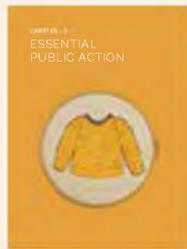
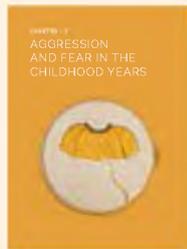
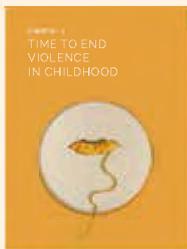


GLOBAL REPORT 2017

ENDING VIOLENCE IN CHILDHOOD

Know Violence in Childhood: A Global Learning Initiative



The images running through this Report, steadily completing a child's sweater, reflect the need to embrace children in stronger and carefully interwoven strategies for violence-prevention. They have been designed and created by **Sarah Naqvi**, a textile artist from India.

Quotations from children used in the margins of some pages are taken from Pells, K. and V. Morrow. 2017. "Children's Experiences of Violence: Evidence from Ethiopia, India, Peru and Vietnam." Background paper. Ending Violence in Childhood Global Report 2017. Know Violence in Childhood. New Delhi, India.

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GLOBAL REPORT 2017

ENDING VIOLENCE IN CHILDHOOD

KNOW VIOLENCE IN CHILDHOOD: A Global Learning Initiative

This Report is an output of Know Violence in Childhood – an independent global learning initiative. The Initiative makes the case for ending violence in childhood across the world. By examining existing data and commissioning new research, the Initiative has synthesized knowledge on the causes and consequences of childhood violence, and identified evidence-based strategies to prevent childhood violence.

Bringing together a diverse, multidisciplinary group of researchers and experts, the Initiative organized its work around three Learning Groups – Homes and Families, Schools, and Communities and Public Spaces. Forty-four papers from over a hundred authors at universities and institutions around the world were commissioned. These papers, in turn, drew on over 3,100 articles, books and reports, including over 170 systematic reviews of evidence on preventing childhood violence. A special issue of

the *Journal of Psychology, Health and Medicine* (March 2017), background papers and an annotated bibliography have been produced during the Initiative's three years.

The Initiative also organized a series of regional meetings in Central Asia, East Asia and the Pacific, Latin America, and South Asia which brought together researchers, practitioners and policy makers to address issues of childhood violence salient to their regions.

Partners of Know Violence in Childhood include FXB USA, Inc., the Public Health Foundation of India, and the University of Delaware. Financial support has been provided by an anonymous donor, American Jewish World Service, the Bernard van Leer Foundation, the IKEA Foundation, the NOVO Foundation, OAK Foundation, the Robert Wood Johnson Foundation, the UBS Foundation and UNICEF.

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FOREWORD

For a large proportion of the world's population, life is better than it was 30 years ago. Incomes have risen significantly. Life expectancy has increased. Fewer people are living in extreme poverty. Fewer mothers die in childbirth. The global community has also moved in many directions to make the world a more peaceful place for all.

And yet, at least three out of every four of the world's children – 1.7 billion – had experienced some form of inter-personal violence, cruelty or abuse in their daily lives in a previous year, regardless of whether they lived in rich countries or poor, in the global North or the global South.

It is unfortunate that a culture of silence surrounds violence. As a result, violence against children is still largely invisible in the development discourse.

Violence violates the dignity and rights of children, and robs them of the joys of childhood. Childhood violence also disrupts the formation of capabilities, and imposes huge financial and human costs on individuals and societies.

The tide is however turning. The 1989 United Nations Convention on the Rights of the Child, ratified by all but one of the UN member states, has been the inspiration for national governments and others to end violence against children. With ending violence being a clearly articulated priority of the Sustainable Development Goals, we have a unique opportunity to break the cycle of violence, especially for children and women who bear the brunt of it.

This Report has marshalled global evidence to show how collaboration and learning across

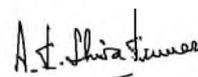
geographies, disciplines and sectors can unite academics, policy makers and practitioners to end childhood violence.

The Report finds large gaps in global knowledge and evidence related to different dimensions of childhood violence. It therefore calls for much greater investment in data, research and evaluation to break the silence around violence and to promote public action across the world.

Defining and measuring childhood violence is not easy. The Report makes a beginning by using estimated prevalence rates to develop a global picture of violence in childhood. It calls for States to invest in strengthening data systems to report on all forms of violence experienced by children across ages and settings.

This Report also calls for global and local actions to promote child rights and prevent violence. It advocates a shift away from seeing violence as a series of discrete episodes towards recognizing that it is a thread running through the everyday lives of children everywhere.

Violence breeds fear. And freedom from fear is as fundamental to life as freedom from want and freedom from hunger. We firmly believe that ending childhood violence should become a priority for the world to achieve truly sustainable human development.



A.K. Shiva Kumar



Vivien Stern

Global Co-Chairs
 Know Violence in Childhood

ACKNOWLEDGEMENTS

The Ending Violence in Childhood Global Report 2017 is the product of a collective effort of Know Violence in Childhood, an independent time-bound global learning initiative, and many external advisers and contributors. The findings, analysis and policy recommendations of this Report are those of Know Violence in Childhood and the authors who prepared background papers, and may not necessarily represent the viewpoints of the members of the Steering Committee or the financial supporters of this Report.

We have received support and guidance from eminent individuals and organizations around the world. We would like to begin by acknowledging the leadership role that the late Peter Bell played in launching us on this journey. Susan Bissell, Director of the Global Partnership to End Violence against Children, was instrumental in the establishment of the Initiative along with others including Robert Alexander Butchart, Michael Feigelson, Geeta Rao Gupta and Lisa Jordan.

Our Steering Committee Chair, Lincoln Chen, and members Kathleen Cravero-Kristoffersson, Michael Feigelson and Marta Santos Pais, have played a strategic role in shaping the work of the Initiative and guiding it to completion. We are particularly thankful to Lincoln Chen for his intellectual guidance and wise counsel, and to Marta Santos Pais for the constant encouragement and confidence vested in us.

We are thankful to the Chairs of our three Learning Groups who helped determine the research framework that has informed this Report. Patrick Burton, Nancy Guerra, Robert Muggah, Maureen Samms-Vaughan and Charlotte Watts galvanized

researchers from around the world to bring together the evidence and shape the key messages of the Report.

Lorraine Sherr served as the Senior Research Adviser and brought her considerable experience to bear on our work, including overseeing the *Special Issue of the Journal of Psychology, Health and Medicine* brought out by the Initiative in March 2017.

Over 100 researchers contributed background papers to the Initiative, collaborating across disciplines, institutions and geographies to identify gaps in knowledge, and to bring together information on key issues relating to violence in childhood. Many participated in meetings and provided peer feedback on papers. Our grateful thanks go to Naeemah Abrahams, Thomas P. Abt, Rahul Ahluwalia, Elizabeth Allen, Jeannie Annan, Kim Ashburn, Loraine J. Bacchus, Rodrigo Serrano-Berthet, Theresa S. Betancourt, Sarah Bott, Rachel Bray, Isabelle Brodie, Felicity L. Brown, Monica Bulger, Betzy Butron, Claudia Cappa, Marilyn A. Campbell, Flavia Carbonari, Marisa Casale, Yasmin Iles-Caven, Ko Ling Chan, Alejandro Cid, Kelly Clarke, Lucie Cluver, Manuela Colombini, Sarah Cook, Rose Davies, Ashley Deanne, Bianca Dekel, Charlene Coore-Desai, Karen Devries, Jenny Doubt, Michael P. Dunne, Genette Ellis, Mary Ellsberg, Lonnie Embleton, Valeria Esquivel, Kristin Fox, Natasha Gandhi, Katherine Gannett, Frances Gardner, Michelle L. Gatton, Elizabeth T. Gershoff, Jean Golding, Leah Goldmann, Anne M. de Graaff, Alessandra Guedes, Andrea Harris, Natasha Hollis, Emma Howarth, Zuhayr Kafaar, Andrea Kaufmann, Huma Kidwai, Melissa Kimber, Sunita Kishor, Louise Knight, Howard Kress, Michael Lambert, Cayleigh Lawrence, Ha Thi Hai Le, Soraya Lester, Lezanne

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We owe much to Peter Stalker who has played a vital role in shaping this Report.

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Ramya Subrahmanian

Ramya Subrahmanian

Executive Director
 Know Violence in Childhood

ACRONYMS

CAF	Corporación Andina de Fomento
CCTV	Closed-circuit TV
CDC	Centers for Disease Control and Prevention
CEE-CIS	Central Eastern Europe-Commonwealth of Independent States
CELCIS	Centre for Excellence for Looked After Children in Scotland
CRC	Convention on the Rights of the Child
DHS	Demographic and Health Survey
EAP	East Asia and the Pacific
ESA	Eastern and Southern Africa
GDP	Gross domestic product
GNI	Gross national income
GSHS	Global School-based Student Health Survey
HBSC	Health Behaviour in School-aged Children Study
HIV/AIDS	Human immunodeficiency virus infection/acquired immune deficiency syndrome
IC	Industrialized Countries
ILO	International Labour Organization
IOM	International Organization for Migration
ITU	International Telecommunications Union
LAC	Latin America and the Caribbean
MENA	Middle East and North Africa
MICS	Multiple Indicator Cluster Survey
NGO	Non-governmental organization
OECD	Organization for Economic Co-operation and Development
SA	South Asia
SDG	Sustainable Development Goal
SEL	Social emotional learning
UN SRSG	United Nations Special Representative of the Secretary-General
UK	United Kingdom
UN	United Nations
UNDP	United Nations Development Fund
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNGA	United Nations General Assembly
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
UNOHCHR	United Nations Office of the High Commissioner for Human Rights
UNSD	United Nations Statistical Division
US	United States
USAID	US Agency for International Development
VAC	Violence against Children
VAW	Violence against Women
VIC	Violence in Childhood
WCA	Western and Central Africa
WHO	World Health Organization

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EXECUTIVE SUMMARY

TIME TO END VIOLENCE IN CHILDHOOD

Children are all too often victims of persistent violence. This need not be the case. Violence in childhood can be ended – through concerted efforts and collective action, maybe within a single generation.

Many millions of children all over the world are subjected to violence in their everyday lives. Such violence takes place in homes, in families, in schools, in institutions and on city streets – where they can be subject to all manner of violence, whether in the form of beating, bullying, corporal punishment, sexual violence or even murder. For many children, there is no safe place.

Thus far, efforts to address these and other forms of violence against children have been inspired and driven by the 1989 United Nations (UN) Convention on the Rights of the Child (CRC). Reflecting the CRC, this Report uses the term “violence” to cover behaviour that can result in serious physical or psychological harm for children. It includes violence perpetrated against children by adults and caregivers, as well as peer violence, perpetrated by children against children. Additionally, it includes children witnessing violence within

the home, school or community. For that reason, the Report uses the overall term “violence in childhood”.

The Report also highlights the inter-connections between inter-personal violence experienced by children and by women. Women and children face similar risks, as violence against children often co-occurs with attacks on their mothers. Witnessing family violence can leave significant though often invisible scars on children.

This Report does not directly address forms of violence (such as female genital mutilation) that are specific to some communities. Nor does it address issues related to slavery, exploitation and trafficking, which have been the subjects of recent global reports.¹ The Report also does not address self-directed violence such as suicide and self-harm, or collective violence inflicted by larger entities such as states, political parties, terrorist organizations or other armed groups.

This Report estimates that in 2015, close to 1.7 billion children² in the world had experienced inter-personal violence³ in a previous year. This figure includes 1.3 billion boys and

The Report estimates that in 2015, at least three out of four of the world’s children – 1.7 billion – had experienced inter-personal violence in a previous year.

Violence in childhood can be deeply destructive. The damage goes far beyond immediate trauma and fear, extending through many aspects of a child's life.

girls who experienced corporal punishment at home, 261 million schoolchildren who experienced peer violence, and 100,000 children who were victims of homicide in a previous year. In addition, it includes 18 million adolescent girls aged 15–19 who had ever experienced sexual abuse, and 55 million adolescent girls in the same age group who had experienced physical violence since age 15. While each form of violence differs in terms of scale and impact, all can have harmful effects. Every act of violence against a child, however mild it may appear, is wrong.

The imperative of ending violence against children has now been recognized within the UN's Sustainable Development Goals (SDGs). Adopted by the UN in September 2015, the SDGs embed in their vision the rights of children to lead lives without fear – with targets for ending all forms of violence and related deaths, abuse, exploitation, trafficking and violence against children.⁴

Impacts of violence in childhood

Violence in childhood can be deeply destructive. The damage goes far beyond immediate trauma and fear, extending through many aspects of a child's life, affecting her or his health, and education, and restricting future life opportunities. Violence can lead to longer-term child depression and behavioural problems, post-traumatic stress, anxiety and eating disorders. Impacts on mental health, in turn, can influence a range of outcomes, making young people more vulnerable to substance abuse and poor reproductive and sexual health.

Another consequence is poor educational achievement.⁵ Children with a history of maltreatment can

experience impairments in mental well-being that affect academic performance.⁶ Learning may also be impaired by corporal punishment, since children who fear being physically harmed by their teachers tend to dislike or avoid school. Another major concern at school is bullying. Adolescents who are bullied miss more school and show signs of poorer school achievement.⁷ Bullying adversely affects the bully and the bullied alike – both of whom can have significantly lower academic achievement and poorer health.

The impacts of early experience of violence can extend well into adulthood. Many social, health and economic problems can be traced back to childhood experiences. Young people who have been victims of sexual abuse often feel shame and blame themselves, and can be at greater risk of repeated suicide attempts.⁸

Adults whose health and education have been compromised by childhood violence may also struggle to get secure employment.⁹ Violence experienced in childhood also has adverse effects on the perpetrators: school bullies, for example, are more likely as adults to engage in criminal behaviour, mainly violent crime and illicit drug misuse.^{10,11} Moreover, violence in childhood can be transmitted through generations – from parent to child, or sibling to sibling – although only a small proportion of those who witness or experience abuse and violence go on to perpetrate violence as adults.

The adverse effects of violence can also be intergenerational, starting even before birth. The most immediate risk for the unborn child is domestic violence against the mother by a partner, spouse or other member of the family. Whether they

are suffering or witnessing abuse, children who grow up with violence in the home learn early and powerful lessons about the use of violence to dominate others.

Beyond the human costs, there are also financial consequences. Violence in childhood is wrong in itself, and must be eliminated. But governments can be reassured that doing the right thing also makes financial sense. It has been estimated that the annual costs of physical, sexual and psychological violence against children (measured indirectly as losses in future productivity) are anywhere between 2 per cent and 5 per cent of global GDP. Using sensitivity analysis, in the highest scenario, they can go up to 8 per cent, or about US\$7 trillion.¹²

Data for State action

From a human development perspective, all acts of violence, more so against children, are a violation of human dignity and human rights. It therefore becomes incumbent on the State to protect children, guarantee their constitutional rights, and prevent any form of childhood abuse even if it occurs in the privacy of homes.

An essential starting point for State action is robust and regular measurement of violence indicators, which in turn can help to track progress over time. Ideally, such measurement should cover children across different age groups and record all forms of violence across different settings. The requirement of countries to report on progress towards the SDGs provides an excellent opportunity for governments to start strengthening their data gathering systems on violence.

From a human development perspective, all acts of violence, more so against children, are a violation of human dignity and human rights.

Composite indices, like the Human Development Index, can help draw attention of nations and governments to critical concerns of societies. A newly constructed Violence in Childhood (VIC) Index prepared for this Report does precisely this.¹³ It combines indicators on violence against children and intimate partner violence against women using available and imputed data to derive a composite score for countries and regions of the world. The VIC Index highlights the reality that violence in childhood occurs in every country, no matter how rich or poor, and that higher levels of per capita income do not necessarily imply lower levels of childhood violence. This has two important policy implications. First, it emphasizes that violence can be prevented even at low levels of income, so low-income countries need not wait to become rich before eliminating violence in childhood. Second, high-income countries cannot afford to become complacent: violence against women and children can persist in spite of greater prosperity, improved standards of living and better living conditions.

Further, examining associations of the VIC Index with broader human development indicators such as secondary education, under-5 mortality and governance tells us that violence is markedly lower in countries that are committed to a human development agenda. Violence in childhood thus tends to be lower in countries that have higher rates of child survival and where more girls attend secondary school. Ending violence in childhood is likely to become a reality when nations strive to create an enabling environment characterized by political stability and respect for rule of law.

Two clear messages emerge from the analysis using the VIC Index to highlight the close linkages between childhood violence and human development across countries. One, violence in childhood cannot be ended unless human rights and human development are accorded greater priority by nation-states. Two, development cannot be sustained unless the world makes a concerted effort to end childhood violence.

Aggression in childhood

Children can be exposed to violence at every stage in their growth, even within the womb. However, both the nature of the violence and its potential impacts will differ according to children's levels of emotional, cognitive and physical development, as well as the family context and community in which they grow up. Analyses undertaken for this Report show that violence features in every stage of childhood, from prenatal to age 18, and is experienced differently by boys and girls.¹⁴

Prenatal period and birth – At this stage, the health and well-being of the foetus and newborn child are inextricably bound up with that of the mother who, during pregnancy, may face physical, sexual or emotional violence from her intimate partner or others. On average, between 4 and 12 per cent of women had been physically abused by an intimate partner during pregnancy in a majority of countries for which data are available. There is also a risk of sex-selective abortion – particularly in societies that undervalue girls and discriminate against women in respect of nutrition and healthcare.¹⁵

Early childhood (0 to four years) – As infants, children are exposed to the most serious crime – murder.

Around one in every five homicide victims among children is below the age of four. Most are killed by their caregivers: for children under one year, the offender is likely to be the mother; for older children, the offender is more likely to be the father.¹⁶

Much of the physical violence against children by their caregivers takes the form of corporal punishment. The extent of such discipline varies considerably around the world. Physical violence tends to be higher for younger age groups and then tapers off: at age two, 55–60 per cent of girls and boys experience physical violence.

Middle childhood (5–9 years) – As they grow older and enter school, boys and girls are still at risk of parental corporal punishment, and they become more vulnerable to emotional and physical abuse from their peers. By the age of nine, nearly 80 per cent of children have experienced emotional violence, which then declines marginally for those aged 12–16, and rises again to over 80 per cent by age 19.¹⁷ For girls, physical violence from other students begins around age six, and peaks when girls are aged 8–11, by which time 25–30 per cent of them have faced some form of physical abuse.¹⁸ Among boys, physical violence peaks at age 8–11, by which time more than half of them have been physically abused.¹⁹

Schoolchildren of all ages are subject to corporal punishment which, compared with parental corporal punishment, is more likely to involve the use of objects (such as canes). For instance, more than half of children aged eight in Peru and Viet Nam, three-quarters in Ethiopia, and over nine-tenths in India had witnessed a teacher administering corporal punishment in the past week.²⁰

Schoolchildren of all ages are subject to corporal punishment which, compared with parental corporal punishment, is more likely to involve the use of objects.

Far less is known about sexual violence experienced by boys, probably because boys are even less likely than girls to report it.

Early adolescence (10–14 years) – During this stage, children become more independent, and interact with wider groups of people. Boys are more likely than girls to be physically attacked or suffer intentional and unintentional injuries. There is also an increase in fighting between children, sometimes with knives or firearms. Early adolescence is also the age at which children become vulnerable to online violence via cyberbullying, sites that promote anorexia, suicide and sexual assault, “sexting”, pornography and grooming for sexual exploitation.²¹

Late adolescence (15–19 years) – Girls continue to experience corporal punishment and sexual abuse by parents, caregivers or family members or teachers. However, they are now also increasingly vulnerable to the kind of aggression directed towards older women in general. Boys, on the other hand, are more vulnerable to physical attacks by family members, teachers, friends and acquaintances, and are at greater risk of dying from homicide.²²

Gender disparities start to widen in adolescence. Girls and boys in cultures throughout the world are treated differently from birth onward, but at puberty this gender divide increases significantly. During adolescence, opportunities tend to expand for boys and contract for girls. As boys begin to take advantage of new privileges reserved for men, girls endure new restrictions that are applied to women. Boys gain autonomy, mobility, opportunity and power (including power over girls’ sexual and reproductive lives), while girls are correspondingly deprived. During adolescence, girls are increasingly socialized into gender roles and are under pressure to conform to conventional notions of masculinity and femininity.²³

Sexual abuse can also occur with early and forced marriages, as well as in dating relationships. In some countries, mostly in Africa, nearly 30–40 percent of adolescent girls become victims of sexual violence before the age of 15.²⁴ According to recent surveys, a relatively large proportion of men report that they were teenagers, younger than 15 in some places, when they first perpetrated rape.²⁵

Far less is known about sexual violence experienced by boys, probably because in many societies boys who report being victims of such abuse are more likely to be stigmatized than girls, and are less likely to report it.²⁶ Recent surveys suggest that up to 20 per cent of adolescent boys in countries such as Haiti and Kenya may be facing sexual violence by the age of 19.²⁷

Harmful social norms

Throughout childhood, violent behaviour can be legitimized by social norms, including the belief that parents and teachers should use violence to control and discipline children. Many societies also condone wife-beating. Such violence stems from social norms of patriarchy which, particularly for men, legitimize violence as a way of earning respect.

Children often suffer violence because of discrimination based on:

- *Disability* – Children with disabilities, including autism spectrum disorders, and learning and intellectual disabilities, are particularly vulnerable to bullying as well as emotional and sexual violence.²⁸
- *Appearance* – Children who are obese or wear spectacles are more likely to be bullied than their slimmer, non-spectacled peers.²⁹

The overwhelming evidence is that institutional care denies children their rights and cannot meet their needs.

- *Sexual orientation* – A high proportion of lesbian, gay, bisexual and transgender students experience homophobic and transphobic violence, particularly in schools.³⁰
- *HIV status* – Children and adolescents with HIV/AIDS can suffer extreme discrimination, stigma and punishment.³¹
- *Racial, ethnic or religious identity* – In many countries, children can be bullied and discriminated against based on their race, religion or ethnic group.³²

No safe place

A child can experience violence in many settings – in the home, at school or in the wider community. And frequently these experiences are connected, with the same child experiencing violence in multiple settings – an example of “poly-victimization”.

Households and homes – Violence can happen at all income levels, but the risk is greater when families are under stress from poverty, which can sap parents’ energies and their sense of competence and control. Violence in the home is also affected by alcohol abuse and poor mental health. Children are more likely to develop aggressive tendencies where there is a lack of parental monitoring, or where parents provide aggressive role models.

Schools – Much violence is influenced by a school’s ethos. A school that tolerates unjust practices signals to the child that violence is acceptable. In some cases, this may happen because the schools and teachers themselves are under pressure.³³ Teachers may exercise extreme

authority to control the class and demand absolute obedience while taking out their frustrations on the children. The culture of the school affects the extent of bullying. Certain classroom, teacher and school characteristics may inhibit or fuel bullying problems.

Institutional care – Millions of children live in institutions,³⁴ despite the overwhelming evidence that institutional care denies children their rights and cannot meet their needs.³⁵ Children in such institutions show negative cognitive outcomes including impaired growth³⁶ and poor attachment,³⁷ with placement at young ages and long duration of stay further increasing the risk of harm and negative impacts.^{38,39} Children in institutions are also at significantly greater risk of physical and sexual abuse than those in foster care or the general population.⁴⁰ Children with disabilities are particularly at risk⁴¹ – they are often abandoned within institutions without stimulation or human contact, and are often physically restrained.⁴²

Communities and public spaces – Cities generally are engines of prosperity and, compared with rural areas, offer better levels of health, education and income. But parts of many cities present major risks.⁴³ The highest rates of violence are typically found in neighbourhoods with low social capital and few informal systems of social regulation and control, giving rise to fear and mistrust, especially among young people.⁴⁴ In these circumstances, they may be attracted to gangs which offer them a sense of belonging. Whether or not they are in gangs, a significant proportion of young people find themselves living and working on the streets. They are often stigmatized as juvenile delinquents, and their presence on the street is frequently criminalized.

Although urbanization does not per se breed violence against women and children, it can increase the risks and vulnerabilities.^{45,46} Poor street lighting, flimsy dwellings, poor access to safe transportation, and other infrastructural deficits can constrain children and women's mobility, impacting negatively on their participation in school and the labour market, and on their access to services and leisure.

Online violence - In many respects, children benefit from online communications that help build trust between groups and communities. Young people use the internet to access information and communicate with others in many positive ways. Nevertheless, digital communications also expose children to violence, trauma and aggression. Online violence is often an extension of offline violence. In some cases, the internet can become a platform for promoting abuse.

Children's responses to violence

Studies of childhood violence and media reports often position children as helpless victims. However, children's accounts of their responses to violence reveal a more complex picture.⁴⁷ While some might seek help, others may be left with no option but to run away or use violence to defend themselves. These responses are also determined by the non-availability of appropriate services, particularly in low- and middle-income countries. Friendships and school can provide support for children who have difficult home environments.

A human development perspective provides an overarching framework within which to focus on what children are capable of doing or becoming.

Realizing children's rights to a violence-free childhood

Actions to end violence in childhood should be seen as part of a "rights revolution" which has extended the rule of law to cover violence within the most private of places – the home. The CRC encapsulates such aspirations, and recognizes that children are the foundation for sustainable societies. Children are not objects, but persons with rights of their own that must be articulated and enforced.

Children can pursue many aspects of these rights themselves.⁴⁸ Indeed, they often have a strong sense of fairness and justice. Nevertheless, children often have no voice to express the traumatic effects of violence, and have little capacity to influence public decision-making. Children rely on responsible adults and on society to intervene on their behalf for their safety and well-being.

A human development perspective

A human development perspective provides an overarching framework within which to focus on what children are capable of doing or becoming in the real world. These capabilities would include, for instance, the capability to lead a long and healthy life, to be well-nourished, to enjoy bodily integrity and not be abused, and to engage in various forms of social interaction. They also include the capability to play, to laugh, to enjoy recreational activities and, more broadly, to enjoy childhood.

Childhood violence disrupts the formation of these capabilities. Violence breeds fear, violates the dignity and rights of children and robs them of the joys of childhood. Freedom from fear is as fundamental to life as freedom from want and freedom from hunger, and is essential for harnessing human potential.

Protecting children from violence must therefore be a priority for every state and society. The human development approach underscores the responsibility of the State for ending violence. Violence is not a private matter that should be left to families to resolve, but a matter of human rights that states have a duty to uphold. State intervention is also important because many acts of violence generate negative externalities for society as a whole.

Prevention is possible. Governments are beginning to realize that even small measures to prevent violence can greatly improve children's prospects and enhance the returns on existing investments in education and health.

Strategies for prevention

Experience from across the world demonstrates that violence in childhood can be prevented. Approaches to addressing violence have limited effect when they deal with violence primarily as a series of separate incidents, failing to recognize its deep social and economic roots. Instead, strategies need to be more broadly-based, supporting parents and children while investing in more peaceful communities, schools and public services. Many governments, communities and organizations have taken steps to address the structural drivers of violence – investing in services, safe spaces, systems and institutions, and building people's capacities to manage and avoid aggression.

Prevention is possible. Governments are beginning to realize that even small measures to prevent violence can greatly improve children's prospects and enhance the returns on existing investments in education and health.

To find out what works, Know Violence commissioned research from around the world. This has offered important insights but also confirmed the geographical narrowness of the evidence base. A high proportion of the information gathered comes from the advanced economies, except for evidence on fragile and high-risk communities, which comes mostly from low- and middle-income countries in Latin America.

Approaches to prevention cluster into three areas: those that enhance individual capacities; those that embed violence-prevention strategies into existing services and institutions; and those that eliminate the root causes of violence.

Enhance individual capacities

Well-informed parents and caregivers can both prevent violence and create a nurturing environment free from fear in which children can realize their full potential. Children themselves can also be equipped with skills that build resilience and capabilities.

Equip parents and other caregivers – Prevention programmes focused on reducing child maltreatment have generally been embedded within home-visiting programmes, group or individual-based parenting programmes, and paediatric care.⁴⁹ Lessons from strategies that aim to prevent intimate partner violence suggest that the most effective programmes are typically those that involve community mobilization and economic empowerment, paired with gender equality training.

Inter-personal violence in the home often arises from strained relationships exacerbated by economic uncertainty and hardship. Governments can respond by offering different forms of social protection, which in low- and middle-income countries has increasingly taken the form of cash transfers. Well-designed

Violence is interwoven into the everyday lives of children and women. Prevention should correspondingly be built into all institutions and services that address children's everyday needs.

cash-transfer programmes can (by mitigating income deprivation) help to improve relationships strained by hardship, and also reduce transactional sex among adolescent girls.⁵⁰

Empower children – While adults should ensure children's safety, there are many situations in which adults are either absent or unable to fulfil that role. Children themselves must therefore be at the heart of prevention efforts – acquiring the capacities to act in their own interests.⁵¹ To some extent, relevant life skills can be imparted through pre-school and school programmes that offer opportunities for social and emotional learning.⁵² It is also important to build children's resilience so that they can cope with stress or adversity.

As children go through adolescence they can acquire more positive attitudes and behaviours that can prevent violence in schools and communities. They should be encouraged to reject harmful social norms, including rigid attitudes to masculinity. Adolescents should also have comprehensive sex education and be encouraged to be active bystanders if they witness sexual assaults. For boys, sports programmes can also deliver messages about the importance of respecting women and understanding that violence does not equal strength.

Embed violence-prevention in institutions and services

Violence is interwoven into the everyday lives of children and women. Prevention should correspondingly be built into all institutions and services that address children's everyday needs.

Prevent institutionalization – One of the first priorities should be to avoid moving children into large institutions where they can be vulnerable to neglect, abuse and exploitation. The aim should be to strengthen families and communities

so they can provide the care and protection children need, while creating alternatives for family-based residential care, foster care and adoption.⁵³ For children who are in institutions, it is important that they have nurturing relationships with staff and are able to discuss sensitive issues, such as experiences of violence, past and present.

Transform school cultures – Schools have an important influence on children's lives, and in shaping their experience of violence. Schools and other institutions should be centres of non-violence, discouraging hierarchical practices that condone violent behaviour and bullying. Studies in industrialized countries have demonstrated the value of a high-quality early childhood environment in terms of cognitive and other benefits that persist into adulthood.⁵⁴ At all levels of schooling, however, teachers need training so that they can gain the trust of children. Effective teachers have a good understanding of child development and aim to develop non-cognitive "soft" skills including the ability to monitor and manage feelings, control impulses and develop positive behaviour.⁵⁵

The elimination of corporal punishment should be a high priority for schools. This will require the support not just of teachers and the education sector but also the involvement of families, children and community members.⁵⁶ The overall aim should be to change the school's culture and create viable alternative models of adult-child relationships.^{57,58,59,60} These improved relationships should not only prevent violence but also improve children's learning, health, economic and social outcomes.

The most effective strategy is a whole-school approach that treats violence as a symptom of a disturbed ecosystem and aims to achieve an equilibrium through a variety of

Societies and governments should work with families and communities to address many of the root causes of violence – to establish violence-free communities and change adverse social norms.

interventions targeted at students, parents, teachers and classrooms. At-risk youth can also benefit from after-school programmes that address under-achievement, behavioural problems and socio-emotional functioning. Programmes to stop bullying, prevent peer victimization and dating violence, as well as campaigns to end corporal punishment, offer many lessons for transforming the culture of schools.

Promote online safety – The internet and digital telecommunications can be part of a broader process of child protection. Children can use the internet to circumvent rigid social hierarchies, seek out information and amplify their voices. The anonymity of the internet also provides opportunities for girls and sexual minorities to find vital information and connect with others.^{61,62} However, the internet also creates new dangers. Online safety is partly a matter of increasing the capacities of parents and teachers. At the same time, organizations and governments can work to create safe spaces where children can build their online skills and literacy, free from the risks of violence.

Embed violence-prevention in health services – All health professionals, whether offering emergency, antenatal or primary health care should have standard screening tools to detect violence against women and children.⁶³ They can then arrange appropriate referral and treatment. Emergency services and primary-care providers, for example, are likely to see children who have been injured, or women who have been assaulted. All clinicians, including primary-care, sexual and reproductive health and mental health service-providers should know when and how to ask about violence, what first-line care to provide, and how to refer patients for additional support.

Health services should offer links to safe spaces for women and children. And perpetrators, particularly young perpetrators, should get the support they require to control their aggression.

Eliminate the root causes of violence

Societies and governments should work with families and communities to address many of the root causes of violence – to establish violence-free communities and change adverse social norms.

Free communities from violence – Violence thrives in communities controlled by criminal organizations, street gangs, vigilantes and paramilitary groups.⁶⁴ There is ample evidence, particularly from Latin America, of strategies that can reduce violence by strengthening systems of formal justice supplemented with community-based mediation.⁶⁵ Disputes can be resolved through the formal justice system, which can include mobile courts to provide services in remote areas. However, there can also be opportunities for community-based mediation and arbitration, particularly in marginalized neighbourhoods. Police can work more effectively in partnership with communities which can help to increase levels of trust and the reporting of crime.⁶⁶

In addition, the risks of violence can be reduced by reshaping the physical environment through better urban planning. A useful principle is to design public spaces – streets, parks, bus stops, sports fields, squares, parking lots – according to the safety needs of women and children. In addition to proper lighting and signage, safe community spaces should have clear, well-kept paths and good general visibility with low, wide

sidewalks for strollers, wheelchairs, and walkers, and easy access to clean, secure, child-friendly toilets.

Stress and frustration can be reduced by offering people easier access to services and employment opportunities, through reliable public transport that connects parks, libraries and community centres with low-income neighbourhoods. Local authorities can also target high-risk hotspots with a range of services and resources, thus offering young people productive outlets for their energy and strengthening community cohesion.

Regulating firearms and alcohol access is also important. People are better able to deal with volatile situations when they are not under the influence of alcohol and do not have guns. States should ban gun use by children, starting with laws that prescribe the appropriate minimum age – at least 18 years, or more – for possessing or purchasing a gun. Similarly, a comprehensive alcohol policy should make alcohol more expensive and establish and enforce a minimum age for purchase.⁶⁷

Change adverse social norms – Social norms may appear difficult to change, but in fact norms on violence are constantly shifting. Beliefs and norms are not rigid. Norms that endorse physical punishment of children may now be weakening – globally, only around three in ten adults now believe that physical punishment is necessary to raise a child properly.⁶⁸

Change begins when opinion leaders introduce an idea that others start to accept. Eventually there is a “tipping point” after which the innovation rapidly proliferates to become the new social norm. Hypothetically, a respected teacher might start the process by vowing not to use corporal punishment in her classroom. Other teachers, who

are early adopters, notice that her students have higher attendance rates and better grades, and implement the same policies.⁶⁹ Over time, more and more teachers decide not to use corporal punishment until the late majority adopts the new consensus.

This approach to changing social norms is reflected in peer influence programmes which recruit community leaders as trusted and credible messengers. They themselves may have formerly been involved in violence, but have changed their behaviour and, after intensive and specific training, are in a strong position to persuade others to abandon violence.

Other programmes target social norms indirectly. Informed by theories and models of behaviour change, they aim to modify people’s attitudes and beliefs. The Health Belief Model, for example, introduces people to the harmful effects of a particular behaviour and the health benefits of avoiding it.

Essential public action

The Agenda 2030 vision of “a world free of fear and violence” will require determined public action, not just by governments but also by civil society, international organizations, academia, researchers and the media. All should unite to end violence in childhood – to break the culture of silence, strengthen violence-prevention systems, and improve knowledge and evidence.

For too long, however, the approach has been fragmented. The tendency has been to individualize an act of violence as a stray occurrence, while stigmatizing victims, unfairly blaming parents and punishing children. Preventing violence in childhood should instead be

Change begins when opinion leaders introduce an idea that others start to accept. Eventually there is a “tipping point” after which the innovation rapidly proliferates to become the new social norm.

grounded in certain core principles: respecting children's rights, freeing children from fear, enhancing their capabilities, practising non-discrimination and promoting gender equality.

Break the silence

The first task is to break the silence around childhood violence. Violence needs to be spoken about and made fully visible. Traditional and social media can highlight the scale of the problem and help change attitudes and behaviour. They can challenge gender and social norms that belittle the dignity and freedoms of women and children, while also highlighting the extent of violence against boys, and against children who are vulnerable because of sexual orientation, disability or ethnicity.

The culture of silence around childhood violence can also be broken through cooperation between the movements concerned with violence against children and those concerned with violence against women. Both fields grapple with issues of dependency and marginalization – the effects, almost always, of power differentials.⁷⁰ Ending violence requires a strong alliance across all stakeholders – building national, regional and global movements.

Responsibility for ending violence ultimately rests with national governments. However, governments can also share this with global partners to scale-up good practices. Moreover, many of the new forms of child abuse are trans-national – especially online bullying and cybercrimes – and require concerted action across national boundaries.

The first task is to break the silence around childhood violence. Violence needs to be spoken about and made fully visible.

Strengthen violence-prevention systems

Violence is chronic and invisible, and it manifests itself in multiple ways in the everyday lives of women and children. It cannot be prevented by the efforts of one sector alone. Professionals in health, education, social welfare, child protection, law, governance, planning and policing can together build a sound prevention platform to address the risks that shape children's experience of violence, while also ensuring strong systems of referral and response for women and children who are victims.

Violence-prevention strategies are more effective when they are nested within national efforts that tackle the structural causes of violence, including social norms, gender and other inequalities and discrimination. This includes legislative change and effective implementation of laws to end impunity.

Investing in violence-prevention can greatly increase the returns on existing investments in health, education and social services – and improve sustainability. Both national governments and donors – including bilateral agencies, multilateral agencies and foundations – should earmark dedicated and sufficient resources across sectors for preventing childhood violence, based on strategic, coordinated, and clearly articulated violence-prevention plans.

Improve knowledge and evidence

The violence-prevention agenda needs a stronger evidence base. Lack of data has seriously constrained a proper understanding of childhood violence,

Children should grow up in a very different world by 2030 – the target year for the Sustainable Development Goals.

and hence the capability to design prevention policies. Relatively little is known, for example, about the experience of boys, children with disabilities and those belonging to sexual, racial and religious minorities.

Violence in childhood should also be a component of all surveys that reach out to children and their caregivers, based on the establishment of globally accepted standard definitions. Schools and hospitals need to establish administrative mechanisms for routine data-collection of cases of abuse. More specialized research can throw light on the social determinants of violence, and useful insights can also be gained from economic analyses and research on the gendered nature of violence. Operations research can provide the basis for designing culturally appropriate service responses that are efficient, effective and sustainable.

A future free from violence

Children should grow up in a very different world by 2030 – the target year for the Sustainable Development Goals. Positive social norms should ensure freedom from fear. Domestic violence should be a scourge of the past. With greater social and economic security, mothers and fathers should be able to better care for their children. And finally, children should have safe spaces in which to live, play, study and travel.

This is not a distant dream. It can be realized if we start now. Leaders, governments and communities across the world are in a position to transform children's lives and the futures of their societies, establishing the basis for a just, peaceful and equitable world – a world worthy of its children.

