Chervyakov VV et al. (2002). The Changing Nature of Murder in Russia. *Social Science & Medicine*, 55: 1713–1724.
- 13 Groenewald P et al. (2001). *Cape Town Mortality, 2001. Part I: Cause of Death and Premature Mortality*. Cape Town, City of Cape Town, South African Medical Research Council, University of Cape Town.
- 14 Shaw M et al. (2005). Increasing Inequalities in Risk of Murder in Britain: Trends in the Demographic and Spatial Distribution of Murder, 1981–2000. *Health & Place*, 11: 45–54.
- 15 Groenewald P et al. (2001). *Cape Town Mortality, 2001. Part I: Cause of Death and Premature Mortality*. Cape Town, City of Cape Town, South African Medical Research Council, University of Cape Town.
- 16 Batalis NI, Collins KA (2005). Adolescent Death: A 15-Year Retrospective Review. *Journal of Forensic Science*, 50(6): 1444–1449.
- 17 Lemard G, Hemenway D (2006). Violence in Jamaica: An Analysis of Homicides 1998–2002. *Injury Prevention*, 12(1): 15–18.
- 18 Miller TR et al. (2001). Costs of Juvenile Violence: Policy Implications. *Pediatrics*, 107: 3–10.
- 19 South African Police Service (2003). *Annual Report of the National Commissioner of the South African Police Service, 1 April 2002 to 31 March 2003*. Pretoria, South African Police Service.
- 20 Bradshaw D, Renaud P (2006). South African Medical Research Council. Personal Communication, June 2006.
- 21 Franco S (2003). A Social-Medical Approach to Violence in Columbia. *American Journal of Public Health*, 93: 2032–2036.
- 22 Garbarino J et al. (1992). *Children in Danger: Coping with the Effects of Community Violence*. San Francisco, Jossey-Bass.
- 23 Kliewer W et al. (1998). The Role of Social and Cognitive Processes in Children's Adjustment to Community Violence. *Journal of Consulting and Clinical Psychology*, 63: 579–584.
- 24 Richters JE, Martinez P (1993). The NIMH Community Violence Project: I. Children as Victims of and Witnesses to Violence. *Psychiatry*, 56(1): 7–21.

- 25 Miller LS et al. (1999). Witnessed Community Violence and Antisocial Behaviour in High-risk, Urban Boys. *Journal of Clinical Child Psychology*, 28(1): 2–11.
- 26 Kliewer W et al. (2001). Exposure to Violence against a Family Member and Internalising Symptoms in Colombian Adolescents: The Protective Effects of Family Support. *Journal of Consulting and Clinical Psychology*, 69 (6): 971–982.
- 27 Meeks-Gardner J et al. (2003). Perceptions and Experiences of Violence Among Secondary School Students in Urban Jamaica. *Pan-American Journal of Public Health*, 14(2): 97–103.
- 28 Mercy J et al. (2002). Youth Violence. In: Krug EG et al. (Eds). *World Report on Violence and Health*. Geneva, World Health Organization, pp 25–56.
- 29 Odero WO, Kibosia JC (1995). Incidence and Characteristics of Injuries in Eldoret, Kenya. *Injury Prevention*, 1: 26–30.
- 30 Mansingh A, Ramphal P (1993). The Nature of Interpersonal Violence in Jamaica and Its Strain on the National Health System. *West Indian Medical Journal*, 42: 53–56.
- 31 Engeland A, Kopjar B (2000). Injuries Connected to Violence: An Analysis of Data from the Injury Registry. *Tidsskrift for den Norske Laegeforening*, 120: 714–717.
- 32 Cheng TL et al. (2002). Assault-injured Adolescents Presenting to the Emergency Department: Causes and Circumstances. *Public Health*, 116(1): 15–21.
- 33 Howe A, Crilly M (2000). Violence in the Community: A Health Service View from a UK Accident and Emergency Department. 7(1): 45–49.
- 34 Yacoub S et al. (2006). Violence-related Injuries, Deaths and Disabilities in the Capital of Honduras. *Injury*, 37(5): 428–434.
- 35 Zohoori N et al. (2002). Non-fatal Violence-related Injuries in Kingston, Jamaica: A Preventable Drain on Resources. *Injury Control Safety Promotion*, 9(4): 255–262.
- 36 Mercy J et al. (2002). Youth Violence. In: Krug EG et al. (Eds). *World Report on Violence and Health*. Geneva, World Health Organization, pp 25–56.
- 37 Straus M (2004). Prevalence of Violence against Dating Partners by Male and Female University Students Worldwide. *Violence against Women*, 10(7): 790–811.
- 38 Analysis provided to the Study by the Global School-Based Student Health Survey: The World Health Organization (<http://www.who.int/chp/gshs> or <http://www.cdc.gov/gshs>) for surveys conducted in 2003–5 for Botswana, Chile (metropolitan area), China (Beijing), Guyana, Jordan, Kenya, Lebanon, Namibia, Oman, Philippines, Swaziland, Uganda, UAE, Venezuela (Lara), Zambia and Zimbabwe (Harare).
- 39 Halpern CT et al. (2001). Partner Violence Among Adolescents in Opposite-sex Romantic Relationships: Findings from the National Longitudinal Study of Adolescent Health. *American Journal of Public Health*, 91(10): 1679–1685.
- 40 Straus M (2004). Prevalence of Violence against Dating Partners by Male and Female University Students Worldwide. *Violence against Women*, 10(7): 790–811.
- 41 Mercy J et al. (2002). Youth Violence. In: Krug EG et al. (Eds). *World Report on Violence and Health*. Geneva, World Health Organization, pp 25–56.
- 42 Abma J et al. (1998). Young Women's Degree of Control over First Intercourse: An Exploratory Analysis. *Family Planning Perspective*, 30(1):12–18.
- 43 Dickson N et al. (1998). First Sexual Intercourse: Age, Coercion, and Later Regrets Reported by a Birth Cohort. *British Medical Journal*, 316:29–33.
- 44 Koenig MA et al. (2004). Coerced First Intercourse and Reproductive Health Among Adolescent Women in Rakai, Uganda. *International Family Planning Perspectives*, 30(4): 156–163.
- 45 Erulkar A (2004). The Experiences of Sexual Coercion among Young People in Kenya. *International Family Planning Perspectives*, 30(4): 182–189.
- 46 WHO (2005). *Multi-Country Study on Women's Health and Domestic Violence*. Geneva, World Health Organization.
- 47 Straus M (2004). Prevalence of Violence against Dating Partners by Male and Female University Students Worldwide. *Violence against Women*, 10(7): 790–811.