CHAPTER - 1

TIME TO END VIOLENCE IN CHILDHOOD



Children are all too often victims of persistent violence. This need not be the case. Concerted efforts and collective action can end violence in childhood within a single generation.

For a large proportion of the world's population life is better than it was 30 years ago. Fewer people are living in extreme poverty. Fewer mothers die in childbirth. Life expectancy has increased. More children are in school today than at any other time in history.

Less global attention has been paid, however, to the sufferings of millions of children all over the world who are subjected to violence in their everyday lives. Some of the starkest episodes do hit the headlines. There are regular news reports of children caught up with armed forces and groups, forced to flee (often alone) from war, exposed to abuse in refugee camps, or trafficked into labour or sexual exploitation.

But this is just the tip of the iceberg. In 2015, millions of children all over the world - an estimated 1.7 billion - had experienced inter-personal violence in a previous year.^{1,2} Such violence is often hidden in the mesh of familial and intimate relationships. It takes place in homes, in families, in schools, in communities and in institutions, online and on city streets. Children can be subject to all manner of violence - beating, bullying, corporal punishment, sexual violence or even murder. For many children, there is no safe place.

Thus far, efforts to address these and other forms of violence against children have been inspired and driven by the 1989 UN Convention on the Rights of the Child (CRC), ratified by all but one UN member states. The CRC makes it clear that children should not be subject to violence of any kind. It asserts that violence against children is always wrong, whether intended or unintended, provoked or unprovoked, deliberately committed or merely condoned. There is no threshold

below which violence is acceptable - even if the actions are legal, and the perpetrators believe that their behaviour is appropriate and that their actions are in the interests of the child.³

The imperative of ending violence against children has now been recognized within the UN's Sustainable Development Goals (SDGs). Adopted by the UN in September 2015, the SDGs embed in their vision the rights of children to lead lives without fear - with targets for ending all forms of violence and related deaths, abuse, exploitation, trafficking and violence against children.

The scope of this Report

The CRC provides a comprehensive definition of violence against children. It defines violence (in article 19, paragraph 1) as "all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse". It also states that the term violence represents all non-physical and non-intentional forms of harm to children.

Reflecting the CRC, this Report focuses on physical, sexual and emotional violence that can result in serious physical or psychological harm to children. It includes violence perpetrated against children by adults and caregivers, as well as peer violence (perpetrated by children against children). It focuses particularly on the everyday inter-personal violence that children experience - or witness - within the home, school or community.

This Report does not directly address forms of violence (such as female

Violence is often hidden in the mesh of familial and intimate relationships.

Violence in the home against children and women is shaped by similar risk factors and is likely to occur in the same families.

genital mutilation) that are specific to some communities. Two further categories are outside its scope: self-directed violence (such as suicide and self-harm), and collective violence (inflicted by entities such as states, political parties, terrorist organizations and other armed groups). Finally, this Report does not address issues related to slavery, exploitation and trafficking, which have been the subject of other recent global reports.⁴

Children can experience interpersonal violence in many interconnected ways that spill across settings, from homes to schools to communities, and through the years of childhood. Many experience more than one form of violence. A child may also be subject to “poly-victimization” – he may suffer abuse and violence in the home, for example, and may be driven into the street where he is exposed to further, multiple incidents of violence.^{5, 6, 7}

To highlight these inter-connected experiences this Report uses the term “violence in childhood”. The Report also links violence in childhood with violence against women partly because many young mothers are themselves children under 18, and partly because violence against children is often bound up with attacks on their mothers.⁸ Violence in the home against children and women is shaped by similar risk factors and is likely to occur in the same families.⁹ And the consequences are also often common and compounding.¹⁰ Witnessing family violence – which is almost always against women – can leave significant, though often invisible, scars on children.

Moreover, adolescent girls are often treated as women. The UN defines children as boys and girls under 18, and adolescents as children aged 10–19. Research and programmes focused on intimate partner violence,

however, often consider girls aged 15 as women, especially if they are married or have children themselves. Violence against older adolescent girls aged 15–19 thus falls within the domains of both violence against children and violence against women.

A multidimensional problem

Violence emerges from a complex interplay between individual aggression and more deeply rooted structural drivers and factors. Some factors, such as mental health issues and poor impulse control, are individual. Others, including marital or relationship stress and economic hardship, may be relational. Still others may reflect broader social pressures, particularly in “fragile” communities. For instance, intimate partner violence is more common in households whose members suffer from poor mental health and substance abuse, compounded by unemployment and poverty – and in settings where there are high levels of social isolation and community violence.¹¹

Violence may not be directly caused by circumstances such as deprivation, inequality or injustice. Nevertheless, some of these factors may create the conditions for violence. For instance, in some countries of Latin America community-based violence can emerge from the discrimination and stress caused by social and economic inequalities.¹²

The risks can also be greater when social norms uphold violence as an acceptable way to express social control and power. Intimate partner violence, for example, is often associated with norms that reinforce men’s sexual entitlement and their right to control women, as well as norms that prioritize family privacy and shift blame on to the victims.

Moreover, social and cultural norms such as taboos on sexuality can silence disclosure and contribute to the persistence of violence.

Children may be exposed to multiple forms of violence in many settings with overlapping risk factors. Ending violence in childhood thus requires a concerted and integrated effort in all contexts and at all levels.

The scale of violence in childhood

Violence in childhood is a subject about which it is difficult to gather reliable information. This is partly because it is hidden by a strong culture of silence. Fearing potential stigma or retribution, many children and women are afraid to report abuse.¹³ Moreover, most governments only collect data on certain forms of violence and do so inconsistently. As a result, relatively little is known, for example, about sexual abuse or bullying, and still less about the extent of online violence and cyberbullying.

Nevertheless, estimates generated for this Report suggest that at least three out of every four of the world's children – 1.7 billion – have experienced some form of interpersonal violence in a previous year, whether they are in rich countries or poor, in the global North or the global South.¹⁴ (FIGURE 1.1)

This figure includes 1.3 billion boys and girls who experienced corporal punishment at home, 261 million schoolchildren who experienced peer violence, and 100,000 children who were victims of homicide in the previous year. In addition, it includes 18 million adolescent girls aged 15–19 who had ever experienced sexual abuse, and 55 million adolescent girls in the same age group, who had experienced physical violence since age 15. While each form of violence differs in terms of scale and impact, all can have harmful effects. Every act of violence against a child, however mild, is wrong.

The picture of childhood violence that emerges is disturbing. Millions

FIGURE 1.1: Global burden of violence against children, 2015.



Source: Shiva Kumar and others 2017 for Know Violence in Childhood 2017.

of children experience inter-personal violence across all regions of the world.¹⁵ (FIGURE 1.2)

Impacts of violence in childhood

Acts of violence have both constitutive and consequential effects. Constitutive effects refer to the pain and suffering that a child experiences and internalizes as the immediate result of an act of violence. Consequential or spillover effects refer to externalities, such as the effects of witnessing violence, or long-term consequences that persist beyond the immediate experience.

Violence in childhood can be deeply destructive. The damage goes far beyond immediate trauma and fear, extending through every aspect of a child’s life, affecting her or his health and education, and restricting future life opportunities. Some of the consequences that have been associated with the experience of, or exposure to violence are summarized below.

Consequences during childhood

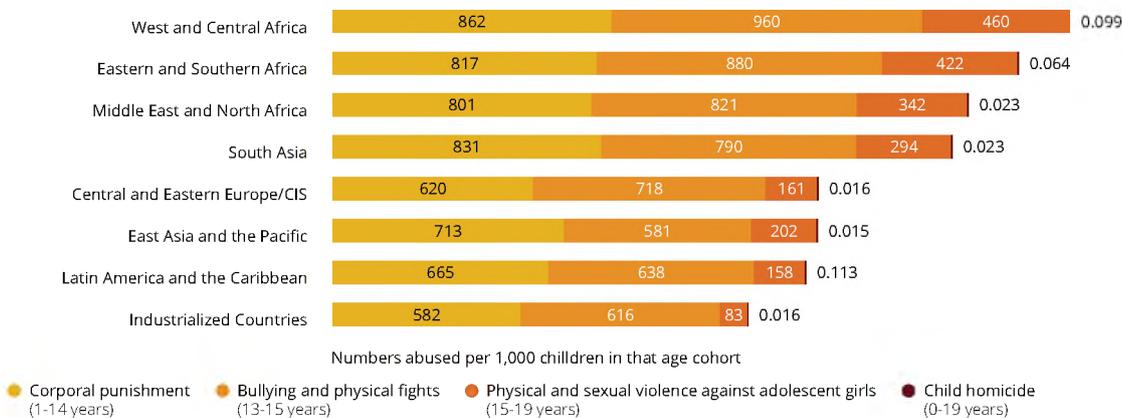
Violence not only causes immediate trauma; it can lead to longer-term child depression and behavioural

problems,¹⁶ post-traumatic stress,¹⁷ anxiety and eating disorders.¹⁸ Impacts on mental health, in turn, can influence a range of health outcomes, making young people more vulnerable to substance abuse and poor reproductive and sexual health.¹⁹

Research shows that children faced with strong, frequent and prolonged adversity without adequate adult support in their earliest years can experience “toxic stress”.²⁰ This may result from physical or emotional abuse, chronic neglect, substance abuse or mental illness of caregivers, exposure to violence, or the accumulated burdens of family economic hardship. Such toxic stress can disrupt the development of the brain and other organs, increase the risk of stress-related diseases and cognitive impairment, and heighten the possibility of involvement in exploitative relationships when older.²¹ The likelihood of trauma symptoms is greater in the case of poly-victimization.

Similar consequences for mental health and social functioning have been documented for exposure to certain forms of intimate partner violence and child sexual abuse.²² Children who have been exposed to violence at the hands of intimate

FIGURE 1.2: Regional burden of violence against children, 2015.



Source: Shiva Kumar and others 2017 for Know Violence in Childhood 2017.

“I do not like my school, since the teachers beat me badly. They beat with a stick on my back, even if we are sitting and talking.”

Nine-year-old boy, India

partners risk multiple health problems, including internalizing behaviour problems (e.g. anxiety and depression), externalizing behaviour problems (e.g. aggression and delinquency) and symptoms of trauma.²³

Another consequence is poor educational achievement.²⁴ Children with a history of maltreatment experience show impairments in mental well-being – in the form of anxiety, low mood, aggression, social skills deficits and poor interpersonal relationships – that affect academic performance.²⁵ A recent study in South Africa and Malawi, for example, looked at children exposed to harsh discipline or psychological intimidation – including threatening to send them away or send them to bed without food, threatening them with ghosts or calling them names – and found that such children were less likely to enrol in school.²⁶

Children’s learning can also be affected by corporal punishment. Children who fear being physically harmed by their teachers tend to dislike or avoid school. One study which followed the lives of 12,000 children in Ethiopia, India, Peru and Viet Nam over 15 years found that the most important reason for students not liking school was corporal punishment.²⁷ There is now robust evidence that physical punishment is a risk factor for child aggression and anti-social behaviour.²⁸

Another major concern at school is bullying. Adolescents who are bullied miss more school and show signs of poorer school achievement than those who are not bullied.²⁹ They are also likely to report higher levels of loneliness,³⁰ poor health,³¹ and greater levels of anxiety and depression.³² Studies have also linked the experiences of victims to suicidal thoughts.³³ Bullying harms the bully and the bullied alike – both of whom can have significantly lower

academic achievement and poorer health than children not involved in this type of violence.

Some of the same psycho-social and socio-economic consequences can be produced by online violence. As yet, these outcomes are less well understood. There may, however, be distinct impacts and harms arising from the unique characteristics of online violence, such as the permanency of the digital footprint, the capacity for the aggressor to remain anonymous, and the sheer scale of an offence that goes viral.³⁴

Lifelong effects

The impacts of early experience of violence – for both victim and perpetrator – can extend well into adulthood. Many social, health and economic problems can be traced back to childhood experiences. Mental illness often begins early and can be rooted in adverse experiences such as childhood abuse. Young people who have experienced sexual abuse often feel shame and blame themselves, and can be at greater risk of repeated suicide attempts.³⁵

Adverse Childhood Experiences (ACE) was a study by the US Centers for Disease Control and Prevention that matched adverse childhood experiences against adult and adolescent health risks, health status and social functioning.³⁶ The study established a strong, graded relationship between the number of adverse events in childhood and negative outcomes in adulthood, including partner violence and poor anger control.³⁷ Early adverse experiences were strongly associated with substance abuse, and disruption of the ability to form long-term attachments in adulthood.³⁸

Early experiences of violence can also drive many chronic physical illnesses.³⁹ By the time a child victim reaches adulthood, she or he can be at

Whether they are suffering or witnessing abuse, children who grow up with violence in the home learn early and powerful lessons about the use of violence to dominate others.

increased risk not only of depression, post-traumatic stress disorder and addiction, but also of cardiovascular disease, asthma, obesity, diabetes, cancer and many other illnesses.⁴⁰ A survey in Swaziland found that females (aged 13–24 years) who had been exposed to childhood sexual violence were three times more likely to contract HIV and other sexually transmitted infections, or have an unwanted pregnancy than those who had not been exposed.⁴¹ Other consequences include teen pregnancy, as well as associated risk behaviours such as having multiple partners and early initiation of sexual activity.

Adults whose health and education have been compromised by childhood violence may also struggle to find secure employment.⁴² Acts of violence experienced in childhood also have adverse effects on perpetrators: school bullies, for example, are more likely as adults to engage in criminal behaviour (mainly violent crime and illicit drug misuse) than non-bullies.^{43,44}

Intergenerational transmission

Violence in childhood can be transmitted within families – from parent to child or sibling to sibling – although only a small proportion of those who witness or experience abuse and violence go on to perpetrate violence as adults. A study in the United Kingdom, for example, found that only one in ten male victims of child sexual abuse went on to be an abuser himself.⁴⁵ In this case, the greatest risk was for children from severely dysfunctional families with a history of violence, or who suffered sexual abuse by a female or maternal neglect.

Intergenerational transmission can start even before birth. The most immediate risk for the unborn child is violence against the mother by a partner, spouse or other member of the family. If pregnant women or girls are victims of abuse, they

are more likely to have pre-term births, and their newborn children can have lower birth-weight and are at higher risk of physical and mental disability.^{46,47} In India, women who faced domestic violence were found to be more likely to develop complications during pregnancy, resulting in miscarriages, abortions or stillbirths; their children were also more likely to be stunted and develop diarrhoea.⁴⁸ Antenatal domestic violence has also been associated with maternal depression and violence towards children.⁴⁹

Whether they are suffering or witnessing abuse, children who grow up with violence in the home learn early and powerful lessons about the use of violence to dominate others. Many studies have found that a child's experience of physical punishment is associated with higher levels of aggression against parents, siblings, peers and spouses.⁵⁰ Boys who witness violence against their mother are more likely to commit intimate partner violence as adults.⁵¹ Equally, girls who have witnessed violence against their mother are more likely to fall victim to intimate partner violence in later life. In fact, it is argued that the single best predictor of children becoming either offenders or victims of domestic violence later in life is whether or not they grow up in a home where there is domestic violence. Studies from various countries conclude that rates of abuse are higher among women whose husbands were abused as children or who saw their mothers being abused.⁵²

A study in the US found that girls who witnessed violence in the home were twice as likely subsequently to experience intimate partner violence: one-fifth to one-third of teenagers who witnessed domestic violence later experienced teen dating violence and were regularly abused (verbally, mentally, emotionally, sexually or physically) by their partners. Further, 30 to 50 per cent of such

couples exhibited the same cycle of escalating violence in their marital relationships.⁵³ These findings are also borne out in studies in other regions, notably Asia and the Pacific.⁵⁴

Financial implications

Beyond the human costs are financial consequences. Reducing these costs to monetary losses or losses in productivity should never be considered as the reason to act – violence in childhood is wrong and must be eliminated. But governments can be reassured that doing the right thing also makes financial sense.

Estimating the economic implications of violence is a complex exercise. Some costs, such as the out-of-pocket expenditures incurred by a victim who visits a health facility, can be quantified directly. Some costs, such as the potential loss of wages for a worker whose abuse resulted in lower productivity, can be modelled. Other costs can be quantified, but not necessarily in monetary terms: the statistics may instead appear as the number of lives lost or the number of children who may be stunted because their mothers were abused. And yet other costs such as the pain, suffering and emotional distress cannot be quantified at all: doing so, in fact, requires making value-judgments.⁵⁵

Estimating the monetary costs of violence is limited by the type and quality of data available. Detailed surveys on violence against children are not available for most countries, although more have been conducted recently.⁵⁶ Where reports exist, they largely concern high-income countries. Similarly, it is rare to find administrative records of medical costs, social services and judicial expenditures incurred while preventing or responding to violence; and these generally do not itemize the amounts specifically spent on preventing, or responding to, violence

against children. In any case, not all children affected by violence use such services.

Finally, calculating the global costs of violence involves comparisons and generalizations between countries at very different levels of development. This requires statisticians to use proxies such as GDP per capita in order to scale the costs for every country and bring them to a common metric. The use of such proxies, however, may imply that a life lost in a country that has one-tenth of the GDP per capita of the US appears to have one-tenth the value of a US life.

Nevertheless, several studies based on a combination of approaches suggest that the monetary costs of childhood violence are high. For example, it has been suggested that the cost of physical, sexual and psychological violence against children (measured indirectly as losses in future productivity) ranges between 2 per cent and 5 per cent of global GDP, and in the highest scenario may reach up to 8 per cent of global GDP, or about US\$7 trillion.⁵⁷ A study from Turkey in 2012 estimated that the economic burden of violence against children was anywhere between 5 and 47 billion euros.⁵⁸

Given the scarcity of data, the principal method used to estimate health costs is indirect, using the burden of violence approach, which relies on the WHO disability adjusted life years (DALY) measure. On this basis, it has been estimated that physical abuse against children costs China 0.84 per cent of its GDP.⁵⁹ Similarly, in the East Asia and Pacific region, child maltreatment – defined to include child physical abuse, sexual abuse, emotional abuse, neglect and witnessing parental violence – costs a total of US\$151 billion or 1.9 per cent of the region's GDP. The same method when applied to the USA finds the total lifetime economic

The cost of physical, sexual and psychological violence against children, measured indirectly as losses in future productivity could be between 2 and 5 per cent of global GDP.

burden resulting from new cases of child maltreatment in 2008 is approximately US\$124 billion.⁶⁰

If the direct costs to households and society, including the burden on the health system and other services, the justice system, lost wages and productivity are added to the impact on the next generation, the costs of non-fatal domestic violence against children and women has been estimated to be higher than the combined costs of homicide, assault, terrorism and war.⁶¹

It should be emphasized that these estimates capture only costs that can be quantified and monetised, however crudely. They can never convey the devastating emotional and psychological impact of child abuse and neglect on children and families.⁶²

Realizing children's rights to a violence-free childhood

Eleven years have now passed since a landmark report on violence against children.⁶³ There is now better understanding of the extent and nature of the abuse to which children are exposed, and the implications for their development and well-being. The world is in a stronger position to act.

Such action can be seen as an intrinsic component of a “rights revolution” which has extended the rule of law to cover violence within the most private of places – the home. The CRC encapsulates such aspirations and recognizes that children are the foundation for sustainable societies. Children are not objects to be cared for, but persons with rights of their own that must be articulated and enforced.

Children can, and often do, pursue many aspects of these rights themselves.⁶⁴ Indeed, they often have a strong sense of fairness and justice. Interactions with older children reveal a more complex picture.⁶⁵ Children are not always passive victims. While some might seek help, others may be left with no option but to run away or use violence to defend themselves.

Very young children, however, may simply not have the ability to express themselves and, to that extent, may be helpless. Such children rely on responsible adults and on society to intervene on their behalf. Moreover, even older children in many societies may not be allowed to express themselves without fear, or may not be taken seriously when they do.

While the CRC presents a vision and framework for the realization of child rights, the SDGs lay out the pathway for achieving these rights.⁶⁶ The SDGs also explicitly embed children's well-being in a wider framework of sustainable human development including the inter-connected goals of health, nutrition, education, nurture and protection. (FIGURE 1.3)

A human development perspective

A human development perspective provides an overarching framework within which to focus on what children are capable of doing or becoming in the real world. These capabilities would include, for instance, the capability to lead a long and healthy life, to be well-nourished, to enjoy bodily integrity and not be abused, and to engage in various forms of social interaction. They also include the capability to play, to laugh, to enjoy recreational activities and, more broadly, to enjoy childhood.

Children are not always passive victims. While some might seek help, others may be left with no option but to run away or use violence to defend themselves.

FIGURE 1.3: The Sustainable Development Goals and child rights.



Source: Adapted from United Nations Sustainable Development Goals and End Violence Against Children. The Global Partnership - Strategy 2016-2020.

Targets for ending violence against children

Target 16.2	end abuse, exploitation, trafficking and all forms of violence and torture against children.
Target 5.2	eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.
Target 5.3	eliminate all harmful practices, such as child, early and forced marriage, and female genital mutilation.
Target 8.7	take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms.
Target 4.7	ensure that all learners acquire the knowledge... (for) promotion of a culture of peace and non-violence.
Target 4.a	provide safe, non-violent, inclusive and effective learning environments for all.

Targets to reduce the impact of violence in families, communities and all settings

Target 16.1	significantly reduce all forms of violence and related death rates everywhere
Target 11.2	provide access to safe, affordable, accessible and sustainable transport systems for all
Target 11.7	provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children.

Targets to ensure access to fair and effective institutions and to justice for all

Target 16.3	promote the rule of law at the national and international levels and ensure equal access to justice for all.
Target 16.9	by 2030, provide legal identity for all, including birth registration.
Target 16.a	strengthen relevant national institutions, including through incorporation, for building capacity at all levels, in particular in developing countries, to prevent violence and combat terrorism and crime.

Violence is not a private matter that should be left to families to resolve, but a matter of human rights that states have a duty to uphold.

Childhood violence disrupts the formation of these capabilities. Violence breeds fear, violates the dignity and rights of the child, and robs them of the joys of childhood. Freedom from fear is as fundamental to life as freedom from want and freedom from hunger, and is essential for harnessing human potential. Both the CRC and the SDGs thus adopt a “human development” approach – paying attention to what children are capable of doing or becoming, and helping them realize their full potential.

Protecting children from violence is thus understood as a broad obligation for every state and society. The human development approach underscores the responsibility of the State for ending violence. Violence is not a private matter that should be left to families to resolve, but a matter of human rights that states have a duty to uphold. State intervention is also important because many acts of violence generate negative externalities for society as a whole.

Another reason for state intervention stems from the responsibility of the State to uphold constitutional commitments, including the need to preserve and protect the dignity of women and children. Laws banning corporal punishment or domestic violence need to be enacted and enforced because acts of violence can irreversibly impair capabilities in the long term.

Action to end violence

Prevention is possible. Governments are beginning to realize that even small measures to prevent violence can greatly improve children’s prospects and enhance the returns on existing investments in education and health. Many countries, such as South Africa,⁶⁷ have started to

do so. Moreover, several national and international campaigns to end violence have been organized by a wide range of national and international organizations.⁶⁸ These campaigns demonstrate that attitudes and social norms can – and do – shift over time, as exemplified by Sweden’s remarkable success story in reducing corporal punishment.⁶⁹

For too long, many people have viewed inter-personal violence in childhood as a regrettable but inevitable part of growing up, and one that will prepare children for the harshness of adult life. But the tide is turning. Many governments have introduced legislation to prohibit corporal punishment. Thus far, 52 states have prohibited corporal punishment in all settings including the home. A further 54 states are committed to achieving a complete legal ban. To date, corporal punishment is fully prohibited in schools in 129 states, in penal institutions in 138 states, and in alternative care settings and day-care in 59 states.⁷⁰ More and more countries are ratifying the Optional Protocols to the CRC.

Moreover, the scale and nature of violence in childhood have been highlighted in numerous international reports.⁷¹ And many regional intergovernmental bodies have expressed their determination to tackle the problem.⁷² Member states of the UN are also now committed to the SDGs, which include the goal of ending all forms of violence, including violence against children, by 2030.

Much, however, remains to be done to translate commitment into action. Legislation banning corporal punishment in all settings covers only 10 per cent of the world’s children.⁷³ In some regions, more than 60 per cent of those trafficked are children; in some countries one girl in three is married before age 18; and across

the world children under the age of 15 are victims of homicide.⁷⁴ There have also been legal setbacks. In late 2016 in Turkey, for example, there were efforts to pass legislation that would pardon perpetrators of rape if they married their underage victims (dropped after major protests),⁷⁵ and in early 2017 Bangladesh passed a law that effectively (under “special circumstances”) lowers the age of marriage for girls and boys.⁷⁶

This Report is the outcome of a process of learning that seeks to galvanize public action to end violence in childhood. It marshals the best available evidence to establish the scale, impacts and costs of violence,

and highlights the opportunities for investing in violence-prevention. The Report argues that preventing everyday (often hidden) violence can create the foundations for children to lead fuller, richer and more peaceful lives.

The chapters that follow provide estimates of the prevalence of childhood violence around the world. They explore how violence is experienced through different stages of a child’s life, and the settings in which it occurs. The two concluding chapters discuss promising strategies for prevention that are being tried out in different countries, and call for public action to end violence in childhood.

CHAPTER - 2

VIOLENCE ON A GLOBAL SCALE



This Report estimates the prevalence of major forms of inter-personal violence against children across countries and regions. It draws on a newly constructed Violence in Childhood Index which uses these estimates to show that violence in childhood can be reduced at any level of income in countries that are determined to respect human rights.

The previous chapter gave a broad indication of the scale of childhood violence. This chapter looks more closely at issues of measurement and presents global and regional estimates of the best available indicators of inter-personal violence against children.

Measuring violence

The starting point for any measure is to define what constitutes violence. This can be difficult. The problems are partly terminological: in the absence of standard definitions, multiple terms have been used to describe acts of aggression and violence against children. These include child abuse, neglect, adverse childhood experiences, exploitation and maltreatment. And even when using an agreed definition or measure of severity, gathering data may still be difficult because much violence is hidden. It is hard to gather data on a subject that embraces intimate family relationships, involves societal taboos, and is often condemned or illegal. The difficulties are even greater when it comes to children. Violence against children tends to go unrecorded – for five main reasons:

- *Lack of capacity* – Very small children, unable to talk, may simply not have the capacity to report an incident of violence or abuse.
- *Fear* – Many children believe that if they complain they may be blamed

or punished, especially when the complaint is against an adult or a person in a position of authority. Parents too prefer to remain silent, particularly if the offender is a family member or an important official (such as a police officer), as the subsequent harassment might make the situation even more traumatic for the child and the family.

- *Dependence* – Children depend on adults for caregiving even if these adults are also responsible for abuse.
- *Stigma* – Families may fear “loss of face”, or humiliation for the child, particularly in societies that do not offer the necessary protection to children.
- *Societal acceptance* – Many societies consider violence as normal and inevitable. They may not regard harsh discipline, for example, as violence or abuse.

The problem of under-reporting is compounded by weaknesses in formal systems for information gathering and reporting. Administrative records of violence are rarely maintained and, even if available, are rarely used to develop aggregate information about the experience of violence.

Even for child fatalities, the statistics are unreliable if the country does not ensure universal death registration and does not regularly carry out post-mortems.

It is hard to gather data on a subject that embraces intimate family relationships, involves societal taboos, and is often condemned or illegal.

Indicators of inter-personal violence

UNICEF's *Hidden in Plain Sight*, published in 2014, presents a comprehensive statistical analysis of available data on inter-personal violence against children. The report underlines the difficulty of measuring the breadth and depth of violence against children. It points to the scarcity of reliable statistics on all the types of violence to which children are exposed, as well as limitations on the scope and quality of the information. While acknowledging these limitations, this Report uses data compiled through internationally comparable sources to map out patterns of violence against children. Sources include the UNICEF-supported Multiple Indicator Cluster Surveys (MICS), the US Agency for International Development (USAID)-supported Demographic and Health Surveys (DHS), the Global School-based Student Health Surveys (GSHS) and the Health Behaviour in School-aged Children Study (HBSC). Most of these, however, with the exception of the HBSC, have been conducted almost exclusively in low- and middle-income countries.

High-income countries, including many OECD countries, have conducted national surveys. France, for example, has done an extensive study on violence in schools looking at racism, exclusion and bullying.¹ Spain has undertaken a study on physical and sexual assault within families.² In the US, the Centers for Disease Control and Prevention (CDC) has developed specialized violence against children (VAC) surveys which have now been implemented in eight developing countries.³ WHO has done a study of VAC in Europe.⁴ However, these studies have been excluded from this Report, mainly because of the difficulty in making cross-national comparisons.

TABLE 2.1 presents data on the availability of statistics for the following indicators of inter-personal violence against children and women:

- Child homicide rate (per 100,000 population).

- Any violent discipline at home: physical punishment and/or psychological aggression of children (aged 1–14) in the previous month.
- Bullying (percentage of adolescents aged 13–15 who reported being bullied at least once in the past couple of months).
- Physical fights (percentage of adolescents aged 13–15 who reported being in a physical fight at least once during the previous 12 months).
- Experience of physical violence: percentage of girls and boys aged 15–19 who experienced any physical violence since age 15.
- Life-time experience of sexual violence: percentage of girls and boys aged 15–19 who ever experienced forced sexual intercourse or other forced sexual acts.
- Intimate partner violence (faced by children): percentage of ever married girls and boys aged 15–19 who ever experienced any physical, sexual, or emotional violence committed by their spouse or partner.
- Intimate partner violence (faced by women): percentage of women (aged 15 and above) who experienced intimate physical or sexual violence in the last 12 months.

While there has been an increase over the past two decades in nationally representative data available on these forms of inter-personal violence, the coverage is still limited.

The most widely reported data from 172 countries is on child homicide. Data on bullying in schools is available for 106 countries, and on physical fights for 104 countries. Some 77 countries have collected information on corporal punishment at home. Only 42 countries have data on physical violence and 40 on sexual

Only 42 countries have data on physical violence and 40 on sexual violence against adolescent girls.

TABLE 2.1: Number of countries reporting data on inter-personal violence against children and women, 2015.

Region	Child homicide rate, (0-19 years)	Bullying – peer violence, (13-15 years)	Physical fights – peer violence, (13-15 years)	Any violent discipline at home, (1-14 years)	Female experience of physical violence since age 15, (15-19 years)	Female lifetime experience of sexual violence, (15-19 years)	Female intimate partner violence, (15-19 years)	Male experience of physical violence since age 15, (15-19 years)	Male lifetime experience of sexual violence, (15-19 years)	Male intimate partner violence, (15-19 years)	Physical and/or sexual violence against women, (15 and above)
East Asia and the Pacific	18	19	20	7	4	3	4				16
West and Central Africa	23	3	3	19	11	9	12	2	1		12
Eastern and Southern Africa	22	10	9	3	10	9	9	2	2	1	9
Latin America and the Caribbean	27	22	22	16	6	11	6		1		10
Industrialized Countries	34	27	25	0							29
Middle East and North Africa	19	15	15	13	2		2				2
Central and Eastern Europe-Commonwealth of Independent States	21	7	7	15	6	6	6	2		1	9
South Asia	8	3	3	4	3	2	4				4
	172	106	104	77	42	40	43	6	4	2	91

Note: Data reported in UNICEF (2014).

Source: Shiva Kumar and others 2017 for Know Violence in Childhood 2017.

violence against adolescent girls. There are 91 countries that report data on physical and sexual violence against women.

Scale of the problem

The extent of data gaps makes it difficult to form an integrated view of childhood violence. Yet without such a view, it is difficult to stimulate a global conversation about ending violence. Know Violence in Childhood has therefore made efforts to estimate the scale of childhood violence globally and across regions.

Given the limited countries for which data are available, even on the small set of indicators of inter-personal violence, a common practice has been to apply the prevalence rate of a country (say Afghanistan) for which data are available to the entire global region to which it belongs, (South Asia), in order to arrive at regional estimates of the numbers of children experiencing violence every year.

To improve on this, Know Violence in Childhood has used the econometric method of multiple imputation to arrive at national estimates of missing prevalence rates.⁵ It has done so for seven indicators of childhood violence: child homicide, corporal punishment at home, violence among peers (an indicator each on bullying and physical fights), and violence experienced by adolescent girls (physical violence since age 15 and forced sexual violence at any time in their lives).⁶ Values have also been imputed where data were missing for violence against women, given the close link between such violence and acts of violence against children.

Child homicide

Child homicide rates (0-19 years) vary across global regions from an average of 1.5 per 100,000 population in the East Asia and Pacific and 1.6 per 100,000 population in industrialized countries and in Central and Eastern Europe-Commonwealth of Independent States to 10 per 100,000

TABLE 2.2: Child homicide rates (aged 0–19) by region, 2015.

Per 100,000 population (2015)	Regional average*
East Asia and the Pacific	1.5
Central and Eastern Europe and the Commonwealth of Independent States	1.6
Industrialized Countries	1.6
Middle East and North Africa	2.3
South Asia	2.3
World	4.0
Eastern and Southern Africa	6.4
West and Central Africa	10.0
Latin America and the Caribbean	11.3

*Population weighted.

Source: Shiva Kumar and others 2017 for Know Violence in Childhood 2017.

TABLE 2.3: Countries with the highest rates of child homicide, 2015.

Country	Child homicide rate (per 100,000) 2015
El Salvador	27
Guatemala	22
Venezuela	20
Lesotho	18
Brazil	17
Swaziland	16
Panama	15
Democratic Republic of the Congo	14
Nigeria	14
Colombia	13
Honduras	13
Jamaica	13
Rwanda	13

Source: Shiva Kumar and others 2017 for Know Violence in Childhood 2017.

population in West and Central Africa and 11.3 per 100,000 population in Latin America and the Caribbean. (TABLE 2.2)

Eight countries with the highest child homicide rates are in Latin America and the Caribbean. (TABLE 2.3)

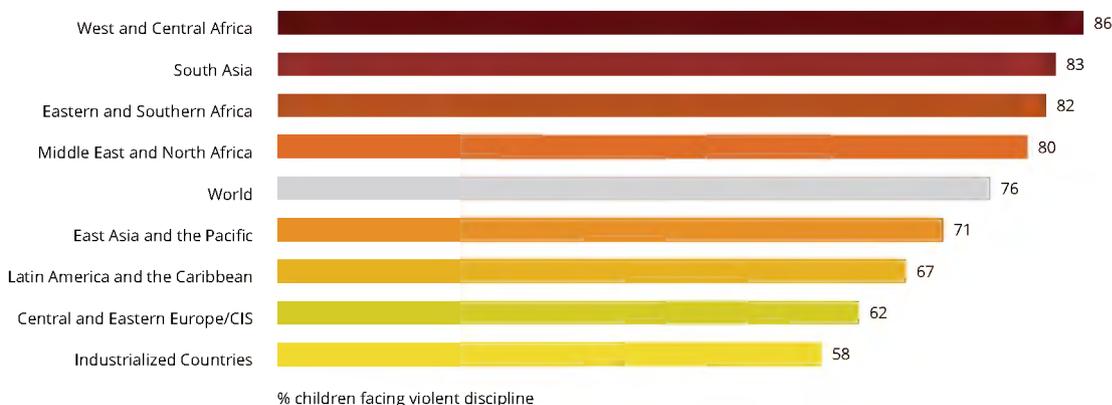
The problem of child homicide is not, however, uniformly high within Latin America and the Caribbean. Even within this region, Chile, Cuba, Peru, Suriname and Uruguay, for example, reported a child homicide rate of 2 or lower per 100,000 population.

Similarly, rates of child homicide vary widely across Africa. For instance, the child homicide rate varied from 1 per 100,000 population in Cabo Verde, Malawi, Mauritius and Senegal to 16 in Swaziland and 18 in Lesotho.

Corporal punishment at home

The use of violence to discipline children is widespread throughout the world. Most children – three out of every four in the age-group 1–14 years – have experienced violent discipline (psychological aggression and/or physical punishment) in the previous month.

In the industrialized countries, nearly one child in two (58 per cent)

FIGURE 2.1: Corporal punishment at home (children aged 1–14) by region, 2015.

Source: Shiva Kumar and others 2017 for Know Violence in Childhood 2017.

TABLE 2.4: Countries with lowest and highest levels of violent discipline at home, 2015.

Countries with lowest levels of punishment at home	Percentage of children	Countries with highest levels of punishment at home	Percentage of children
Cuba	36	Mozambique	98
Turkmenistan	37	Burundi	97
Serbia	43	Ghana	94
Panama	45	Tunisia	93
Costa Rica	46	Egypt	93
Czech Republic	46	Central African Republic	92
Mongolia	49	State of Palestine	92
Qatar	50	Benin	91
El Salvador	52	Côte d'Ivoire	91
Kazakhstan	53	Nigeria	91

Source: Shiva Kumar and others 2017 for Know Violence in Childhood 2017.

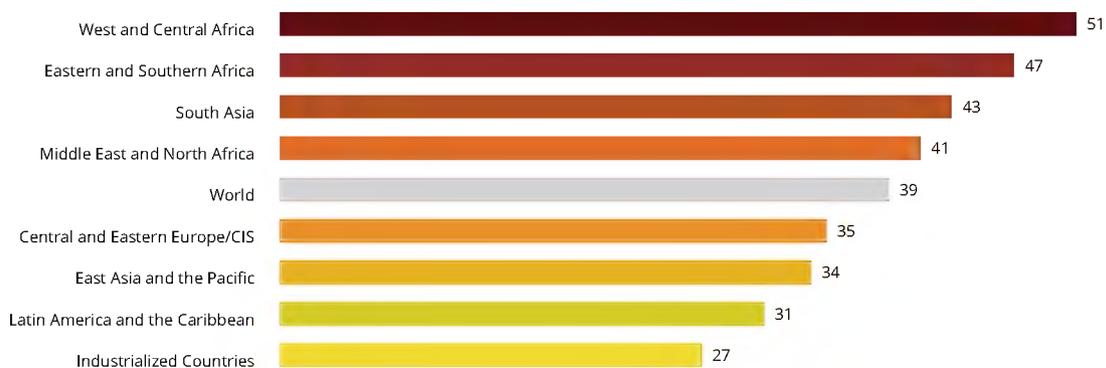
experienced some form of violent disciplining at home. At the other extreme, in Eastern and Southern Africa, South Asia and Western and Central Africa, more than 8 out of 10 children faced corporal punishment at home. (FIGURE 2.1)

The use of violent disciplining at home was lowest (36–37 per cent) in Cuba and Turkmenistan. On the other hand, violent disciplining was almost universal in Burundi, Ghana and Mozambique, where more than nine out of ten children experienced some form of corporal punishment at home. (TABLE 2.4)

Bullying in schools

The extent of bullying varies considerably between global regions. Across the industrialized countries, Latin America and the Caribbean, the East Asia and Pacific and in Central Eastern Europe–Commonwealth of Independent States, nearly one child in three reported being bullied at least once in the past two months at school. Across Africa, on the other hand, almost every other child reported being bullied. (FIGURE 2.2)

There were wide variations within regions. The Middle East and North

FIGURE 2.2: Bullying in schools (children aged 13-15) by region, 2015.