- 48 Erulkar A (2004). The Experiences of Sexual Coercion among Young People in Kenya. *International Family Planning Perspectives*, 30(4): 182–189.
- 49 Allen DR et al. (2003). Sexual Health Risks among Young Thai Women: Implications for HIV/STD Prevention and Contraception. *AIDS and Behavior*, 7(1): 9–21.
- 50 de Visser RO et al. (2003). Sex in Australia: Experiences of Sexual Coercion Among a Representative Sample of Adults. *Australian & New Zealand Journal of Public Health*, 27(2): 198–203.
- 51 Wong WC et al. (2004). Correlates of Sexual Behaviours with Health Status and Health Perception in Chinese Adolescents: A Cross-sectional Survey in Schools. *AIDS Patient Care and STDs*, 18(8):470–480.
- 52 Erulkar A (2004). The Experiences of Sexual Coercion among Young People in Kenya. *International Family Planning Perspectives*, 30(4): 182–189.
- 53 Slap GB et al. (2003). Sexual Behaviour of Adolescents in Nigeria: Cross-sectional Survey of Secondary School Students. *British Medical Journal*, 326(7379): 15.
- 54 Allen DR et al. (2003). Sexual Health Risks among Young Thai Women: Implications for HIV/STD Prevention and Contraception. *AIDS and Behavior*, 7(1): 9–21.
- 55 Eaton DK (2005). Youth risk behavior surveillance – United States, 2005. *MMWR Surveill Summ*. 55(5):1–108.
- 56 Save the Children Alliance (2005). *10 Essential Learning Points: Listen and Speak Out against Sexual Abuse of Girls and Boys*. Global Submission by the International Save the Children Alliance to the UN Secretary-General's Study on Violence against Children. Oslo, Save the Children Norway.
- 57 Jewkes R et al. (2002). Rape of Girls in South Africa. *Lancet*, 359: 319–320.
- 58 Tang CS (2002). Childhood Experience of Sexual Abuse among Hong Kong Chinese College Students. *Child Abuse & Neglect*, 26(1): 23–37.
- 59 Csorba R et al. (2005). Characteristics of Female Child Sexual Abuse in Hungary Between 1986 and 2001: A Longitudinal, Prospective Study. *Eur J Obstet Gynecol Reprod Biol*, 120(2): 217–221.
- 60 Ennew J (1994). *Street and Working Children: A Guide to Planning*. London, Save the Children.
- 61 UNICEF (1997). *State of the World's Children*. New York, Oxford University Press.
- 62 Human Rights Watch (1997). *Juvenile Injustice – Police Abuse and Detention of Street Children in Kenya*. New York, Human Rights Watch.
- 63 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: East Asia and the Pacific*. Available at: <http://www.violencestudy.org/r27>.
- 64 Irwanto P et al. (1999). *Situation of Street Children in 12 Cities in Indonesia*. Monograph Report for the Asian Development Bank, TA No. 3043 INO.
- 65 ILO/IPEC (2006). *Children Working in the Streets*, Factsheet. International Programme on the Elimination of Child Labour, International Labour Organization. Available at: http://www.ilo.org/public/english/standards/ipec/publ/download/factsheets/fs_streetchildren_0303.pdf.
- 66 Wernham M (2004). *An Outside Chance: Street Children and Juvenile Justice – An International Perspective*. London, Consortium for Street Children.
- 67 Presentation by Bernardo Mondragon, Kabataan, Davao City. Cited in: United Nations Secretary-General's Study on Violence against Children (2005). *Regional Consultation Outcome Report: East Asia and the Pacific*. Available at: <http://www.violencestudy.org/r27>.
- 68 Amnesty International (2005). *Haiti Disarmament Delayed, Justice Denied*. AI Index: AMR 36/005/2005. London, Amnesty International.
- 69 OMCT (2004). *Colombia: Murders and Criminal Organisation of Children and Girls, Teenagers and Young Men and Women in Sector of Bogota*. Caso COL271004. CC, Derechos del Niño. Geneva, World Organisation against Torture.
- 70 Jabeen et al. (2002). *Children Working as Newspapers Hawkers: A Study of Lost/Kidnapped/Runaway Children. The Situation Analysis of Street Children in Lahore*. Department of Social Work–University of Punjab. Submission to the United Nations Secretary-General's Study on Violence against Children.

- 71 Save the Children Alliance (2005). *10 Essential Learning Points: Listen and Speak Out against Sexual Abuse of Girls and Boys*. Global Submission by the International Save the Children Alliance to the UN Secretary-General's Study on Violence against children. Oslo, Save the Children Norway.
- 72 UNICEF (2003). *Africa's Orphaned Generations*. New York, UNICEF.
- 73 Moletsane R (2003). Another Lost Generation? The Impact of HIV/AIDS on Schooling in South Africa. *The International Journal on School Disaffection*, Trentham Books.
- 74 UNICEF (2005). *Violence against Children in West and Central Africa. A Concise Appraisal*. UNICEF West and Central Africa Regional Office.
- 75 Human Rights Watch (1995). *Violence against Children Accused of Witchcraft in the Democratic Republic of Congo*. New York, Human Rights Watch.
- 76 All responses are available at: <http://www.ohchr.org/english/bodies/crc/study.htm>. As of 20 September 2006, 135 Member States and one observer had submitted responses.
- 77 United Nations Secretary-General's Study on Violence against Children (2005). *Violence in the Community. Regional Desk Review: Europe and Central Asia*. Available at: <http://www.violencestudy.org/r27>.
- 78 Human Rights Watch (2001). *Easy Targets: Violence against Children Worldwide*. New York, Human Rights Watch.
- 79 All responses are available at: <http://www.ohchr.org/english/bodies/crc/study.htm>. As of 20 September 2006, 135 Member States and one observer had submitted responses.
- 80 *59 Youths Murdered in Honduran Jails During Maduro Administration*, 7 April 2004. Available at: <http://www.coav.org.br>. Cited in: Dowdney LT (2005). *Neither War Nor Peace*. Rio de Janeiro, Viva Rio / ISER, 7 Letras.
- 81 *Victims of Police Violence in Brazil Tend to be Afro-Brazilian Males Between 15 and 19, Says Asma Jahangir*, 21 April 2004. Available at: www.coav.org.br. Cited in: Dowdney LT (2005). *Neither War Nor Peace*. Rio de Janeiro, Viva Rio / ISER, 7 Letras.
- 82 David P (2005). *Human Rights in Youth Sport: A Critical Review of Children's Rights in Competitive Sport*. London, Routledge.
- 83 See e.g. Amnesty International (2001). *Crimes of Hate, Conspiracy of Silence*. London, Amnesty International.
- 84 Human Rights Watch (2002). *Human Rights Watch World Report*. New York, Human Rights Watch
- 85 Human Rights Watch (2001). *Hatred in the Hallways – Violence and Discrimination against Lesbian, Gay, Bisexuals and Transgender Students in US Schools*. New York, Human Rights Watch.
- 86 See e.g. Human Rights Watch (2005). *Darfur: Women Raped Even After Seeking Refuge; Donors Must Increase Support to Victims of Sexual Violence*. Human Rights Watch, Press Release. Available at: <http://hrw.org/english/docs/2005/04/11/sudan10467.htm>.
- 87 Amnesty International (2004). *Lives Blown Apart: Crimes against Women in Times of Conflict*. London, Amnesty International Publications.
- 88 Okot AC et al. (2005). *Suffering in Silence: A Study of Sexual and Gender-based Violence (SGBV) In Pabbo Camp, Gulu District, Northern Uganda*. UNICEF, District Sub-Working Group on SGBV.
- 89 Gardner J, El Bushra J (2004). *Somalia, the Untold Story: The War Through the Eyes of Somali Women*. London, CIIR/Pluto Press.
- 90 Ward J (2002). *If Not Now, When? Addressing Gender-based Violence in Refugee, Internally Displaced, and Post-Conflict Settings*. The Reproductive Health for Refugees Consortium.
- 91 Mabuwa R (2000). *Seeking Protection: Addressing Sexual and Domestic Violence in Tanzania's Refugee Camps*. New York, Human Rights Watch.
- 92 da Costa R (2006). *The Administration of Justice in Refugee Camps: A Study of Practice*. UNHCR Legal and Protection Policy Research Series, Department of International Protection.
- 93 da Costa R (2006). *The Administration of Justice in Refugee Camps: A Study of Practice*. UNHCR Legal and Protection Policy Research Series, Department of International Protection.

- 94 Save the Children UK (2006). *From Camp to Community: Liberia Study on Exploitation of Children*. Monrovia, Save the Children Fund.
- 95 United Nations Secretary-General's Study on Violence against Children (2006). *Summary Report of the Thematic Consultation on Violence against Refugee and Other Displaced Children*. 25 April 2006, Geneva. Available at: <http://www.violencestudy.org/r180>.
- 96 UNHCR (2005). *Refugee and Returnee Children in Southern Africa: Perceptions and Experiences of Violence – A Qualitative Study of Refugees and Returnee Children in UNHCR Operations in Angola, South Africa and Zambia*. Pretoria, UNHCR.
- 97 Smith HE, Akinsulure-Smith AM (2004). A Global Perspective on Youth Outreach. In: Clauss-Ehlers CS, Weist MD (Eds). *Community Planning to Foster Resilience in Children*. New York, Kluwer Academic/Plenum Publishers.
- 98 ILO (2002). *A Future Without Child Labour*. Geneva, International Labour Organization.
- 99 UNICEF (2005). *Trafficking in Human Beings, Especially Women and Children in Africa. Innocenti Insight*, 2nd Edition. Florence, Innocenti Research Centre.
- 100 The Protection Project of Johns Hopkins University School of Advanced International Studies (2002). *Trafficking in Persons, Especially Women and Children in the Countries of the Americas*. Cited in: Plaza P (2003). *Stop the Traffic!* London, UNICEF National Committee.
- 101 UNICEF (undated). *Children on the Edge, Protecting Children from Sexual Exploitation and Trafficking in East Asia and the Pacific*. Bangkok, UNICEF East Asia and Pacific Regional Office.
- 102 Kane J (2005). *Child Trafficking: The People Involved*. International Programme on the Elimination of Child Labour, International Labour Organization.
- 103 UNICEF (2005). *Trafficking for Sexual Exploitation and Other Exploitative Practices*. Florence, UNICEF Innocenti Research Centre.
- 104 Boonpala P, Kane J (2002). *Unbearable to the Human Heart: Child Trafficking and Action to Eliminate It*. Geneva, International Programme on the Elimination of Child Labour, International Labour Organization.
- 105 Dottridge M (2004). *Kids as Commodities: Child Trafficking and What to Do About It*. International Federation of Terre des Hommes.
- 106 Laurance EJ (2005). Small Arms Research: Where We Are and Where We Need to Go. *The HFG Review*, pp 3–9.
- 107 WHO (2001). *Small Arms and Global Health*. Geneva, World Health Organization.
- 108 Peres MFT (2004). *Firearm-related Violence in Brazil – Country Report*. São Paulo, Centre for the Study of Violence, University of São Paulo.
- 109 WHO (2006). *Global Estimates of Health Consequences Due to Violence against Children*. Background Paper to the UN Secretary-General's Study on Violence against Children. Geneva, World Health Organization.
- 110 Room R et al. (2003). *Alcohol in Developing Societies: A Public Health Approach*. Helsinki, Finnish Foundation for Alcohol Studies and Geneva, World Health Organization.
- 111 WHO (2006). *Youth Violence and Alcohol*, Factsheet. Geneva, World Health Organization. Available at: http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/fs_youth.pdf.
- 112 Currie C et al. (2004). *Health Behaviour in School-Aged Children (HBSC) Study: International Report from the 2001/2002 Survey*. Health Policy for Children and Adolescents, No 4. Geneva, World Health Organization.
- 113 Mattila VM et al. (2005). Occurrence of Violence and Violence-related Injuries Among 12–18-year-old Finns. *Scandinavian Journal of Public Health*, 33: 307–313.
- 114 Raymundo CM, Cruz GT (2004). *Dangerous Connections: Substance Abuse, Violence and Sex Among Filipino Adolescents*. Paper presented at the 7th International Conference on Philippine Studies, 16–19 June 2004, the Netherlands. Available at: <http://yafs.com/papers.asp>.

- 115 Ohene S et al. (2005). The Clustering of Risk Behaviours among Caribbean youth. *Maternal and Child Health Journal*, 9: 91–100.
- 116 Mattila VM et al. (2005). Occurrence of Violence and Violence-related Injuries Among 12–18-year-old Finns. *Scandinavian Journal of Public Health*, 33: 307–313.
- 117 Budd T (2003). *Alcohol-related Assault: Findings from the British Crime Survey*. Home Office online report 35/03. London, Home Office.
- 118 Australian Institute of Criminology (2000). Alcohol-related Assault: Time and Place. *Trends and Issues in Crime and Criminal Justice*, No. 169. Canberra, Australian Institute of Criminology.
- 119 Human Rights Watch (2005). *Darfur: Women Raped Even After Seeking Refuge; Donors Must Increase Support to Victims of Sexual Violence*. Press Release. New York, Human Rights Watch.
- 120 Amnesty International (2004). *Lives Blown Apart: Crimes against Women in Times of Conflict*. London, Amnesty International Publications.
- 121 Okot AC et al. (2005). *Suffering in Silence: A Study of Sexual and Gender-based Violence (SGBV) in Pabbo Camp, Gulu District, Northern Uganda*. New York, UNICEF.
- 122 Gardner J, El Bushra J (2004). *Somalia, the Untold Story: The War Through the Eyes of Somali Women*. London, CIIR/Pluto Press.
- 123 Brantingham PL, Brantingham PJ (1991). *Environmental Criminology*. Prospect Heights, Waveland Press. Cited in: Yuen B (2004). Safety and Dwelling in Singapore. *Cities*, 21(1): 19–28.
- 124 Leventhal T, Brooks-Gunn J (2000). The Neighborhoods They Live in: The Effects of Neighborhood Residence on Child and Adolescent Outcomes. *Psychology Bulletin*, 126(2): 309–37.
- 125 Diez Roux AV et al. (2001). Neighborhood of Residence and Incidence of Coronary Heart Disease. *New England Journal of Medicine*, 345(2): 99–106.
- 126 Massey DS, Denton NA (1993). *American Apartheid: Segregation and the Making of the Underclass*. Cambridge, MA, Harvard University Press. Cited in: MMWR (2002). Community Interventions to Promote Healthy Social Environments: Early Childhood Development and Family Housing. A Report on Recommendations of the Task Force on Community Preventive Services. *MMWR*, 55 (No RR-1).
- 127 Bartlett S (2002). Urban Children and the Physical Environment. Paper presented at the Conference, 'Learning from International Experiences, Creating Local Solutions', 11–13 December, 2002, Amman, Jordan.
- 128 Centre for Housing Rights and Evictions (COHRE) (2005). *COHRE Submission to the UN Secretary-General's Study on Violence against Children*. Geneva, COHRE.
- 129 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: East Asia and the Pacific*. Available at: <http://www.violencestudy.org/r27>.
- 130 Martin F, Parry-Williams J (2005). *The Right Not to Lose Hope*. London, Save the Children UK.
- 131 UNICEF (2003). *Finding Our Voices, Gendered and Sexual Identities and HIV/AIDS in Education*. Nairobi, UNICEF Eastern and Southern Africa Regional Office.
- 132 Alder C, Worrall A (2004). *Girls' Violence: Myths and Realities*. Albany, State University of New York Press.
- 133 Katz SR (1996). Where Streets Cross the Classroom: A Study of Latino Students' Perspectives on Cultural Identity in City Schools and Neighbourhood Gangs. *The Bilingual Research Journal*, 20(3/4): 603–631.
- 134 Dowdney LT (2005). *Neither War Nor Peace*. Rio de Janeiro, Viva Rio / ISER, 7 Letras.
- 135 Dowdney LT (2003). *Children of the Drug Trade: A Case Study of Organised Armed Violence in Rio de Janeiro*. Rio de Janeiro, Viva Rio / ISER, 7 Letras.
- 136 Dowdney LT (2005). *Neither War Nor Peace*. Rio de Janeiro, Viva Rio / ISER, 7 Letras.
- 137 Dowdney LT (2005). *Neither War Nor Peace*. Rio de Janeiro, Viva Rio / ISER, 7 Letras.