% of children who reported being bullied at least once in the past 2 months

Source: Shiva Kumar and others 2017 for Know Violence in Childhood 2017.

TABLE 2.5: Countries with lowest and highest rates of bullying in schools, 2015.

Countries with lowest rates of bullying	Percentage of children	Countries with highest rates of bullying	Percentage of children
Morocco	1	Samoa	74
Tajikistan	7	Burundi	70
Italy	9	Egypt	70
Armenia	10	Vanuatu	67
Sweden	11	Solomon Islands	67
Barbados	13	Zambia	65
Spain	14	Bangladesh	65
Trinidad and Tobago	15	Ghana	62
Chile	15	Zimbabwe	61
Czech Republic	16	Rwanda	58
Iceland	16	Kenya	57
Croatia	16	Papua New Guinea	57

Source: Shiva Kumar and others 2017 for Know Violence in Childhood 2017.

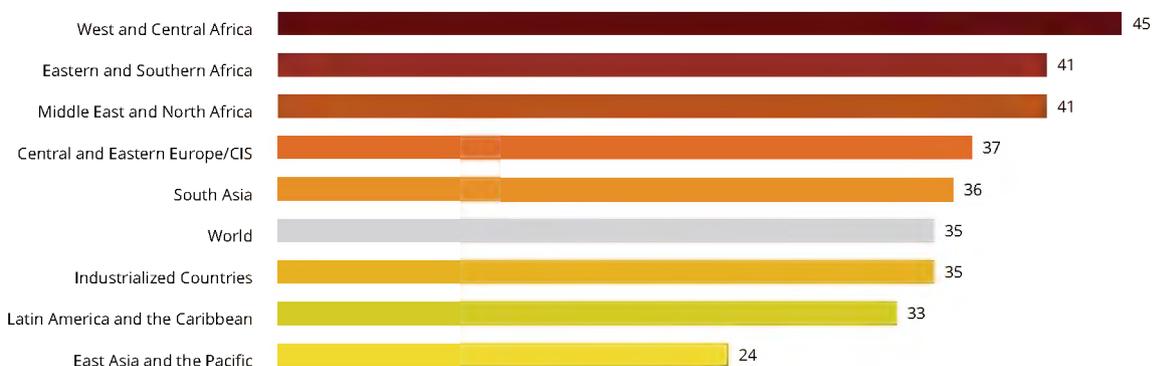
Africa region, for example, includes Morocco which had one of the lowest rates of bullying, but also Egypt, which had one of the highest (70 per cent). (TABLE 2.5)

Physical fights in schools

There is less variation when it comes to physical fights in schools. The proportion of children aged 13-15 who reported being involved in a physical fight in school, one or more times during the past 12 months, varied

from 24 per cent in the East Asia and Pacific region to 45 per cent in West and Central Africa. (FIGURE 2.3)

The lowest prevalence of physical fights between children was in Morocco, where fewer than one child in ten were involved in physical fights. The highest rates, however, were spread across the global regions: in Greece, Qatar, Syrian Arab Republic, and Vanuatu, in Ghana and Solomon Islands, and in Zambia, Bangladesh and Mauritania. (TABLE 2.6)

FIGURE 2.3: Physical fights in schools (13-15 years) by region, 2015.

% of children who reported being in a physical fight 1 or more times in the past 12 months

Source: Shiva Kumar and others 2017 for Know Violence in Childhood 2017.

TABLE 2.6: Countries with lowest and highest rates of physical fights in schools, 2015.

Countries with lowest rates of school fights	Percentage of children	Countries with highest rates of school fights	Percentage of children
Morocco	9	Samoa	68
Cambodia	14	Mauritania	58
Myanmar	15	Bangladesh	54
Swaziland	19	Solomon Islands	53
China	19	Zambia	53
Germany	20	Ghana	53
Madagascar	21	Syrian Arab Republic	51
Suriname	21	Armenia	51
Viet Nam	22	Greece	51
Tajikistan	22	Qatar	51
Costa Rica	22	Sudan	51
Malawi	23	Vanuatu	51

Source: Shiva Kumar and others 2017 for Know Violence in Childhood 2017.

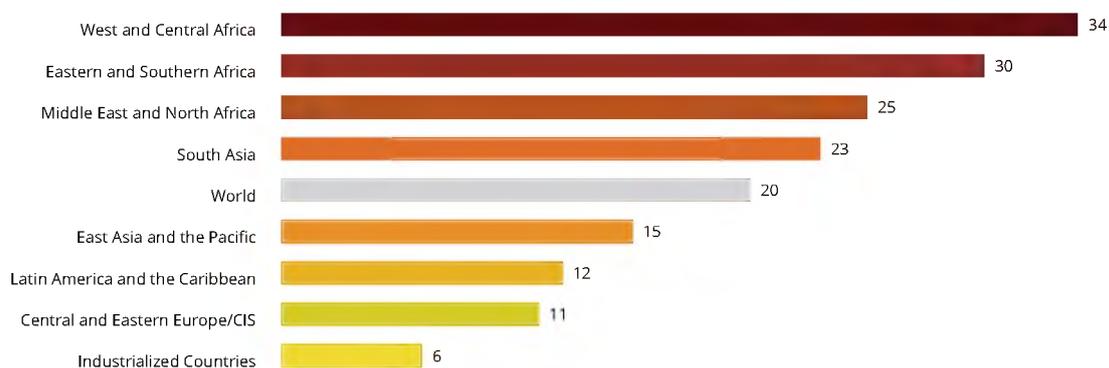
Physical and sexual violence against girls

Of all forms of inter-personal violence, the maximum variations across regions is in physical and sexual violence against adolescent girls.

The proportion of girls aged 15–19 who experienced any physical violence since age 15 was the lowest in industrialized countries and in

the Central and Eastern Europe–Commonwealth of Independent States. It was highest in Western and Central Africa where more than one-third of girls aged 15–19 experienced some form of physical violence. (FIGURE 2.4)

Fewer than two out of 100 girls experienced physical violence in Costa Rica and Panama. On the other hand, more than half the girls aged 15–19 experienced physical violence in the

FIGURE 2.4: Physical violence against adolescent girls (aged 15-19) by region, 2015.

% of girls experiencing physical violence since age 15

Source: Shiva Kumar and others 2017 for Know Violence in Childhood 2017.

TABLE 2.7: Countries with the lowest and highest rates of physical violence against adolescent girls, 2015.

Countries with lowest prevalence of physical violence against adolescent girls	Percentage of adolescent girls
Costa Rica	1
Panama	2
Cuba	2
Qatar	2
France	2
Czech Republic	3
Uruguay	3
Cyprus	3
Slovakia	4
Kazakhstan	4
Countries with highest prevalence of physical violence against adolescent girls	Percentage of adolescent girls
Democratic Republic of the Congo	56
Uganda	54
Cameroon	45
Swaziland	43
Central African Republic	43
Yemen	42
Egypt	40
Chad	40
Liberia	39
Bolivia	37

Source: Shiva Kumar and others 2017 for Know Violence in Childhood 2017.

Democratic Republic of Congo and Uganda. (TABLE 2.7)

Sexual violence against girls is most prevalent in Africa, where more than one in ten adolescent girls aged 15–19 experienced some form of sexual violence in their lifetimes. Adolescent girls were least abused sexually in the industrialized countries and in

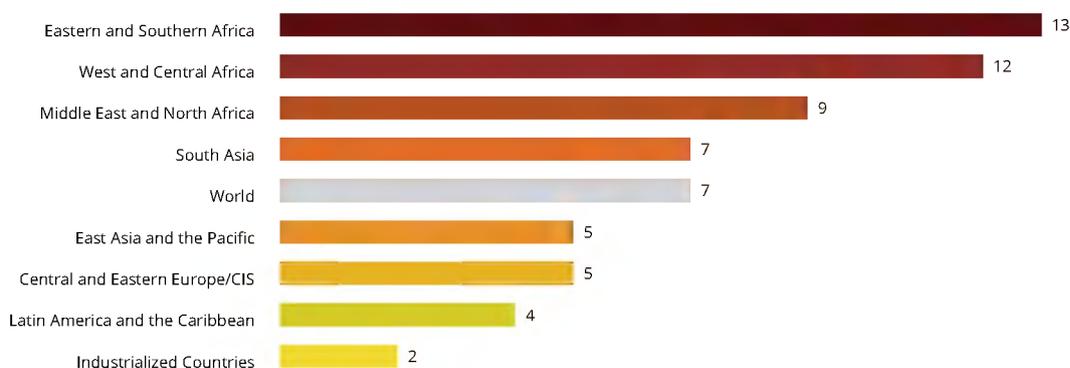
TABLE 2.8: Countries with the lowest and highest rates of sexual violence against adolescent girls, 2015.

Countries with lowest prevalence of sexual violence against adolescent girls	Percentage of adolescent girls
Germany	0.0
Kyrgyzstan	0.1
France	0.2
Cambodia	0.3
Ukraine	0.3
Azerbaijan	0.4
Norway	0.5
Portugal	0.6
Iceland	0.6
Countries with highest prevalence of sexual violence against adolescent girls	Percentage of adolescent girls
Cameroon	22
Congo (Democratic Republic of the)	21
Uganda	19
Malawi	18
Zimbabwe	18
Swaziland	18
Ghana	17
Chad	17
Central African Republic	16

Source: Shiva Kumar and others 2017 for Know Violence in Childhood 2017.

Latin America and the Caribbean. (FIGURE 2.5)

Sexual abuse of adolescent girls is lowest in Germany, Kyrgyzstan and France. Levels of sexual violence were highest in Cameroon and the Democratic Republic of Congo where one in every five adolescent girls had experienced some form of sexual violence. (TABLE 2.8)

FIGURE 2.5: Sexual violence against adolescent girls (aged 15-19) by region, 2015.

% of girls aged 15-19 who ever experienced sexual abuse including in childhood

Source: Shiva Kumar and others 2017 for Know Violence in Childhood 2017.

Data for State action

From a human development perspective, all acts of violence, more so against children, are a violation of human dignity and human rights. It therefore becomes incumbent on the State to protect children, guarantee their Constitutional rights, and prevent any form of childhood abuse even if it occurs in the privacy of homes.

An essential starting point for State action is robust and regular measurement, which in turn can help to track progress towards ending violence over time. Ideally, such

measurement should cover children across different age groups and record all forms of violence across different settings. The requirement of countries to report on progress towards the SDGs provides an excellent opportunity for governments to strengthen their data gathering systems on violence.

Composite indices, like the Human Development Index⁷ can help to draw public attention to critical concerns of society. A newly constructed Violence in Childhood (VIC) Index commissioned for this Report seeks to do precisely this.⁸ (BOX 2.1) The Index combines available and imputed data⁹

BOX 2.1: Constructing a Violence in Childhood Index.

As a starting point, a small number of reliable and representative indicators have been used to create a composite measure of violence in childhood. While it is always tempting to include as many variables as possible, this can also confuse the picture.

The Violence in Childhood (VIC) Index has two dimensions:

Violence against children – four forms of violence in different settings have been included: corporal punishment at home; peer violence in schools (consisting of bullying and physical fights); physical and sexual violence against adolescent girls; and child homicide. These four sets of indicators have been combined to create an index of violence against children.

Ideally, a composite index should include violence against both boys and girls. Unfortunately, nationally representative and comparable data on physical violence against boys are only available for six countries, and on sexual violence for only four countries. Hence, the Index includes violence only against adolescent girls.

Violence against women – intimate partner violence has been used as the surrogate measure for violence against women. The indicator used as a proxy is the percentage of women age 15 and above who experienced any intimate partner physical and/or sexual violence in the previous 12 months.

The VIC Index gives two-thirds weight to violence against children and one-third to violence against women. The reason for assigning a greater weight to violence against children is simply that the focus of

the Index is on childhood – the intention is not to convey that violence against children is more important or more serious than violence against women.

Using this method, countries and regions can be scored for their achievements related to VIC across all age groups of children in different settings: homes, schools and communities. A VIC score of zero indicates no violence in childhood; a score of 100 indicates that all children experience violence. Ending violence means that the VIC score should go down to zero.

It is important to note, however, that the VIC Index is not comprehensive, since the choice of indicators is constrained by the overall lack of data on many forms of violence. The use of imputation methods for some data points also limits precision. The Index cannot overcome the limitations posed by the data it uses, such as the likelihood of under-reporting that stems from the culture of fear and silence surrounding the reporting of violence, and limitations pertaining to definitions, age groups, and reporting periods.

Nevertheless, the VIC Index offers a handy tool that enables comparisons to be made between countries and regions of the world. Calculated in future years, it could also show how levels change over time as more specialized data become available. The Index could also be disaggregated by sex, age and location, and incorporate specific data for different categories of vulnerable children.

Source: Shiva Kumar and others 2017 for Know Violence in Childhood 2017.

on the prevalence rates of indicators covering two dimensions: violence against children and violence against women. The inclusion of the latter is in recognition of the harmful effects on children of witnessing violence against women, and reinforces the importance of ending domestic violence as a necessary component of efforts to end violence in childhood.

The interlinkages between childhood violence and human development

Computing the VIC Index allows for examining country-level associations of childhood violence with broader macro-level indicators of human development. For instance, according to the human development perspective, higher levels of per capita income do not necessarily imply greater freedoms for people. This is so with freedom from fear or ending childhood violence as well. Similarly, the Index allows for extending the

analysis of childhood violence to the performance of states on different dimensions of human development including respect for human rights, rule of law, and good governance.

Significant associations between childhood violence and different dimensions of human development are discussed below.

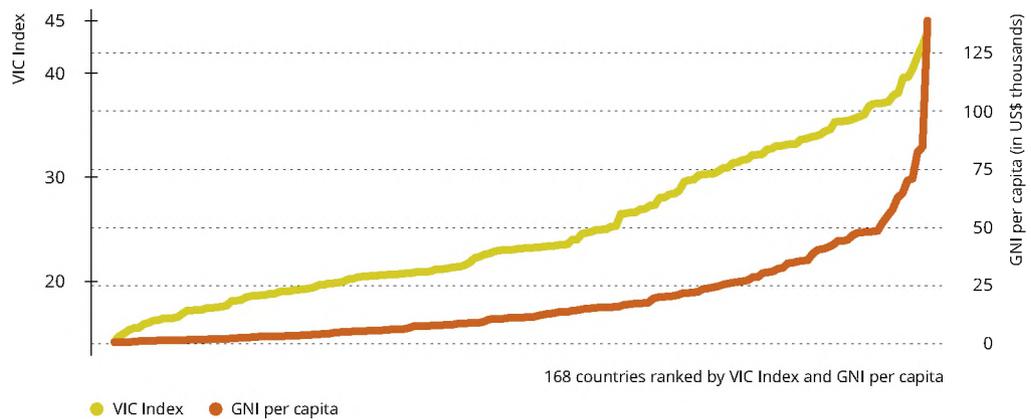
Income

The Index shows that violence in childhood occurs in every country, rich and poor alike. Moreover, countries with similar levels of per capita national income can have very different VIC indices, and others with similar indices can have very different levels of per capita income.¹⁰

The weak association between a country's income level and childhood violence is revealed in FIGURE 2.6, which shows the distribution of countries according to their ranking

The Violence in Childhood Index shows that violence in childhood occurs in every country, rich and poor alike.

FIGURE 2.6: Disparity between countries is much greater in income than in the VIC Index.



The chart shows two separate distribution of countries. The upper curve shows their ranking according to VIC Index and the lower curve represents their ranking according to GNI per capita. The two curves reveal that disparity among countries is much greater in income than in VIC Index. There is no predictable association between the level of per capita income in a country and childhood violence.

Source: Shiva Kumar and others 2017 for Know Violence in Childhood 2017.

FIGURE 2.7: Childhood violence tends to be lower in countries where more children under-5 survive.

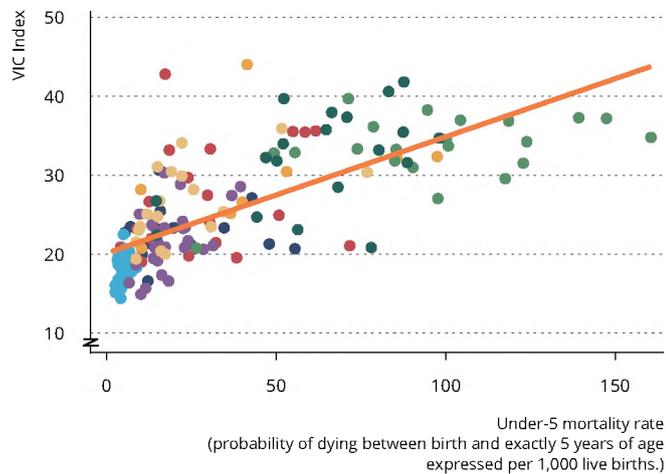
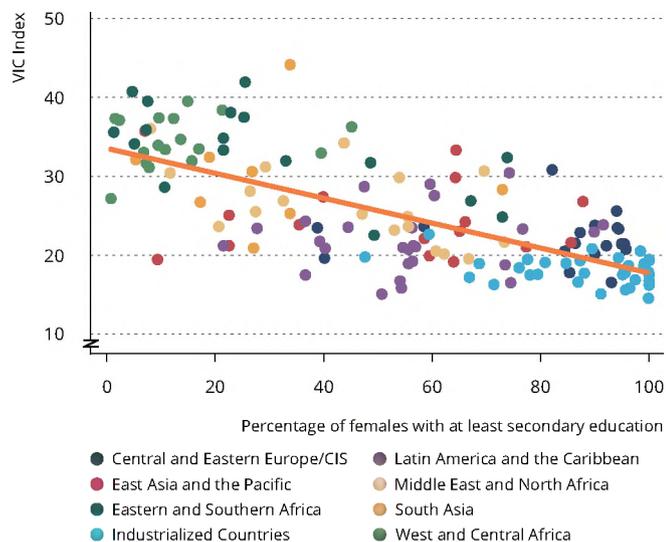


FIGURE 2.8: Childhood violence tends to be lower in countries where more girls complete secondary education.



Note: Figures for under-5 mortality rate are from UNICEF's *State of the World's Children 2015*. Figures for population with at least secondary education are from Barro, Robert and Jong-Wha Lee 2013. "A New Data Set of Educational Attainment in the World, 1950-2010" *Journal of Development Economics*, vol. 104, pp. 184-198.

Source: Shiva Kumar and others 2017 for Know Violence in Childhood 2017.

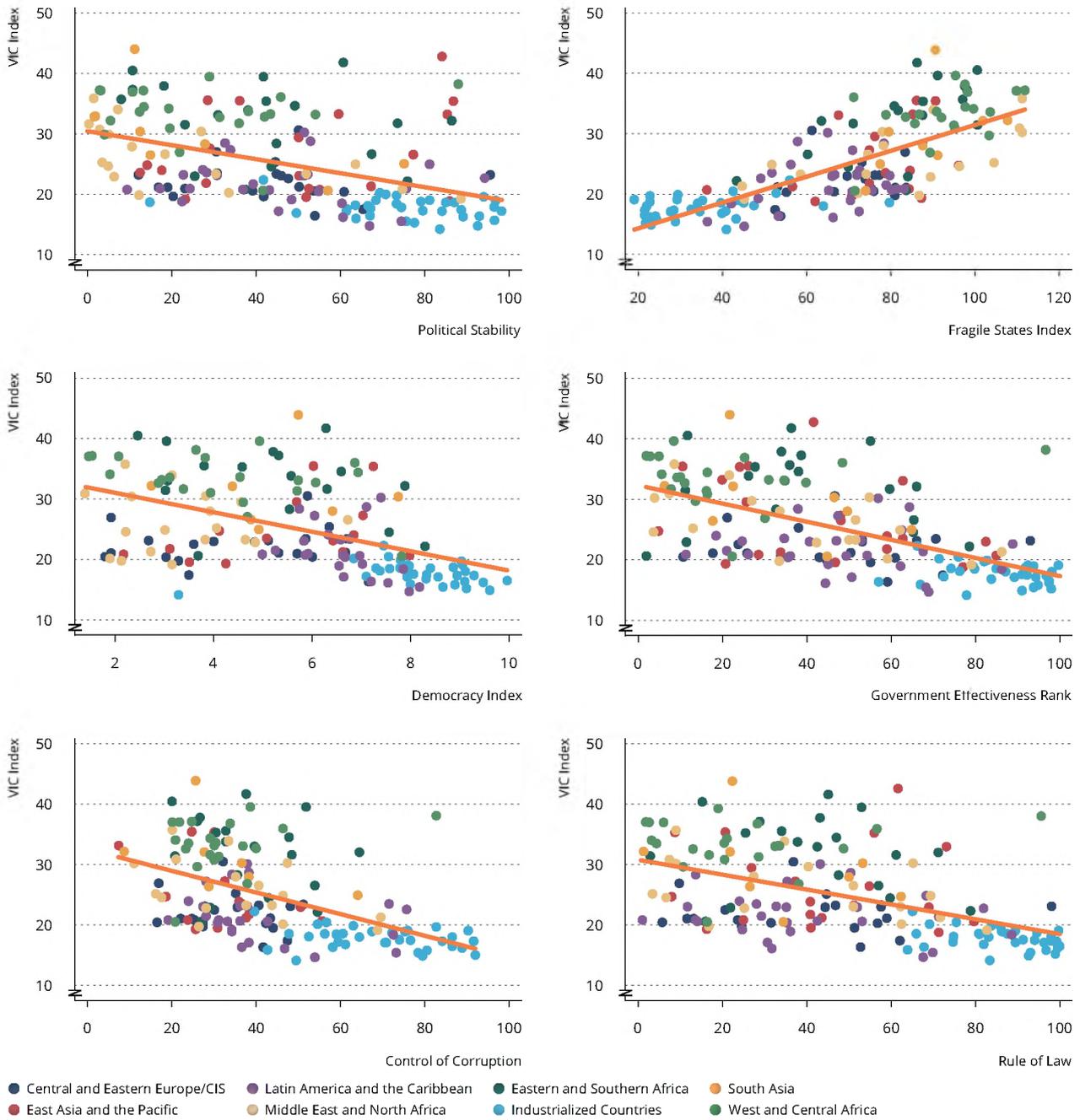
on the VIC Index and their GNI per capita. The curves reveal two stylized facts. First, that disparity among countries is much greater in income than in childhood violence. Second, there is no predictable association between a country's level of per capita income and the level of violence in childhood. Two countries at the same level of income can report very different VIC indices and vice versa. Childhood violence is a universal concern of all societies.

This analysis has two important implications for policy makers. First, that violence can be prevented even at low levels of income, so low-income countries need not wait to become rich before eliminating violence in childhood. Second, high-income countries cannot afford to become complacent: violence against women and children can persist in spite of greater prosperity, improved standards of living and better living conditions.

Commitment to human development

Childhood violence is lower in countries that are committed to a human development agenda and that give a high priority to child health and education, particularly for girls. Violence in childhood thus tends to be lower in countries that have higher rates of child survival (FIGURE 2.7) and where more girls attend secondary school. (FIGURE 2.8)

FIGURE 2.9: Childhood violence tends to be lower in countries that are politically stable, better governed and where rights are better assured.



Notes:

- Political stability: average rank for each country 2012–2014 (World Governance Indicators 2015). Measures perceptions of the likelihood of political instability and/or politically motivated violence, including terrorism.
- The Fragile States Index (Fund for Peace 2016) assesses states' vulnerability to conflict or collapse.
- The Democracy Index (Economist Intelligence Unit 2015) scores countries on five criteria: electoral process and pluralism, civil liberties, the functioning of government, political participation and political culture, and categorizes as one of four types of regime: full democracies, flawed democracies, hybrid regimes and authoritarian regimes.
- Government effectiveness: Average rank for each country 2012–2014 (World Governance Indicators 2015). Reflects perceptions of the quality of policy formulation and implementation, and the credibility of government commitment to such policies.
- Control of corruption: Average rank for each country 2012–2014 (World Governance Indicators 2015). Reflects perceptions of the extent to which public power is exercised for private gain, as well as "capture" of the state by elites and private interests.
- Rule of law: average rank for each country 2012–2014 (World Governance Indicators 2015). Reflects perceptions of the extent to which agents have confidence in and abide by the rules of society.

Source: Shiva Kumar and others 2017 for Know Violence in Childhood 2017.

The influence of governance

Ending violence in childhood is likely to become a reality when nations achieve greater political stability with a higher respect for rule of law. (FIGURE 2.9) The strong association, for instance, between the VIC Index and the Fragile State Index¹¹ confirms that situations of conflict expose children to abuse and acts of violence. A similarly high correlation of the VIC Index with World Bank governance indicators suggests that countries where governments are accountable, effective in service delivery, assure citizens' rights and listen to citizens' voices are more likely to reduce childhood violence.¹² Associations between the VIC Index and the Economist's Democracy Index further confirm that countries that are democratic rather than

authoritarian are more likely to reduce childhood violence.

Analysis using the VIC Index highlights the close linkages between childhood violence and human development across countries. The messages are clear. Violence in childhood cannot be ended unless human rights and human development are accorded greater priority by nation-states. At the same time, development cannot be sustained unless the world makes a concerted effort to end childhood violence.

The VIC Index outlines the picture at the global and regional level, but efforts to prevent violence will rely on a close analysis of how violence arises and at what stages through a child's life. This is the subject of the next chapter.

CHAPTER - 3

AGGRESSION AND FEAR IN THE CHILDHOOD YEARS



Boys and girls can be exposed to violence at every stage in their growth. However, both the nature of the violence and its potential impacts will differ according to a child’s level of emotional, cognitive and physical development.

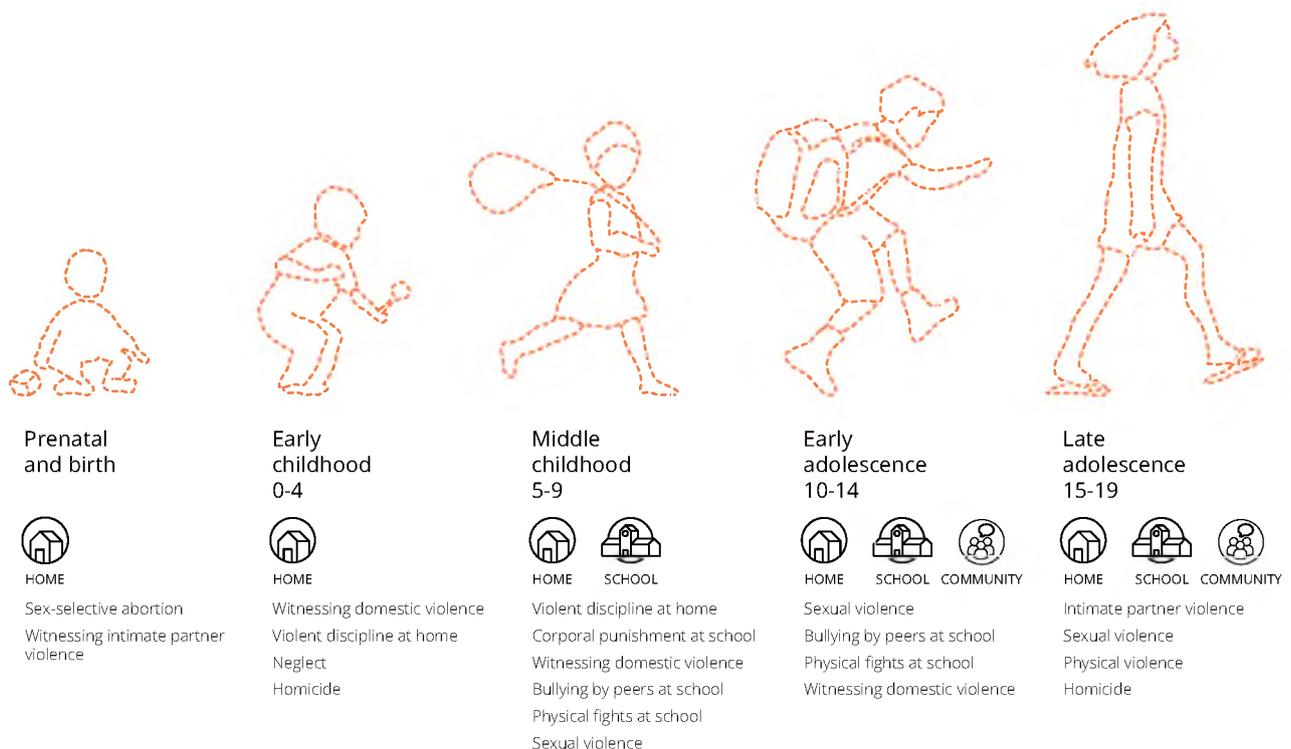
All societies acknowledge childhood as a period during which children’s capacities are evolving. Childhood may be considered in five distinct age categories.¹ (FIGURE 3.1) In the prenatal period, children are primarily affected by violence against their mothers. In early childhood (0 to four years), they are exposed to violence by primary caregivers and other family members, and can also be hurt inadvertently in incidents of domestic violence.

In middle childhood (five to nine years), in addition to physical punishment at home, children are more exposed to inter-personal violence from their peers, and punishment at school. In early

adolescence (10 to 14 years) and late adolescence (15 to 19 years), gender differences start to matter more. Girls are at greater risk of sexual violence, while boys can become embroiled in community or gang violence.

These age groups align broadly with entry into different levels of schooling: primary, middle and high school. They can also be matched with personal milestones – the age at which a child walks, for example, enters school, becomes sexually active and enters the work force. However, attainment of even these milestones is conditioned by the opportunities and resources available to children and their families and communities,

FIGURE 3.1: Exposure to violence through stages of childhood.



Source: Know Violence in Childhood 2017.

which in turn are determined by structural factors such as inequality and deprivation.

The lack of global consensus around age-group categorizations means that these broad stages are not always referred to or constructed in standard ways across studies or reports. This can sometimes be a challenge, but it suggests the importance of thinking in terms of broad stages of childhood rather than in narrow prescriptive categories.

Prenatal period and birth

Until birth, a child's health and well-being are inextricably bound up with that of the mother who may face physical, sexual or emotional violence from her intimate partner or others during pregnancy. On average, between 4 and 12 per cent of women had been physically abused by an intimate partner during pregnancy in a majority of countries for which data are available. Similar findings have emerged from Demographic and Health Surveys, as well as from the International Violence against Women Survey.² These reports indicate prevalence rates for intimate partner violence during pregnancy for most countries of 4–9 per cent, ranging from 2 per cent in Australia, Cambodia, Denmark and the Philippines, to 14 per cent in Uganda.³

There is also a risk of sex-selective abortion – particularly in societies that undervalue girls and discriminate against women in respect of nutrition and healthcare. Such societies may practise sex-selective abortion of unwanted, usually female, fetuses. In the Indian state of Haryana, for example, the use of “remedies” marketed as aids to sex-selection have been found to be responsible for 20 per cent of all stillbirths, with the greatest risks during the second or third pregnancy if the existing children were girls.⁴ Such practices can lead to skewed population structures.

In both India and China, for example, in contrast to most other countries of the world, the sex ratio of the total population shows a bias towards males, reflecting a strong aversion towards daughters.⁵

Finally, it must be noted that across the world many mothers are still adolescents.⁶ Each year an estimated 16 million women aged 15–19 give birth; and a further million become mothers before the age of 15.⁷ In most countries, these births are concentrated among poorer, less educated women. Early motherhood further compounds their disadvantage by disrupting school attendance and limiting further livelihood opportunities. Pregnancy thus makes adolescent girls doubly vulnerable – as both bearers of children, and as children themselves.

Early childhood (0–4 years)

Even as infants, children can be victims of murder. Around one in every five homicide victims among children is below the age of four. Sometimes the perpetrator is unknown, particularly in low- and middle-income countries that do not have nationally representative data. Even in countries with well-established homicide monitoring systems such as the United States or Germany, a substantial number of child homicides have no reported perpetrator.

Nevertheless, the data suggest that most child murders are committed by caregivers. A systematic review of homicides of children prepared for this Report found that 78 per cent of homicides of children under the age of one year were committed by parents.⁸ For children under one year old, the offender is likely to be the mother, as she is typically the main caregiver in the early years; for older children, the offender is more likely to be the father.

If the parent is unsure that the child will survive, or believes that the household does not have the resources

Even as infants, children can be victims of murder. Around one in every five homicide victims among children is below the age of four.

Neonaticide, accidental or deliberate, can be a consequence of concealed pregnancies and lone births.

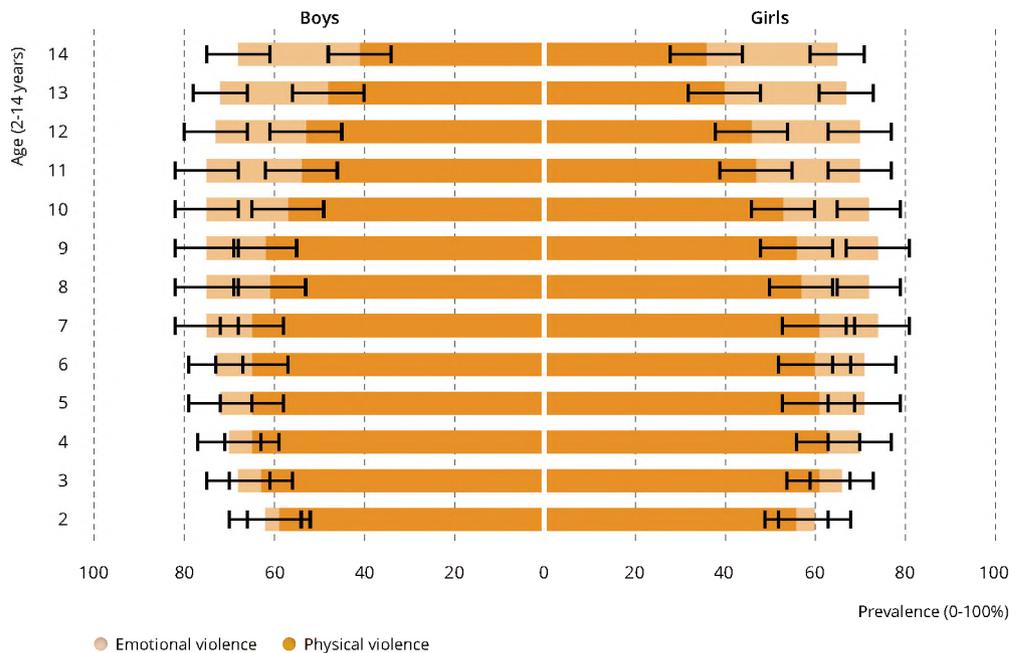
to invest in more children, he or she may be driven to believe that neonaticide or infanticide is the only available option. However, the risk of homicide by parents is increased by harsh parenting, child maltreatment, mental illness and unstable family relationships.^{9,10,11,12,13} The probability of mothers harming their children can be increased by maternal depression. Mothers may be aggressive to their children, or even kill them, while suffering from post-partum depression, particularly if this persists or occurs multiple times.¹⁴

Neonaticide, accidental or deliberate, can also be a consequence of concealed pregnancies and lone births. Recent evidence from South Africa suggests that a mother’s age and her social and relationship circumstances create vulnerability; poor access to mental, maternal and reproductive health services contributes to under-5 homicides.¹⁵

In their early years, children can be subject to physical violence from their caregivers in the form of corporal punishment. The extent of such discipline varies considerably around the world. Data from 58 countries show that the proportion of children aged 2–4 years who experienced any violent discipline in the surveyed month ranged from 45 per cent in Panama and Mongolia to almost 90 per cent in Algeria, Cameroon, Central African Republic, Morocco, Swaziland, Tunisia and Yemen.¹⁶ The rates also vary depending on the age of the child.

At the same time, children can be subject to emotional violence such as shouting and verbal aggression. A systematic data analysis conducted for this Report^{17,18} shows that globally the levels of emotional violence reported for the previous month remained relatively constant and high. (BOX 3.1) FIGURE 3.2 shows the

FIGURE 3.2: Children suffer high levels of emotional and physical violence at the hands of their caregivers, 2-14 years.



Notes: Data sources: Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS). Model shows caregivers reports of physical aggression by household members. To read bar graph: age of the child is on the y-axis; prevalence of each form of violence is on the x-axis. Prevalence corresponds to the distance of the bar along the x-axis for boys (to the left), and girls (to the right). Forms of violence are overlaid; and the black bars are a 95% confidence interval. For example, for girls aged 2 years, the prevalence of physical violence is 56% (95%CI 49-63%), and the prevalence of emotional violence is 60% (95%CI 52-68%).

Source: Devries and others 2017 for Know Violence in Childhood 2017.

BOX 3.1: Violence against children – data gaps by age and sex.

This chapter draws primarily on a systematic review commissioned by Know Violence in Childhood. The review provides a “global systematic analysis of age- and sex-specific data over a life-course”, thus presenting the core of the evidence around prevalence of emotional, physical and sexual violence – by perpetrator, setting, region, and age and gender of the victim.

The review retrieved 638 studies from 158 countries with 17,843 age- and sex-specific estimates, of which 13,909 were included in global and regional meta-regression models to offer a reliable and recent snapshot of global estimates of the prevalence of violence in childhood by age and sex. The study also highlighted the limitations of the global data on violence by age and sex, and how these tend to be skewed both regionally and towards specific forms of violence. This enabled the creation of a “gap map” for thinking about where data-collection efforts need to be strengthened.

There are several interesting facts that emerge on data availability.

Gender – Overall availability of estimates is similar for boys and girls.

Forms – Physical violence is most commonly measured in an age- and sex-specific way, followed by emotional violence. Far fewer estimates are available for sexual violence, and no estimates for neglect or witnessing intimate partner violence met the study’s

inclusion criteria (that is, none were age- and sex-specific).

Regions – Europe has substantially more data than other regions, and the South-East Asia region has far fewer estimates than other regions.

Age – Far more data are available for the adolescent period, from about age 11 upwards, than for children age 10 and below. Almost all data for the under-10 age-group come from UNICEF’s Multiple Indicator Cluster Surveys, which gather information on physical and emotional violence by caregivers.

Perpetrators – The most common perpetrators asked about are peers or other students, followed by parents, caregivers or household members. Many surveys also ask about violence from boyfriends/girlfriends, or intimate partners. There are, however, very few data available on other types of perpetrator, including teachers, strangers, figures of authority (such as police or religious leaders) or other adults. For sexual violence, a number of studies also have age- and sex-specific data on violence, but do not ask who the perpetrator is. For physical and emotional violence, there are insufficient studies which ask about these forms of violence from “any perpetrator” in an age- and sex-specific way to produce overall summary estimates.

Source: Devries and others 2017 for Know Violence in Childhood 2017.

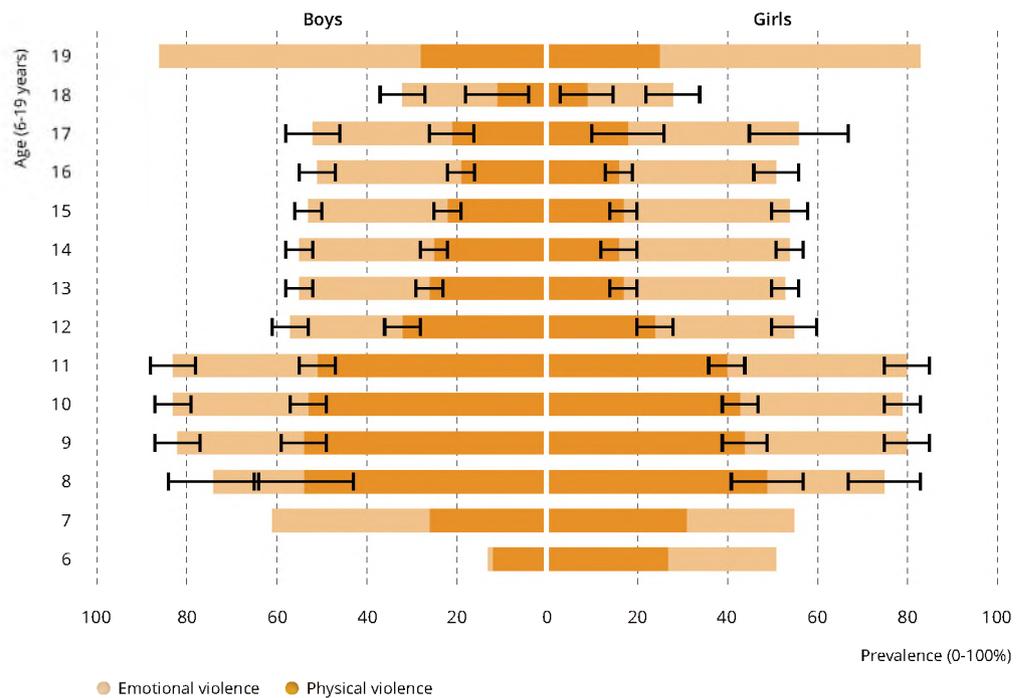
prevalence of physical and emotional violence perpetrated by caregivers against boys and girls at different ages. It indicates that about 60–70 per cent of boys and girls experience emotional abuse at the hands of a caregiver or other household member through ages 2–14.

Physical violence, on the other hand, is higher in younger age groups and then tapers off, with 55–60 per cent of girls and boys experiencing physical violence from a caregiver or household member at age 2. Levels decline by age 14 to about 35–40 per cent of boys and girls.

Unfortunately, there are no corresponding detailed data for this age-stage on the prevalence of sexual violence, though the prevalence rates may be lower in the younger age groups and are likely to increase with age, and in most age groups are markedly higher for girls than boys.

Middle childhood (5–9 years)

As they grow older and encounter a new environment – the school – boys and girls become additionally vulnerable to abuse from their

FIGURE 3.3: Emotional and physical violence is high amongst boys and girls in school, 6-19 years.

Notes: Data sources: GSHS, HBSC, PIRLS, TIMSS and systematic review publications. Model shows children's self-reported exposure. Pooled prevalence estimates at ages 6, 7 and 19 years are from unadjusted meta-analyses, all others are adjusted meta-regression estimates. To read bar graph: age of the child is on the y-axis; prevalence of each form of violence is on the x axis. Prevalence corresponds to the distance of the bar along the x-axis for boys (to the left), and girls (to the right). Forms of violence are overlaid; and the black bars are a 95% confidence interval. For example, for boys aged 8 years, the prevalence of physical violence is 54% (95%CI: 43-65) and the prevalence of emotional violence is 74% (95%CI 63-84%).

Source: Devries and others 2017 for Know Violence in Childhood 2017.

peers. FIGURE 3.3 indicates the extent of emotional and physical violence perpetrated by other students. Both boys and girls are now more vulnerable to emotional violence – for which the prevalence rises steeply to nearly 80 per cent by the age of nine, then declines during age 12–16 and rises again to over 80 per cent by age 19. The prevalence of physical violence is lower, but is notably higher for boys, peaking between the ages of eight and 11 at over 50 per cent. For girls, physical violence from other students begins around age six, with a prevalence of 25–30 per cent which peaks at age 8–11 and then remains around 15–20 per cent through the childhood years.

At young ages, children are more vulnerable to physical punishment from teachers and caregivers. Schoolchildren of all ages are subject to corporal punishment, although it

is recorded more often at the level of primary school.¹⁹ This punishment can take a variety of forms and, compared with parental corporal punishment, is more likely to involve the use of objects to beat the child.²⁰ Children around the world report that teachers hit them with rulers, yardsticks, shoes or belts.²¹ Other forms of assault include pinching, pulling ears, pulling hair, slapping the face and throwing objects.²² A longitudinal study across four countries found that among children aged eight, the proportion witnessing a teacher administering corporal punishment in the previous week was over half in Peru and Viet Nam, three-quarters in Ethiopia and over nine-tenths in India.²³

The principal reason children give for disliking school is violence. Students fighting, teachers beating, pupils teasing or bullying, and/or teachers shouting are reported as key problems

“I went to school barefoot because my shoes were torn apart. Then students laughed at me, and some of them insulted me calling me a ‘poor boy’.”

12 year-old Kebenga, Ethiopia.

Bullying is common in classrooms where there is a clear hierarchy.

in schools for 53 per cent of the children in Viet Nam, 42 per cent in Ethiopia, 38 per cent in Peru and 26 per cent in India (at age 8).²⁴

A common expression of violence during school years is bullying – defined as “aggressive, intentional acts carried out by a group or an individual repeatedly and over time against a victim who cannot easily defend him or herself”.^{25,26} Bullying is common in classrooms where there is a clear hierarchy, in which peer status or power is centred upon a few students who are socially rewarded by classmates for being popular and decisive.²⁷ Children’s own vulnerabilities, such as social anxiety and peer rejection, are more likely to make them targets of bullying.²⁸

Adolescence (10–19 years)

For millions of young people around the world, puberty – the biological onset of adolescence – brings not only changes to their bodies, capacities and agency, and social relationships but also new opportunities, as well as risks and vulnerabilities with respect to sexuality, intimate relationships, marriage and childbearing. More than 40 per cent of women who report being raped at some point in their life will have become victims before age 18.^{29,30}

With the earlier onset of puberty than in previous generations, adolescence has become a longer period of transition from childhood to adulthood. It is useful therefore, to further divide it into two phases: early and late adolescence.

Early adolescence (10–14 years)

Early adolescence is a period of rapid physiological, social and emotional development.^{31,32} During this period, children engage more fully with learning, are more aware of their needs for emotional and physical safety, acquire life and decision-

making skills, and develop their sense of self.³³ Adolescence is, however, a complex period during which decision-making capabilities are still developing, when children are less able to take others’ perspectives into account, and when they may be prone to thrill-seeking or risky behaviour, such as fighting, truancy, unprotected sexual activity, binge drinking and vandalism.³⁴

In this phase, children become more independent and interact with wider groups of people, which increases their susceptibility to violence outside the family. The experiences for boys and girls also begin to diverge: boys are more likely than girls to be physically attacked or suffer intentional and unintentional injuries. And even in early adolescence, both boys and girls in different cultures can endorse norms that reflect gender inequalities.³⁵ There is also an increase in fighting between children, sometimes with knives or firearms.³⁶

Among children aged 13–15 years, bullying and getting involved in physical fights at school are closely inter-related. A study covering 42 high-income countries indicates that those who get bullied are likely to bully others, and those who bully others are in turn likely to get bullied. Being in a fight raises the odds of 13–15 year olds bullying others by around 40 per cent, and being bullied by around 10 per cent.³⁷

As children become more independent in their use of the internet and start to use mobile phones they also become more vulnerable to cyberbullying and more exploitative forms of online violence including sexual violence. One estimate suggests an average prevalence of 35 per cent for traditional bullying, either as perpetrator or victim, and 15 per cent for cyberbullying.³⁸

Some children who are sexually abused can also be photographed by or with their parents’ or caregiver’s

collusion and the images posted online. Older children may also post sexualized images of themselves, or have them posted by their peers, with the risk of humiliation as well as grooming and exploitation.³⁹

Such violence, often from anonymous aggressors, can have a major impact on a child's life. This is partly because personal information could circulate around cyberspace in perpetuity, and because of the danger that the abuse could go viral and potentially reach millions of people.

During this age, children can also be abused during participation in sporting activities. This abuse may be perpetrated by authority figures, such as coaches, or by peer athletes. Recent studies from 10 European countries have reported prevalence rates of sexual harassment of 14–73 per cent and of sexual abuse of 2–22 per cent.⁴⁰ However, there is still very limited information on abuse in sport.⁴¹

Late adolescence (15–19 years)

The major physical changes have usually occurred by now, although the body is still developing. At the outset, peer group opinions still tend to be important, but their hold diminishes as adolescents gain greater clarity and confidence in their own identity and opinions.⁴² Risk-taking – a common feature of early to middle adolescence – may begin to decline as children develop the ability to evaluate risk and make conscious decisions.

At this stage, the experiences of girls and boys tend to diverge even more.⁴³ Girls suffer certain forms of violence more than boys, particularly intimate partner violence and sexual violence, while boys are at higher risk of physical violence from peers, and physical punishment whether by caretakers or teachers.⁴⁴ Similarly, boys are more exposed than girls to youth and gang violence.

At this stage, gender disparities also start to widen. Girls and boys

in cultures throughout the world are treated differently from birth onward, but at puberty this gender divide increases significantly.⁴⁵ During adolescence, opportunities tend to expand for boys and contract for girls. As boys begin to take advantage of new privileges reserved for men, girls endure new restrictions that are applied to women. Boys gain autonomy, mobility, opportunity and power (including power over girls' sexual and reproductive lives), while girls are correspondingly deprived. During adolescence, both boys and girls are increasingly socialized into gender roles and are under pressure to conform to conventional notions of masculinity and femininity.⁴⁶ Adolescent boys are encouraged to be aggressive and dominant, including sexually. In contrast, girls are expected to be chaste and submissive in the face of male domination. During this period, as adolescents are beginning to engage in romantic and sexual relationships, the internalization of these norms has important implications both for violence perpetration and victimization.

Girls

As they enter late adolescence, girls continue to experience the same forms of violence as their younger counterparts – such as corporal punishment and sexual abuse by parents, caregivers or family members or teachers. At age 15, girls are more likely to be bullied with the intention to ridicule, humiliate or socially exclude. They are now also increasingly vulnerable to the kind of aggression directed towards older women in general.

In the most extreme cases, girls may be murdered in the name of community or family "honour". Such honour killings occur in several countries. They are poorly recorded and often go unreported. Some estimates suggest that there may be as many as 5,000 such killings globally per year, though this is

During adolescence, both boys and girls are increasingly socialized into gender roles and are under pressure to conform to conventional notions of masculinity and femininity.

considered a gross underestimate.⁴⁷ In Pakistan, for example, there were an estimated 700 honour killings in 2014 alone.⁴⁸

Boys

Boys also experience new forms of violence in adolescence. They remain vulnerable to physical attacks by family members, teachers, friends and acquaintances, and are at greater risk of dying from homicide. The risk of homicide is particularly high for boys, who account for 70 per cent of all child homicides, and for whom homicide rates dramatically increase in late adolescence.

The majority of child homicide victims (90 per cent) live in low- and middle-income countries. The highest child homicide rates are found in Latin America and the Caribbean, followed by West and Central Africa. In Latin America and the Caribbean, boys aged 15–19 have a homicide rate that is seven times higher than that for girls.⁴⁹ In fact adolescent victims in this region account for one in three global homicides – due in part to the activities of organized criminal groups and street gangs, and ready access to firearms.⁵⁰

Sexual violence in adolescence

Adolescence sees a rise in sexual violence, particularly for girls. In some countries, mostly in Africa, nearly 30–40 percent of adolescent girls become victims of sexual violence before the age of 15.⁵¹

There are very few surveys of sexual violence against boys. This may be because in many societies boys who report being victims of such abuse are more likely to be stigmatized than girls, and are less likely to report it.⁵² However, the Violence Against Children Surveys suggest that up to 20 per cent of adolescent boys in countries such

as Haiti and Kenya may be facing sexual violence by the age of 19. Similarly, men reported experiences of childhood abuse in almost all sites of an Asia-Pacific study.⁵³ There are also gendered differences in the experience of violence in this region, with boys reporting higher rates of forced exposure to pornography, for instance.⁵⁴

Until recently, much of the evidence on sexual violence against children came from high-income countries. However, emerging data from low- and middle-income countries indicate that the prevalence and characteristics of sexual violence against boys and girls vary widely.⁵⁵ A comparative review of the Violence Against Children Surveys in seven countries found that among young people aged 18–24, the prevalence of any form of sexual violence before the age of 18 ranged from 4 per cent among females in Cambodia to 38 per cent in Swaziland, with prevalence in most countries greater than 25 per cent. Among boys, the range was from 6 per cent in Cambodia to 21 per cent in Haiti. Sexual abuse was higher among girls in all countries except Cambodia.⁵⁶ However, unwanted sex (pressured or forced penetrative sex acts) was several times higher among girls in all countries except Haiti. For example, in Zimbabwe 14 per cent of girls reported coerced sex compared to 2 per cent of boys.⁵⁷

For adolescent boys and girls, the perpetrators of sexual violence also differ. In the Violence Against Children Surveys, the main perpetrators for sexual abuse against boys were neighbours, schoolmates and friends, whereas 45–77 per cent of sexual violence against girls was perpetrated by a romantic or intimate partner.⁵⁸ Although these data are not disaggregated by age it is likely, given global patterns of sexual debut and marriage, that most of the cases of intimate partner violence occur among adolescents, rather than younger children. (BOX 3.2)

The main perpetrators for sexual abuse against boys were neighbours, schoolmates and friends, whereas 45–77 per cent of sexual violence against girls was perpetrated by a romantic or intimate partner.

BOX 3.2: Violence Against Children Surveys – findings from four countries.

Violence Against Children Surveys (VACS) are nationally representative household surveys of children and young adults aged 13–24 years carried out in a number of countries by the US Centers for Disease Control and Prevention. The VACS are a rich data source for understanding the magnitude, nature and consequences of physical, emotional and sexual violence against boys and girls. The national household surveys also gather data through interviews with children and youth aged 13–24 years.

A paper commissioned for this Report pooled VACS data from four countries – Tanzania, Cambodia, Kenya and Swaziland – and reported on a range of aspects of violence experienced by children.

Numbers affected – The results for these four countries showed that a majority of children (78 per cent of girls and 79 per cent of boys) had suffered from some form of violence before the age of 18, physical violence being the predominant form (for 72 per cent of girls and 73 per cent of boys). About 34 per cent of girls and 33 per cent of boys had suffered more than one form of violence (physical/sexual/emotional). That is, one-third of all individuals surveyed reported poly-victimization.

Sexual violence – This was twice as likely for girls (20 per cent) than boys (11 per cent). Emotional violence was however higher for boys (32 per cent) than girls (28 per cent).

Age – Approximately 12 per cent of boys and girls reported facing abuse when they were 0–5 years old. The maximum incidence of abuse was at age 6–11 (40 per cent), with a decline at age 12–17. After 18 years, there was a steep decline with only 3 per cent of boys and girls reporting any abuse.

Perpetrators – Physical violence was most commonly committed by parents, adult relatives, teachers, figures of authority, and partners (for girls), while the perpetrators of emotional violence were mostly relatives and neighbours (for boys) and partners (for girls). While sexual violence against girls tended to be committed by a romantic or intimate male partner, the main offenders against boys were neighbours, schoolmates and friends.

School attendance – Respondents who had ever attended school had more than four times the odds of facing some violence than those who had not attended school. This is consistent with teachers and authority figures being significant perpetrators of physical violence and classmates being involved in peer violence.

Income – Contrary to the popular view, respondents from richer households reported higher incidence of violence against children than those from poorer households.

Source: Ravi and Ahluwalia 2017 for Know Violence in Childhood 2017.

Non-partner sexual violence is experienced by girls often from age 15, though its prevalence differs across countries. However, there are likely to be significant overlaps between perpetration of non-partner and intimate partner sexual violence. One study found that two-thirds of men who had raped a non-partner also reported that they had forced their partner to have sex.⁵⁹

Perpetration of sexual violence can also start in adolescence. Some reports suggest that a high proportion of men first perpetrated rape when they were teenagers, before the age of 15 in some places.⁶⁰

A high proportion of men first perpetrated rape when they were teenagers, before the age of 15 in some places.

Prejudice and discrimination

Childhood violence is shaped by discrimination, particularly in relation to gender, but also by other aspects of perceived difference.

- **Disability** – this includes autism spectrum disorders, and learning or intellectual disabilities.⁶¹ In the US for instance, female students who received special education services were found to be 4.8 times more likely to be bullied than their peers without disabilities.⁶² Another study on bullying rates for students with

disabilities in elementary, middle and high school in the US shows that students with disabilities are 1.5 times more likely to be bullied than the national averages for students without disabilities.⁶³

Girls with disabilities may also be more vulnerable to sexual abuse because of their dependency or because they are seen as weak or are less able to fight a sexual abuser, or identify an abuser.⁶⁴

- *Appearance* – children who are obese are more likely to be bullied.^{65,66} The low self-esteem of overweight children may make them easy targets for their peers,⁶⁷ though some obese children may also prey on other children they consider smaller and weaker.⁶⁸ Children can also be more vulnerable if they wear spectacles. Not only do children link spectacles with negative traits, they might also fear being bullied because of wearing them.⁶⁹
- *Sexual orientation* – a high proportion – in some countries, 85 per cent – of lesbian, gay, bisexual and transgender students experience homophobic and transphobic violence in school, as do around one-third of other students who do not appear to conform to gender norms.^{70,71,72} Youth in the US who identify themselves as bisexual report the highest risk of engaging in fights, skipping school because they feel unsafe, and having property stolen or damaged at school than heterosexuals.⁷³
- *HIV status* – children and adolescents living with HIV/AIDS can suffer from extreme discrimination and stigma. A case study with orphans affected by the epidemic in Uganda found that they were frequently slapped and caned. Their peers often looked at them

with suspicion for fear of getting infected and refused to play or share food with them.⁷⁴

- *Ethnic or religious identity* – racial and religious bullying is prominent among US children. Most affected are Asian-American teenagers, particularly those of Muslim descent.⁷⁵ Similarly, in Brazil, the prevalence of bullying is higher for boys of indigenous or African descent.⁷⁶

“A boy mocked me for being ‘an ethnic’ and then punched me with his fist. I couldn’t digest the lessons. So I felt tired of learning.”

Y Thinh 16 years old, from the Cham H’roi group in Viet Nam

Children's responses to violence

Studies on childhood violence often position children as victims. However, children’s accounts of their responses to violence reveal a more complex picture.⁷⁷ There can be a number of responses. They may do nothing (or cry). They may also complain or seek help individually or as a group. Other tactics include avoidance: running away, for example, leaving an abusive employer, or refusing to go to school. They may also intervene or retaliate: boys especially may try to physically stop violence against themselves or others – sometimes using violence against the instigators.

Many of these responses are also determined by the availability of appropriate services. In South Africa, a study found that despite frequent exposure to physical and emotional abuse, and lifetime contact sexual abuse, only 20 per cent of children disclosed their experience.⁷⁸ Of these, 72 per cent received help, mostly from caregivers and teachers. Almost all children could name one suitable confidante or formal service for abuse disclosure but only 14 per cent received help – 5 per cent did so from the police or medical and social services, and 7 per cent through community vigilante action. Two per cent received help in non-specified ways. Girls were more likely to seek help. And both boys and

Experiences of violence are often cumulative, with impacts on children's lives over time, shaping not only their well-being but also their trajectories through schooling and into adulthood.

girls were more likely to seek help for emotional abuse or sexual abuse than for physical abuse.

Research on domestic violence against women in Viet Nam illustrate these responses.⁷⁹ Younger children described how they often distanced themselves from the violence physically, for instance by hiding or going to another house, whereas adolescents tended to have more enabling strategies to help their mothers. Adolescent boys intervened directly to try and protect their mothers from abuse, whereas adolescent girls adopted indirect strategies, such as earning money to give to their mothers, and so reducing their dependence on husbands.⁸⁰

Children also described how friendships and school can provide support when they have difficult home environments. However, children who felt different or stigmatized on account of their home situation struggled to learn and in

some cases left school.⁸¹ Experiences of violence are often cumulative, with impacts on children's lives over time, shaping not only their well-being but also their trajectories through schooling and into adulthood.

In the best circumstances, children can be protected by loving supportive relationships in homes, schools and communities. But these cannot be guaranteed. In each country it is important to understand the multiplicity of factors that contribute to children's often painful transitions to adulthood.

This chapter has considered violence across the life-course of childhood, highlighting particular vulnerabilities as well as children's responses to violence. But children's experience of violence is also affected by the environments in which they live, play and study. The next chapter therefore looks at the most important settings for violence and how these shape children's experience of violence.

CHAPTER - 4

NO SAFE PLACE



For some children, no place is safe. They can experience violence in many settings – in their homes or schools or in the wider community. Frequently, these experiences are inter-connected, and the same children can experience violence in multiple settings.

Children encounter violence in many settings. (FIGURE 4.1) At one end of the spectrum, at home or in school, violence is inter-personal, generally between individuals known to each other: family members, intimate partners, schoolmates or friends. Such violence, which could take the form of domestic violence or bullying, is likely to be disorganized, emotional and impulsive and is often associated with the urge to control a spouse, a child, an elderly family member or a pupil.¹

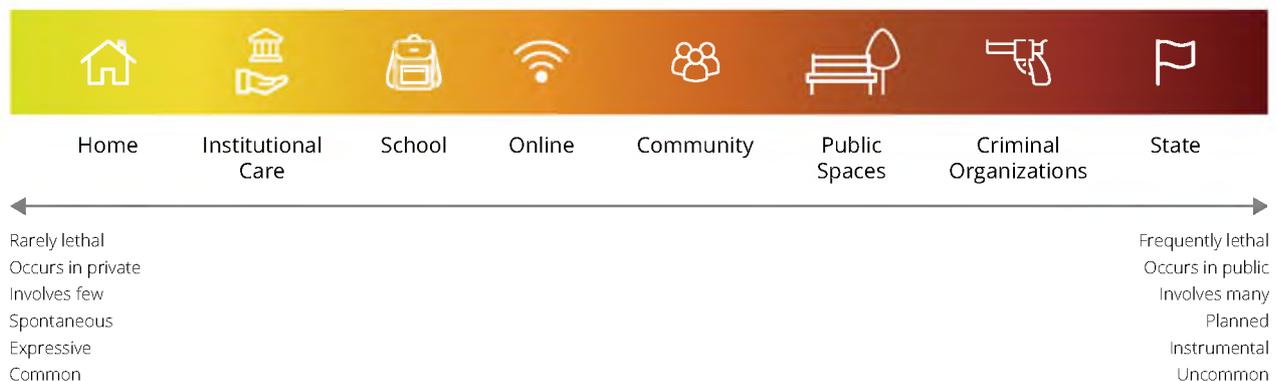
Around the middle of the spectrum is community violence. This is also inter-personal, but occurs primarily in public settings between individuals and small groups that may not know each other. It is generally impulsive or only loosely planned, arising from gang disputes, for example, or street crime such as robberies. Nevertheless, it may result in death or disabling injury. Both perpetrators and victims are typically young men and boys

from disadvantaged backgrounds and communities. This usually prompts multi-disciplinary and multi-sectoral responses from services including public safety and health, education and social welfare, working together with law enforcement.

In between lie other settings, including the institutions that care for children who live outside of families, and children who live on the street. There is also the online world, which mirrors many aspects of offline communities while offering new opportunities and prospects for ending violence.

At the other end of the spectrum, organized violence occurs between groups, often large, where individuals are generally unknown to each other – as in formally declared conflicts between states. This occurs infrequently but is severe and can produce many casualties. It is planned, ordered and instrumental,

FIGURE 4.1: Violence across a spectrum of settings and actors.



Source: Adapted from Abt 2017.

and traditionally involves military institutions and law enforcement. All forms of violence along this spectrum are typically inter-connected. They can also involve the same victims.^{2,3,4} Children placed in alternative care, for example, are often there as a result of neglect or violence within their homes and families.

Homes and families

The great majority of children worldwide are in the care of their families, living with both parents, and evidence shows that growing up in a family environment leads to more positive outcomes in terms of development and well-being. However, for many children, even these living arrangements may be unstable.⁵

Household data from 77 countries indicate that about one child in ten lives without either parent, though the majority have parents who are still alive.⁶ One child in five who does not live with both parents lives with a single parent, more likely a mother than a father. Of these children living without parents, many are within an extended family or kin-based living arrangements. A further small but significant proportion live in households outside of family care, boarding with an employer or other family, or even in child-headed households. These patterns vary greatly between countries and regions.⁷

Physical and emotional violence against children is most commonly experienced within the home. Some households offer greater risks than others, notably those in poverty, or where parents are suffering from depression. Violence in the home is also affected by alcohol abuse.

Household circumstances can also affect children's own propensities for violence. Children are more likely to develop aggressive tendencies where they lack parental monitoring and

family rules, or where their parents are aggressive role models. The children most likely to bully others are often those who perceive their parents as authoritarian, punitive and unsupportive.⁸

Family interactions are also degraded by alcohol abuse, which affects parent and child communications, and general parenting practices.⁹ Alcohol and substance abuse are often associated with child maltreatment, or physical and sexual abuse, as well as with sexual assaults against women.^{10,11} But this is unlikely to be because drinking causes parents (specifically men) to lose control; indeed, domestic violence in general can be seen as an effort to exert power and control.¹² And men who batter their wives often continue to do so even when not drinking. Alcohol may, however, affect the severity of the abuse, or the ease with which abusers can justify their actions. Multiple pathways shape the link between alcohol and increased abuse – including alcohol's negative effects on cognitive abilities and problem-solving, lowered inhibition, and increased willingness to take risks. Parental alcohol abuse also increase the probability that children will develop drinking problems later in life.¹³

Most of the problems arise from heavy drinking. Intimate partner violence is particularly associated more with heavy episodic drinking, binge drinking and excessive drinking.^{14,15,16,17,18,19} Youth typically are more likely to engage in risky behaviours and engage more frequently in heavy drinking episodes.²⁰ In US colleges, for example, heavy episodic drinking among adolescents is associated with arguments and physical assaults as well as with sexual assault or date rape.²¹

While violence can occur in poor as well as rich households,²² the risk is greater when families are under

Child maltreatment, or physical and sexual abuse, as well as sexual assaults against women are often exacerbated by alcohol and substance abuse.

Stress from poverty can sap parents' energies and their sense of competence and control.

stress from poverty – which can sap parents' energies and their sense of competence and control.²³ Such stresses can undermine parents' mental health and increase feelings of depression, with the result that they abuse their children.²⁴

In Uganda, for example, children who face violence from family members, acquaintances and their peers are more likely to come from poor families. For girls, the risk of sexual violence was found to be higher if, because of poverty, children shared a sleeping area.²⁵ Similarly, in New Zealand, child maltreatment is often linked with

poverty, especially among the Māori and Pacific people whose rates of poverty are consistently double those of Europeans/white New Zealanders and whose children are more likely to be admitted to hospital for intentional injuries resulting from assault, neglect and maltreatment by their parents.^{26,27}

A comprehensive birth-cohort study in Jamaica indicated that children from the lowest socio-economic groups were more likely to be exposed to poly-victimization and were at greater risk of exposure to community violence, and experiencing violence at home and school.²⁸ (BOX 4.1)

BOX 4.1: Poly-victimization in South Africa.

Children in South Africa often experience multiple forms of victimization. These are often inter-connected, and one type of victimization breeds susceptibility to other forms. Children who grow up in abusive homes where they experience both physical and emotional abuse by their caregivers are likely to also be experiencing other forms of abuse, elsewhere, or at the hands of other perpetrators.²⁹

A paper prepared for this Report found a significant association between sexual abuse and other forms of victimization, including witnessing violence in the home, physical abuse and emotional abuse, as well as neglect.³⁰ Sexual abuse was strongly correlated with child murders.³¹

A similar pattern was observed in South Africa's 2012 School Violence Study.³² While 18 per cent of the learners surveyed had experienced only one form of violence at school, 4.5 per cent had been the victim of two to four different types of violence at school in the year preceding the study. Bullying at schools was found to heighten susceptibility to other more criminal forms of victimization at school. The study found that significantly more learners who had been victims of bullying at school (56.5 per cent) had also been victims of either threats of violence, assaults, robberies or sexual assaults at school, compared to child victims of crime who had never been bullied at school (17 per cent), highlighting the need to nip bullying in the bud before it progresses to other more serious forms of victimization.

High-school learners who had been victimized at school were significantly more likely to also have been victimized at home or in their community. It was common to find that children were maltreated by their parents or caregivers, bullied at school by their peers, sexually or physically victimized by known or unknown adults or peers, and exposed to high levels of crime and violence in their communities, all within the course of their short lives.³³ This suggests that for many children in South Africa, victimization is not a one-off event, but instead a condition in which they may become ensnared.³⁴ Sadly, this condition may leave children vulnerable to various forms of victimization for years on end.³⁵

Several risk factors heightened children's susceptibility to victimization. They included family and household structure (specifically living in a single-parent family, low socio-economic status of the family, and poor parental supervision and monitoring), frequent exposure to violence at home, living in a disorganized community (characterized by high levels of crime and violence, availability of drugs and alcohol, and neighbourhood poverty), harsh and inconsistent parenting, parental absence due to prolonged illness or hospitalization, parental substance misuse, and the disability status of the child.³⁶ These risk factors intersect with different levels of children's functioning at the individual, family as well as broader community level.

Source: Leoschut and Kafaar 2017 for Know Violence in Childhood 2017.

Children are at lower risk of being abused if they grow up in physically safe social environments, with supportive family members and peers.

Children's accounts of violence are often set against a backdrop of lack of economic and other resources – from overcrowded classrooms to a lack of economic safety nets that makes children's work necessary for family survival. Poverty puts great strain on relationships – in families, schools and communities.

Poorer students and children from other disadvantaged groups tend to be disproportionately affected by corporal punishment and bullying.³⁷ This may be because financial hardship leads to stress on families, resulting in alcoholism or domestic violence; children may be put to work, where they may be exposed to violence from employers, or struggle with the challenges of balancing work and school. Parental absence or long working hours may also mean that children are needed to do domestic or farm work, and are disciplined when they fail to undertake their tasks adequately.

Overall, children are at lower risk if they grow up in physically safe social environments, with supportive family members and peers.³⁸ In South Africa, for example, children are at less risk of sexual abuse and maltreatment if they have warm, supportive relationships with parents who always know where they are and who they are with.³⁹ Conversely, experiences of abuse, neglect, family violence and low self-esteem are associated with increased vulnerability, including to online violence.⁴⁰

Institutional care

For some children, care in the family is either not assured or not in the child's best interest. For these children, alternative care arrangements can take many forms. Some may be in family-based foster care. But others are in residential care, including orphanages and other institutions. Whilst the precise

number is not known, evidence suggests that millions of children live in institutional care.⁴¹

Children may be in care as a result of violence in the family, or because of other factors including poverty and lack of access to social services, family breakdown, illness or disability of the child or caregivers, displacement due to conflict and disaster, or epidemics such as HIV and Ebola.⁴² Some may also be orphans, though most children in orphanages have a living parent.^{43,44} There are also "pull" factors, including the considerable funding received by orphanages through philanthropic donations and faith-based missions which has encouraged the growth of care institutions.⁴⁵

In most parts of the world, however, there is little information on abuse within care and detention institutions.⁴⁶ Although incidents may be documented, most institutions are not required to register and disclose this information, even to the children's parents.⁴⁷ Institutional care generally denies children their rights and cannot meet their needs. Indeed, the placement of children in public or private custodial settings which they cannot choose to leave is considered a deprivation of liberty, and has been associated with heightened risks of violence, abuse and acts of torture and cruelty.⁴⁸ Generally, small group homes and family-like residential settings are better for children than large institutions.⁴⁹

Children in large institutions typically show negative cognitive outcomes, including impaired growth and poor attachment.^{50,51} A review undertaken for this Report found an overall high prevalence of abuse.⁵² A study across five countries found that around half the children in institutions reported physical or sexual abuse.⁵³ Moreover, early placement and long periods in residence increase the risk of harm.^{54,55} Generally the most vulnerable are the youngest: a study

in Tanzania found that children institutionalized up to 4 years of age faced greater risk than those placed in institutions between 5 and 14 years of age.⁵⁶

The abuse may occur frequently. In Romania, a study of 1,391 institutionalized children found that two in five recorded severe punishment or beatings by staff. Further, of those who were beaten, 80 per cent said that the abuse occurred many times, particularly for boys.⁵⁷ Children in institutions are also at significantly greater risk of physical and sexual abuse than those in foster care or the general population.⁵⁸ At particular risk are children with disabilities who are often abandoned within institutions without stimulation or human contact, and who may even be physically restrained.^{59,60}

Underlying the pervasive violence and poor development outcomes is “structural neglect” – a child-rearing environment typified by minimal physical resources and inadequate caregiver-child interactions.⁶¹ A survey in Kazakhstan, Kyrgyzstan and Tajikistan found that staff morale was low due to work overload, and poor pay and working conditions. Procedures for responding to incidents of violence were very limited.⁶²

Poor conditions in residential institutions reflect the lack of national standards and guidelines, inadequate monitoring and accountability, and weak regulatory frameworks and mechanisms. The harmful acts may be of omission rather than commission, but still constitute ill-treatment, especially when there is prolonged pain and suffering.⁶³

Schools

Much violence in schools is influenced by the school’s ethos. A school that tolerates unjust practices signals to the child that violence is acceptable,

sometimes setting in train a destructive pattern of behaviour that persists through adult life. In some cases, this may happen because the schools and teachers are themselves under pressure. Under-resourced schools often end up with overcrowded classrooms and poor working conditions for teachers. This might compel teachers to resort to harsh disciplining as a way of expressing their frustrations.⁶⁴

Many schools that allow corporal punishment claim to reserve this for the most serious student infractions, such as fights between students.⁶⁵ For example, in the US state of North Carolina, 48 per cent of cases of corporal punishment in schools were for disruptive behaviour and 25 per cent were for fighting or aggression. However, interviews with students make clear that corporal punishment is not necessarily reserved for the most serious misbehaviours.⁶⁶ In a qualitative study in South Africa, children reported being beaten for not doing their homework, coming late to class, bringing cell phones to school, answering questions incorrectly and making noise in class.⁶⁷ In the Republic of Korea, behaviour that commonly evoked corporal punishment included making a noise in class, using bad language, not doing homework, coming late and getting a bad grade.⁶⁸ In Zambia, children reported being hit for not completing assignments, going outside without permission, playing after recess was over, or having an unacceptable appearance,⁶⁹ while in Swaziland the reasons for being hit included not wearing a proper uniform, not doing homework, making a noise, not being able to count and being absent.⁷⁰ Given the indiscriminate way in which corporal punishment was administered, students understandably viewed its use as capricious.⁷¹

Violence may be condoned as a normal part of socialization in which verbal aggression, sexual harassment

A school that tolerates unjust practices signals to the child that violence is acceptable, sometimes setting in train a destructive pattern of behaviour that persists through adult life.

and bullying are considered intrinsic to the development of appropriate social identities for girls and boys. Violence between boys can be viewed as a legitimate part of growing up and a preparation for masculine roles associated with toughness and lack of emotion. Schools located in communities with high levels of violence can also be permeated with gun culture.⁷²

The culture of the school affects the extent of bullying, often in indirect ways that are not seen or acknowledged.⁷³ Certain characteristics of classrooms, teachers and schools could either inhibit or fuel bullying problems. These include social formations along race, caste, religious and ethnic lines that are upheld through school practices such as classroom seating and food distribution. Even today, some teachers perceive bullying as a normative experience that has few harmful effects and simply advise victimized children to avoid their aggressive peers, or work it out on their own. Teachers' own experience as children may contribute to their attitudes: those who were bullied themselves are typically more empathetic than those who were aggressive.

In East Asia, bullying can occur in the context of pervasive academic stress. Demanding curricula, teachers and parents, and inflexible school examination systems enable some children to thrive more than others – leading to perceived weaknesses and vulnerabilities that create conditions for bullying and victimization.⁷⁴

Online and cyberspace

Children's access to and use of internet and mobile technologies is rising around the world.^{75,76} In many respects, children benefit from online communications that help build trust between groups and communities.⁷⁷

The internet and new technology may in fact be contributing to an overall decline in youth violence.⁷⁸ Young people can use the internet to access information, learn about referral support systems and get in touch with others who face similar problems.

Further, the anonymity that the internet affords can facilitate healthy exploration – of identity, relationships, emotions, sexuality and communication. The all-engrossing online world may provide children with an environment in which they can explore risk-taking behaviour, and in some ways provides a buffer to physical violence. For example, gaming – often blamed for instigating violence – could be used to model positive health behaviours in the offline world.^{79,80}

Nevertheless, digital communications also expose children to violence, trauma and aggression. Numerous forms of online violence have been catalogued. These include “flaming” (an online fight); “bash boards” (online bulletin boards where people can post malicious messages); “outing” (when someone publishes confidential or private information online); trickery (when a person purposely tricks another person into telling secrets and it is published online); exclusion (intentionally excluding someone from an online group); “happy slapping” (when a victim is physically attacked, the incident is filmed and distributed electronically); text wars or attacks (ganging up on the victim, sending the target hundreds of emails or text messages); online polls (asking readers to vote on hurtful questions); and “griefing” (chronically causing grief to people online).⁸¹ Digital violence may also take the form of phone or email harassment, harassment on social networks and making objectionable videos for “sextortion”.^{82,83}

There are many features of online violence that merit close attention. First, most aspects of a child's

The anonymity that the internet affords can facilitate healthy exploration – of identity, relationships, emotions, sexuality and communication.

Urban violence often tends to cluster in a small number of places or “hotspots” at certain times and is typically committed by a small number of people, primarily adolescents and youth.

online experience have an offline dimension.^{84,85} For instance, online violence including sexual harassment of women and girls is in many cases an extension of offline practices of violence against women and girls.⁸⁶

Second, although those who harass people online frequently target people they already know offline, in some cases they choose their victims randomly.⁸⁷ An intermediate case is “grooming”, where a stranger “befriends” a young person online with the aim of facilitating online sexual contact or a physical meeting with the same objective.⁸⁸

Third, in some cases, the internet can exacerbate offline violence against children by acting as an enabler of abuse. For example, even though viewing child pornography does not entail contact with children, it still perpetuates a wider culture of violence and does have real child victims. Internet offenders who have never directly violated a child but who are obsessed with pornographic photos may indirectly cause many children to be drawn into exploitative and damaging situations by increasing the demand for child pornography.