- 138 Briseño RL, Zubillaga V (2002). Violence and Globalisation in Latin America. *Current Sociology*, 50(1): 19–37.
- 139 USAID (2006). *Central American and Mexico Gang Assessment*. Washington DC, USAID Bureau for Latin American and Caribbean Affairs, Office of Regional Sustainable Development.
- 140 For example, El Salvador was asked by the Committee on the Rights of the Child to abrogate its second Anti-Gang Law and to apply the Juvenile Offenders Act as the only legal instrument in the area of juvenile justice (CRC/C/15/Add.232).
- 141 Red para la Infancia y la Adolescencia de El Salvador (2004). *Informe Ejecutivo de la RIA de El Salvador en el Marco de Reunión con la Comisión Interamericana de Derechos Humanos, Sobre el Tema de Pandillas o Maras*. El Salvador, Red para la Infancia y la Adolescencia de El Salvador.
- 142 Casa Alianza Honduras (2006). *Informe de Ejecuciones y Muertes Violentas de Niños, Niñas y Jovenes Durante la Administración del Presidente Ricardo Maduro – Enero 2002 – Enero 2006*. Honduras, Casa Alianza Honduras.
- 143 USAID (2006). *Central American and Mexico Gang Assessment*. Washington DC, USAID Bureau for Latin American and Caribbean Affairs, Office of Regional Sustainable Development.
- 144 Arana A (2005). How the Street Gangs Took Central America. *Foreign Affairs*, May/June 2005. Council on Foreign Relations.
- 145 United Nations Secretary-General’s Study on Violence against Children (2005). *Desk Review: South Asia*. Available at: <http://www.violencestudy.org/r27>.
- 146 Human Rights Watch (2003). *Uganda – Abducted and Abused: Renewed Conflict in Northern Uganda*. New York, Human Rights Watch.
- 147 Palestinian Central Bureau of Statistics (PCBS) (2005). Palestinian Children – Issues and Statistics. *Child Statistics Series*, No. 8. Palestinian Central Bureau of Statistics (PCBS).
- 148 Arafat C (2003). *Psychosocial Assessment of Palestinian Children*. The Secretariat for the National Plan of Action for Palestinian Children.
- 149 Palestinian Central Bureau of Statistics (PCBS) (2004). *Child Psychosocial Health Survey*. Palestinian Central Bureau of Statistics (PCBS).
- 150 Palestinian Central Bureau of Statistics (PCBS) (2004). *Child Psychosocial Health Survey*. Palestinian Central Bureau of Statistics (PCBS).
- 151 Arafat C (2003). *Psychosocial Assessment of Palestinian Children*. The Secretariat for the National Plan of Action for Palestinian Children.
- 152 Arafat C (2003). *Psychosocial Assessment of Palestinian Children*. The Secretariat for the National Plan of Action for Palestinian Children.
- 153 Haj-Yahia MM, Abdo-Kaloti R (2003). The Rates and Correlates of the Exposure of Palestinian Adolescents to Family Violence: Toward an Integrative-Holistic Approach. *Child Abuse & Neglect*, 27(7): 781–806.
- 154 Arafat C (2003). *Psychosocial Assessment of Palestinian Children*. The Secretariat for the National Plan of Action for Palestinian Children.
- 155 Save the Children (2004). *Living Behind Barriers – Palestinian Children Speak Out*. Save the Children UK and Save the Children Sweden.
- 156 UNICEF (2003). *The UNICEF Child-friendly Cities Project. Promoting Better Planning, Services, Opportunities and Protection for Children Living in Urban Areas*. The Child-friendly Cities Database, UNICEF Occupied Palestinian Territories.
- 157 Riggio E (2002). Child-Friendly Cities: Good Governance and the Best Interests of the Child. *Environment and Urbanization*, 14(2).
- 158 Jordan S (2000). *Adolescent Violence in Cities from a Public Health Perspective*. Lage, Verlag Hangs Jacobs.
- 159 UNICEF (2002). *Poverty and Exclusion Among Urban Children*. Florence, UNICEF Innocenti Research Centre.
- 160 Bartlett S et al. (1999). *Cities for Children, Children’s Rights, Poverty and Urban Management*. UNICEF/Earthscan.
- 161 The World Bank (2001). *Attacking Poverty*. World Development Report 2000–20001, Washington DC, The World Bank.

- 162 Butchart A, Engström K (2002). Sex- and Age-specific Relations Between Economic Development, Economic Inequality and Homicide Rates in People Aged 0–24 Years: A Cross-sectional Analysis. *Bulletin of the World Health Organization*, 80(10): 797–805.
- 163 Mercy J et al. (2002). Youth Violence. In: Krug EG et al. (Eds). *World Report on Violence and Health*. Geneva, World Health Organization, pp 25–56.
- 164 Kaufman NH, Rizzini I (Eds) (2002). *Globalization and Children: Exploring Potentials for Enhancing Opportunities in the Lives of Children and Youth*. New York, Kluwer Academic/Plenum Publishers.
- 165 Narayan D et al. (2000). *Voices of the Poor: Crying Out for Change*. New York, Published for The World Bank, Oxford University Press.
- 166 Lynch M (2003). Consequences of Children's Violence Exposure to Community Violence. *Clinical Child and Family Psychology Review*, 6(4): 265–274.
- 167 Cardia N et al. (2002). Homicide Rates and Human Rights Violations in São Paulo, Brazil: 1990 to 2000. *Health and Human Rights*, 6(2): 14–33.
- 168 Jordan S (2000). *Adolescent Violence in Cities from a Public Health Perspective*. Lage, Verlag Hangs Jacobs
- 169 International Centre for Missing & Exploited Children (2006). *Child Pornography: Model Legislation and Global Review*. International Centre for Missing & Exploited Children.
- 170 International Save the Children Alliance (2004). *Mapping Save the Children's Response to Violence against Children in South Asia Region*. Kathmandu, Save the Children Sweden.
- 171 ECPAT (2005). *Violence against Children in Cyberspace*. A Contribution to the United Nations Study on Violence against Children. Bangkok, ECPAT International.
- 172 Microsoft (2006). *MSN Cyberbullying Report – Blogging, Instant Messaging and E-mail Bullying Amongst Today's Teens*. Microsoft UK.
- 173 Presentation to the Working Group by Dr Ethel Quayle, Department of Applied Psychology, University College Cork, Ireland, and Project Director, COPINE Project. Cited in: United Nations Secretary-General's Study on Violence against Children (2005). *Regional Consultation Outcome Report: East Asia and the Pacific*. Available at: <http://www.violencestudy.org/r27>.
- 174 ECPAT (2005). *Violence against Children in Cyberspace*. A Contribution to the United Nations Study on Violence against Children. Bangkok, ECPAT International.
- 175 Carlsson U (2001). Research, Information and Sensitising the Public. In: Arnaldo CA (Ed). *Child Abuse on the Internet: Ending the Silence*. Paris, Berghahn Books/UNESCO.
- 176 Collins J, Rau B (2000). *Aids in the Context of Development*. UNRISD Programme on Social Development, Paper No. 4, Geneva, UNRISD/UNAIDS. Cited in: Commission for Social Development (2004). *A Fair Globalisation: Creating Opportunities for All*. Geneva, International Labour Organization.
- 177 Browne K, Hamilton-Giachritsis C (2005). The Influence of Violent Media on Children and Adolescents: A Public-health Approach. *Lancet*, 365: 702–710.
- 178 ECPAT (2006). *The Changing Face of Child Sex Tourism*. Bangkok, ECPAT.
- 179 National Council for Childhood and Motherhood (NCCM) (2006). *Report of the Middle East and North Africa (MENA) Regional Consultation on Violence against Children Follow-up Consultation*, 25–28 March 2006. Egypt, NCCM.
- 180 World Summit on Information Society (WSIS) (2005). *Tunis Agenda for the Information Society*. Tunis, World Summit on Information Society.
- 181 Presentation to the Working Group by Dr Ethel Quayle, Department of Applied Psychology, University College Cork, Ireland, and Project Director, COPINE Project. Cited in: United Nations Secretary-General's Study on Violence against Children (2005). *Regional Consultation Outcome Report: East Asia and the Pacific*. Available at: <http://www.violencestudy.org/r27>.
- 182 Clauss-Ehlers CS, Weist MD (2004). Advancing Community Involvement and Planning to Promote Resilience in Youth from Diverse Communities. In: Clauss-Ehlers CS, Weist MD (Eds). *Community Planning to Foster Resilience in Children*. New York, Kluwer Academic/Plenum Publishers.

- 183 Tolan P (2001). Youth Violence and Its Prevention in the United States: An Overview of Current Knowledge. *Injury Control and Safety Promotion*, 8(1): 1–12.
- 184 Tolan P (2001). Youth Violence and Its Prevention in the United States: An Overview of Current Knowledge. *Injury Control and Safety Promotion*, 8(1): 1–12.
- 185 Yoshikawa H (1995). Long-term Effects of Early Childhood Programmes on Social Outcomes and Delinquency. *The Future of Children*, 5: 51–75.
- 186 Lipsey MW, Wilson DB (1998). Effective Interventions for Serious Juvenile Offenders: A Synthesis of Research. In: Loeber R, Farrington DP (Eds). *Serious and Violent Juvenile Offenders: Risk Factors and Successful Interventions*. Thousand Oaks, Sage Publications, pp 313–345.
- 187 Greenwood PW et al. (1996). Diverting Children from a Life of Crime: Measuring Costs and Benefits. Santa Monica, CA, The Rand Corporation.
- 188 Fass SM, Pi CR (2002). Getting Tough on Juvenile Crime: An Analysis of Costs and Benefits. *Journal of Research in Crime and Delinquency*, 39: 363–399.
- 189 Blum R, Ireland M (2004). Reducing Risk, Increasing Protective Factors: Findings from the Caribbean Youth Health Survey. *Journal of Adolescent Health*, 35: 493–500.
- 190 Yoshikawa H (1995). Long-term Effects of Early Childhood Programmes on Social Outcomes and Delinquency. *The Future of Children*, 5: 51–75.
- 191 Berrueta-Clement JR et al. (1984). *Changed Lives: The Effects of the Perry Preschool Program on Youth Through Age 19*. Ypsilanti, High/Scope Press.
- 192 Johnson DL, Walker T (1987). Primary Prevention of Behaviour Problems in Mexican-American Children. *American Journal of Community Psychology*, 15: 375–385.
- 193 Schweinhart LJ et al. (1993). *Significant Benefits: The High/Scope Perry Preschool Project Study Through Age 27*. Ypsilanti, High/Scope Press.
- 194 Berrueta-Clement JR et al. (1984). *Changed Lives: The Effects of the Perry Preschool Program on Youth Through Age 19*. Ypsilanti, High/Scope Press.
- 195 Johnson DL, Walker T (1987). Primary Prevention of Behaviour Problems in Mexican-American Children. *American Journal of Community Psychology*, 15: 375–385.
- 196 Schweinhart LJ et al. (1993). *Significant Benefits: The High/Scope Perry Preschool Project Study Through Age 27*. Ypsilanti, High/Scope Press.
- 197 Black M (2003). *Good Practice in Working Children's Participation: A Case Study from CWOP, Maharashtra India*. Prepared for the Save the Children Alliance Task Group on Children and Work. London, Save the Children UK.
- 198 Smith HE, Akinsulure-Smith AM (2004). A Global Perspective on Youth Outreach. In: Clauss-Ehlers CS, Weist MD (Eds). *Community Planning to Foster Resilience in Children*. New York, Kluwer Academic/Plenum Publishers.
- 199 Grossman JB, Garry EM (1997). *Mentoring a Proven Delinquency Strategy*. Washington DC, United States Department of Justice, Office of Justice Programs.
- 200 Boothby N et al. (2006) Mozambique Child Soldier Life Outcome Study: Lessons Learned in Rehabilitation and Reintegration Efforts. *Global Public Health*, 1(1): 87–107.
- 201 Fraser MW et al. (1999). Risk, Protection, and Resilience: Toward a Conceptual Framework for Social Work Practice. *Social Work Research*, 23(3): 131–143.
- 202 Stewart D, Sun J (2004). How Can We Build Resilience in Primary School-aged Children? The Importance of Social Support from Adults and Peers in Family, School and Community Settings. *Asia Pacific Journal of Public Health*, 16 (Suppl.): S37–S41.
- 203 Smith HE, Akinsulure-Smith AM (2004). A Global Perspective on Youth Outreach. In: Clauss-Ehlers CS, Weist MD (Eds). *Community Planning to Foster Resilience in Children*. New York, Kluwer Academic/Plenum Publishers.
- 204 Melendez MC, Tomlinson-Clarke S (2004). Home, School and Community. Catalysts to Resilience. In: Clauss-Ehlers CS, Weist MD (Eds). *Community Planning to Foster Resilience in Children*. New York, Kluwer Academic Publishers.
- 205 Brackenridge C (2006). *Abuse and Violence to Children in Sport – International Overview*. Submission to the UN Secretary-General's Study on Violence against Children.

- 206 Hawkins JD et al. (1992). The Seattle Social Development Project: Effects of the First Four Years on Protective Factors and Problem Behaviors. In: McCord J, Tremblay RE (Eds). *Preventing Antisocial Behavior: Interventions From Birth Through Adolescence*. New York, The Guilford Press, pp 139–161.
- 207 Farrell AD, Meyer AL (1997). The Effectiveness of a School-based Curriculum for Reducing Violence Among Urban Sixth-grade Students. *American Journal of Public Health*, 87: 979–988.
- 208 Grossman DC et al. (1997). Effectiveness of a Violence Prevention Curriculum Among Children in Elementary School: A Randomized Controlled Trial. *Journal of the American Medical Association*, 277: 1605–1642.
- 209 Samples F, Aber L (1998). Evaluations of School-based Violence Prevention Programs. In Elliott DS et al (Eds). *Violence in American Schools*. New York, Cambridge University Press, pp 217–252. *International Journal of Injury Control and Safety Promotion*, 12(2): 93–104.
- 210 Thornton TN et al. (2000). *Best Practices of Youth Violence Prevention: A Sourcebook for Community Action*. Atlanta, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.
- 211 Farrell AD et al. (2001). Evaluation of Responding in Peaceful and Positive Ways (RIPP): A School-based Prevention Programme for Reducing Violence among Urban Adolescents. *Journal of Clinical and Child Psychology*, 30: 451–463.
- 212 WHO, UNICEF, World Bank, UNESCO and UNFPA (2003). *Skills for Health*. WHO's Information Series on School Health, Document No. 9. Available at: http://www.who.int/school_youth_health/media/en/sch_skills4health_03.pdf.
- 213 Landgren K (2005). The Protective Environment: Development Support for Child Protection. *Human Rights Quarterly*, 7: 215–248.
- 214 Dahlberg L, Butchart A (2005). State of the Science: Violence Prevention efforts in Developing and Developed Countries. *International Journal of Injury Control and Safety Promotion*, 12(2): 93–104.
- 215 Jaffe PG et al. (1992). An Evaluation of a Secondary School Primary Prevention Programme on Violence in Intimate Relationships. *Violence and Victims*, 7: 129–146.
- 216 Foshee VA et al. (2004). Assessing the Long-term Effects of the Safe Dates Program and a Booster in Preventing and Reducing Adolescent Dating Violence Victim Organisation and Perpetration. *American Journal of Public Health*, 94: 619–624.
- 217 Foshee VA (2000). The Safe Dates Program: One-year Follow-up Results. *American Journal of Public Health*, 90: 1619–1622.
- 218 Wolfe DA (2003). Dating Violence Prevention with At-risk Youth: A Controlled Outcome Evaluation. *Journal of Consulting and Clinical Psychology*, 71: 279–291.
- 219 Foshee VA et al. (2005). The Safe Dates Project: Theoretical Basis, Evaluation Design and Selected Baseline Findings. *American Journal of Preventive Medicine*, 12 (2): 39–47.
- 220 Tolan PH, Guerra NG (1994) *What Works in Reducing Adolescent Violence: An Empirical Review of the Field*. Boulder, CO, The Center for the Study and Prevention of Violence, Institute for Behavioral Sciences, University of Colorado.
- 221 Kellermann AL et al. (1998). Preventing Youth Violence: What Works? *Annual Review of Public Health*, 19:271–292.
- 222 Njovana E, Watts C (1996). Gender Violence in Zimbabwe: A Need for Collaborative Action. *Reproductive Health Matters*, 7: 46–54.
- 223 Ellsberg M et al. (1997). The Nicaraguan Network of Women against Violence: Using Research and Action for Change. *Reproductive Health Matters*, 10: 82–92.
- 224 Hoefnagels C, Mudde A (2000). Mass Media and Disclosures of Child Abuse in the Perspective of Secondary Prevention: Putting Ideas into Practice. *Child Abuse and Neglect*, 24: 1091–1101.
- 225 Soul City Institute for Health and Development Communications (2004). *Soul City 4 Multimedia Campaign – Impact Evaluations*. South Africa, Soul City Institute for Health and Development Communications. Available at: <http://www.comminit.com/africa/evaluations.html>.