Research from high-income countries indicates that children are less digitally literate if their parents do not use the internet. Generally, parents are less able to protect their children if they themselves do not use the internet.⁸⁹ Similar findings emerged in Latin American studies.⁹⁰ Likewise, teachers who do not use the internet are more likely to have students with less-developed digital skills.^{91,92} Better supervision tends to reduce vulnerability to online violence.⁹³ However, parents’ use of monitoring technology may lead to the child developing negative feelings.⁹⁴

In general, however, despite widespread concern about online violence, the evidence base is weak.⁹⁵

Indeed, technology is evolving faster than researchers and policy makers can gather and analyze evidence. The field also lacks a cross-disciplinary lingua franca – and there is no established approach to research and evaluation. As trends emerge, evolve, spike and wane, some forms of online violence generate more research attention than others.⁹⁶

Communities and public spaces

Cities are generally engines of prosperity and, compared with rural areas, usually offer better levels of health, education and income. But parts of many cities present major risks – especially to children. While violence can erupt in any city, it tends to occur in high-risk “fragile” contexts and neighbourhoods. Of the world’s 50 most violent cities, all but seven are to be found in Latin America and the Caribbean.⁹⁷

Urban violence tends to cluster in a small number of places or “hotspots” at certain times and is typically committed by a small number of people, primarily adolescents and youth.⁹⁸ In five Latin American cities, 50 per cent of homicides occurred in 2 per cent of blocks.⁹⁹ In Bogotá, Colombia, just 1.2 per cent of street addresses accounted for 99 per cent of homicides.¹⁰⁰ Also in Colombia, in Medellín, 40 per cent of all crimes occurred in just 10 hours of the 168-hour week.¹⁰¹ In Venezuela, 80 per cent of homicides in Sucre, Caracas came from just 6 per cent of its street segments.¹⁰² In Boston in the US, 70 per cent of total shootings over a three-decade period were concentrated in an area covering 5 per cent of the city, and over 50 per cent of city-wide shootings were committed by just 1 per cent of youth aged 15–24.¹⁰³ Indeed, in most major cities, 75 per cent of the homicides are committed by 0.5 per cent of the population.¹⁰⁴

Community violence in urban settings is often amplified by ready access to guns, which are cheap, poorly regulated and often traded illicitly.

The highest rates of violence are typically in neighbourhoods with lower social capital and fewer informal systems of social regulation and control, giving rise to fear and mistrust, especially among young people.¹⁰⁵ Such communities also tend to get less support from public services, such as through policing and the justice system. This is fertile ground for criminal organizations and gangs. Community violence in such settings is often amplified by ready access to guns, which are cheap, poorly regulated and often traded illicitly. This is especially true in Latin America; a high proportion of homicides in the region are committed with firearms, ranging from 45 per cent in Mexico to almost 90 per cent in Guatemala.¹⁰⁶

Not all urban communities are susceptible to violence. Violence here is conditioned by a dynamic interplay of factors including high population density; income and social inequality; concentrated poverty; weak social safety nets; poor services and infrastructure; and a high proportion of young under-educated and unemployed youth with easy access to alcohol and drugs. In these circumstances, young people may be attracted to gangs which offer them a sense of belonging, a replacement for the family and some opportunities. Together, these wider social, economic and political challenges expose entire cities and neighbourhoods to greater or lesser degrees of violence. The extent of violence depends on the way these challenges are anticipated, managed and reduced. Violence can surface when metropolitan institutions are unable to adequately prevent, cope or adapt to risks and stresses.¹⁰⁷

Safety in public spaces

Although urbanization processes do not per se breed violence against women and children,

they can increase the risks and vulnerabilities.^{108,109} For example, in places where drugs are dealt or where gangs are present, women are more at risk of violent sexual attacks.¹¹⁰ Where dwellings are flimsy and there are no security patrols, women are more vulnerable to break-ins, theft and rape in their own homes. Poor quality transport and infrastructural deficits like poor lighting or bad road quality all increase women's vulnerability to violent threats.¹¹¹ A study in five countries – Brazil, Cambodia, Ethiopia, Liberia and Nepal – found that lighting emerged as particularly crucial for safer campus routes and safer passage between factories, bathrooms and rental houses. Safe transport is particularly out of the reach of women and children in poorer communities that are less accessible by road.¹¹²

The urban space also shapes the consequences of violence experienced by women and children.¹¹³ For example, inadequate infrastructure and services make it difficult for them to reach the necessary services when they are victims of violence. And avoiding “dangerous places” or complying with (informal) forms of territorial control by organized criminals translates into further restrictions to their mobility.¹¹⁴

Street-connected children and youth

A significant proportion of young people aged 10–24 find themselves living and/or working on the streets – neglected on the margins of society.¹¹⁵ Referred to as street-connected children and youth, they are present in both the developed and developing world, and have significant rates of morbidity and mortality.¹¹⁶ These children and youth are subject to numerous human rights violations and are often stigmatized as juvenile delinquents, and their presence on the street is frequently criminalized.¹¹⁷

Among the main factors that drive many children out into the streets is abuse and conflict within their homes. In high-income countries, homeless youth most frequently report family conflict as the most important reason for street involvement, followed by abuse and psycho-social reasons.¹¹⁸ Girls and young women are significantly more likely than males to cite abuse as the reasons for street involvement, whereas the opposite is observed in developing countries, where males more frequently report abuse as the reason. Family conflict and abuse, however, probably overlap and are likely to force children and youth to turn to the streets for survival.¹¹⁹

Society and culture

Throughout childhood, violent behaviour can be legitimized by social norms which reflect prevalent attitudes, beliefs and moral judgements about what behaviours are “right”. Prevailing norms can determine whether violence – among children and adults – becomes the accepted or even expected response in cases of small disputes, perceived slights or insults. Failure to respond in self-defence can be seen as a sign of weakness, with an associated risk of further victimization.¹²⁰

Norms relating to physical punishment of children centre around the belief that parents and teachers should use violence as a means of control and discipline. Children have low social status and lack social power, and the use of violence to discipline them is often widely accepted and normalized, and is seen as supportive of children’s

learning and development.¹²¹ A study in the Caribbean found that 92 per cent of teachers thought that corporal punishment was effective and necessary.¹²² In some cases, parents may even expect teachers to discipline their children as a way of reinforcing compliant behaviour in the home.¹²³

Violence victimization for both boys and girls also stems from pervasive norms based on patriarchy, which assume that men should have a monopoly on power and that women should submit to men’s authority. Across large swathes of India, for example, social norms sanction violence and aggression as expected and acceptable manifestations of masculinity, and contribute to high rates of intimate partner violence.¹²⁴ Such norms may also make boys ashamed of reporting physical and emotional violence against them.¹²⁵ Norms that discourage homosexuality may similarly lead adolescents to engage in self-harm and even commit suicide, as has been found in Japan.¹²⁶

Social norms concerning masculinities – “being male” – often legitimize violence as a way of earning respect.¹²⁷ Many societies condone wife-beating.¹²⁸ Gender-based norms can also motivate extreme actions such as acid attacks, “honour” killings or female genital mutilation. They also govern the perceived value of boys and girls and their ascribed gender roles. In Peru, as in many other countries, parents believe that sons have more social and economic potential so are more likely to neglect girls.¹²⁹ It is not surprising then that children absorb these norms. Countries where boys and girls (15–19 years) justify

Prevailing norms can determine whether violence – among children and adults – becomes the accepted or even expected response in cases of small disputes, perceived slights or insults.

men beating their wives or partners are less likely to end childhood violence.¹³⁰ (FIGURE 4.2)

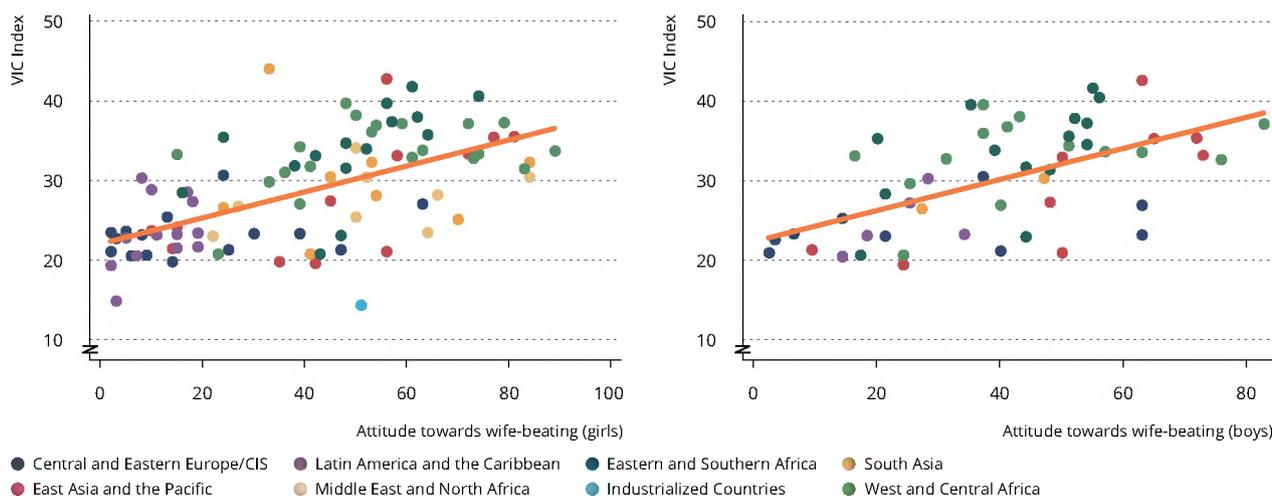
Norms can even pervade public policy and decision-making in urban planning, to the detriment of women.^{131,132} Spatial segregation into so-called “safe spaces” and “no-go zones”, for instance, may limit women from accessing certain neighbourhoods or make them submit to particular dress codes or behaviours.¹³³

Most social norms influence each other and are reinforced by childhood experience or a history of family violence.¹³⁴ Reports from Kenya and Tanzania, for example, indicated that individuals who justified wife-beating were likely to have faced violence themselves before the age of 18.¹³⁵ Norms may also be influenced by media reports of sexual assault, rape, bullying and other forms of extremely aggressive behaviour that contribute to the normalization of violence in

society. When personal attitudes and social norms conflict, social norms often take precedence.^{136,137} The motivation to win approval and avoid sanctions from one’s social group can pressure people to conform with social norms, even if they personally disagree with them.¹³⁸ In Peru, children justified the use of physical violence against peers using the same argument made by teachers in relation to corporal punishment, namely the need to teach a lesson and change behaviour.¹³⁹

Nevertheless, beliefs and norms are not rigid. Norms that endorse physical punishment of children may now be weakening. In Egypt, for example, surveys indicated that only 40 per cent of adults thought that physical punishment was necessary although over 90 per cent of children aged 2–14 had experienced it. The corresponding figures for Jamaica were 30 per cent and 80 per cent.¹⁴⁰ In a recent study of parents spanking their children

FIGURE 4.2: Countries where boys and girls (aged 15–19) justify men beating their wives or partners are less likely to end violence in childhood.



Source: Shiva Kumar and others 2017 for Know Violence in Childhood 2017.

in Mumbai, India, only 14 per cent of the parents interviewed said they hit their children because they believed this worked. Another 60 per cent said they could not control the child, 24 per cent were tired or frustrated, and 2 per cent said they did not know of any other way.¹⁴¹

Globally, only around three in ten adults now believe that physical punishment is necessary to properly raise a child.¹⁴² Indeed, attitudes and norms are amenable to change

through carefully crafted strategies implemented across all the settings of everyday violence.

This chapter has located the experiences of children within different settings and contexts. These settings need to become the sites for violence-prevention. Promising strategies that address the intersections between these different settings and the interplay of individuals, relationships, resources and norms are explored in the next chapter.

CHAPTER – 5

STRATEGIES FOR PREVENTION



Experience from across the world demonstrates that violence in childhood can be prevented. Many governments, communities and organizations have taken steps to address the structural drivers of violence – investing in services, safe spaces, systems and institutions, while building people’s capacities to manage and avoid aggression.

Approaches to addressing violence have sometimes been limited to dealing with violence primarily as a series of separate incidents, failing to recognize its deep social and economic roots. However, evidence shows that responses need to be more broadly-based, supporting parents and children while investing in more peaceful communities, schools and public services.

To review the available evidence, Know Violence in Childhood commissioned research from around the world. This body of work confirmed the geographical narrowness of the available evidence base. A high proportion of the information gathered comes from the advanced economies,

except for evidence on fragile and high-risk communities, which comes mostly from low- and middle-income countries in Latin America. **BOX 5.1** provides an assessment of the nature and quality of this evidence. Based on this evidence, this chapter outlines a prevention agenda for the achievement of SDGs related to ending childhood violence. Gaps in the evidence base, however, make it difficult to vouch for the efficacy of these strategies for all contexts or for other specific groups of children. There is little usable evidence, for instance, on children with disabilities or other vulnerable groups of children. Nevertheless, these experiences offer important lessons, and illustrate some key programming principles.¹

BOX 5.1: About the evidence base.

A growing body of evidence on strategies to prevent violence is showing promising results. As the field and knowledge base develops, it is important to consider the character of the existing evidence base and how it can be strengthened.

Geographical biases – The evidence from low- and middle-income countries is relatively nascent and as yet weak. Around 98 per cent of all studies on promising interventions come from the Americas (mainly from the US and Canada) and Europe (mainly Western Europe). And more than 95 per cent of all programme evaluations relate to about 12 per cent of the global population, while less than 5 per cent of evaluations worldwide relate to the remaining 90 per cent of the global population.² For the majority of strategic areas listed here, the evidence from low- and middle-income countries is limited.³

Much of the evidence is in English and comes from publications in refereed journals by academics and scholars from universities or research institutions based in industrialized high-income countries.

Even in an increasingly well-researched field such as Early Childhood Development, the number of studies from different countries does not reflect the population distributions of children in developing countries.⁴

Under-represented groups – Children from diverse social and economic circumstances, such as those living with disabilities, those identifying across the gender and sexuality spectrum, those living with HIV/AIDS, and migrant and refugee children, remain significantly under-represented, particularly in terms of effective prevention strategies. Emancipatory research, or research directly

BOX 5.1: cont...

managed by such groups of children, can do much to understand their perspectives directly by ensuring their voices are heard.⁵

Underpowered research – Sample sizes are often too small to draw major conclusions. Better funding for evaluation would enable more robust studies to draw more useful conclusions. However, there can be a trade-off between more rigorous research that is strongly powered, such as in experimental design-based evaluations, and the flexibility to adapt programme design to add components that can strengthen impacts. For instance, if there is concern about “contamination” of the design between and across control and intervention sites, it may not be possible to apply strategies to correct emerging problems as and when required.⁶

Incomplete research – Some programmes show evidence of impact by social group, for example, but others do not. Primary studies do not always incorporate all the information about study design that can help interpret findings, and may not provide adequate information about the theory and evidence base of the intervention, the reliability and validity of the outcome measures, and characteristics of the sample, amongst others.⁷ The research may not include information on the quality of the programme, the fidelity to the original design, qualifications and commitment of staff, potential negative peer associations that may reinforce deviant attitudes and the involvement of the family and community. It should certainly include a cost analysis.

Missing narratives – The invisibility of the problem as well as social taboos against reporting violence have stifled the voices of children – which are essential for developing appropriate prevention strategies. Also, the paucity of longitudinal studies makes it difficult to construct narratives that might offer insights into the intergenerational consequences and impacts of violence in childhood. Longitudinal studies such as Young Lives in Ethiopia, India, Peru and Viet Nam are providing new impetus and knowledge in this field.

Indirect impacts – Many programmes and efforts are not focused directly on ending inter-personal violence, but address some of the risk factors that underpin violence. These indirect impacts on violence have not been fully understood. For example, recent

studies suggest that strategies for alleviating economic stress through cash transfers could reduce violence in childhood. There might be other such interventions which reduce violence indirectly but they remain poorly documented.

Drawing inferences – Conclusions from the findings of programme evaluations should be drawn with caution. It is true that some risk factors such as the low self-control of individuals may be universally associated with violence. But others need not be. For instance, risk factors such as poor parental supervision, physical punishment and large family size were found to be unrelated to delinquency in Ghana, whereas they were associated with crime in Pittsburgh and London.⁸ Context matters.

Even with randomized control trials, findings have to be interpreted carefully. Family members, caregivers and the community might intervene to resolve conflict and make the surroundings safer for the child, making attribution difficult to establish. And it may be difficult or morally wrong not to change the condition of children in the control group. Another factor is the duration of the intervention. Most random control trials operate over a three- to five-year period, which might be too short to prove the sustainability of violence reduction over time. It is also difficult to draw inferences when there is little or no follow-up of the cohort that was studied. For example, it is hard to know whether children whose parents have attended parenting programmes are less likely to experience violence later in life.

Methodological differences – Studies that use very different methodologies and measures impede efforts to build constructive frameworks of analysis. Limited attention to analysis of the moderators of results (for whom they work best) as well as the mediators (how programmes work, why some do, and why some do not) also impede learning of lessons across programmes that have similar objectives. Differences in use of keywords across published papers can also impede systematic reviews.

Scale-up and adaptability – Resource-intensive programmes can be hard to replicate elsewhere; issues of context and transferability need more attention in evaluations and studies.

Source: Know Violence in Childhood 2017.

The factors contributing to interpersonal violence are complex, and operate at many levels of human functioning and engagement, from individuals to families, societies, institutions and communities. Prevention strategies therefore need to address factors across all these domains. They cluster under three types: those that enhance individual capacities, those that embed violence-prevention strategies in existing services and institutions, and those that address the root causes of violence. These clusters reflect the multiplicity of levels of engagement,

as well as the intersections between these levels and entry points; they cannot be categorized into neat boxes or 'silos'. (FIGURE 5.1)

Enhance individual capacities

Well-informed parents and caregivers can both prevent violence and create a nurturing environment free from fear in which children can realize their full potential. Children themselves can also be equipped with skills that build their resilience and capabilities.

FIGURE 5.1: Prevention of childhood violence – a strategic framework.



Source: Know Violence in Childhood 2017.

Equip parents and adult caregivers

Informed parents, backed by knowledge and services, can create safe, supportive and stimulating spaces.

At the frontline of prevention are safe homes and families, in which adults have the skills and resources to manage stress and aggression and to nurture children with empathy and care. Informed parents, backed by knowledge and services, can create safe, supportive and stimulating spaces. They can appreciate the damaging impact of harsh discipline and can find alternative ways to control children's behaviour. They should also be alert to their children's safety needs. All of this knowledge should be embedded in a deep understanding of the rights of children.

Preventing child maltreatment
– Programmes to reduce child maltreatment have generally been embedded within home visitation programmes, group- or individual-based parenting programmes and paediatric care. Home visits can be carried out by professionals, para-professionals or volunteers who offer parents (especially first-time mothers) support on child development and child-rearing practices. Group-based programmes can also be offered in primary healthcare or early childhood centres, for example, or in schools or community centres, where trained facilitators impart parenting skills and information on positive discipline strategies.⁹

Parenting interventions have been shown to be effective in improving both parenting and children's cognitive and behavioural outcomes, particularly for physical abuse and neglect.¹⁰ A systematic review prepared for this Report showed that parenting programmes could reduce the risks of child maltreatment by improving maternal psychosocial health and changing parental perceptions about harsh discipline. Such interventions also helped reduce the risks of unintentional injuries.

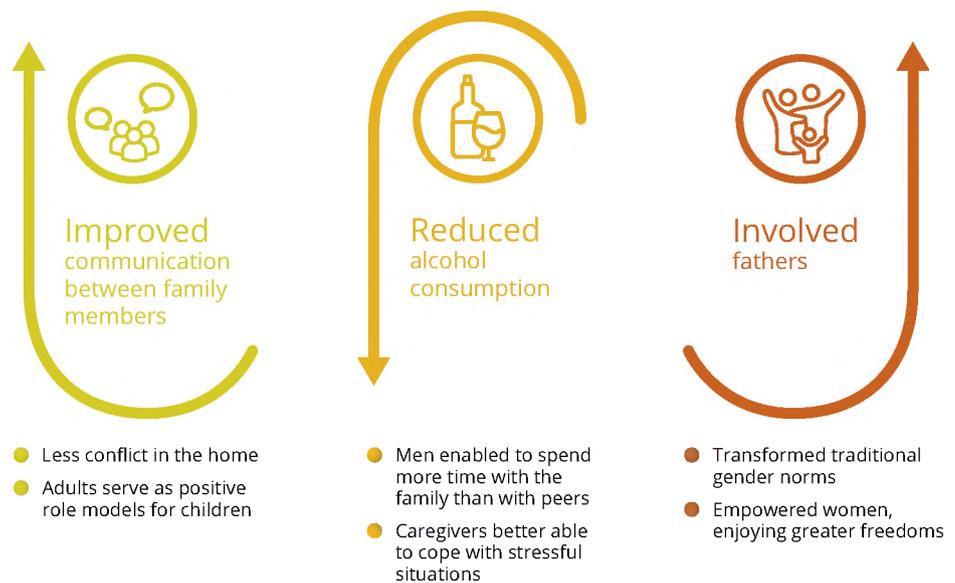
Although it is difficult to measure their impact, the available data indicate that parenting programmes can reduce child maltreatment. Even in meta-analyses that conclude that there is no generalized effect, there have been benefits for at-risk groups.¹¹

In several countries, perinatal home-visiting programmes and family-based early childhood parenting programmes have been shown to prevent or reduce physical abuse and neglect.¹² This is achieved by addressing parental attitudes and relationships between partners.¹³ The US NGO, Nurse-Family Partnership, for example, has home-visiting programmes that have been shown to reduce injuries and visits to emergency departments, and to reduce child maltreatment in the long term.¹⁴ Also in the US, the Family Resiliency Program has helped build emotional resiliency in parents of young children (up to five years old) through strengthening their coping skills and decreasing stress, thereby reducing the likelihood of child abuse, domestic violence, parental depression, anxiety and isolation.¹⁵ The programme delivered a three-month programme of weekly two-hour group sessions spread over a year and was tested with both couples and mothers-only groups.

However, the overall evidence base, particularly for low- and middle-income countries, is modest and could impede investment in prevention.¹⁶ For these countries, shifting to prevention will in the long-term be cost-effective, but they would also benefit from well-researched pilot programmes.¹⁷

Reducing intimate partner violence
– Most efforts at reducing intimate partner violence, particularly in high-income countries, have focused on responding to problems as they arise and on supporting survivors, particularly through health and legal services.¹⁸ Even in low- and middle-

FIGURE 5.2: Preventing family violence – pathways of change.



Source: Know Violence in Childhood 2017.

income countries, however, more efforts are shifting to prevention – aiming to change the attitudes and norms that reinforce violence against women and girls, and promote gender-equitable behaviours, through media campaigns, community mobilization, economic empowerment and group education.^{19,20,21,22}

The most effective programmes involve community mobilization and/or economic empowerment, paired with gender equality training.²³ Some also address related issues such as HIV, poverty, low education levels and women’s economic dependence on men – and also help men and boys explore their values and beliefs about gendered roles and practices, including violence towards women.²⁴ (FIGURE 5.2)

Programmes that address child maltreatment and those that address intimate partner violence work through both families and communities, pointing to strong built-in synergies. (BOX 5.2)

A comprehensive family violence-prevention programme, for example, would address harsh or dysfunctional parenting, and violent discipline and child maltreatment, as well as partner communication and anger management, while also promoting healthy masculinities.²⁵

Cash transfers – Many governments offer different forms of social protection, which in low- and middle-income countries have increasingly involved cash transfers. Whether or not they have been explicitly child-focused, cash transfers have helped reduce levels of poverty and improve child well-being.²⁶

Inter-personal violence in the home often arises from strained relationships exacerbated by economic uncertainty and hardship. As a corollary, therefore, it is possible that cash transfers can reduce forms of childhood violence, such as sexual exploitation, that are rooted in economic insecurity. Cash transfers may also reduce corporal punishment

The most effective programmes involve community mobilization and economic empowerment, paired with gender equality training.

BOX 5.2: Synergies in the prevention of intimate partner violence and child maltreatment at home.

Intimate partner violence and child maltreatment often take place in the same space, within familial relationships. This has resulted in calls for the provision of comprehensive and complementary services to families affected by these forms of violence. However, programmes and services have typically approached these issues separately.

Both parents should be involved in ensuring child safety and well-being. Interventions on child maltreatment and intimate partner violence should also be directed at fathers. However, such interventions must be underpinned by accountability principles that prioritise the safety and well-being of children and their mothers.²⁷

In the US, there has been a substantial investment in perinatal home-visiting programmes, and guidelines have been developed for policymakers on joint intimate partner violence and child maltreatment interventions.²⁸ Prevention is particularly important in low- and middle-income countries where resources are constrained. The Sinovuyo Caring Families programme in South Africa, for example, includes activities that focus on how caregivers can communicate effectively when faced with a variety of exposures to violence – including an adolescent female's experience of rape by a family member and being lured into a car by a "sugar daddy".²⁹

SASA! in Uganda works to reduce intimate partner violence by challenging social

norms and beliefs about gender that contribute to violence. SASA! actively engages community stakeholders including activists, local government, cultural leaders, religious leaders and professionals such as the police and healthcare providers. The programme's language focuses on how power can produce positive and negative outcomes. Qualitative data suggested that reductions in intimate partner violence also improved parent-child relationships, through better parenting and discipline practices. Some participants also reported being less tolerant of violence against children in their community and more willing to intervene when necessary.³⁰

Policies and programmes must address the needs of adolescents, who are vulnerable to both forms of violence, particularly in low- and middle-income countries.³¹ Building Happy Families in Thailand and Sinovuyo Caring Families in South Africa, for example, have incorporated specific elements for adolescent children.³²

For children exposed to intimate partner violence, a systematic review found that children's behaviour may be improved by parent-skills training, delivered in combination with practical support for non-abusing mothers and group-based psycho-education delivered to mothers and children. However, this conclusion is tentative and based on a small number of studies.³³

Source: Bacchus and others 2017 for Know Violence in Childhood 2017.

that is triggered by poverty-related stress following economic shocks. They may also help remove children from work and enable them to go to school. (FIGURE 5.3)

Cash transfer programmes take many forms. Basic models, such as the Kenyan Cash Transfer for Orphans and Vulnerable Children, or the South African Child Support Grant, give cash payments with simple messaging about the use of funds, but no additional conditions or components. Others, as in Latin America, include a "cash plus" component that requires health check-ups, nutrition

training or child vaccinations. In OECD countries, such programmes can require the recipients to have substance abuse treatment or job training.

A few programmes address violence-prevention directly. In Kenya, for example, the Adolescent Girls Initiative encourages community conversations on violence. In Zimbabwe, the Harmonized Social Cash Transfer includes social services for violence-prevention and sessions on family development. In Indonesia, the Program Kesejahteraan Sosial Anak offers access to care services.

In the United States, the A Better Chance Welfare Reform Program offers parenting classes.

Studies of the impact of cash transfers have covered such issues as nutrition, illness, schooling, mental health, stress and, more recently, intimate partner violence. There is promising evidence from sub-Saharan Africa, for example, that cash transfers can reduce sexual violence, including transactional sex, age-disparate

sex and forced sex, especially for adolescent girls, who are at increased risk when their households are faced with economic hardship.³⁴

Not all forms of social protection reduce the risks for children. Indeed, some could increase them. Parents who are being supported through employment in public-works programmes, for example, may have less time to spend with their children who are then more vulnerable to

FIGURE 5.3: Reducing violence through cash transfers – pathways of change.



Source: Know Violence in Childhood 2017.

violence and abuse. It is important therefore to explore how cash transfers might affect violence, and to monitor the impacts of such programmes on violence reduction. A related question is about the sustainability of programme effects after the programme ends or the cash benefit is withdrawn.

Empower children

While adults should ensure children's safety, there are many situations in which adults are either absent or unable to fulfil that role. Children themselves must therefore be at the heart of prevention efforts – able to use their evolving capacities to think for themselves and act in their own interests.

As they grow up, children acquire life skills – the capacities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life.³⁵ These include cognitive, emotional, inter-personal and social skills, and other abilities including self-awareness, self-management, social awareness and responsible decision-making.

Life skills curricula can be delivered to children, adolescents and young people through pre-school and school programmes and vocational education.³⁶ The Kidpower Everyday Safety-Skills Program in the US, for example, has aimed at helping third-graders acquire knowledge and skills to take charge of their own safety and that of others. This involves classroom sessions, with booster sessions and at-home assignments. The programme has greatly enhanced children's safety knowledge.³⁷

It is also important to build children's resilience – defined as “reduced vulnerability to environmental risk experiences, the overcoming of a stress or adversity, or a relatively good outcome despite risk experience”.³⁸ Resilience is important even for

children who do not face significant adversity or trauma.³⁹ A collection of protective factors, such as personal and social competence, perceived level of family cohesion and social resources can help children maintain or return to positive mental health.⁴⁰

Adolescence is also a period in which social norms are shaped, so it is important to address attitudes of boys and girls towards unequal gender norms and build their capacities to resist and prevent gender-based violence. Bullying can be prevented if students are empowered to respond. Students need to take responsibility for everyone's well-being and acquire skills they can use if bullied themselves, or when witnessing the bullying of others. Bullying among adolescents can also be reduced by formulating rules for bystander intervention and assigning peers as educators.⁴¹

An important ability is to have inclusive attitudes towards peers. This means preventing the development of prejudice – such as negative evaluations, feelings or beliefs, or discriminating against others because of their ethnicity or other characteristics. Such prejudices can start young and be self-perpetuating as prejudiced individuals avoid disconfirming experiences and information.⁴² Programmes to combat prejudice can promote cognitive and social skills that teach children to play with peers and encourage diversity in friendships. Other programmes can use media and communications to counter biased information. In high-income countries, both media- and contact-based programmes have shown much promise in changing attitudes.⁴³

Reaching younger children – Children have been described as wired for violence – as part of the human instinct for survival.⁴⁴ They are not born with the skills to control themselves, to reason out the best course of action when they are upset,

Children themselves must be at the heart of prevention efforts – able to use their evolving capacities to think for themselves and act in their own interests.

or to get along with each other in a non-violent manner. These skills have to be learned young. Early childhood is the period of most rapid brain development, and experiences determine which channels of the brain are formed. Repeated positive experiences make these channels stronger, while channels that are not used fade away. Channels for emotions are wired by experiences of love and affection but also by experiences of anger and aggression. It is therefore important to encourage loving and nurturing interactions and minimize violent ones.

To survive and to get along with others, children have to develop executive function and self-regulation.⁴⁵ They need to be able to monitor and manage feelings, thoughts and behaviours, while developing the mental processes that will enable them to plan, focus attention, remember instructions, juggle multiple tasks successfully and control impulses. Skills beget skills, and as children grow they learn to prefer larger later rewards to smaller earlier ones, skills that become more critical as they go through adolescence.^{46,47}

Experimental studies in industrialized countries have demonstrated the value of a high-quality early childhood environment, coupled with additional parental support, and health and nutrition interventions.⁴⁸ Because children face multiple risks, change needs to take place in at least three areas: stimulation (play and talk), feeding (quantity and quality) and hygiene (hand-washing).⁴⁹ Children receiving early attention in these areas tend to display higher cognitive and academic scores – which persist into adulthood for those for whom the intervention occurs in the first years of life.⁵⁰ Early stimulation interventions can result in sustained benefits to children in cognitive, linguistic and socio-emotional terms, including in improving subsequent schooling outcomes.⁵¹ Such support can also

reduce problems such as depression and teenage pregnancy, and improve employment opportunities while reducing criminality.^{52,53}

During this period, children develop social emotional learning (SEL) – which includes empathy, emotional regulation, social problem-solving, friendship-building and assertiveness.⁵⁴ SEL has been identified as the third condition for learning – following the first (safety) and the second (the experience of being cared about, well-treated and accepted). Children with strong SEL skills are likely to be safer than children with weaker SEL skills.⁵⁵

For schools, the elements of SEL are a new means of engaging children in their learning and development. SEL also improves the school environment and helps create a safe and supportive place for learning. The Second Step programme, for example, imparts SEL skills to children across different age groups, and has been adapted for use in over 20 countries, including Chile, Brazil, Iraq and Turkey. Children participating in these programmes have shown significant gains in SEL skills, attitudes and behaviours, as well as academic achievement.

These findings have been confirmed by several studies in low- and middle-income countries in Latin America and the Caribbean, Asia, Africa and Europe.⁵⁶ Curricula developed in the US and elsewhere, such as the Incredible Years programme published in 1984, have demonstrated significant results in disadvantaged and high-risk children. The programme focuses on strategies teachers can use to promote learning, social-emotional competence and good behaviour, aiming to improve the effectiveness of teaching and the warmth and productiveness of teacher-child interactions. Evaluations and follow-up studies have shown that training early childhood teachers in behaviour-management skills not only reduced corporal punishment,

Early stimulation interventions can result in sustained benefits to children in cognitive, linguistic and socio-emotional terms, including in improving subsequent schooling outcomes.

Adolescence provides a unique opportunity to promote gender equality and attitudes and behaviours that can prevent sexual violence.

but also benefited children's mental health, executive function, school achievement and school attendance. In Jamaica, the programme has also been adapted for children aged 3–5 in basic schools as the Irie School Kit. This has four modules which aim to create emotionally supportive classroom environments, manage child behaviour, and promote social and emotional competence and behaviour planning.⁵⁷

Globally, however, less than 50 per cent of children attend early childhood education programmes. Most are from the richest wealth quintiles.⁵⁸ One strategy for filling that gap is to use television. The Sesame Street television programme, for example, is broadcast in 130 countries and reaches millions of pre-school children. Using the original template, the programme's content has been tailored to local conditions, including through 39 international co-productions. Its components include developing cognitive outcomes, learning about the world, and social reasoning and attitudes, including towards peers. An assessment in 15 countries found that watching the programme helped improve attitudes towards groups that were associated with long-standing hostilities or stereotyping.⁵⁹

Reaching adolescents – Adolescence provides a unique opportunity to promote attitudes and behaviours that can prevent sexual violence. Although evidence is still scarce, some promising approaches have been identified. In high-income countries, these have often involved school-based interventions to prevent dating violence. In the US, for example, the Safe Dates programme for middle- and high-school student includes classroom sessions, a student play and a poster contest. Four years after receiving the programme, students in the intervention group were significantly less likely to be victims or perpetrators of sexual violence than students who had not taken part.⁶⁰

Also in the US, *Shifting Boundaries* is a dating violence-prevention programme for middle-school students which includes both school-wide interventions and classroom lessons, and has been shown to reduce sexual harassment and peer sexual violence.⁶¹ A similar programme in Canada (the Fourth R programme) promotes relationship knowledge and skills as a core curriculum for schools, parents, and community organizations, with a focus on addressing the neglected R (for relationships). Evaluations have shown that this programme has helped reduce sexual violence.⁶²

The risks of violence can also be reduced through comprehensive sex education. Contrary to some beliefs, this does not foster either earlier sexual debut or unsafe sexual activity.⁶³ Programmes that advocate only abstinence have been found not to work.⁶⁴ Moreover, conventional gender-blind programmes aimed at reducing sexually transmitted infections and unintended early pregnancy are less effective than sexuality education curricula that emphasize critical thinking about gender and power. Studies also indicate that young people who adopt more egalitarian gender attitudes are more likely to delay sexual debut, use condoms and practise contraception. They are also less likely to be in relationships characterized by violence.⁶⁵

Issues of violence can be addressed more directly through sexual assault prevention programmes for older adolescents and young people at university. These focus on self-protection and challenging the acceptance of male sexual dominance and related myths about rape.⁶⁶ A six-week programme on gender-based violence developed for adolescent boys in Nairobi, *Your Moment of Truth*, improved their attitudes towards women and made them more likely to intervene when

witnessing gender-based violence. These benefits were sustained at multiple follow-up assessments.⁶⁷

Other programmes in low- and middle-income countries have also demonstrated the effectiveness of working directly with adolescent girls and boys. In Zambia and Kenya, for example, there are pilot programmes which focus on empowerment.⁶⁸ In Mumbai, India, the Gender Equity Movement in Schools (GEMS) has worked with boys and girls aged 12–14 to shift their attitudes and beliefs related to gender roles, violence, and sexual and reproductive health.⁶⁹

A wide range of community organizations, from NGOs to churches to sports groups, are also working to shift social norms. In Brazil, for example, the NGO Promundo has developed Program H, which combines education sessions with youth-led campaigns and activism. The programme encourages young men to reflect on rigid norms related to manhood. It has since been adapted and tested in many countries, including India, Ethiopia and the Balkan countries. A programme in India called Yaari Dosti significantly reduced intimate partner violence by young men.⁷⁰ Stepping Stones, an HIV prevention programme originally from South Africa, was found to reduce perpetration of intimate partner violence by young men.⁷¹

Knowledge and attitudes among pre-adolescent youth can also be improved using peer-based methodologies.⁷² In the US, for example, the Green Dot Campaign, first implemented in high schools in Kentucky, trains opinion leaders in schools, communities or military bases to motivate others to become active bystanders when they witness sexual assaults. This has increased bystander intervention and helped reduce rates of sexual violence. Similarly, in Nicaragua the Entre Amigas programme in Managua targeted adolescent girls at individual, family, community and societal

levels using peer methodology and an educational soap opera, and with the involvement of a female family member. The programme increased their understanding of sexual and reproductive issues and their negotiation skills in sexual relations.⁷³

Adolescent health generally is improved by participation in community sport which can build self-esteem, improve social interaction and reduce depressive symptoms. But the benefits can be extended beyond participation in physical activity.⁷⁴ Sports programmes can also help engage men and boys in violence-prevention. In the US, for example, the Coaching Boys into Men programme engages male sports coaches as positive role models and trains them to deliver messages about the importance of respecting women and understanding that violence does not equal strength. This has now been adapted for India, through a programme called Parivartan, which engages cricket coaches and mentors in schools and the community to teach boys lessons about controlling aggression, preventing violence and promoting respect.⁷⁵ At the end of the programme, participants reported improved gender attitudes.⁷⁶

Child and adolescent-friendly services – While there are now more programmes that address violence against girls and women as part of other services, very few successfully involve adolescents.⁷⁷ Boys are unlikely to attend sexual and reproductive health services meant primarily for women, and girls may be reluctant to attend services directed at older or married women. In fact, in some countries, adolescents do not even have access to basic sexual and reproductive health services, such as family planning and sexually transmitted infection (STI) services.⁷⁸

Even when there are support services to which children can turn in the face of violence, they may be under-resourced and little used.⁷⁹

A wide range of community organizations, from NGOs to churches to sports groups, are working to shift social norms.

Throughout Latin America, South Asia and Africa, for example, there are specialized police stations for women and children, staffed by trained female police officers, and occasionally providing counselling or referrals to specialized care. Although these represent an important first step in drawing attention to violence against children and women as public health problems, most have insufficient funds and they lack adequately trained staff and standard procedures.

Another option is child helplines to provide children with direct confidential counselling. In 2010, Child Helpline International estimated that 14 million children made contact across all the helplines in its network. The methods for contact varied between countries but included toll-free phone lines, online chat rooms, SMS text messaging and letter boxes in remote areas. Child helplines may also try to compensate for weak or unavailable child protection services by offering shelter, mediation and rehabilitation services.⁸⁰

Embed violence-prevention in institutions and services

Violence-prevention is not solely the responsibility of “child protection” services. Violence is interwoven into the everyday lives of children and women. Violence-prevention should be correspondingly built into all institutions and services that address children’s everyday needs.