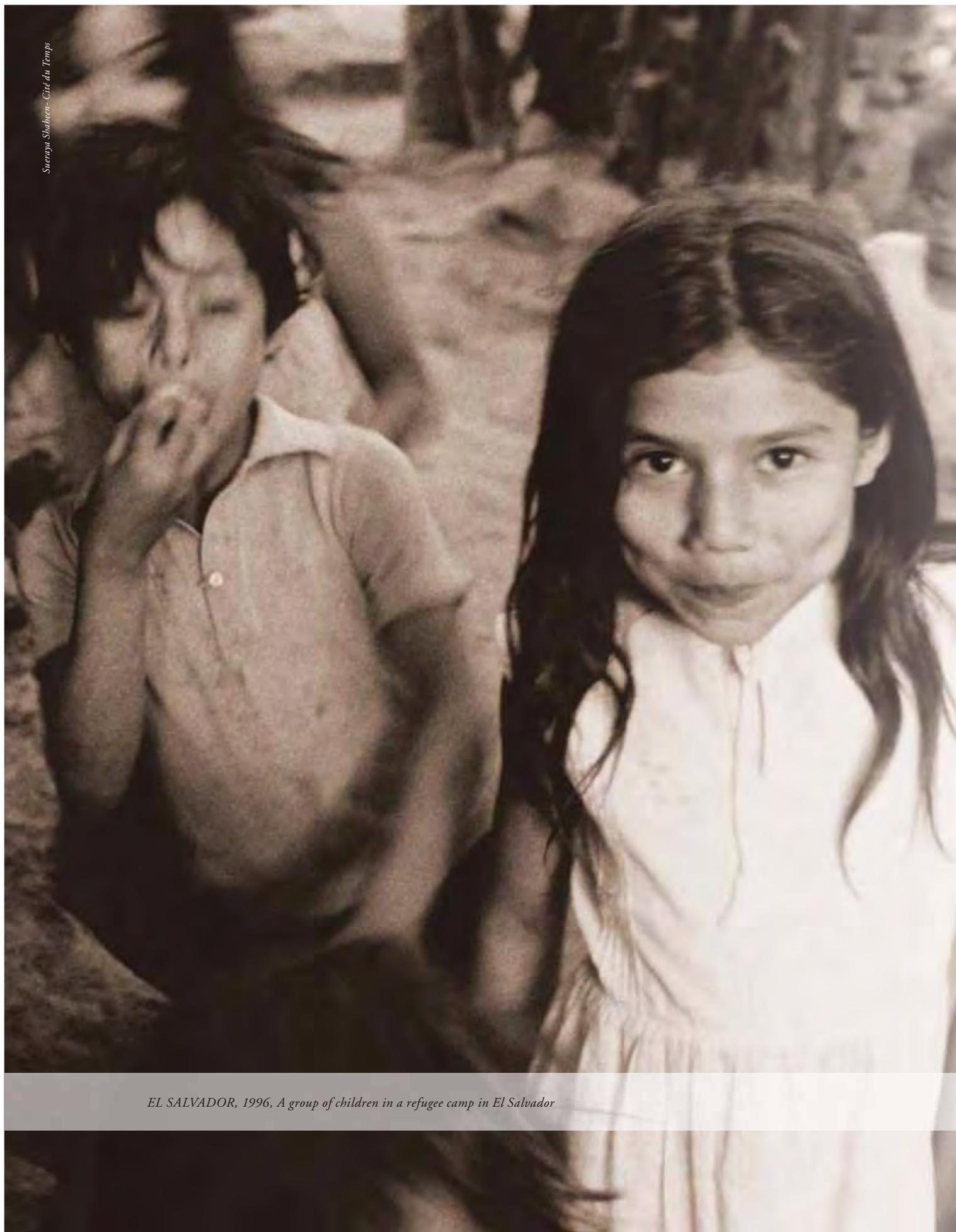
- 226 Mehrotra A (2000). *A Life Free of Violence: It's Our Right*. New York, United Nations Development Fund for Women.
- 227 Health Resources and Services Administration (2004). *Take a Stand. Lend a Hand. Stop Bullying Now!* Washington DC, US Department of Health and Human Services. Available at: <http://www.stopbullyingnow.hrsa.gov>.
- 228 Hoefnagels C, Baartman H (1997). On the Threshold of Disclosure: The Effects of a Mass Media Field Experiment. *Child Abuse & Neglect*, 21: 557–573.
- 229 Naker D (2005). *Violence against Children: The Voices of Ugandan Children and Adults*. Raising Voices and Save the Children Uganda.
- 230 Ennew J (1994). *Street and Working Children: A Guide to Planning*. London, Save the Children. Cited in: Bartlett S et al (1999). *Cities for Children: Children's Rights, Poverty and Urban Management*. Earthscan /UNICEF.
- 231 Wernham M et al. (2005). *Police Training on Child Rights and Protection: Lessons Learned and Manual*. Consortium for Street Children, p 31.
- 232 Heise L, Garcia-Moreno C (2002). Violence by Intimate Partners. In: Krug EG et al. (Eds) (2002). *World Report on Violence and Health*. Geneva, World Health Organization, pp 89–121.
- 233 Friedman LS et al. (1992). Inquiry about Victimization Experiences: A Survey of Patient Preferences and Physician Practices. *Archives of Internal Medicine*, 152: 1186–1190.
- 234 Fawcett G et al. (1998). *Deteccion y Manejo de Mujeres Victimas de Violencia Domestica: Desarrollo y Evaluacion de un Programa Dirigido al Personal de Salud* (Detecting and Dealing with Women Victims of Domestic Violence: The Development and Evaluation of a Programme for Health Workers). Mexico City, Population Council.
- 235 Sugg NK et al. (1999). Domestic Violence and Primary Care: Attitudes, Practices, and Beliefs. *Archives of Family Medicine*, 8: 301–306.
- 236 Sanders AB (1992). Care of the Elderly in Emergency Departments: Conclusions and Recommendations. *Annals of Emergency Medicine*, 21: 79–83.
- 237 UNICEF (2002). *La traite d'enfants en Afrique de l'Ouest : réponses politiques*. Florence, Innocenti Research Centre.
- 238 UNICEF (2005). *Trafficking for Sexual Exploitation and Other Exploitative Purposes*. Florence, Innocenti Research Centre.
- 239 Boonpala P, Kane J (2002). *Unbearable to the Human Heart: Child Trafficking and Action to Eliminate It*. Geneva, International Programme on the Elimination of Child Labour, International Labour Organization.
- 240 Bartlett S et al. (1999). *Cities for Children, Children's Rights, Poverty and Urban Management*. UNICEF/Earthscan.
- 241 Adapted from UNICEF (2006). *Thuthuzela Care Centres*. UNICEF South Africa. Available at: http://www.unicef.org/southafrica/hiv_aids_998.html.
- 242 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Consultation Outcome Report: Eastern and Southern Africa*. Available at: <http://www.violencestudy.org/r27>.
- 243 Boothby N et al. (2006). Mozambique Child Soldier Life Outcome Study: Lessons Learned in Rehabilitation and Reintegration Efforts. *Global Public Health*, 1(1): 87–107.
- 244 Stamenkova-Trajkova S (2005). *Results of an Institutional Assessment of the Responsiveness of Service Providers to Violence against Children in Macedonia*. Skopje, the Institute for Social Work and Social Policy with support from UNICEF, Skopje Country Office and UNICEF Regional Office for CEE/CIS & the Baltics.
- 245 ChildHelpLine International (2005). *Submission to the United Nations Secretary-General's Study on Violence against Children*. Amsterdam, ChildHelpLine International.
- 246 CRIN (2005). *WSIS and Children's Rights*. Available at: <http://www.crin.org/resources/InfoDetail.asp?ID=6902>.
- 247 ChildHelpLine International (2005). *Submission to the United Nations Secretary-General's Study on Violence against Children*. Amsterdam, ChildHelpLine International.