Prevent institutionalization

Children placed in care institutions are vulnerable to multiple forms of violence, from neglect to abuse and exploitation. Institutionalization should therefore be avoided at all costs. The aim should be to remove children from such institutions by creating family-based alternatives

and strengthening families and communities so they can provide what their children need. There can also be well-designed high-quality foster care programmes.⁸¹

The UN Guidelines for the Alternative Care of Children emphasize the responsibility of states to provide adequate family care through preventative and remedial services, such as promoting positive parent-child relationships and providing parenting classes and other social care services including financial support, substance abuse treatment and services for children and families with disabilities.⁸²

Reintegrating children from institutions into their families or appropriate alternative care should be based on the child’s best interests, including safeguarding considerations. This should ensure that they are placed in appropriate family-based care as soon as feasible, providing follow-up support for the child and their caregivers, and monitoring and reviewing the conditions of the placement. This can be challenging, however, especially in situations where there are few community-level family support services and formal care structures that are sympathetic to local histories and cultures.^{83,84}

Safe and appropriate alternative care – Children can be supported in their extended families and communities, sometimes by redirecting resources that would be used for residential placements.^{85,86,87} Alternative care options include short- and long-term care, small family-like residential care, and foster care and adoption.⁸⁸

A growing number of countries have adopted specific legislation not just to protect children in care but also to prevent discriminatory policies that might encourage or condone children with disabilities or those from specific ethnic or social minorities being separated from their families and placed in institutional care.⁸⁹

The aim should be to remove children from institutional care by creating family-based alternatives and strengthening families and communities so they can provide what their children need.

“We’ve good teachers
and they teach well.
They don’t beat us.
They are jovial with
us; they let us play
during playtime.”

Shanmuka Priya, girl in India

To address the harm caused by institutionalizing very young children, several countries in Eastern and Central Europe and in Latin America and the Caribbean have publicly committed to ending the placement of babies and infants in institutional care.⁹⁰ Policies and national standards are also being developed to ensure that all residential care facilities are registered and monitored for the quality and appropriateness of their services.⁹¹ Child protection policies and mechanisms should also ensure that children can report concerns safely and confidentially to appropriate authorities.⁹² This regulatory framework should also incorporate better collection of data on children outside family care.⁹³

As countries develop alternatives to institutional care they should also strengthen existing institutions to ensure that children feel safe and secure and have opportunities to express their individuality.^{94,95} Children’s attempts to report violence have frequently been thwarted by adult indifference and even rejection.⁹⁶ Young people in institutions have emphasized the importance of having nurturing relationships with staff, including the ability to discuss sensitive issues, such as experiences of violence, past and present.⁹⁷

A number of interventions have been evaluated in the US, Australia and the UK, and have concluded that caregivers in residential settings require additional training and help.⁹⁸ This may include specialist training relating to different forms of violence, such as child sexual exploitation, but may also include more basic support for caregivers in family placements.^{99,100}

Extended family or kinship carers need better support and information, even in countries with highly developed child welfare systems.¹⁰¹ Such support and information can be invaluable. For example, caregiver

support groups and intensive home-visiting groups in Kenya have been positively received and have improved outcomes for children and young people.¹⁰²

Transform school cultures

Schools and other institutions should be centres of non-violence that foster a sense of belonging for students,¹⁰³ and discourage hierarchies that condone violent behaviour and bullying. This should take place through the cycle of schooling, starting from the earliest years.

Strengthening curricula and teachers’ capacities – Central to this process are teachers’ capacities to foster inclusive and non-violent cultures in the classroom. For instance, there is less bullying in classrooms where students think that their teachers are clearly against it, so it is important that teachers communicate to students their disapproval of bullying. A study of the KiVa anti-bullying programme, developed in Finland, found that when students realized that their teachers disapproved, they tended to bully less.¹⁰⁴ However, there is limited literature on preventing teacher-on-student violence or on student-on-teacher violence.¹⁰⁵

ActionAid’s Stop Violence Against Girls in School programme has been implemented in Ghana, Kenya and Mozambique over a six-year period and has yielded significant results. This is a multi-level intervention designed to reduce violence across multiple settings, including schools, through a combination of advocacy and education about topics such as the importance of gender equity and the harms of corporal punishment.¹⁰⁶ In all three countries more students and teachers subsequently agreed that teachers should not whip students, and fewer girls reported experiencing corporal punishment in school. The programme also improved enrolment and reduced dropout. However, teachers reported that they were not

The overall aim should be to change school culture, addressing the inter-personal space between adults and children and creating viable alternative models of adult-child relationships.

given instruction in alternative modes of discipline – which they would have found useful.¹⁰⁷

Teachers need training so that they can gain the trust of children and promote socio-emotional competence and communication skills.¹⁰⁸ The skills that will enable teachers to reduce violence are mostly the same as they need for good teaching generally. Effective teachers have a good understanding of child development and how children learn, and they aim to develop non-cognitive “soft” skills, including the ability to monitor and manage feelings, control impulses and develop positive behaviour. A four-country evaluation of teachers’ use of the Health and Family Life Curriculum developed for the early years of primary school in the Eastern Caribbean found that teachers who were trained in participatory methods were much more likely to use them, and they experienced greater connection with children.¹⁰⁹

In Jamaica, the introduction of the Irie School Kit to improve behaviour management of early childhood teachers helped reduce corporal punishment and benefited children’s mental health, executive function, school achievement and school attendance. Strategies for managing child behaviour included showing children affection, spending time with children, using praise, incentives and rewards, and withdrawing privileges and using time-out as consequences for misbehaviour. Teachers identified three areas pivotal to the effectiveness of the programme: a deeper understanding of children’s needs and abilities; the use of more positive and proactive strategies; and explicitly teaching social and emotional skills.^{110,111}

Shifting social norms amongst educators and parents – Several intergovernmental and advocacy organizations have initiated campaigns to shift norms on corporal punishment. A prominent campaign

is the Council of Europe’s Raise Your Hand Against Smacking campaign. This involves public education for parents about corporal punishment and positive parenting methods, as well as education for children about their rights to lives free from violence.¹¹² The Global Initiative to End All Corporal Punishment compiles data on corporal punishment and on the legal status of corporal punishment around the world, and advocates for the banning of all corporal punishment.¹¹³ UNESCO has issued guidance for teachers that encourages teachers to use constructive and positive rather than punitive methods, with suggestions for behaviours and class activities.¹¹⁴

Strengthening the culture of the whole school – Eliminating corporal punishment at school will require the support not just of teachers and the education sector but also the involvement of families, children and community members.¹¹⁵ The overall aim should be to change the culture, addressing the inter-personal space between adults and children and creating viable alternative models of adult-child relationships.^{116,117,118,119} This can not only prevent violence but also improve the child’s learning, health, economic and social outcomes.

Many efforts to prevent violence in schools have attempted to solve problems sequentially, starting with a prohibition of corporal punishment or investing in developing classroom management skills or establishing child rights clubs aiming to create a “safe school”. A more fruitful approach, however, is to address the school’s operational culture more comprehensively, aiming to create a “good school” – a universal aspiration that is likely to elicit broad participation.¹²⁰ This whole-school approach treats violence as a symptom of a disturbed ecosystem and aims for an equilibrium through interventions targeted at students, parents, teachers and classrooms, using a variety of methods including student lessons and meetings.

BOX 5.3: The Good School Toolkit in Uganda.

The Good School Toolkit is a school-wide intervention which is usually led by two teachers, two students and two school-affiliated community members who aim to influence the operational culture of the entire school through four entry points:

Teacher-student relationships – a series of activities aimed at helping teachers and students reflect on what makes a good teacher, what makes a good learning environment, and who can provide leadership in creating such a culture at their school.

Peer-to-peer relationships – aimed at helping students and teachers develop their voice and learn how to participate more meaningfully at their school. Also how they can influence thoughts and behaviour of their peers and how they can act as role models.

Student-school-teacher relationships – a series of activities and ideas aimed at inspiring all stakeholders to examine their relationship with their school. What opportunities exist to contribute and participate? What policies exist to protect all the stakeholders? How are the most vulnerable members of the school protected and how does the school provide opportunities for leadership?

Parent-community-local school governance infrastructure – a series of school-led activities that engages parents and the

surrounding community in a dialogue about the learning experience, and leverages the involvement, support and endorsement of local school governance officials such as district education officers.

The activities are sequenced into a six-step process that encourages the school to involve a wide range of stakeholders including community members, local leaders and parents. The toolkit methodology enables leaders to create a school-wide culture where violence is not tolerated and generates opportunities for students to participate in the decision-making processes that affect them. Through colourful and accessible learning materials, the toolkit offers ideas for a range of activities that facilitate learning about gender, sexuality, disability, positive discipline and creating violence-free classrooms. Those leading the process engage the entire school and the surrounding community in a reflection about what is a good school, what is a good teacher, and how students learn to participate. The overall aim is to foster egalitarian relationships and a safer psychological environment within which students are likely to invest in their school, form attachments to their teachers, identify with their peers and develop a sense of belonging.

Source: Naker 2017 for Know Violence in Childhood 2017.

At-risk youth can benefit from after-school programmes that address underachievement, behavioural problems and poor socio-emotional functioning.

The Good School Toolkit (BOX 5.3) is a well-tested example of an effective whole-school programme.¹²¹ Developed by a Ugandan non-profit organization, the toolkit aims to reduce corporal punishment using extensive staff training and classroom activities. A rigorous evaluation found that schools that implemented the toolkit saw a 42 per cent reduction in the number of students who reported they had been victims of violence from school staff. Students expressed greater attachment to their school and there was a decline in violence. There was no corresponding deterioration in students' behaviour or educational performance. The approach appears cost-effective and scalable, even in resource-poor countries.

In a systematic review undertaken for this Report, violence-prevention programmes showed some promise in preventing peer victimization only when implemented as a whole-school intervention. The findings suggest the value of discrete, cognitive-behavioural programmes to prevent victimization as part of whole-school interventions.¹²²

After-school programmes for children at risk – At-risk youth can also benefit from after-school programmes that address underachievement, behavioural problems and socio-emotional functioning. Fourteen studies from six Latin American countries reported on the benefits of school and non-school-

BOX 5.4: School-based extra-curricular programmes in Latin America.

In Colombia, youth clubs contribute to social risk reduction, lower crime indices, a better handling of free time and preventing the abuse of illegal substances. The full-day school reform increased the amount of time that students spent in school by almost 22 per cent. Operationally, this change meant an increase in the number of hours spent under adult supervision, as students were required to remain on school grounds until 4:00 pm (compared to 1:00 pm under the previous system). Longer school days can help reduce crime, and the effect is significant: an increase of 20 percentage points in full school coverage in the municipality reduced the juvenile crime rate between 11 and 24 per cent, depending on the crime category.

Programa de Jornada Escolar Complementaria, for example, is an extracurricular programme aimed at low-income children in vulnerable populations affected by

crime, drug consumption and violence. Those who took part in the programme had better citizenship skills, improved self-esteem, participation and tolerance. Also, teachers identified spillover effects towards the community, noticing a decrease in the number of parental complaints about student behaviour, and a better relationship between parents and teachers.

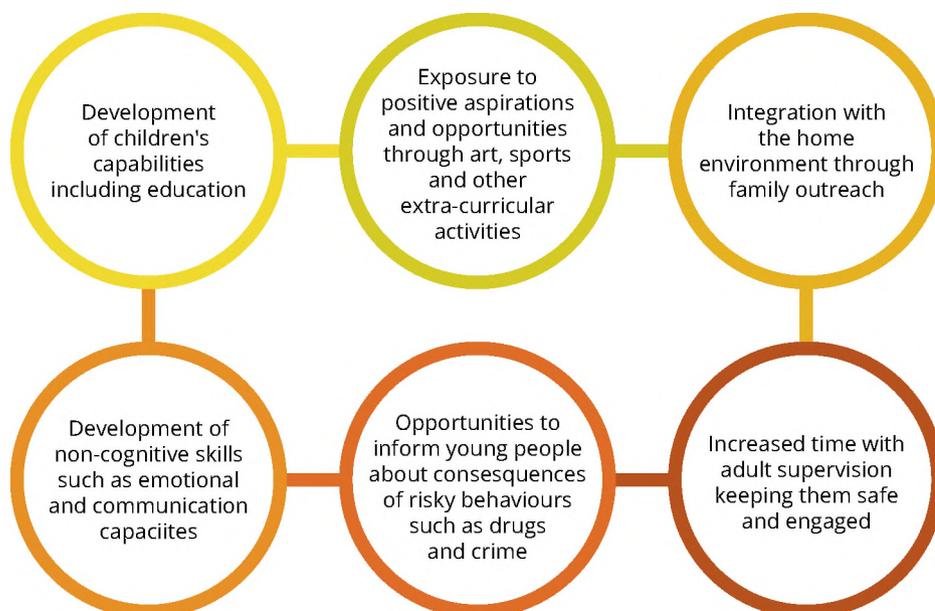
In Brazil *Abriendo Espacios* (Opening Places, now called *Escuelas Abiertas* – Open Schools) showed positive achievements in terms of reducing violence in Rio de Janeiro and Pernambuco. School fights, bad behaviour by students, vandalism and personal humiliations diminished. Also, the intervention fostered community participation in school problems, and positive relationships between students, and between students and instructors.

Source: Cid 2017 for Know Violence in Childhood 2017.

related after-school programmes, the extension of school day initiatives, and extracurricular activities.¹²³ (BOX 5.4) These benefits arose partly because adolescents had less time to engage in risky behaviours – such

as anti-social behaviour, hazardous alcohol consumption and crime – if they were engaged in after-school activities. Further, they could use this time to develop essential skills. (FIGURE 5.4)

FIGURE 5.4: After-school programmes – positive pathways for violence reduction.



Source: Know Violence in Childhood 2017.

After-school programmes and activities typically include topics such as drugs and crime, but they can also motivate adolescents with activities around culture, arts and citizenship.¹²⁴ The most successful programmes ensure parental involvement.¹²⁵ In Colombia, for example, the programme Aulas en Paz helps develop emotional and cognitive communications. One evaluation found that children had lower rates of aggression and demonstrated substantially more pro-social behaviour and friendships among classmates.¹²⁶

Ensure online safety

The internet and digital telecommunications can be part of a broader process of child protection – though they also create new dangers. Children should be able to participate in digital learning possibilities in secure spaces. They can use the internet to circumvent rigid social hierarchies, seek out information and amplify their voices. The anonymity of the internet also provides opportunities for girls and sexual minorities to find vital information and connect with others.^{127,128} Strengthening children's innate capacities to use the internet to their advantage – in an age-appropriate way – can be an innovative and important way to engage them in minimizing risks and preventing exposure to abuse.¹²⁹

Encouraging safety online is partly a matter of increasing the capacities of parents and teachers. Those who are technologically literate are in a good position to protect and supervise their children. At the same time, organizations and governments can work to create safe spaces where children can build their online skills and literacy. In countries in Africa and the Middle East, for example, the Grace Project has created girls-only IT labs and safe spaces in public libraries to encourage their online engagement.¹³⁰ In Kenya, the NGO AkiraChix runs a one-year intensive

technical training programme in Nairobi for young women from poor social and economic backgrounds on programming, design and entrepreneurship.

Online systems can also be used proactively to promote children's safety, on- and offline. For example, Young Africa Live is an online forum that gives girls and women an anonymous space to talk freely about sexual issues.¹³¹ Similarly, HarassMap in Egypt and Township Mamas in South Africa are technological systems that enable girls and women to create and map alerts about rape incidents. Again in South Africa, rapes are being recorded and published online by boys, helping to raise awareness among male students about rape prevention.¹³² UN Women's Global Flagship Initiative, "Safe Cities and Safe Public Spaces" is deploying mobile phone technology to increase public safety for women.¹³³

The internet can also be used to make institutions more accountable for protecting children's rights. Crowdsourcing websites, such as Ushahidi in Kenya, record incidents of violence and abuse against children, and can trigger a coordinated response from authorities and child protection services.¹³⁴ In Benin, Plan International has set up a service through which children or adults can send text messages to the government and the police about incidents of child violence. Take Back the Tech!, a global collaborative campaign project records and raises awareness about sexual harassment of girls and women online.¹³⁵

SMS systems are also being used to track corporal punishment.¹³⁶ Child Helpline International has collaborated with Plan International's campaign Learn Without Fear to use helplines to collect data on violence against children in schools in Egypt, Paraguay, Sweden and Zimbabwe.¹³⁷ In Kenya, the Map Kibera project engages young people, particularly young women and girls, in the participatory digital mapping of

Encouraging safety online is partly a matter of increasing the capacities of parents and teachers. Those who are technologically literate are in a good position to protect and supervise their children.

All clinicians should know when and how to detect violence, what first-line care to provide, and how to refer patients for additional support.

risks and vulnerabilities related to their health and protection in their community.¹³⁸

Nevertheless, counting, recording and measuring incidents of violence through ICT platforms also come with privacy and stigma risks for children who make reports. Institutions, policy and implementation systems therefore need to be aligned with principles of good governance and equipped with sufficient “offline” capacities.¹³⁹

New technologies have also been used to help vulnerable migrant children. They can provide access to information and social connections, and promote awareness of trafficking risks and safe migration. Across South Asia, MTV EXIT (End Exploitation and Trafficking) has developed online, television and video resources for youth in both migrant source and destination countries.

Online violence-prevention should also involve protection. Governments and private-sector providers should have systems and standards to regulate the use of the internet and reduce or redress harm done to children through grooming, child pornography or sexual exploitation. Doing so requires striking a delicate balance between children’s right to protection and their rights to freedom of expression, information, association and privacy.¹⁴⁰ Stakeholders from governments, the private sector, research and civil society have been cooperating for this purpose, though there are also many challenges including establishing the jurisdictions for virtual crimes.

Embed violence-prevention in health services

Violence is interwoven into the lives of children and cannot (and should not) be treated as a parallel issue, meriting parallel services and resources. Strategies to end violence should instead be a component of all services that reach women and children –

particularly health services, which have an important role in prevention, as well as in early response to violence, and rehabilitation following trauma. All aspects of health systems need to address violence.

Emergency services and primary-care providers, for example, are likely to see children who have been injured, or women who have been sexually assaulted. In high-income countries, such events can trigger alerts and support from a range of specialized services, including those for child protection. Such services could be improved by more integrated plans of action: for example, tools originally designed to improve care for women who experience violence can be adapted to meet the needs of children and adolescents.¹⁴¹

In low- and middle-income countries, where resources are more scarce, the first line of response is likely to be the primary-care provider.¹⁴² All clinicians, including primary-care, sexual and reproductive health and mental health service-providers should know when and how to detect violence, what first-line care to provide, and how to refer patients for additional support. Some health centres have appointed champions or advocates for the prevention of violence against women. These services can also engage with perpetrators who appear for emergency treatment or use services related to mental health, or drug or alcohol addiction.

Health services should offer links to safe spaces where women and children can report violence, with the guarantee of a supportive hearing, and where perpetrators, particularly young perpetrators, get the support they require to address aggression. Health services can also collect information in a safe and confidential way, and use it to inform policies, monitor services and improve their response.

Antenatal and postnatal care services – During pregnancy, it is essential to screen for intimate partner violence.

Yet, short of time and lacking clear recommendations for assessment, many prenatal providers do not routinely inquire about this issue.¹⁴³

Governments can provide a range of services for pregnant women and infants to ensure their safety. Many high-income countries offer counselling and psychological therapy to give women more confidence, and to encourage them to make plans to avoid abuse – along with referral to social workers, shelters and other community-based resources. Their abusive partners can also be referred to “batterer” treatment programmes.

Low- and middle-income countries may not be able to offer specialized support, but they generally have a window of opportunity through services for antenatal care. Health workers can assess the risks, if necessary provide expectant mothers with empowerment counselling and information about the potential types of abuse and the cycles of violence, along with preventive options, and propose a safety plan. This approach is being tested in several antenatal and postnatal care clinics, where it has been shown to reduce psychological and physical violence, and improve women’s physical and mental health.

One solution is to have “One Stop Centres”, often located in hospitals, to provide services to survivors of sexual and intimate partner violence.

A recent systematic review found that women receiving psychological therapy were less likely to experience domestic violence. An intervention in Hong Kong tested an empowerment approach with pregnant women exposed to domestic violence. The study found that an important component of the service was empathetic understanding, often giving women the first chance to express their problems and to do so in a safe, non-judgemental environment. Even if the abuse was psychological, this knowledge helped them predict risk and prepare safety plans. Locating appropriate support was found to be reassuring and had a positive impact.¹⁴⁴

Hospitals – Hospitals are an important setting for health responses to violence because victims of violence often come to hospitals to seek treatment. Hospitals need to implement measures to properly detect and treat victims.¹⁴⁵ First, they should assess the types and severity of potential violence to determine the most appropriate responses. At a minimum, hospitals should include violence in their community health needs assessment and implementation plan. Hospitals should also have a screening tool to determine whether a patient has been a victim of violence, and then have a set of referral options, including resources for conflict mediation, behaviour change, domestic violence services, trauma treatment and mental health care.

If a hospital treats victims of community violence, it should implement a hospital-based programme to prevent relapses and retaliation, treat mental trauma and address behavioural effects – such programmes have been shown to significantly reduce re-injury.¹⁴⁶ If community outreach programmes are available, the hospital should be connected with these to provide long-term treatment.

One solution that has emerged in recent years is to have “One Stop Centres”, often located in hospitals, to provide services to survivors of sexual and intimate partner violence.¹⁴⁷ Examples of these are the Thuthuzela Care Centres in South Africa, the GBV One Stop Centres in Rwanda, and the Family Support Centres in Papua New Guinea. Most centres have specialized services for children and women, including psychological counselling, medical care and police personnel to take statements if a survivor decides to make an official report. In poorly resourced settings, the One Stop Centres may consist simply of a private room in a hospital staffed by a nurse who takes this role on top of her regular duties. In sub-Saharan Africa,

Societies and governments should work with families and communities to address the root causes of violence – to free communities from violence and to change adverse social norms.

post-rape care is often provided in the context of HIV testing and counselling. The Ciudad Mujer centre in El Salvador offers, alongside gender-based violence services, technical training, micro-finance programmes and other economic and social programmes for women. There is little evidence as yet about the effectiveness of such centres in responding to and preventing violence.¹⁴⁸

Mental health services – An important element of preventing violence is the treatment of those who are at risk of becoming violent, and those who have been heavily exposed to violence. Efforts to prevent violence need to include treatment for trauma. Mental health centres are an ideal venue for this type of service but may need to increase capacity. (BOX 5.5)

Medical facilities in prison systems are a crucial part of a health system to address violence because many people who have been incarcerated have been exposed to violence both before and during their sentences and therefore suffer trauma.^{149,150} Releasing highly traumatized individuals without treatment can further exacerbate violence in communities.¹⁵¹

There should also be training for people serving medical roles in other

institutions, such as day-care centres, corporations, government agencies and universities. At a minimum, this should include training in how to screen for exposure to violence and make appropriate referrals, but could also include more proactive methods such as training and group meetings.

Community-based organizations implementing health programmes

– Many community health issues are addressed by community organizations or community health clinics. As with other medical systems, community health workers encounter people who have been exposed to violence; these health workers can identify and refer people for treatment. For communities with chronic and severe violence, community organizations are frequently the entities best equipped to respond because of their knowledge of and access to those most likely to commit violence.

Primary care – paediatricians, doctors, nurses, and other health professionals

– Like hospitals, health professionals are in a position to prevent violence because they come into contact with victims and people at risk of becoming violent. They include family practitioners, community health workers, nurses and paediatricians.

BOX 5.5: Services for children in conflict zones.

Children in conflict zones require specific attention. War exposes children to large-scale violence, death and loss and also curbs their access to education or occupation – often long after the conflict has ended. Conflict destabilizes the home environment, causing grave damage to community and social networks, and disrupts access to services. The mental health consequences are increasingly being recognized. However, access to good mental health services is difficult in most developing countries, and especially in conflict zones.

In emergency or post-conflict settings, access to specialists, training and

supervision is extremely limited. It is important to reach wider populations across a range of mental health problems with safe, effective psycho-social interventions that can be delivered by lay people.

Core components of such interventions include accessibility, for example using community spaces such as vacant classrooms to work with children. Other elements include psychological education for the child and caregiver, relationship and rapport building, and strategies for maintenance and relapse prevention.

Source: Brown and others 2017 for Know Violence in Childhood 2017.

Investing in public infrastructure and appropriate design of community spaces can make a substantial dent in community and public violence.

Health professionals working in chronically violent communities should be given special training so that they can respond effectively.

However, all health professionals should be equipped with standard screening tools and be trained to detect violence exposure and trauma so that they can arrange appropriate referral and treatment. Such tools have been shown to reduce violence in primary health care.¹⁵² Integrating violence-prevention into medical and nursing school curricula would go a long way to institutionalize such tools.

Eliminate the root causes of violence

Societies and governments should work with families and communities to address the root causes of violence – to free communities from violence and to change adverse social norms.

Free communities from violence

Violence thrives in communities controlled by criminal organizations, street gangs, vigilantes and paramilitary groups. These “fragile” communities are unsafe

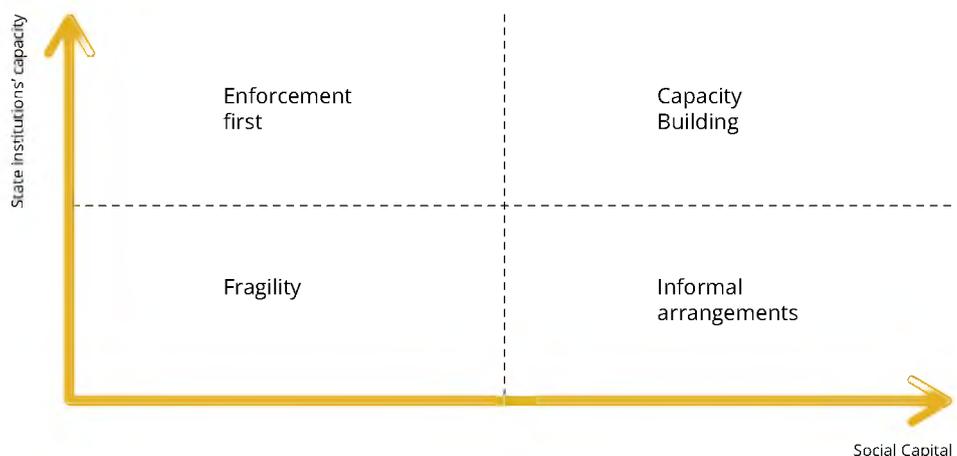
environments for children, many of whom are also engaged or targeted at young ages. There is ample evidence, particularly from Latin America, of strategies that can reduce violence by strengthening systems of formal justice, supplemented with community-based mediation. Local authorities can target high-risk hotspots with a range of services and resources, offering young people more productive outlets for their energy and strengthening community cohesion. Investing in public infrastructure and appropriate design of community spaces can make a substantial dent in community and public violence.

While there have been many initiatives to combat violence in “fragile” cities, there have been few systematic reviews of their effectiveness.¹⁵³ The overall options can be considered within four stylized scenarios: fragility, enforcement first, informal arrangements and capacity building. (FIGURE 5.5)

Fragility – In this scenario there are neither interventions nor strategies. The population is not cohesive and illegal groups exert control over a broken social environment.¹⁵⁴

Enforcement first – These strategies combine aggressive crackdowns with

FIGURE 5.5: Scenarios for justice.



Source: Garzón-Vergara 2017 for Know Violence in Childhood 2017.

increased penalties to deter gang membership. In Central America, for example, this is known as *mano dura* (iron-fist).¹⁵⁵ Interventions come from the state security apparatus, along with the participation of the communities.

Informal arrangements – In some cases, the community comes to an arrangement with criminal factions to protect vulnerable groups such as children and youth, to establish schools or public spaces as non-violence zones, and to develop informal conflict-resolution mechanisms.¹⁵⁶

Capacity building – This involves linking multiple levels of government with community initiatives to create positive resilience.¹⁵⁷ A key component of this kind of intervention is to build trust to enforce public order.

No single recipe can work across diverse cultures and communities. In one place, violence may be linked to youth gangs and firearms; in another, it may be driven by the historical exclusion and marginalization of certain children and families. In Latin America, for example, many communities – youth, parents, residents and community leaders – have already mobilized against violence – through activities such as peace marches, youth programmes, street theatre, candlelight vigils, and temporary restrictions on alcohol and firearms, along with self-generated community revitalization projects.

Improving access to justice – Disputes can in principle be resolved through formal justice institutions and courts, which may involve mobile courts to provide services in remote areas.¹⁵⁸ However, there are also opportunities for community-based mediation and arbitration, particularly in marginalized neighbourhoods.¹⁵⁹ A popular model in Latin America is the *Casas de Justicia* (Houses of Justice) programme that provides legal information and conflict-resolution

services to reinforce the capabilities of communities to resolve their own problems, and highlight underlying problems like domestic violence and youth unemployment.^{160,161} As yet, however, there has been little rigorous evaluation of such models.

The police can work more effectively if they are in partnership with communities, which helps increase levels of trust and reporting of violence.¹⁶² Police forces can also collaborate with other agencies to identify and refer youth in need of services and work with local programmes to enhance opportunities for youth.¹⁶³

There have been many such initiatives in Latin America, including the National Plan for Community Policing by Quadrants, which is a decentralized law-enforcement strategy based on close police ties with the community. Police units use geo-referenced data to inform decision-making. This has been implemented in eight cities and has proved effective in reducing crime. In Nicaragua, for example, the Comprehensive Policy on Police-community Relations and Human Rights has helped reduce crime and maintain a consistently low murder rate. With active community involvement, the police have focused on the early detection of gang formation and have successfully demobilized existing gangs through peace agreements. Over 2,000 youth have been reintegrated into society, offering a prototype for community policing in the region.¹⁶⁴

Nevertheless, there are concerns that these new policing models have not contributed to fundamental institutional change. They have often been implemented by special units with insufficient resources, while sceptical national police agencies continue with traditional models.¹⁶⁵

Targeting hotspots – Many effective prevention programmes target high-risk hotspots. It might be thought that

The police can work more effectively if they are in partnership with communities, which helps increase levels of trust and the reporting of violence.

this would simply push the problems “around the corner”. In practice, displacement is typically minimal; indeed, neighbouring areas generally also benefit. An example is the Fica Vivo (Stay Alive) programme in Brazil which targeted six neighbourhoods in Minas Gerais. Task forces comprising police, prosecutors, child welfare agencies and schools worked together to design long-term strategies tailored to the problems of each area. From 2004 to 2007, murder rates in the programme’s target communities dropped by an average of 50 per cent. A similar programme has shown success in Ciudad Juárez, Mexico.¹⁶⁶

Such interventions often use “focused deterrence”. This involves identifying specific offenders and groups, and mobilizing responses from a diverse group of law enforcement, social services and community stakeholders – using both sanctions and rewards, and engaging in direct, repeated communications. This has been shown to work well with adult and juvenile offenders, violent offenders and drug offenders, and has been effective in both community and correctional settings.¹⁶⁷

It is important to make a coherent response. So far, most programmes have had one or two types of intervention, related to policing, for example, gangs, firearms, youth violence, or adult and juvenile recidivism. Such interventions are necessary, but they are insufficient and cannot usually be sustained without changing the conditions under which these young people and their families live. Governments need to ensure a comprehensive approach – establishing a clear division of labour between different levels and sectors of government and a wide range of stakeholders, from cabinet ministers to civic leaders, community organizations, the private sector and academia. This will lay the foundation for integrated and coordinated services. Nevertheless,

the best way to build momentum is to combine targeted “quick-win” interventions such as controls on alcohol or firearms, with longer-term programmes that promote, for instance, youth employment.¹⁶⁸

Public infrastructure and design – The risks of violence can be reduced by reshaping the physical environment through better urban planning that creates safer public spaces.¹⁶⁹

- *Mixed communities* – Levels of violence are often higher in areas with high concentrations of poverty. There have been some efforts to mix communities by moving people from one area to another. However, forced resettlement achieves little, while destroying entire communities and existing networks. Even when the resettlement is voluntary, people may not move to wealthier neighbourhoods but to other poor neighbourhoods. Poor households who do move to richer areas can be exposed to stigmatization and feelings of isolation. An alternative is to encourage richer people to move to poorer areas. This can have some benefits, particularly for reducing youth violence, but there is also the danger that gentrification will eventually displace the poor.¹⁷⁰
- *Multiple land-use* – Mixed commercial and residential areas often have lower crime rates. Land can thus be designated for multiple purposes.
- *Better transport links* – Stress and frustration can be reduced by offering people easier access to services and employment opportunities. Local authorities in the City of Medellín, Colombia, for example, built a large public transit system integrating rail, trams, buses and cable cars. They also built parks, libraries and community centres in the areas

The best way to build momentum is to combine targeted “quick-win” interventions, such as controls on alcohol or firearms, with longer-term programmes that promote, for instance, youth employment.

connecting to these low-income neighbourhoods. This appears to have reduced homicides and other violent events.

- *Improved lighting and CCTV* – Better street lighting is an inexpensive and effective method of reducing crime. In the UK, for example, CCTV cameras alone have proved effective in train stations and car parks, though not in residential areas.
- *Better green spaces* – Crime can be reduced through passive surveillance and improving derelict sites. A study in the US, for example, found that community initiatives to “green” vacant lots helped reduce serious violent crimes.¹⁷¹

A useful principle is to design spaces – streets, parks, bus stops, sports fields, squares, parking lots – according to the safety needs of women and girls. The process of design and modification should also have close community involvement to encourage a feeling of belonging and ownership. In addition to lighting and signage, safer community spaces should have clear, well-kept paths and good general visibility with low, wide sidewalks for strollers, wheelchairs and walkers, and easy access to clean, secure, child-friendly toilets.

A comprehensive alcohol policy should start with a minimum age for purchasing, which helps reduce alcohol consumption among youth.

Regulating firearms and alcohol access – A review undertaken for this Report finds that policies to regulate access to firearms and alcohol can greatly reduce and prevent violence.¹⁷²

- *Alcohol availability* – Generally speaking, people are better able to deal with volatile situations when they are not under the influence of alcohol. A comprehensive alcohol policy should start with a minimum age for purchasing,

typically 18 years, which helps reduce alcohol consumption among youth.¹⁷³ Another useful option is to make alcohol more expensive. A study from the US reported that a 1 per cent increase in state-level excise beer tax was associated with a 0.3 per cent reduction in child abuse rates and a 3 per cent reduction in domestic abuse. A study from England and Wales also indicated that higher alcohol prices were associated with lower levels of violence and assaults. Another option is to restrict the number of outlets or the hours in which alcohol is sold.¹⁷⁴ In Cali, Colombia, closing alcohol outlets two hours earlier reduced homicides by 25 per cent. Similarly, in Brazil the municipality of Diadema in São Paulo significantly reduced homicides by shortening alcohol-trading hours.

- *Firearms access* – Restricting access to firearms reduces lethal violence among children and youth. Stronger background checks on all gun purchasers can significantly reduce intimate partner homicide. There can also be bans on particular types of weapon. In the US, bans on assault weapons and low-calibre pistols have been associated with reduction in homicides. In Colombia, bans on carrying concealed firearms in public areas of Cali and Bogotá during weekends, paydays and holidays have been associated with significant reduction in homicides.

Governments should also prevent gun use by children. This should start with laws on the minimum age for possessing or purchasing a gun – which are typically set at 18 years. Some countries also make firearm owners liable if children access their guns. Studies from Australia, Austria, Brazil, Canada, New Zealand, South Africa and the US found that a

combination of measures around firearm licensing and circulation reduced homicides. A study from five South African cities – Cape Town, Durban, Johannesburg, Port Elizabeth, and Pretoria – concluded that full implementation of the Firearms Control Act had resulted in a significant reduction in homicides.¹⁷⁵

Changing adverse social norms

Violence in childhood is often deeply embedded in social norms, including patriarchal norms that perpetuate gender inequality and underpin interpersonal violence against women and children. These norms may appear difficult to change, but in fact norms on violence are constantly shifting.

As with other social changes, the absorption of new ideas is likely to go through a series of stages – from initial denial, to gradual acceptance and ultimately to community ownership. For corporal punishment in schools, for example, a hypothetical pathway might involve a respected teacher who could start the process by vowing not to use corporal punishment in her classroom. Other teachers (early adopters) notice that that teacher's students have higher attendance and better grades, and implement the same policies. Over time, more and more teachers decide not to use corporal punishment until the late majority adopts the new consensus.

Social norms are not formed within a vacuum: they are shaped by larger environmental forces including culture, religion, policy and regulation, and economics.¹⁷⁶ Such norms can be addressed in part by communications strategies, ranging from mass media campaigns to training and capacity development.¹⁷⁷

Many are targeted at the individual, rather than at groups, focusing on individual knowledge, attitudes and practice, though they may not be as effective as programmes that encompass training, capacity building and efficacy approaches.¹⁷⁸ They are most effective when they address inter-connected groups, while also changing individuals' perceptions.¹⁷⁹ These work in one of four ways: by targeting social norms directly through opinion leaders; by providing information that counters a widely held belief; by changing behaviours; or by changing attitudes and beliefs.¹⁸⁰

Cure Violence, for example, is a model being implemented in more than 60 communities across seven countries.¹⁸¹ Cure Violence recruits community leaders who are trusted and credible messengers – they may themselves have been involved in violence, but have changed their behaviour and, after intensive and specific training, are in a strong position to persuade others to stop the use of violence. In Honduras, the programme has coincided with an 80 per cent reduction in shootings and killings in three communities in the city of San Pedro Sula. In South Africa, after its introduction in a community in Cape Town, gang-related killings dropped by half. In the town of Loiza in Puerto Rico, the first year of the programme was associated with a 50 per cent reduction in killings. In Ciudad Juárez in Mexico, the rate of killings dropped by around one-quarter after Cure Violence was implemented.¹⁸²

Training in small groups can help individuals shift their attitudes, beliefs and practices to support a broader change in norms. Sikhula Ndawonye, for example, is a parenting programme being tested in South Africa. It involves group sessions with mothers of infants on child development, reading a baby's signals

Cure Violence recruits community leaders who are trusted and credible messengers and are in a strong position to persuade others to stop the use of violence.

Violence should be tackled at as many levels as possible.

and calming babies. The programme hopes to promote positive parent-child interactions by increasing parents' understanding of and attitudes towards their babies' behaviour. By creating support groups of women who all engage in positive, healthy parenting practices, the programme aims to shift mothers' perceptions of how others believe babies ought to be treated.¹⁸³

Mass media and social marketing initiatives also can help shift attitudes at scale. Soul City in South Africa, for example, was a comprehensive "edutainment" programme that helped shift attitudes towards more positive, gender-equitable social norms, aiming to reduce gender-based violence among adults and adolescents. It included a prime-time television series, radio drama episodes, booklets, and an advertising and public campaign that encouraged audiences to think critically about social norms that encourage gender-based violence.¹⁸⁴

A Thin Line is a campaign by MTV which aims to end digital abuse

among youth. This has online, television and in-person initiatives to convince young people that they should practice safer behaviour online and confront those who perpetrate online abuse. After watching the movie, many youth reported they would be more likely to confront someone who abuses them (or a friend) digitally, less likely to forward inappropriate messages, and believed it was inappropriate to spread sexually explicit images of a person.¹⁸⁵

Benefits of investment in violence-prevention

The case for investing in violence-prevention has been bolstered in recent years by research and advocacy supported by major international agencies. The INSPIRE technical package of strategies, endorsed by ten international agencies is an example of collaborative efforts to end violence against children. (BOX 5.6) The package of strategies can help governments identify entry points for violence-prevention and invest in the long-term benefits of ending violence.

BOX 5.6: INSPIRE – the violence-prevention package.

In 2016, ten major international organizations and campaigns launched INSPIRE, an evidence-based resource package of seven strategies to end violence against children.

The seven strategies are:

- Implementation and enforcement of laws
- Norms and values
- Safe environments
- Parent and caregiver support
- Income and economic strengthening
- Response and support services
- Education and life skills.

The package identifies a select group of strategies backed by the best available

evidence to help countries, communities and other stakeholders, including the private sector, to intensify their efforts to end violence.

Additionally, INSPIRE emphasizes two important cross-cutting activities that help connect and strengthen the seven strategies. These are: intersectoral activities and coordination, emphasizing the roles of multiple sectors in coming together to develop an integrated platform of concerted actions to end violence; and monitoring and evaluation to track progress and ensure effective investments.

Source: WHO 2016.

Studies show that a small amount spent on prevention can yield substantial cost savings.¹⁸⁶ Calculations by the Violence Prevention Alliance in Jamaica, for example, showed that the cost of delivering a literacy programme to unattached youth in Jamaica (3,000 Jamaican dollars) was substantially lower than caring for a gunshot wound in a hospital (J\$ 500,000 dollars); keeping a child in a foster home (J\$1 million); or the cost of incarcerating a young male (J\$ 800,000).¹⁸⁷ Estimating these costs can highlight the value of prevention and inform policy priorities for allocating funds.¹⁸⁸ Reducing violence can also lead to indirect savings by stimulating economic development in affected communities – for example, by freeing up healthcare services previously used by victims of violence.¹⁸⁹

Yet another way to approach the economic argument is to calculate the return on investments made in violence-prevention. The EU estimates that every euro invested in prevention produces a social return of 87 euros.¹⁹⁰ In the US, the Communities That Care programme mobilizes community stakeholders to collaborate on preventing a wide range of adolescent problem behaviours, such as substance abuse and delinquency. It estimates a return on investment of US\$5 per child, which includes reductions not just in violence but also in smoking and other risky behaviours, and an estimated benefit of US\$5,000 per child over 10 to 15 years by reducing delinquency.¹⁹¹

Communities, groups and individuals should be encouraged to intervene where there is violence or a threat of violence.

Key programming principles

From this wide body of evidence, it is possible to distil ten key principles of programming that can effectively prevent and reduce childhood violence. They are:

Use a combination of prevention methods – Violence should be tackled at as many levels as possible.¹⁹² For example, laws alone are rarely enough to change social norms, particularly if they are implemented inconsistently. However, they are still valuable when supported by interventions that engage families and communities so that there are visible and accessible response mechanisms.

To make significant, sustained changes, programmes aimed at violence-prevention will benefit from a broad theoretical framework, with inputs at the individual, family and community levels. For example, performance and problem-solving techniques may change an individual caregiver's behaviour, but changes often dissipate if family and neighbours disapprove. Social support to families, along with information and instruction directed to the community, can augment and sustain the change.¹⁹³

Engage multiple stakeholders – Working with schoolchildren without engaging their parents too will, at best, cause a disconnect between home and school and, at worst, friction and further exposure to violence. Programmes should collaborate with stakeholders who will take ownership and support the long-term aim of ending violence and ensure its sustainability.¹⁹⁴ Such partners can range from traditional leaders and sources of influence to the private sector.

Use participatory and positive approaches – Children need participatory methods that help them learn at their own pace, emphasizing their strengths rather than their deficits. It is also important to hear the voices of children, including those of perpetrators. Strategies that foster positive relationships between participants and their parents, peers

or other adults have been associated with better outcomes.¹⁹⁵ Rather than using sanctions, it is better to use rewards-based change methodologies and discipline within a positive framework, such as programmes that engage youth in facilitated support groups using peer influencers to reduce violent behaviour.¹⁹⁶

Address discriminatory norms linked to gender, disability and difference – All programmes and strategies should address drivers of violence linked to social, political and economic inequality that have a bearing on normative acceptance of violence as an expression of power. Such programmes must engage both boys and girls, although some activities might be carried out separately, bearing in mind age-related capacities and sensitivities.¹⁹⁷

Mobilize positive community values – Rather than using top-down, negative messaging, prevention programmes should be sensitive to community norms and cultural beliefs.^{198,199} Involving members of the target population in the development and implementation of prevention strategies may improve the programme's perceived relevance to the community's needs.

Train bystanders – Communities, groups and individuals should be encouraged to intervene where there is violence or a threat of violence. This creates positive values about non-acceptance of violence as an aspect of relationships. Youth can be trained and empowered to serve as active bystanders, utilizing existing peer networks to spread positive norms and messages about dating and sexual violence.²⁰⁰

Engage for the long term – The best results come from programmes with long-term investments and repeated exposure to ideas delivered in different settings.²⁰¹ The intensity needed will vary according to the type of approach, the needs and risk level of participants, and the nature of the targeted behaviour, but longer programmes are more likely to work than brief interventions.²⁰² It is worth noting that indicators of violence often show an increase in the initial stages, before they decline.

Use the best evidence to inform design – The complexity of violence means it can be difficult to identify pathways and outcomes of change. To measure effectiveness, it is important to identify the assumptions and the proposed “theory of change”. Strengthening an evaluation culture through a programme's implementation cycle will substantially increase learning.

Provide affordable or open-access curricula – Curricula for behaviour change, particularly in homes and schools, are often provided to governments on a commercial basis. Donors, governments and programme developers should ensure that successful models are affordable (if not free) so they can be adapted and used on a large scale in low- and middle-income countries.

Do no harm: ensure ethical actions – Violence is a sensitive issue, and externally induced change can sometimes make children and women more vulnerable to violence. One example is a legal requirement for mandatory reporting. A systematic review commissioned for this Report examined the

Violence is a sensitive issue, and externally induced change can sometimes make children and women more vulnerable to violence.

experiences of mandatory reporting across nine high-income countries and found cause for concern.²⁰³ There were accounts of children being re-victimized by the reporting process, children whose abuse intensified after a report was filed, and reports of child deaths after intervention by child protection services. Threats of losing their children may also prevent women from reporting the violence that they experience. Those with responsibility for reporting need training on how to identify

and respond to suspected child maltreatment, especially less overt types such as mild physical abuse, emotional abuse and neglect.

Violence thus has multiple dimensions, characteristics and attributes, and is associated with complex risk factors. But cycles of violence can be broken. Violence is a behaviour that can be unlearned with appropriate investments and supportive resources from states and societies. Their responsibilities are the subject of the final chapter.

CHAPTER – 6

ESSENTIAL PUBLIC ACTION



Children should grow up in a non-violent world free from fear and insecurity, and surrounded by caring adults and peers. This will not happen automatically. It will need concerted action and determination not just from families and communities, but also from governments.

Eleven years ago, in 2006, the landmark World Report on Violence against Children called for prioritizing violence-prevention.¹ Since then, there has been a groundswell of progress towards realizing a world free from violence in childhood.² This momentum needs to be accelerated and sustained.

For too long, however, the approach has been fragmented. The tendency has been to individualize an act of violence – regarding rape, for example, as a stray occurrence committed by an “abnormal individual”. Societies have also stigmatized child abuse as a way of wishing away a “domestic” problem and discouraging children from reporting incidents of violence. Some societies also unfairly blame parents for not bringing up their children properly – without taking into account circumstances under which parents find themselves helpless to resist aggressive behaviour. Meanwhile, children who harm other children are often punished or placed in reform homes in the hope that such acts will deter them (and others) from misbehaving. Such punitive measures have seldom proved effective or sufficient for breaking the cycle of violence.

Preventing violence in childhood should instead be grounded in certain core principles: respecting children’s rights; freeing children from fear; enhancing their capabilities; practising non-discrimination; and promoting gender equality.

Violence needs to be spoken about and made fully visible – revealing the magnitude of the problem and its adverse consequences.

Actions to prevent childhood violence

Three sets of actions are needed to prevent violence in childhood. (FIGURE 6.1)

Break the silence

The first action is to break the silence around childhood violence. Violence needs to be spoken about and made fully visible – revealing the magnitude of the problem and its adverse consequences, while building awareness, educating the public and initiating public debate.

Media, advocacy and communication – Traditional and social media can show the scale of the problem and help change attitudes and behaviour. They can challenge gender and social norms that belittle the dignity and freedoms of women and children, and encourage alternative forms of discipline and conflict-resolution. At the same time, they can highlight the extent of violence against boys, and against children who are vulnerable because of sexual orientation, disability status or ethnicity. Attention should also be drawn to childhood violence in humanitarian crises, in both conflict and post-conflict situations.

There should also be public advocacy to repeal discriminatory laws that deny equal opportunities to women and children and fail to protect them from harm to their bodies

FIGURE 6.1: Actions to prevent childhood violence.



Source: Know Violence in Childhood 2017.

and health. Instead, there should be legislation to reduce the power inequalities that underpin gender-based violence – including measures to promote equal inheritance and equal rights in marriage, and to assure childcare support, extending rights for all genders. There should also be better legislation on access to alcohol and firearms, both of which frequently amplify the harms caused by violent behaviour.

Cooperation with movements for ending violence against women – The culture of silence around childhood violence can also be broken through cooperation between the movements concerned with violence against children and those concerned with violence against

women. Throughout history, periods of violence reduction have been sparked by popular mobilization. Autonomous women's movements have put sustained pressure on governments to address violence against women. In almost all countries that have more than one year of data tracking violence against women, the level of women's and men's acceptance of wife-beating has decreased.³

Movements for children's rights can do the same, especially if they galvanize action by professionals and citizens to encourage bystander intervention and shift social norms. Forging connections between women's rights and children's rights can benefit both movements, for

both fields grapple with issues of dependency and marginalization – the effects, almost always, of power differentials.⁴

Strong coalitions and alliances – Ending violence requires a strong alliance across all stakeholders – building national, regional and global movements. Social movements sustained over long periods can achieve significant transformations. Rather than being viewed as a threat, such movements should be encouraged by governments and supported by donors, both as a moral obligation and as a crucial investment for the future of the world's children.

Responsibility for ending violence ultimately rests with national governments. However, governments can also collaborate with global partners who can harness knowledge to scale-up good practices. Moreover, many of the new forms of child abuse are trans-national – especially online bullying and cybercrimes – and require concerted, cooperative action across national boundaries.

Strengthen violence-prevention systems

Violence is chronic, invisible and manifests itself in multiple ways in the everyday lives of women and children. It cannot be prevented by the efforts of one sector alone.

Intersectoral coordination – The key sectors that directly deal with children and their families and communities should coordinate their responses. Professionals in health, education, social welfare, child protection, law, governance, planning and policing can together build a sound prevention platform to address the risks that shape children's experience of violence, while also ensuring strong systems of referral for women and children who are victims.

The key objective is prevention. Service-providers who are in contact

with communities, families and children need to promote alternative forms of discipline and methods for dealing with aggression. For this purpose, violence-prevention modules should be integrated into existing training programmes for health workers, school-teachers, social workers and police officers. Violence-prevention should also be part of college curricula across disciplines – law, medicine, public health and social work – to create a workforce that is conscious of children's vulnerability and is equipped to address violence. Professional associations can also provide leadership and guidance to their members.

Health, education, social welfare, police and justice systems, finance and home affairs all have different aims, capabilities and organizations. But each in their own way can embed violence-prevention into their goals, strategies, plans, policies and programmes.

Violence-prevention in service delivery – Violence-prevention should be integral to all services for children, including in crèches, early childhood education and development centres, programmes offering maternal and reproductive health, mental health, antenatal and postnatal healthcare, primary healthcare and emergency services. This requires appropriate investments in professional development and training, while laying out clear institutional guidelines on reporting, encouraging leadership and ensuring that service-providers are accountable for preventing violence.

Mechanisms to protect victims must also be strengthened through social welfare services, counselling and referral to other child protection services, including secure temporary accommodation, hotlines and helplines. Here, one-stop centres that offer child-sensitive recovery and counselling have proved

Responsibility for ending violence ultimately rests with national governments.

A small amount spent on violence-prevention can greatly increase the returns on existing investments in health, education and social services – and improve sustainability of human development.

useful, especially in conflict zones where children's exposure to violence is intensely detrimental to their development.⁵

Embed violence-prevention in national strategies across sectors – Violence-prevention strategies are more effective when they are nested within national efforts that tackle the structural causes of violence, including social norms, gender and other inequalities and discrimination. Context-specific strategies should be designed to deal with patriarchal systems when they perpetuate gender inequality and condone interpersonal violence, especially against women and children. A country's legislative environment should eliminate misuse of power to act with impunity and signal zero-tolerance for all forms of discrimination, abuse and violence. This requires long-term engagement with local communities, effective use of multiple media to change behaviours and attitudes, and targeted strategies to work with different constituencies.

Increase funding – A small amount spent on violence-prevention can greatly increase the returns on existing investments in health, education and social services – and improve sustainability of human development. However, funders and other investors need to invest more strategically and achieve better coordination and policy coherence. For these sectors, national governments should earmark dedicated funds for preventing childhood violence. And annual reports from the corresponding ministries and departments should include outcome statements and provide clear explanations of how resources are spent and what impact has resulted.

Multilateral agencies including ILO, UNICEF, UNFPA, UN Women, UNDP, UNESCO, WHO and the World Bank should pledge to increase investments to end violence. These agencies should

recognize that earmarking sufficient funds is important for reaping better returns from their investments in other sectors.

Donors too – including bilateral agencies and foundations – should earmark sufficient funds for prevention of childhood violence across sectors, based on clearly articulated plans.

Finally, actions to end violence ultimately play out in homes and communities. There should therefore be more financial support for civil society and community-based organizations that promote youth action and encourage children's participation.

Improve knowledge and evidence

The violence-prevention agenda needs a strong evidence base. This requires more support for research and evaluation, as well as actions to bridge policy and practice, and to promote understanding, learning, adapting and accountability.

Improve data-collection – Availability of data on violence against women and children has increased significantly in recent years. Despite this, not enough is known about the prevalence and magnitude of the problem. Lack of reliable and timely data has seriously constrained a proper understanding of childhood violence and the capacity to design policies for prevention.

Relatively little is known, for example, about the experience of boys who, depending on their age and the setting, can experience considerable violence. Also under-represented in all research and data-collection efforts are children with disabilities and those belonging to sexual, racial and religious minorities, who face disproportionately more violence than other children. Similarly, little is known about the abuse of street

children, children in formal care institutions (including student hostels), children on the move and children of migrant families. Their invisibility should be ended.

Violence in childhood should also be a component of all surveys that reach out to children and their caregivers. In addition, where required, there should be specialized surveys to understand less-studied forms of childhood violence, such as cyberbullying and the sexual economic exploitation of children.

Standardize definitions and protocols for measurement – The world urgently needs globally accepted standard definitions as well as practical protocols to measure violence against children. This will encourage national governments to conduct specialized surveys and modify administrative systems to require routine reporting of data on violence in different settings. This will require capacity building across institutions to generate evidence, build effective feedback systems, and ensure appropriate and swift action.

Schools and hospitals need to establish administrative mechanisms for routine data-collection of cases of abuse. Services and institutions also need to develop the capacity to analyze and interpret the data they collect, and create effective feedback systems and response mechanisms that guarantee appropriate swift action. Countries should also carry out research and evaluation studies – to promote accountability and learning, bridge the gaps between policy and practice, promote understanding and adaptation, and improve policy formulation.

Despite increased attention, research on violence in childhood is still a nascent field. There is much to learn about the experience and impacts of violence in various sub-populations across cultures and contexts. Boys remain a seriously neglected segment,

even though there is growing evidence to suggest that they experience considerable degrees of violence. Better understanding is needed of boys and men who use violence and of the factors that encourage or impede disclosure and reporting of acts of violence. Little is known about poly-victimization and revictimization among boys and girls across different ages.

Support specialized cross-sectoral research – Specialized research can throw light on the social determinants of violence against women and children – its linkages with social inequality, denial of freedoms, lack of opportunities, unequal access to resources, discrimination and culture. Useful insights can also be gained from economic analyses that examine the many inter-connections between deprivation, inequalities and childhood violence. A better understanding of the gendered nature of violence and its links with gender inequality and gender roles, stereotypes and myths can help design better strategies to protect women and girls.

There is a need for longitudinal data to determine the causes of violent victimization and to understand intergenerational impacts of violence and the results of investments aiming to change social norms over time.

Operations research can offer useful insights into designing culturally appropriate service responses for vulnerable groups of women and children that are efficient, effective and sustainable. Operations research can also contribute to designing and improving integrated service-delivery platforms by examining integrated responses and collaborative approaches for violence-prevention across sectors.

Well-designed studies can generate evidence to improve the functioning of the criminal justice and legal systems, including better

The world urgently needs globally accepted standard definitions as well as practical protocols to measure violence against children.

implementation of laws, legal responses to domestic and family violence across jurisdictions, and interactions with the police and child protection systems. There is also scope for broader economic analysis that can inform public decision-making.

Promote a strong culture of evaluation – An explicit aim should be to encourage an evaluation culture using robust methodologies that combine both quantitative and qualitative methods to build a better understanding of how change can be generated and sustained. Longitudinal studies offer a powerful method of generating better understanding as well as tracking the impacts of services and investments in child well-being and their impact on children's lives.

The promise of a future free from violence

Children should grow up in a very different world by 2030 – the target year for the SDGs. Positive social norms should ensure freedom from fear. Domestic violence should become a scourge of the past. With more social and economic security, parents, both mothers and fathers, should be able to better care for their children. And finally, children should have safe spaces to live in, play, study and travel. This is not a distant dream. It can be realized if we start now.

This is a promising moment for leaders, governments and communities across the world to transform children's lives and the futures of their societies, realizing the aspirations of Agenda 2030 and the SDGs, and building a just, violence-free and equitable world – a world worthy of its children.

NOTES AND REFERENCES

NOTES

Executive summary

- 1 Hawke and Raphael 2016; UNODC 2016.
- 2 Shiva Kumar and others 2017.
- 3 WHO 2014b defines inter-personal violence as “violence between individuals”.
- 4 WHO 2016.
- 5 Veltman and Browne 2001 concluded from a meta-analysis of 34 studies that abuse and neglect is related to poor school achievement, in particular delays in language development. However, the authors acknowledge that studies associating child abuse and neglect with learning problems are problematic in that most do not know the intellectual status of children before maltreatment.
- 6 Romano and others 2015.
- 7 Nakamoto and Schwartz 2010.
- 8 Brodsky and Stanley 2008; Evans and others 2005; Miller and others 2013; Thompson and others 2012.
- 9 Zielinski 2009.
- 10 Tfofi and others 2012.
- 11 Klomek and Elonheimo 2015.
- 12 Perezniето and others 2014.
- 13 Shiva Kumar and others 2017.
- 14 Stöckl and others 2017; Devries and others 2017.
- 15 WHO 2011.
- 16 Stöckl and others 2017.
- 17 Devries and others 2017.
- 18 Devries and others 2017.
- 19 Devries and others 2017.
- 20 Pells and Morrow 2017.
- 21 Sexting is defined as “the creating, sharing and forwarding of sexually suggestive nude or nearly nude images by teenagers.” See UNICEF 2012.
- 22 Ellsberg and others 2017.
- 23 Ellsberg and others 2017.
- 24 UNICEF 2014a.
- 25 Fulu and Heise 2015.
- 26 Stoltenborgh and others 2011.
- 27 See <https://www.cdc.gov/violenceprevention/vacs/>. Accessed May 1 2017.
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- 30 UNESCO 2012; Kosciw and others 2012; Espelage and others 2015.
- 31 World Vision 2005.
- 32 De Oliveira and others 2015. See also www.nobullying.com
- 33 Symeonidis 2015.
- 34 Pinheiro 2006; Save the Children 2009.
- 35 Mulheir 2012; Berens and Nelson 2015; Rosenthal 2017.
- 36 Van Ijzendoorn and others 2007.
- 37 Vorria and others 2003; Zeanah and others 2005.
- 38 Van Ijzendoorn and others 2011.
- 39 Sherr and others 2017.
- 40 Euser and others 2014.
- 41 Better Care Network and EveryChild 2012; Mathews and others 2015.
- 42 Mathews and others 2015.
- 43 Braga 2015.
- 44 Muggah 2017.
- 45 Esquivel and Kaufmann 2017.
- 46 McIlwaine 2013.
- 47 De Oliveira and others 2015.
- 48 When they do get opportunities, however, their voices can have far-reaching impact. The 2030 agenda was developed with the active participation of more than 800,000 children from around the regions, resulting in the inclusion of ending violence as an outcome area. See SRSG 2016.
- 49 Eshel and others 2006.
- 50 Peterman and others 2017.
- 51 Osher and others 2003.
- 52 Williams and Davies 2017.
- 53 Groza and others 2011; Centre for Excellence for Looked After Children in Scotland (CELCIS) 2013.
- 54 A number of experimental studies (Abecedarian Project, Highscope Perry Pre-School Project) and quasi-experimental studies (the Chicago Longitudinal Study, the Brookline Early Education Project) have demonstrated the positive impact of a high-quality early childhood environment, coupled with additional parental support, and health and nutrition interventions. See Campbell and Ramey 1994; Campbell and others 2002; Schweinhart and others 1993; Schweinhart and others 2005.
- 55 World Bank 2015.
- 56 Naker 2017; Parkes and Heslop 2013.
- 57 Espelage and others 2004.
- 58 Cohen 2006.
- 59 Gottfredson and others 2005; Freiberg 1999.
- 60 Kasen and others 2004; Johnson 2009; Steffgen and others 2013; Karwowski 2008; Devries and others 2015.
- 61 Bachan and Raftree 2011.
- 62 Livingstone and Mason 2015.
- 63 Resnick and others 2004.

- 64 Garzón-Vergara 2017.
 65 OECD 2011; World Bank 2010.
 66 Bakrania 2013.
 67 Lippy and DeGue 2016.
 68 UNICEF 2014a.
 69 Lilleston and others 2017.
 70 Trodres 2004. A number of UN reports have similarly emphasized the importance of bridging the divide. Also see Goonesekere and De Silva-de Alwis 2005; UNICEF 2015b.

Chapter – 1

- 1 Shiva Kumar and others 2017.
 2 WHO 2014b defines inter-personal violence as “violence between individuals”.
 3 Fiske and Rai 2014; Kelty and others 2012.
 4 Hawke and Raphael 2016; UNODC 2016.
 5 Embleton 2017.
 6 Finkelhor and others 2011. Finkelhor and others 2009 point out that “children who are exposed to one incident of violent victimization are likely to be repeatedly exposed to the same type of violence, which is termed revictimization, and to experience multiple different types of victimization, termed poly-victimization.”
 7 Samms-Vaughan and Lambert 2017.
 8 Violence against women is defined by UN General Assembly Resolution 48/104, the Declaration on the Elimination of Violence against Women (1993), as any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. These can include physical, sexual, psychological or emotional abuse or harassment across a variety of settings, including the workplace and in conflict situations.
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 11 Lundgren and Amin 2015.
 12 Muggah and Alvarado 2016.
 13 Stoltenborgh and others 2011.
 14 Shiva Kumar and others 2017.
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 23 Strøm and others 2013.
 24 Veltman and Browne 2001 concluded from a meta-analysis of 34 studies that abuse and neglect is related to poor school achievement, in particular delays in language development. However, the authors acknowledge that studies associating child abuse and neglect with learning problems are problematic in that most do not know the intellectual status of children before maltreatment.
 25 Romano and others 2015.
 26 Sherr and others 2016.
 27 Ogando Portela and Pells 2015.
 28 Durrant and Ensom 2012.
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 30 Olenik-Shemesh and others 2012.
 31 Fekkes and others 2006.
 32 Juvonen and others 2007.
 33 Klomek and others 2007.
 34 Samuels and others 2013; Ybarra and Mitchell 2004.
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 37 Anda and others 2006.
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 39 Moffitt and others 2013.
 40 Suglia and others 2015.
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 43 Ttofi and others 2012.
 44 Klomek and Elonheimo 2015.
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 46 Donovan and others 2016.
 47 Hill and others 2016.
 48 Solotaroff and Pande 2014.
 49 Iles-Caven and others 2017.
 50 Durrant and Ensom 2017.
 51 Abramsky and others 2011; Fry and others 2012; Widom and others 2014.
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- 53 See www.havennh.org
- 54 Fulu and others 2017.
- 55 For example, assuming that one disability-adjusted life-year (DALY) is equal to a country's per capita GDP.
- 56 See discussion in Chapter 2, this Report.
- 57 Perezniето and others 2014.
- 58 Basak and others 2013.
- 59 The corresponding losses attributable to emotional and sexual abuse in childhood were 0.47 per cent and 0.39 per cent of the gross domestic product, respectively.
- 60 Fang and others 2012.
- 61 Fearon and Hoeffler 2014.
- 62 Yang and Lester 2007.
- 63 Pinheiro 2006.
- 64 When they do get opportunities, however, their voices can have far-reaching impact. The 2030 agenda was developed with the active participation of more than 800,000 children from around the regions, resulting in the inclusion of ending violence as an outcome area (See <http://www.un.org/en/development/desa/news/sustainable/children-summit.html>. Accessed 20 May 2017).
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- 66 The SDGs are also in line with the "Whole Child" approach – developed by the Association for Supervision and Curriculum Development (ASCD) and the US Centers for Disease Control and Prevention (CDC) – which espouses that "each child, in each school, in each of our communities deserves to be healthy, safe, engaged, supported and challenged."
- 67 Mathews and others 2014. South Africa is widely acknowledged as a country that has invested in a broad-based violence-prevention system. Besides a special Children's Act (108) that falls under the Constitution of the country, it has enacted a law that aims to protect children in cases of domestic violence (the Domestic Violence Act); a law that categorizes sexual offences and sets out ages of consent to sexual activity (the Sexual Offences Act); and a Child Justice Act which regulates the criminal justice system in the country in a manner that cases pertaining to children accused of having committed offences are discussed separate from the system. It has also tried to achieve intersectoral coordination by means of the Children's Act, mandating that all departments work together, under the guidance of a lead department, to implement the Act in an integrated manner.
- 68 There are several international campaigns run by United Nations agencies such as the ILO, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, UNWomen and WHO. Similarly, international civil society organizations such as ECPAT International, Girls not Brides, Oxfam, Plan International, Save the Children, and Together for Girls, and initiatives such as the Global Initiative to End All Corporal Punishment of Children and End Violence, run powerful advocacy campaigns to keep the spotlight on childhood violence.
- 69 Sweden was the first country in the world to introduce a ban on corporal punishment in 1979. The Swedish ban on all forms of violent and emotionally abusive treatment against children can be seen as a result of legal reforms introduced as early as the late 19th century. The explicit ban on corporal punishment in home environments is considered a legal success, resulting in low (8 per cent) parental acceptance of corporal punishment along with reduced rates of serious abuse and assault as well as violent deaths compared with other industrialized countries. Parents in Sweden today are arguably a lot less likely to use physical punishment as part of parenting than 35 years ago, and are also less likely to do so compared to parents in most other countries (See Leviner 2013).
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- 76 See <http://www.aljazeera.com/indepth/opinion/2017/03/risks-child-marriage-law-bangladesh-170304092243563.html>. Accessed 1 May 2017.

Chapter – 2

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- 2 See http://www.surt.org/gvei/docs/national_report_spain_def.pdf. Accessed 9 May 2017.
- 3 See <https://www.cdc.gov/violenceprevention/vacs/>. Accessed 9 May 2017.
- 4 See http://www.euro.who.int/__data/assets/pdf_file/0019/217018/European-Report-on-Preventing-Child-Maltreatment.pdf. Accessed 9 May 2017.
- 5 Akobirshoev and Nandakumar 2017.
- 6 Values of indicators for inter-personal violence against boys shown in Table 2.1 were not imputed because of the small number of countries for which data are available. See Akobirshoev and Nandakumar 2017.
- 7 The Human Development Index is published by the United Nations Development Program (UNDP). See <http://hdr.undp.org/en/content/human-development-index-hdi>. Accessed 21 June 2017.
- 8 Shiva Kumar and others 2017.
- 9 Akorbisoev and Nandakumar 2017.
- 10 Shiva Kumar and others 2017.
- 11 The Fragile States Index ranks each country based on a sum of scores for 12 indicators, with each indicator scored on a scale of 0-10, 0 being the lowest intensity (most stable) and 10 being the highest intensity (least stable) creating a scale spanning 0-120. Indicators relate to various aspects of state stability and strength e.g. demographic pressures, refugees and internally displaced people, poverty, corruption and lack of representation, human rights and rule of law.
- 12 The Voice and Accountability rank reflects perceptions of the extent to which a country's

citizens are able to participate in selecting their government, as well as freedom of expression, freedom of association, and a free media.

Chapter – 3

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- 2 WHO 2011.
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- 15 Abrahams and others 2016.
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- 17 Devries and others 2017.
- 18 The analysis by Devries and others 2017 draws on existing international datasets including data from the Demographic and Health Surveys (DHS, 44 countries); the Multiple Indicator Cluster Surveys (MICS, 35 countries); the WHO Multi-Country Study on women's health and domestic violence against women (WHO MCS, 11 countries); the Global Student Health Surveys (GSHS, 78 countries); the Health Behaviour in School-Aged Children (HBSC, 39 countries); the Violence Against Children Surveys (VACS, 4 countries); EU Kids Online (25 countries, provided data about both cyber and non-cyberbullying); Progress in International Reading Literacy Study (PIRLS, 46 countries); Trends in International Mathematics and Science Study (TIMSS, 69 countries); combined TIMISS/PIRLS surveys (PIRLS/ TIMISS, 33 countries); and the Reproductive Health Surveys (RHS, 6 countries).
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- 21 Human Rights Watch and ACLU 2008; Hyman and others 1988.
- 22 Ba-Saddik and Hattab 2013; Beazley and others 2006.
- 23 Pells and Morrow 2017.
- 24 Pells and Morrow 2017.
- 25 Smith and Sharp 1994; Rigby 2002.
- 26 Olweus 1973, 1978.
- 27 Garandean and others 2014.
- 28 Kärnä and others 2010.
- 29 Abbey and McAuslan 2004.
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- 31 Children aged 10–14 are also referred to as Very Young Adolescents (See Inter Agency Youth Working Group - <https://www.iywg.org/topics/very-young-adolescents-0>. Accessed 03 April 2017).
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- 40 Brackenridge and Rhind 2014.
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- 48 Huda and others 2017.
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Chapter – 4

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- 28 Samms-Vaughan and Lambert 2017.
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- 31 Mathews and others 2013.
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Chapter – 5

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Chapter – 6

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- 2 The establishment of the Office of the UN Special Representative on Violence against Children at the global level, along with regional bodies, as well as the Special

Rapporteurs on Children and Armed Conflict and the Sale of Children, Child Prostitution and Child Pornography, has led to increased global awareness and dialogue on the issue across multiple dimensions including conflict and sexual exploitation. Movements such as the Global Initiative to End All Corporal Punishment of Children have succeeded in getting countries to develop legislation that protects children's rights. Alliances to address online violence such as WeProtect underscore the determination of a wide range of actors across public and private sectors to address cross-border threats to children posed by new technologies and rapidly expanding access to the internet. A new global campaign, and a new global partnership and fund to end violence against children have given further impetus to ending violence in childhood.

- 3 UNSD 2015.
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STATISTICAL TABLES

TABLE 1: Key indicators of inter-personal violence in childhood, 2015.

Country	Corporal punishment at home ^a	Peer violence in schools ^b		Violence against adolescent girls ^c		Child homicide rate (per 100,000) ^d	Violence against women ^e (15 years and above)
	(%)	Bullying	Physical fights	Physical violence	Sexual violence		
	(1-14 years)	(13-15 years)	(13-15 years)	(15-19 years)	(15-19 years)		
Afghanistan	74.4	48.1	35.4	24.0	7.0	8.0	30.9
Albania	76.9	43.3	47.9	22.5	7.9	2.0	22.7
Algeria	86.3	52.0	48.0	20.6	6.7	2.0	9.2
Antigua and Barbuda	67.1	25.0	48.0	14.5	6.3	2.9	17.9
Argentina	72.4	25.0	34.0	16.8	4.2	3.0	1.9
Armenia	69.9	10.0	51.0	19.0	5.1	1.0	12.9
Australia	62.8	39.6	48.8	12.3	3.3	1.0	2.0
Austria	55.7	41.0	37.0	4.1	1.0	-	3.0
Azerbaijan	76.8	36.0	37.7	9.0	0.4	3.0	10.2
Bahamas	60.7	44.3	39.2	8.9	3.5	5.0	16.3
Bangladesh	82.3	64.5	53.6	28.6	12.7	1.0	50.7
Barbados	75.1	13.0	38.0	18.4	8.1	3.0	11.0
Belarus	64.5	25.8	38.8	13.8	7.7	1.0	13.9
Belgium	59.1	37.0	37.0	10.8	3.2	1.0	6.0
Belize	65.1	31.0	36.0	17.6	9.5	6.0	12.9
Benin	91.1	42.0	32.0	31.1	9.8	5.0	25.0
Bhutan	82.4	29.6	25.5	17.7	5.2	1.0	14.2
Bolivia (Plurinational State of)	70.0	30.0	33.0	37.0	5.0	7.0	24.0
Botswana	86.5	52.0	48.0	27.4	12.1	7.0	18.1
Brazil	68.3	31.6	28.0	14.0	5.5	17.0	8.1
Brunei Darussalam	54.0	31.1	37.1	6.2	4.6	-	9.7
Bulgaria	54.8	23.7	30.3	6.2	3.4	1.0	6.0
Burkina Faso	82.7	40.6	47.5	21.0	9.3	5.0	9.6
Burundi	96.8	70.3	48.3	35.2	12.4	5.0	31.4
Cabo Verde	74.2	22.4	24.1	16.0	5.4	1.0	7.8
Cambodia	71.8	22.0	14.0	21.0	0.3	4.0	8.0
Cameroon	85.0	53.3	36.4	45.0	22.0	5.0	32.6
Canada	60.0	32.0	34.0	4.5	1.6	2.0	1.3
Central African Republic	92.0	50.8	46.6	42.5	16.4	5.0	26.3
Chad	71.1	56.6	39.8	39.6	16.9	4.0	30.9
Chile	69.0	15.0	29.0	12.1	3.9	2.0	5.9
China	70.2	29.0	19.0	12.8	4.9	1.0	13.9
Colombia	66.9	32.0	33.0	13.0	3.0	13.0	8.6
Comoros	77.1	29.2	29.4	11.0	5.0	5.0	4.8
Congo	82.5	48.5	45.7	32.3	11.8	5.0	22.1
Congo (Democratic Republic of the)	81.6	54.8	45.9	56.0	21.0	14.0	20.7
Costa Rica	45.6	19.0	22.0	1.2	5.4	5.0	9.3
Côte d'Ivoire	90.9	53.3	48.0	33.0	5.0	9.0	22.9
Croatia	65.1	16.0	39.0	10.1	2.6	-	3.0
Cuba	36.0	27.8	34.5	2.3	3.0	2.0	13.8
Cyprus	59.7	33.0	46.8	2.8	3.7	-	3.0
Czech Republic	46.2	16.0	43.0	2.5	0.8	-	4.0
Denmark	58.9	17.0	27.0	4.6	1.6	-	4.0
Dominican Republic	62.9	26.6	30.4	13.0	8.0	4.0	10.4
Ecuador	66.6	29.0	34.0	5.7	6.0	6.0	10.1
Egypt	93.0	70.0	45.0	40.0	14.1	1.0	14.0
El Salvador	52.0	30.8	29.2	4.8	7.0	27.0	7.7
Estonia	66.4	37.0	28.0	18.0	4.4	1.0	2.0
Ethiopia	87.5	50.2	50.6	33.7	12.9	6.0	26.3
Fiji	72.0	42.0	47.0	15.7	9.6	2.0	24.0
Finland	70.7	28.0	28.0	11.3	1.7	1.0	5.0
France	59.4	32.0	33.0	2.4	0.2	-	5.0
Gambia	90.3	44.6	44.2	34.3	12.2	6.0	20.7
Georgia	66.9	38.9	48.1	6.1	6.3	1.0	12.0