- 248 Jordan S (2001). *Violence and Adolescence in Urban Settings: A Public Health Approach*. Publications Series, Research Unit, Public Health Policy. Berlin, Wissenschaftszentrum Berlin für Sozialforschung.
- 249 Narayan D et al. (2000). *Voices of the Poor: Can Anyone Hear Us?* Published for the World Bank. New York, Oxford University Press.
- 250 Centers for Disease Control and Prevention. (2002). Community Interventions to Promote Healthy Social Environments: Early Childhood Development and Family Housing. *MMWR* 51: RR-1.
- 251 Ludwig J, Duncan GJ, Hirschfield P. (2001). Urban Poverty and Juvenile Crime: Evidence from a Randomized Housing-mobility Experiment. *Quarterly Journal of Economics* (16): 655–680.
- 252 Butchart A, Engstrom K (2002). Sex- and Age-specific Effects of Economic Development and Inequality on Homicide Rates in 0- to 24-Year-Olds: A Cross-sectional Analysis. *Bulletin of the World Health Organization*, 80: 797–805.
- 253 Institute for Research and Evaluation (2004). *The Prevention of Murders in Diadema, Brazil: The Influence of New Alcohol Policies*. Calverton, MD, Pacific. Available at: http://resources.prev.org/resource_pub_brazil.pdf.html.
- 254 Wagenaar AC et al. (2000). Communities Mobilising for Change on Alcohol (CMCA): Effects of a Randomised Trial on Arrests and Traffic Crashed. *Addiction*, 95: 209–217.
- 255 WHO (2006). *Global Estimates of Health Consequences Due to Violence against Children*. Background paper to the UN Secretary-General's Study on Violence against Children. Geneva, World Health Organization.
- 256 Ryan M (1995). Russian Report: Alcoholism and Rising Mortality in the Russian Federation. *British Medical Journal*, 310: 648–650.
- 257 Mattern JL, Neighbors C (2004). Social Norms Campaigns: Examining the Relationship Between Changes in Perceived Norms and Changes in Drinking Levels. *Journal of Studies on Alcohol*, 65: 489–493.
- 258 Graham K et al. (2004). The Effect of the Safer Bars Programme on Physical Aggression in Bars: Results of a Randomised Controlled Trial. *Drug and Alcohol Review*, 23: 31–41.
- 259 Homel R et al. (2004). Making Licensed Venues Safer for Patrons: What Environmental Factors Should Be the Focus of Interventions? *Drug and Alcohol Review*, 23: 19–29.
- 260 Bellis MA et al. (2004). Violence in General Places of Entertainment. In: Pompidou Group (Ed). *Violence and Insecurity Related to the Consumption of Psychoactive Substances*. Strasbourg, Council of Europe.
- 261 Bellis MA et al. (2004). Violence in General Places of Entertainment. In: Pompidou Group (Ed) *Violence and Insecurity Related to the Consumption of Psychoactive Substances*. Strasbourg, Council of Europe.
- 262 Room R et al. (2003). *Alcohol in Developing Societies: A Public Health Approach*. Helsinki, Finnish Foundation for Alcohol Studies and Geneva, World Health Organization.
- 263 Hahn RA et al. (2003). First Reports Evaluating the Effectiveness of Strategies for Preventing Violence: Firearm Laws. Findings from the Task Force on Community Preventive Services. *MMWR Recommendations and Reports*, 52(RR14): 11–20.
- 264 Loftin C et al. (1991). Effects of Restrictive Licensing of Handguns on Homicide and Suicide in the District of Columbia. *New England Journal of Medicine*, 325: 1615–1620.
- 265 Villaveces A et al (2000). Effect of a Ban on Carrying Firearms on Homicide Rates in Two Colombian Cities. *Journal of the American Medical Association*, 283: 1205–1209.
- 266 Centers for Disease Control and Prevention (1995). Patterns of Homicide – Cali, Colombia, 1993–1994. *MMWR*, 44(39): 734–736.
- 267 Stanley J (2001). Child Abuse and the Internet. *Child Abuse Prevention Issues*, No. 15, Summer 2001. Available at: <http://www.aifs.gov.au/nch/issues/issues15.html>.

- 268 Save the Children Alliance (2005). *10 Essential Learning Points: Listen and Speak Out against Sexual Abuse of Girls and Boys*. Global Submission by the International Save the Children Alliance to the UN Secretary-General's Study on Violence against children. Oslo, Save the Children Norway.
- 269 Titley G (2004). *Young People and Violence Prevention - Youth Policy Recommendations*. Budapest, Directorate of Youth and Sport, European Youth Centre.
- 270 Black M (2004). *Opening Minds, Ppening Up Opportunities, Children's Participation in Action for Working Children and Associated Case Studies*. London, Save the Children Alliance.
- 271 UNICEF (2005). *Young People's Participation in the CEE/CIS and the Baltics*. Geneva, UNICEF Regional Office for CEE/CIS and the Baltics.
- 272 All responses are available at: <http://www.ohchr.org/english/bodies/crc/study.htm>. As of 20 September 2006, 135 Member States and one observer had submitted responses.
- 273 Black M (2004). *Somali Children and Youth: Challenging the Past and Building the Future*. UNICEF Somalia.
- 274 UNICEF (2006). *Submission to the United Nations Secretary-General's Study on Violence against Children*. UNICEF, Regional Office for Latin America and the Caribbean.
- 275 Council of Europe (2006). Building a Europe for and with children. Council of Europe. Available at: <http://www.coe.int/t/transversalprojects/children/>.
- 276 Mercy J et al. (2002). Youth Violence. In: Krug EG et al. (Eds). *World Report on Violence and Health*. Geneva, World Health Organization, pp 25–56.
- 277 Tolan P (2001). Youth Violence and its Prevention in the United States: An Overview of Current Knowledge. *Injury Control and Safety Promotion*, 8(1): 1–12.

QUOTES

- I Hall J (2003). *Inyandza Leyo! Testimonies from Abuse Survivors*. Swaziland. Cited in: United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: Eastern and Southern Africa*, p 26. Available at: <http://www.violencestudy.org/r27>.
- II UNICEF (2003). *Africa's orphaned generations*. New York, UNICEF, p 31.
- III UNHCR (2005). *Refugee and returnee children in Southern Africa: Perceptions and experiences of violence – A qualitative study of refugees and returnee children in UNHCR operations in Angola, South Africa and Zambia*. Pretoria, UNHCR, p 6.
- IV Anti-Slavery International (2001). *Golam and Roushan – Trafficked Children*. Speeches from the ASI Award ceremony. Available at: <http://www.antislavery.org/homepage/antislavery/award/award2001speeches.htm>
- V United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: South Asia*, p 59. Available at: <http://www.violencestudy.org/r27>.
- VI Save the Children Alliance (2005). *10 Essential Learning Points: Listen and Speak out against Sexual Abuse of Girls and Boys*, Global Submission by the International Save the Children Alliance to the UN Secretary-General's Study on Violence against Children, p 27.
- VII Africa Child Policy Forum (2006). *The African Declaration on Violence against Girls*. Second International Policy conference on the African Child. Addis Ababa, 11 and 12 May 2006, p 1.
- VIII WorldVision (2005). *Strongim pikinini, strongim laef b'long famili: enabling children to reach their full potential*. A contribution to the UN Secretary-General's Study on Violence against Children. Milton Keynes, World Vision International, p 7.
- IX United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: North America*, p 1. Available at: <http://www.violencestudy.org/r27>.
- X Africa Child Policy Forum (2006). *The African Declaration on Violence against Girls*. Second International Policy conference on the African Child. Addis Ababa, 11 and 12 May 2006, p 2.



EL SALVADOR, 1996, A group of children in a refugee camp in El Salvador

“Violence against children is never justified in any setting or context. States should be in a position to offer appropriate support to parents, teachers, criminal justice personnel and others who sometimes resort to violence against children. We all have a responsibility to act to eliminate it.”

Mehr Khan Williams, United Nations Deputy High Commissioner for Human Rights



THE WAY FORWARD

The evidence collected for the United Nations Secretary-General’s Study on Violence against Children, in line with the clear consensus of its participants, suggests that, although violence against children is widespread, it is preventable, and the world has the resources to effect its elimination. Experts, practitioners, and children themselves agree that violence is not an unchanging, inevitable feature of life, and must not be passively accepted as such. Moreover, the Study has documented the progress made by Governments as they begin to acknowledge the scale of the problem and respond to the human rights obligations they have accepted.

Governments and a wide range of partners have come forward with useful and concrete actions to prevent violence against children, reduce its multiple impacts, and advocate for change. A growing number of action research projects, prevention strategies and therapeutic responses are being implemented and evaluated; this is providing an increasingly solid evidence base for partners to adapt and improve existing interventions, and create new ones. As well as specifically protecting the youngest and most vulnerable members of society from violence, these actions contribute to the wider objective of reducing violence for all, as it is clear that interventions focusing on the young have the greatest potential to reap benefits in society as a whole.

Throughout the Study process, and as ever-greater numbers of participants had their say, a number of issues were raised repeatedly in region after region. First and foremost was the alarming gap between States’ obligations and

commitments on the one hand, and the reality of children’s lives on the other. As the Study report presented to the UN General Assembly notes, “Member States have already made commitments to protect children from all forms of violence. However, we must accept – from children’s testimony during the Study process, as well as from the results of research – that these commitments are far from being fulfilled.”¹

Much of this state of affairs stems from a lack of leadership by politicians and other decision-makers. Discussion of the problem has too often remained muted and vague, allowing the threshold of acceptable action to stay at a low level, and the linkages between different forms of violence to be overlooked. For the most part, prohibiting and eliminating violence against children lacks adequate political attention. To become a high priority, the elimination of violence against children requires strong political leadership and determined advocacy by civil society.

Strong mechanisms must be put in place at national, regional and international levels to ensure implementation of the Study’s recommendations. Leadership and coordination are equally important at international, regional and national levels. The implementation of most of the recommendations presented in the Introduction to this report depends on the capability of Governments to incorporate all recommendations within current legal instruments and public policies, in a coordinated way. The continuous commitment of human and financial resources to a broad and systematic framework to reduce and respond to vio-

“Too often, we see that legislation is on the books but that many children remain on the margins of society – not registered at birth, not in school, too poor to see a doctor and, for that, all the more vulnerable to violence and abuse.”

Rima Salah, Deputy Executive Director, UNICEF

lence against children, integrated into national planning processes, is essential for the success of this endeavour. Stopping violence against children requires not only sanctioning perpetrators, but also transformation of the “mind-set” of societies and the underlying economic and social conditions that allow violence against children to thrive.

Strong regional support for the implementation of the recommendations is also important. Regional mechanisms can play a significant role in bridging gaps in technical expertise, sharing best practices and assessing progress. Regional networks established during the Study process have continued in various forms in each of the regions. For example, in the Middle East and North Africa, an expanded regional network which includes Government representatives and the Arab League is taking action to implement the Study recommendations related to a range of regional priorities.² The South Asia Forum, established in 2005 as a result of the Regional Consultation hosted by the Government of Pakistan, has begun to implement the Study recommendations with a focus on the issues of early marriage, and physical and psychological punishment. In addition, the Council of Europe has launched a three-year programme, “Building a Europe for and with Children.” This programme takes into account the various dimensions of violence against children in two closely linked strands: the promotion of children’s rights, and the action programme “Children and Violence.”³ In the strand focused on promoting children’s rights, the programme will help European States to set up integrated children’s

policies and comprehensive legal frameworks. The action programme against violence supports States in their obligations to ensure the protection of children, prevention of violence, prosecution of criminals, and participation by children.

At an international level, it is also expected that the UN supports countries in their task of implementation, mainstreams the recommendations of the Study Report to the UN General Assembly (elaborated in this book), and monitors achievements. The coordination among the various UN entities involved in this process is again essential to ensure the continuity of the holistic and multidisciplinary approach suggested by the Study. Bearing this in mind, the report recommended that a Special Representative for the Secretary-General’s Study on Violence against Children be appointed, to provide a focal point and act as a global advocate on the issues of violence against children, building on the worldwide momentum generated by the Study process and the report itself. In an effort to accelerate progress at country level, a global Inter-Agency Group on Violence against Children was established in 2005, chaired by UNICEF with the direct support of OHCHR and WHO. Membership includes a range of other UN agencies and NGOs. These efforts should contribute to the UN reform process by increasing coordination among existing entities, refining and clarifying mandates, and increasing the attention given to violence against children across and within existing mandates.

“Violence can be prevented... A wide range of positive strategies are available to help societies reduce violence. These include: training and supporting new parents; helping children learn social skills; assisting communities to control the availability of alcohol; increasing incentives for young people to complete their studies; enhancing services for victims of violence; and strengthening policies that promote gender, social and economic equality.”

The late Lee Jong-wook, Former Director-General, WHO, 2005



Ending violence against children is a matter of urgency. Children cannot afford for this Study to be merely one more report that gathers dust on shelves around the world. Action to implement the recommendations must begin immediately. The core message of the Study is that no violence against children is justifiable; all violence against children is preventable. There should be no more excuses or delays: the problem is out in the open, the obligations of Governments are clear, and the means to deal with it are known, affordable, and available.

Governments are ultimately responsible for the protection of children. It is therefore up to Governments to act now, to fulfil their human rights obligations and other commitments, to ensure the protection of children from all forms of violence. But Governments cannot do the job alone. All sectors of society, all individuals, share the responsibility of condemning and preventing violence against children and responding to the predicament of child victims.

REFERENCES

- 1 United Nations Secretary-General (2006). *Report of the Independent Expert for the United Nations Study on Violence against Children*. Promotion and protection of the rights of children. United Nations General Assembly, Sixty-first session. A/61/299.
- 2 United Nations Secretary-General's Study on Violence against Children (2006). *Outcome Report: Middle East and North Africa (MENA) Regional Consultation on Violence against Children: Follow-up Consultation*. 25–28 March 2006. Egypt, National Council for Motherhood and Childhood.
- 3 Council of Europe (2006). Building a Europe for and with Children. Council of Europe. Available at: <http://www.coe.int/t/transversalprojects/children/>.

QUOTES

- 1 United Nations Secretary-General's Study on Violence against Children (2005). *Statement by Children and Young People. Young People's Forum, Regional Consultation: South Asia*, p 3. Available at: www.violencestudy.org/r27.

“We urge you to activate these recommendations and others made by children in previous consultations and to involve us when designing actions on violence against girls and boys in each country and region.”

Children's statement, Young People's Forum, South Asia, 2005¹

Annex I

ESTIMATED HOMICIDE RATES BY REGION AND INCOME LEVEL, 2002

Source: WHO (2006). *Global Estimates of Health Consequences Due to Violence against Children. Background Paper to the UN Secretary-General's Study on Violence against Children. Geneva, World Health Organization.*

UN region	income	sex	Homicide rate per 100 000 population				
			0-17 years*	0-4	5-9	10-14	15-17
All	All	Males	2.93	2.09	1.00	2.08	9.06
All	All	Females	1.92	1.99	1.48	1.49	3.28
All	All	Males & Females	2.44	2.04	1.24	1.79	6.25
All	High income	Males	1.45	2.29	0.41	0.56	3.25
All	High income	Females	0.95	1.67	0.44	0.40	1.53
All	High income	Males & Females	1.21	1.99	0.43	0.48	2.41
All	Low income	Males	3.10	2.07	1.07	2.25	9.75
All	Low income	Females	2.03	2.02	1.60	1.61	3.48
All	Low income	Males & Females	2.58	2.05	1.33	1.94	6.70
Africa	All	Males	5.85	4.25	2.44	5.09	15.64
Africa	All	Females	5.30	4.07	4.79	4.62	9.45
Africa	All	Males & Females	5.58	4.16	3.60	4.86	12.57
Asia	All	Males	1.53	1.32	0.65	1.21	3.93
Asia	All	Females	0.99	1.29	0.70	0.69	1.48
Asia	All	Males & Females	1.27	1.30	0.68	0.96	2.74
Australia/New Zealand	All	Males	0.99	1.76	0.44	0.41	1.60
Australia/New Zealand	All	Females	0.55	0.75	0.64	0.31	0.48
Australia/New Zealand	All	Males & Females	0.78	1.26	0.54	0.36	1.05
Europe	All	Males	1.74	1.44	0.55	0.89	5.72
Europe	All	Females	1.01	1.30	0.57	0.75	1.67
Europe	All	Males & Females	1.38	1.37	0.56	0.82	3.74
Latin America and Caribbean	All	Males	8.11	1.95	0.98	4.01	37.66
Latin America and Caribbean	All	Females	2.21	1.62	0.67	1.81	6.50
Latin America and Caribbean	All	Males & Females	5.21	1.79	0.83	2.93	22.33

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UN region	income	sex	Homicide rate per 100 000 population				
			0-17 years*	0-4	5-9	10-14	15-17
Northern America	All	Males	2.57	3.77	0.56	1.09	6.37
Northern America	All	Females	1.48	3.01	0.59	0.72	1.60
Northern America	All	Males & Females	2.04	3.40	0.57	0.91	4.04
Oceania**	All	Males	1.74	3.31	0.83	2.00	0.13
Oceania**	All	Females	1.38	2.10	0.74	0.85	2.14
Oceania**	All	Males & Females	1.57	2.72	0.78	1.45	1.08

* Age standardized death rate

** Excluding Australia and New Zealand



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