Country	Corporal punishment at home ^a	Peer violence in schools ^b		Violence against adolescent girls ^c		Child homicide rate (per 100,000) ^d	Violence against women ^e (15 years and above)
	(%)	Bullying	Physical fights	Physical violence	Sexual violence		
	(1-14 years)	(13-15 years)	(13-15 years)	(15-19 years)	(15-19 years)		
Germany	57.9	30.0	20.0	8.1	-	-	3.0
Ghana	93.6	62.0	53.0	32.0	17.0	5.0	20.0
Greece	73.1	29.0	51.0	15.7	2.2	-	6.0
Guatemala	64.8	36.2	36.3	6.4	3.0	22.0	9.9
Guinea	83.6	45.6	42.8	31.0	10.6	5.0	26.5
Guinea-Bissau	82.4	46.5	38.3	34.9	11.9	6.0	28.1
Guyana	69.7	38.0	38.0	19.2	7.7	6.0	21.2
Honduras	76.5	32.0	28.0	15.0	6.0	13.0	10.9
Hungary	70.2	24.0	41.0	11.5	2.0	1.0	6.0
Iceland	61.6	16.0	28.0	5.1	0.6	-	1.8
India	84.1	40.3	33.8	21.0	5.0	2.0	23.9
Indonesia	73.7	50.0	34.0	22.0	4.7	1.0	17.4
Iran (Islamic Republic of)	66.5	27.5	34.9	7.1	6.0	2.0	7.3
Iraq	79.0	28.0	37.0	23.8	9.0	4.0	11.9
Ireland	70.2	26.0	35.0	8.7	3.6	-	3.0
Israel	61.0	37.7	45.1	4.7	2.5	1.0	3.1
Italy	58.1	9.0	35.0	4.9	3.0	-	6.0
Jamaica	84.5	40.0	50.0	23.1	11.0	13.0	17.0
Japan	60.1	36.8	38.3	5.6	5.5	-	5.5
Jordan	90.2	41.0	47.0	31.0	8.1	3.0	14.1
Kazakhstan	52.7	41.0	35.3	4.0	1.0	1.0	14.8
Kenya	83.8	57.0	48.0	27.0	11.0	3.0	34.0
Kiribati	81.0	37.0	35.0	30.0	15.1	3.1	36.1
Korea (Republic of)	67.3	36.0	44.9	11.4	3.1	1.0	4.8
Kuwait	76.8	28.0	45.0	26.1	2.9	-	6.0
Kyrgyzstan	57.1	33.3	31.9	6.0	0.1	-	17.1
Lao People's Democratic Republic	75.7	27.5	28.7	13.9	4.8	3.0	6.0
Latvia	54.1	43.0	39.0	5.5	2.7	1.0	5.0
Lebanon	81.9	25.0	49.0	17.5	2.9	1.0	4.0
Lesotho	82.5	51.1	39.7	34.2	15.8	18.0	27.3
Liberia	90.0	50.2	47.0	39.0	13.0	4.0	36.3
Libya	75.2	35.0	40.0	20.3	5.0	1.0	11.3
Lithuania	64.9	52.0	38.0	8.7	2.1	1.0	4.0
Luxembourg	56.0	28.0	32.0	4.9	1.8	-	3.0
Madagascar	66.9	38.2	20.6	15.2	6.5	8.0	15.3
Malawi	72.4	45.0	23.0	21.0	18.0	1.0	22.1
Malaysia	69.3	21.0	30.0	19.8	9.3	1.0	14.3
Maldives	71.7	37.0	30.0	9.2	2.3	1.0	6.4
Mali	72.7	46.0	39.7	26.2	12.4	5.0	26.6
Malta	64.3	27.2	43.4	4.4	4.3	-	4.0
Mauritania	80.0	47.0	58.0	24.0	8.8	3.0	18.1
Mauritius	70.1	36.0	36.0	11.8	2.8	1.0	10.0
Mexico	63.1	29.1	39.5	6.6	0.8	7.0	6.6
Moldova (Republic of)	75.6	38.3	45.9	14.0	7.0	1.0	11.5
Mongolia	49.3	31.0	44.0	8.5	7.3	2.0	16.5
Montenegro	69.3	25.9	38.5	11.6	2.5	1.0	6.9
Morocco	90.8	1.0	9.0	26.4	7.0	1.0	13.8
Mozambique	97.5	47.5	39.4	22.0	9.0	7.0	27.7
Myanmar	72.3	19.0	15.0	22.5	10.7	7.0	21.3
Namibia	86.1	52.0	50.0	32.0	10.7	6.0	15.9
Nepal	81.7	42.7	33.3	10.0	11.0	1.0	14.3
Netherlands	61.7	21.0	31.0	9.4	4.4	-	5.0
New Zealand	62.2	23.3	34.8	5.9	1.2	1.0	4.9
Nicaragua	74.1	25.7	28.6	12.0	7.0	4.0	9.3

Country	Corporal punishment at home ^a	Peer violence in schools ^b		Violence against adolescent girls ^c		Child homicide rate (per 100,000) ^d	Violence against women ^e (15 years and above)
	(%)	Bullying	Physical fights	Physical violence	Sexual violence		
	(1-14 years)	(13-15 years)	(13-15 years)	(15-19 years)	(15-19 years)		
Niger	81.6	52.6	44.1	31.3	10.5	3.0	34.8
Nigeria	90.8	49.8	48.1	27.0	6.0	14.0	10.9
Norway	52.8	23.0	40.3	5.5	0.5	-	6.0
Oman	63.0	47.0	50.0	12.3	3.3	-	15.2
Pakistan	80.7	41.0	37.0	30.0	10.9	4.0	26.3
Palestine, State of	91.5	56.0	44.0	23.7	6.6	4.5	10.1
Panama	44.9	22.0	31.8	1.6	5.6	15.0	11.7
Papua New Guinea	75.7	56.9	42.5	27.6	12.2	3.0	33.7
Paraguay	64.7	39.8	40.9	15.3	2.0	7.0	15.1
Peru	63.4	47.0	37.0	14.0	5.4	2.0	12.1
Philippines	76.8	48.0	38.0	15.0	5.0	3.0	7.0
Poland	66.8	24.0	32.0	5.9	3.7	1.0	2.0
Portugal	73.5	37.0	27.0	7.9	0.6	-	5.0
Qatar	49.9	42.0	51.0	2.4	3.8	-	7.9
Romania	67.6	41.0	41.0	9.8	3.3	1.0	6.0
Russian Federation	52.7	33.0	37.0	8.4	4.9	2.0	12.4
Rwanda	88.7	57.8	34.8	16.0	12.0	13.0	44.3
Saint Lucia	67.5	25.0	41.0	8.5	4.4	0.4	10.7
Samoa	70.7	74.0	68.0	19.5	5.1	4.1	22.0
Saudi Arabia	68.5	36.2	34.6	10.1	4.5	1.0	5.0
Senegal	85.8	38.4	41.1	29.7	11.8	1.0	25.0
Serbia	43.1	34.7	39.8	15.9	5.3	1.0	13.2
Seychelles	64.7	51.0	43.8	9.7	10.1	11.2	18.8
Sierra Leone	81.7	45.3	34.1	32.6	13.5	9.0	28.6
Slovakia	63.6	25.0	40.0	3.6	3.6	-	6.0
Slovenia	68.4	20.0	40.0	14.5	3.7	-	2.0
Solomon Islands	72.0	67.0	53.0	21.2	11.4	3.0	25.4
South Africa	75.9	37.4	33.5	26.3	7.9	8.0	9.4
Spain	65.8	14.0	35.0	7.8	6.5	-	2.0
Sri Lanka	73.4	38.0	47.0	27.7	9.1	1.0	16.9
Sudan	63.9	40.7	51.0	17.9	13.6	6.0	28.1
Suriname	86.1	26.0	21.0	23.6	5.8	-	7.7
Swaziland	88.3	32.0	19.0	43.0	18.0	16.0	26.5
Sweden	61.6	11.0	30.0	9.3	1.5	-	5.0
Switzerland	54.4	34.0	34.3	5.3	5.9	-	7.2
Syrian Arab Republic	88.5	40.9	51.4	27.6	6.6	1.0	16.6
Tajikistan	77.7	7.0	22.0	7.0	1.0	1.0	15.2
Tanzania (United Republic of)	76.9	28.0	40.0	24.0	13.0	6.0	36.8
Thailand	72.0	27.0	34.0	11.7	2.0	2.0	15.9
The former Yugoslav Republic of Macedonia	69.3	20.0	31.0	16.7	4.7	-	6.3
Timor-Leste	87.4	54.0	37.7	30.0	2.0	2.0	31.5
Togo	80.6	47.5	29.0	30.2	11.0	7.0	19.0
Tonga	69.3	50.0	49.0	17.2	7.6	1.5	13.9
Trinidad and Tobago	77.4	15.0	36.0	21.5	12.4	12.0	26.3
Tunisia	93.2	31.0	47.0	27.4	1.4	1.0	6.6
Turkey	72.6	33.1	35.4	14.8	5.7	2.0	11.0
Turkmenistan	37.0	46.6	32.8	6.2	5.7	4.0	20.4
Uganda	80.4	46.0	36.0	54.0	19.0	10.0	34.6
Ukraine	61.2	41.0	39.0	6.0	0.3	1.0	10.6
United Arab Emirates	60.6	23.0	47.0	10.1	4.0	2.0	12.7
United Kingdom	59.5	25.0	33.0	9.4	4.3	-	5.0
United States	53.6	26.0	35.0	4.3	1.4	4.0	9.5
Uruguay	54.6	19.0	26.0	2.7	1.2	2.0	7.1
Uzbekistan	64.2	44.1	44.9	20.1	8.3	1.0	19.5

Country	Corporal punishment at home ^a	Peer violence in schools ^b		Violence against adolescent girls ^c		Child homicide rate (per 100,000) ^d	Violence against women ^e (15 years and above)
	(%)	Bullying	Physical fights	Physical violence	Sexual violence		
	(1-14 years)	(13-15 years)	(13-15 years)	(15-19 years)	(15-19 years)		
Vanuatu	83.5	67.0	51.0	35.8	14.0	3.4	44.0
Venezuela (Bolivarian Republic of)	74.9	35.0	30.0	11.6	1.8	20.0	5.6
Viet Nam	68.4	26.0	22.0	12.4	2.4	1.0	9.0
Yemen	79.2	41.0	46.0	42.1	16.1	2.0	23.6
Zambia	80.4	65.0	53.0	33.0	16.0	6.0	43.0
Zimbabwe	62.6	61.0	41.0	23.0	18.0	5.0	27.2

Note: Values in italics denote imputed values.

Definitions

a. Corporal punishment at home (1-14 years)	% of children aged 1-14 who experienced any violent discipline (psychological aggression and/or physical punishment) in the past month
b. Peer violence in schools (13-15 years)	<i>Bullying</i> : % of children aged 13-15 who reported being bullied at least once in the past couple of months <i>Physical fights</i> : % of children aged 13-15 who reported being in a physical fight one or more times during the past 12 months
c. Violence against adolescent girls (15-19 years)	<i>Physical violence against adolescent girls (15-19)</i> : % of girls aged 15-19 who experienced any physical violence since age 15 <i>Sexual violence against adolescent girls (15-19)</i> : % of girls aged 15-19 who ever experienced forced sexual intercourse or any other forced sexual acts (including in childhood)
d. Child homicide rate (0-19 years)	Number of homicide victims among children aged 0-19 per 100,000 population
e. Violence against women (15 years and above)	% of women aged 15 and above who experienced any intimate partner physical and/or sexual violence in the last 12 months

Data Sources:

1. Corporal punishment (home): UNICEF global databases, 2016, based on DHS, MICS and other nationally representative surveys, 2005-2015.
2. Bullying and physical fights (school): HBSC, 2009/2010 and GSHS, 2003-2013.
3. Physical and sexual violence against adolescent girls: UNICEF global databases, 2016, based on DHS, MICS and other nationally representative surveys, 2004-2015.
4. Child homicide rate: Data on homicide rates are from World Health Organization, *Global Health Estimates (GHE) Summary Tables: Death by cause, age, sex and region*, 2012. WHO, Geneva, 2014.
5. Violence against women: United Nations, 2015, *The World's Women 2015: Trends and Statistics*. New York: United Nations, Department of Economic and Social Affairs, Statistics Division. Sales No. E.15.XVII.8, Statistical Annex.

TABLE 2: Estimated numbers of children exposed to inter-personal violence, 2015.

Country	(in thousands)					Child homicide (0-19 years)
	Corporal punishment at home	Peer violence in schools		Violence against adolescent girls		
	(1-14 years)	Bullying (13-15 years)	Physical fights (13-15 years)	Physical violence (15-19 years)	Sexual violence (15-19 years)	
Afghanistan	10,020,936	1,262,888	928,988	462,433	134,242	1,474
Albania	381,116	53,160	58,821	27,024	9,492	16
Algeria	9,261,198	933,816	861,984	294,893	95,715	292
Antigua and Barbuda	13,823	1,200	2,304	580	252	1
Argentina	7,413,615	532,800	724,608	285,262	71,868	433
Armenia	364,179	9,840	50,184	15,729	4,241	7
Australia	2,670,382	346,738	427,118	88,170	23,766	60
Austria	630,747	103,976	93,832	9,149	2,188	0
Azerbaijan	1,555,661	131,330	137,306	28,080	1,248	87
Bahamas	46,253	7,094	6,272	1,335	518	6
Bangladesh	36,263,355	6,282,473	5,227,111	2,257,449	1,005,770	633
Barbados	38,001	1,456	4,256	1,652	732	2
Belarus	930,348	68,239	102,822	28,290	15,724	20
Belgium	1,066,046	137,640	137,640	32,495	9,604	26
Belize	70,959	7,254	8,424	3,350	1,811	9
Benin	3,945,177	334,236	254,656	186,840	58,800	294
Bhutan	159,197	12,732	10,948	6,383	1,876	3
Bolivia (Plurinational State of)	2,275,840	202,080	222,288	199,060	26,900	321
Botswana	588,892	69,264	63,936	29,910	13,145	67
Brazil	30,311,950	3,267,091	2,901,666	1,205,052	470,117	11,047
Brunei Darussalam	49,140	6,280	7,490	1,056	777	0
Bulgaria	516,874	45,390	58,131	9,392	5,134	13
Burkina Faso	6,460,689	559,369	653,515	209,790	92,807	524
Burundi	4,622,394	538,051	369,805	201,058	71,042	316
Cabo Verde	106,996	6,753	7,287	4,160	1,401	2
Cambodia	3,313,570	200,156	127,372	159,390	2,277	260
Cameroon	7,962,970	905,780	619,261	575,100	281,160	635
Canada	3,246,960	372,544	395,828	45,572	16,398	157
Central African Republic	1,653,424	174,852	160,490	116,560	44,909	124
Chad	4,516,983	618,294	434,477	318,229	135,306	340
Chile	2,325,576	113,760	219,936	77,568	24,640	98
China	155,899,598	13,199,524	8,647,964	4,563,819	1,742,160	3,150
Colombia	7,279,121	777,216	801,504	258,570	59,670	2,038
Comoros	231,146	16,018	16,133	4,510	2,050	20
Congo	1,538,955	157,496	148,499	77,269	28,202	125
Congo (Democratic Republic of the)	27,516,826	3,174,688	2,658,229	2,367,680	887,880	6,308
Costa Rica	454,541	42,142	48,796	2,197	10,333	73
Côte d'Ivoire	8,262,083	884,697	795,465	419,760	63,600	1,117
Croatia	380,835	20,736	50,544	11,638	2,933	0
Cuba	617,184	109,571	135,930	7,468	9,738	50
Cyprus	107,460	13,270	18,810	1,008	1,321	0
Czech Republic	688,195	46,080	123,840	5,486	1,793	0
Denmark	524,210	34,544	54,864	7,923	2,751	0
Dominican Republic	1,851,273	162,244	185,562	62,920	38,720	165
Ecuador	2,918,945	262,624	307,904	42,083	44,220	372
Egypt	26,749,032	3,565,240	2,291,940	1,543,600	543,347	392
El Salvador	791,856	109,163	103,802	14,976	21,840	608
Estonia	131,605	13,616	10,304	4,672	1,144	3
Ethiopia	33,840,450	3,835,697	3,865,514	2,008,598	767,309	3,220
Fiji	173,232	20,160	22,560	5,824	3,548	7
Finland	595,860	49,336	49,336	16,454	2,540	12
France	6,608,012	760,064	783,816	45,994	2,828	0

Country	(in thousands)					
	Corporal punishment at home	Peer violence in schools		Violence against adolescent girls		Child homicide
	(1-14 years)	Bullying	Physical fights	Physical violence	Sexual violence	(0-19 years)
		(13-15 years)	(13-15 years)	(15-19 years)	(15-19 years)	
Gambia	787,958	65,845	65,283	37,752	13,431	70
Georgia	432,977	47,176	58,393	6,595	6,911	9
Germany	5,605,067	666,360	444,240	157,122	0	0
Ghana	9,402,869	1,130,136	966,084	439,680	233,580	684
Greece	1,088,605	91,176	160,344	38,936	5,481	0
Guatemala	3,634,762	411,625	413,217	57,844	27,030	1,728
Guinea	4,238,353	415,507	389,994	211,766	72,230	344
Guinea-Bissau	585,040	59,283	48,909	34,163	11,682	58
Guyana	141,212	19,988	19,988	9,038	3,633	19
Honduras	1,819,935	170,816	149,464	66,750	26,700	447
Hungary	938,012	69,792	119,228	27,275	4,808	19
Iceland	38,438	2,048	3,584	556	63	0
India	295,868,678	30,434,313	25,542,139	12,327,420	2,935,100	10,009
Indonesia	49,133,432	6,986,900	4,751,092	2,472,970	533,297	949
Iran (Islamic Republic of)	11,683,651	905,082	1,148,986	178,618	152,306	485
Iraq	11,199,514	705,936	932,844	450,965	170,251	770
Ireland	671,814	47,892	64,470	11,718	4,860	0
Israel	1,290,760	150,755	180,410	14,523	7,725	29
Italy	4,432,914	152,334	592,410	67,442	40,493	0
Jamaica	513,253	58,000	72,500	29,747	14,190	119
Japan	9,089,043	1,252,994	1,302,719	162,306	157,396	0
Jordan	2,285,488	199,260	228,420	116,250	30,188	105
Kazakhstan	2,363,384	288,160	247,948	21,280	5,320	60
Kenya	15,282,606	1,883,052	1,585,728	657,720	267,960	737
Kiribati	29,322	2,516	2,380	1,802	908	2
Korea (Republic of)	4,367,366	569,534	710,455	171,264	46,681	101
Kuwait	640,819	39,256	63,090	27,123	2,985	0
Kyrgyzstan	1,007,929	98,990	94,743	14,760	246	0
Lao People's Democratic Republic	1,676,301	121,924	127,021	51,020	17,605	94
Latvia	148,775	23,134	20,982	2,042	995	4
Lebanon	1,075,838	76,900	150,724	49,582	8066	20
Lesotho	594,165	74,562	57,918	42,066	19,373	185
Liberia	1,618,020	166,262	155,498	94,770	31,590	97
Libya	1,313,443	118,650	135,600	51,689	12,801	24
Lithuania	251,942	42,640	31,160	6,336	1533	6
Luxembourg	50,064	5,488	6,272	830	308	0
Madagascar	6,390,957	678,765	366,515	210,936	89,887	1,048
Malawi	5,336,459	585,990	299,506	205,170	175,860	99
Malaysia	4,803,044	331,590	473,700	281,018	132,060	102
Maldives	67,685	6,734	5,460	1,376	348	1
Mali	5,770,781	614,895	531,562	246,448	116,872	527
Malta	35,494	3,694	5,901	566	559	0
Mauritania	1,228,800	134,044	165,416	51,665	18,856	63
Mauritius	159,127	20,376	20,376	5,669	1,325	3
Mexico	20,603,538	2,065,715	2,798,504	385,659	45,786	3,283
Moldova (Republic of)	449,971	48,219	57,742	15,680	7,840	9
Mongolia	390,259	41,788	59,312	9,383	8,063	22
Montenegro	74,705	6,327	9,396	2,316	508	2
Morocco	7,963,342	17,284	155,556	375,245	98,899	124
Mozambique	11,696,685	1,016,762	842,417	350,460	143,370	1,131
Myanmar	9,959,180	592,914	468,090	567,954	270,863	1,381
Namibia	732,367	84,760	81,500	42,560	14,231	71
Nepal	7,042,540	851,523	663,670	161,700	177,870	125
Netherlands	1,606,174	124,488	183,768	45,635	21,190	0

Country	(in thousands)					Child homicide (0-19 years)
	Corporal punishment at home	Peer violence in schools		Violence against adolescent girls		
	(1-14 years)	Bullying (13-15 years)	Physical fights (13-15 years)	Physical violence (15-19 years)	Sexual violence (15-19 years)	
New Zealand	532,432	41,969	62,764	8,836	1,818	12
Nicaragua	1,255,699	92,746	102,951	34,829	20,300	97
Niger	7,838,170	797,521	669,099	333,544	112,248	378
Nigeria	68,857,998	6,556,148	6,336,249	2,552,040	567,120	14,224
Norway	466,224	43,424	76,049	8,658	806	0
Oman	569,142	70,030	74,500	13,374	3,564	0
Pakistan	50,256,248	4,826,274	4,355,418	2,791,500	1,016,106	3,462
Palestine, State of	1,622,478	186,144	146,256	62,068	17,371	111
Panama	448,641	45,540	65,805	2,788	9,554	213
Papua New Guinea	2,011,803	298,839	223,105	110,636	48,882	111
Paraguay	1,206,396	158,523	162,705	51,069	6,680	188
Peru	5,185,866	793,642	624,782	189,000	72,495	231
Philippines	23,146,906	2,950,272	2,335,632	733,500	244,500	1,276
Poland	3,595,978	263,472	351,296	54,650	34,168	77
Portugal	985,929	117,068	85,428	21,222	1,512	0
Qatar	164,969	27,636	33,558	964	1,558	0
Romania	1,891,854	258,628	258,628	50,180	16,659	40
Russian Federation	12,010,962	1,355,046	1,519,294	256,272	149,264	618
Rwanda	3,979,082	486,224	292,526	101,920	76,440	792
Saint Lucia	27,135	2,300	3,772	683	354	0
Samoa	46,945	9,916	9,112	1,950	509	4
Saudi Arabia	5,808,937	596,781	569,931	129,455	57,607	117
Senegal	5,395,447	416,902	445,882	238,924	95,232	84
Serbia	574,782	108,996	125,020	42,347	14,151	20
Seychelles	13,846	2,040	1,754	291	303	3
Sierra Leone	2,100,670	2,14,713	161,865	117,976	48,942	314
Slovakia	487,939	39,750	63,600	4,837	4,797	0
Slovenia	196,308	11,160	22,320	6,516	1,679	0
Solomon Islands	155,952	27,872	22,048	6,584	3,519	9
South Africa	11,278,436	1,154,369	1,035,782	640,082	192,292	1,692
Spain	4,201,725	189,504	473,760	80,311	66,242	0
Sri Lanka	3,474,316	381,292	471,598	219,582	71,846	66
Sudan	9,799,832	1,177,170	1,474,427	390,874	296,262	1,257
Suriname	116,579	7,592	6,132	5,671	1,390	0
Swaziland	398,233	28,416	16,872	31,405	13,104	101
Sweden	986,955	34,518	94,140	22,227	3,681	0
Switzerland	628,429	84,048	84,765	11,078	12,428	0
Syrian Arab Republic	5,551,428	553,050	695,301	288,591	69,350	89
Tajikistan	2,169,073	35,588	111,848	29,330	4,190	39
Tanzania (United Republic of)	17,663,776	1,103,144	1,575,920	685,440	371,280	1,838
Thailand	8,012,160	681,588	858,296	249,058	42,293	324
The former Yugoslav Republic of Macedonia	226,888	15,120	23,436	10,855	3,062	0
Timor-Leste	415,500	45,866	32,028	18,900	1,260	13
Togo	2,351,586	248,458	151,891	117,098	42,680	275
Tonga	25,225	3,800	3,724	1,031	455	1
Trinidad and Tobago	204,336	8,040	19,296	9,026	5,204	44
Tunisia	2,304,650	148,862	225,694	108,349	5,649	35
Turkey	13,667,531	1,330,625	1,421,851	488,878	188,157	538
Turkmenistan	526,140	135,146	95,128	14,227	13,064	80
Uganda	14,313,130	1,413,764	1,106,424	1,208,520	425,220	2,378
Ukraine	3,844,951	4,77,486	454,194	59,040	2,952	88
United Arab Emirates	731,078	54,234	110,826	17,441	6,949	35
United Kingdom	6,424,453	540,150	712,998	170,798	77,404	0
United States	30,647,837	3,239,080	4,360,300	433,112	142,696	3,269

Country	(in thousands)					Child homicide (0-19 years)
	Corporal punish- ment at home (1-14 years)	Peer violence in schools		Violence against adolescent girls		
		Bullying (13-15 years)	Physical fights (13-15 years)	Physical violence (15-19 years)	Sexual violence (15-19 years)	
Uruguay	373,464	28,576	39,104	3,427	1,449	20
Vanuatu	5,140,751	672,444	684,806	254,635	105,283	112
Venezuela (Bolivarian Republic of)	75,317	11,256	8,568	4,655	1,816	4
Viet Nam	6,121,277	597,240	511,920	158,941	24,094	2,311
Yemen	13,847,306	1,045,512	884,664	407,331	79,303	285
Zambia	8,056,541	793,842	890,652	627,983	240,361	280
Zimbabwe	3,834,375	662,948	445,588	193,660	151,560	416

Note:

Numbers of children exposed to inter-personal violence were derived by multiplying the prevalence rates of different forms of violence (including those imputed) and the population of children, age-wise, taken from United Nations, Department of Economic and Social Affairs, Population Division (2015). *World Population Prospects: The 2015 Revision*. Custom data acquired via website.

TABLE 3: Population 0–19 years (in thousands) 2015.

	Age groups											
	0-4 years			5-9 years			10-14 years			15-19 years		
	All	Female	Male	All	Female	Male	All	Female	Male	All	Female	Male
Afghanistan	4,925	2,396	2,529	4,950	2,416	2,534	4,579	2,226	2,353	3,967	1,926	2,041
Albania	197	95	102	154	74	80	184	88	95	246	120	126
Algeria	4,613	2,267	2,346	4,014	1,977	2,038	3,027	1,491	1,536	2,925	1,435	1,490
Antigua and Barbuda	7	4	4	7	4	4	8	4	4	8	4	4
Argentina	3,736	1,835	1,901	3,650	1,794	1,856	3,601	1,770	1,831	3,454	1,699	1,755
Armenia	205	100	105	195	96	99	162	77	84	168	83	85
Australia	1,554	757	797	1,562	759	803	1,447	707	741	1,484	718	766
Austria	408	199	209	397	193	204	409	201	208	450	221	229
Azerbaijan	992	453	539	655	306	349	577	273	305	668	312	356
Bahamas	29	14	15	28	14	14	25	12	13	30	15	15
Bangladesh	15,348	7,510	7,838	15,510	7,594	7,916	16,274	7,965	8,309	16,176	7,907	8,269
Barbados	17	9	9	18	9	9	19	9	10	18	9	9
Belarus	598	290	308	513	250	264	451	220	232	422	205	217
Belgium	651	317	334	662	323	339	621	303	318	618	302	316
Belize	40	20	20	38	19	19	39	19	20	39	19	19
Benin	1,737	858	879	1,554	768	785	1,387	688	699	1,205	600	605
Bhutan	64	32	33	71	35	36	71	35	36	73	36	37
Bolivia (Plurinational State of)	1,189	582	607	1,162	570	591	1,138	559	578	1,092	538	554
Botswana	271	134	137	241	120	122	223	110	112	220	109	111
Brazil	15,232	7,458	7,774	15,092	7,397	7,694	17,103	8,389	8,714	17,554	8,626	8,928
Brunei Darussalam	35	17	18	30	15	16	33	16	17	35	17	18
Bulgaria	324	157	167	361	176	185	323	157	166	312	151	161
Burkina Faso	3,199	1,580	1,619	2,828	1,406	1,422	2,425	1,198	1,227	2,032	999	1,033
Burundi	2,124	1,055	1,069	1,726	863	863	1,350	680	670	1,129	572	556
Cabo Verde	54	26	27	52	26	26	49	24	25	53	26	27
Cambodia	1,770	871	899	1,695	825	870	1,504	745	759	1,541	759	782
Cameroon	3,799	1,884	1,915	3,365	1,672	1,693	2,964	1,473	1,491	2,569	1,278	1,291
Canada	1,932	941	991	1,991	973	1,018	1,875	912	963	2,071	1,006	1,065
Central African Republic	724	361	362	629	316	313	589	297	292	544	274	269
Chad	2,705	1,339	1,365	2,266	1,123	1,143	1,923	954	970	1,615	803	813
Chile	1,168	573	594	1,196	588	608	1,240	608	632	1,312	640	672
China	83,464	38,730	44,734	79,627	36,742	42,885	75,681	35,057	40,624	76,216	35,627	40,589
Colombia	3,712	1,816	1,896	3,865	1,893	1,972	4,046	1,981	2,065	4,052	1,989	2,063
Comoros	121	59	62	108	53	55	95	47	48	84	41	43
Congo	773	383	390	675	335	340	572	285	287	480	239	241
Congo (Democratic Republic of the)	14,232	7,046	7,186	12,088	5,996	6,093	10,248	5,092	5,156	8,486	4,228	4,258
Costa Rica	346	169	177	361	176	185	359	176	184	391	191	200
Côte d'Ivoire	3,759	1,866	1,893	3,218	1,600	1,619	2,864	1,422	1,443	2,565	1,272	1,293
Croatia	200	97	103	219	106	112	206	100	106	236	115	121
Cuba	583	283	299	604	293	311	644	311	333	682	329	354
Cyprus	65	32	34	65	31	33	63	31	33	75	36	38
Czech Republic	517	251	266	578	281	296	498	243	256	444	216	228
Denmark	285	139	146	331	161	170	331	162	169	354	173	182
	103	51	52	97	48	49	93	46	47	88	44	45
Dominican Republic	1,059	519	541	1,059	520	540	1,037	510	527	978	484	494
Ecuador	1,611	787	824	1,580	772	807	1,514	742	772	1,500	737	763
Egypt	12,608	6,109	6,499	9,901	4,801	5,099	8,775	4,258	4,517	7,916	3,859	4,057
El Salvador	516	252	264	536	262	274	574	282	292	627	312	314
Estonia	69	34	35	78	38	40	65	32	34	54	26	28
Ethiopia	14,816	7,307	7,509	13,725	6,784	6,941	13,097	6,486	6,611	12,033	5,962	6,071
Fiji	87	42	44	89	43	46	82	39	42	76	37	39
Finland	301	146	154	311	152	159	291	142	149	299	146	153
France	3,922	1,911	2,011	3,978	1,947	2,031	4,009	1,963	2,046	3,858	1,885	1,973
Gambia	377	186	190	311	154	157	260	129	131	219	110	110

	Age groups											
	0-4 years			5-9 years			10-14 years			15-19 years		
	All	Female	Male	All	Female	Male	All	Female	Male	All	Female	Male
Georgia	274	133	141	239	112	126	189	88	101	229	109	119
Germany	3,417	1,661	1,756	3,379	1,645	1,735	3,568	1,738	1,830	3,970	1,935	2,035
Ghana	4,141	2,025	2,116	3,581	1,753	1,828	3,152	1,542	1,610	2,810	1,374	1,436
Greece	524	255	269	537	262	275	533	260	273	506	248	258
Guatemala	2,119	1,039	1,080	1,982	973	1,009	1,932	950	982	1,823	901	922
Guinea	2,091	1,035	1,056	1,811	901	910	1,586	785	801	1,384	684	699
Guinea-Bissau	295	147	148	253	127	126	221	111	110	196	98	98
Guyana	72	35	37	61	30	31	84	42	42	95	47	48
Honduras	810	397	413	847	416	431	884	435	449	901	445	457
Hungary	454	220	234	490	239	251	483	235	248	488	238	250
Iceland	23	11	11	23	11	12	21	11	11	22	11	11
India	122,906	58,226	64,679	126,482	59,810	66,672	126,999	59,975	67,024	124,068	58,702	65,366
Indonesia	25,391	12,441	12,950	22,976	11,178	11,797	23,378	11,340	12,038	23,113	11,251	11,862
Iran (Islamic Republic of)	6,778	3,314	3,465	6,573	3,248	3,325	5,574	2,710	2,864	5,332	2,530	2,802
Iraq	5,857	2,847	3,010	5,138	2,495	2,643	4,353	2,114	2,238	3,900	1,898	2,001
Ireland	345	167	178	359	173	186	322	156	165	277	135	142
Israel	845	412	433	757	368	389	683	332	351	635	309	326
Italy	2,506	1,215	1,291	2,798	1,358	1,440	2,827	1,375	1,452	2,809	1,368	1,441
Jamaica	203	98	105	215	106	109	230	112	118	265	129	136
Japan	5,244	2,552	2,692	5,373	2,616	2,757	5,555	2,710	2,845	5,919	2,888	3,031
Jordan	991	485	506	909	446	463	832	408	424	766	375	391
Kazakhstan	1,947	946	1,000	1,716	833	883	1,211	591	620	1,093	532	561
Kenya	7,250	3,595	3,655	6,623	3,291	3,332	5,814	2,892	2,922	4,890	2,436	2,454
Kiribati	14	7	7	14	7	7	11	5	6	12	6	6
Kuwait	353	172	181	316	157	159	236	112	123	229	104	125
Kyrgyzstan	799	388	411	635	311	324	491	241	250	503	246	257
Lao People's Democratic Republic	838	410	428	808	395	412	736	361	375	744	366	377
Latvia	90	44	47	107	52	55	96	47	49	77	37	40
Lebanon	482	237	244	435	218	217	493	250	242	552	283	269
Lesotho	284	141	143	252	125	127	241	120	121	248	123	125
Liberia	711	348	363	648	317	331	581	284	296	494	243	251
Libya	632	308	324	654	320	335	587	286	301	521	255	266
Lithuania	154	75	79	135	66	69	130	63	67	150	73	77
Luxembourg	33	16	17	31	15	16	32	15	16	34	17	18
Madagascar	3,865	1,909	1,956	3,397	1,685	1,712	3,064	1,526	1,537	2,768	1,385	1,383
Malawi	3,006	1,484	1,522	2,688	1,337	1,351	2,278	1,135	1,143	1,955	977	979
Malaysia	2,566	1,235	1,330	2,307	1,173	1,135	2,571	1,326	1,244	2,753	1,420	1,333
Maldives	38	18	20	34	16	17	30	15	15	31	15	16
Mali	3,331	1,641	1,690	2,892	1,415	1,478	2,381	1,163	1,218	1,926	941	985
Malta	19	9	9	19	9	10	21	11	11	26	13	12
Mauritania	610	300	310	553	272	281	495	244	251	436	215	221
Mauritius	70	34	36	78	38	40	93	45	47	97	48	49
Mexico	11,634	5,694	5,939	11,570	5,654	5,916	11,775	5,776	5,999	11,919	5,870	6,049
Moldova (Republic of)	219	105	113	220	107	113	200	97	104	229	112	117
Mongolia	342	169	173	292	144	148	226	112	114	222	110	112
Montenegro	36	17	18	39	19	20	40	19	21	42	20	22
Morocco	3,449	1,678	1,771	3,150	1,535	1,615	2,861	1,394	1,467	2,920	1,423	1,497
Mozambique	4,917	2,440	2,477	4,305	2,144	2,162	3,758	1,876	1,882	3,180	1,593	1,587
Myanmar	4,511	2,237	2,274	4,891	2,429	2,463	5,275	2,623	2,652	5,053	2,522	2,531
Namibia	347	172	175	299	149	150	274	136	137	267	133	133
Nepal	2,765	1,339	1,426	3,073	1,503	1,570	3,335	1,621	1,713	3,301	1,617	1,683
Netherlands	889	433	456	908	442	466	984	480	504	996	486	510
New Zealand	305	149	156	314	153	161	298	146	152	305	149	157
Nicaragua	597	292	305	615	299	316	602	292	311	599	290	309

	Age groups											
	0-4 years			5-9 years			10-14 years			15-19 years		
	All	Female	Male	All	Female	Male	All	Female	Male	All	Female	Male
Niger	4,317	2,116	2,202	3,426	1,675	1,751	2,726	1,335	1,391	2,129	1,067	1,063
Nigeria	31,781	15,494	16,286	27,195	13,264	13,931	23,215	11,310	11,906	19,408	9,452	9,956
Norway	315	154	162	322	156	165	309	151	158	326	158	167
Oman	403	193	208	332	162	169	249	121	127	247	109	138
Pakistan	24,938	11,990	12,948	22,546	10,873	11,674	19,779	9,491	10,288	19,299	9,305	9,994
Palestine, State of	719	352	367	634	310	323	564	276	288	534	262	273
Panama	369	181	189	359	176	183	345	169	176	345	170	175
Papua New Guinea	1,002	482	520	958	461	497	898	433	465	830	401	429
Paraguay	672	329	343	672	330	342	655	321	334	681	334	347
Peru	3,032	1,484	1,548	2,918	1,430	1,488	2,836	1,387	1,449	2,771	1,350	1,422
Philippines	11,364	5,515	5,849	10,749	5,257	5,492	10,299	4,943	5,356	10,134	4,890	5,244
Poland	1,929	939	990	2,050	998	1,053	1,790	872	918	1,909	931	978
Portugal	428	207	221	479	235	244	520	254	266	542	270	272
Qatar	137	67	70	117	57	59	104	47	57	121	41	80
Republic of Korea	2,288	1,104	1,184	2,271	1,102	1,168	2,388	1,150	1,238	3,132	1,501	1,630
Romania	887	431	456	1,037	505	533	1,052	512	540	1,050	511	539
Russian Federation	9,334	4,535	4,799	8,176	3,991	4,185	7,148	3,488	3,660	6,235	3,040	3,195
Rwanda	1,680	836	843	1,672	836	835	1,470	738	732	1,269	637	632
Saint Lucia	14	7	7	14	7	7	15	7	7	16	8	8
Samoa	23	11	12	25	12	13	23	11	12	21	10	11
Saudi Arabia	3,129	1,538	1,591	3,152	1,539	1,613	2,825	1,377	1,448	2,586	1,283	1,303
Senegal	2,678	1,321	1,358	2,243	1,107	1,136	1,903	942	961	1,621	805	816
Serbia	452	221	231	461	225	236	511	250	262	549	266	283
Seychelles	8	4	4	8	4	4	7	3	3	6	3	3
Sierra Leone	1,009	503	506	936	469	467	828	416	412	716	362	354
Slovakia	279	136	143	284	139	145	260	127	133	275	134	141
Slovenia	110	53	57	106	52	55	93	45	48	93	45	48
Solomon Islands	82	40	42	79	38	41	72	35	37	64	31	33
South Africa	5,242	2,620	2,622	5,566	2,728	2,838	5,100	2,552	2,548	5,241	2,431	2,811
Spain	2,042	990	1,052	2,423	1,176	1,247	2,329	1,131	1,198	2,110	1,027	1,083
Sri Lanka	1,603	788	814	1,738	863	875	1,713	856	857	1,591	793	798
Sudan	6,039	2,967	3,072	5,483	2,699	2,785	5,022	2,476	2,546	4,414	2,180	2,234
Suriname	48	23	25	48	23	25	49	24	25	48	24	24
Swaziland	175	87	88	162	81	82	149	74	75	146	73	73
Sweden	589	287	302	594	289	305	537	262	275	495	239	256
Switzerland	429	208	220	411	200	211	401	196	206	434	211	222
Syrian Arab Republic	2,116	1,030	1,086	2,281	1,112	1,169	2,299	1,122	1,177	2,163	1,046	1,117
Tajikistan	1,217	593	624	976	466	510	842	408	434	858	419	440
Thailand	3,740	1,821	1,919	3,990	1,942	2,048	4,146	2,031	2,116	4,330	2,136	2,194
Timor-Leste	218	107	111	153	74	78	148	73	76	129	63	66
Togo	1,177	586	591	1,057	527	530	919	458	461	779	388	391
Tonga	13	6	7	13	6	7	13	6	7	12	6	6
Trinidad and Tobago	95	47	48	97	48	49	91	45	46	86	42	43
Tunisia	1,001	489	512	877	429	448	795	388	406	811	395	416
Turkey	6,831	3,333	3,498	6,675	3,268	3,407	6,686	3,277	3,410	6,722	3,301	3,420
Turkmenistan	535	263	272	500	246	253	494	244	250	463	228	234
Uganda	7,453	3,690	3,763	6,402	3,175	3,228	5,438	2,702	2,736	4,491	2,238	2,253
Ukraine	2,367	1,146	1,221	2,486	1,207	1,279	1,903	923	980	2,017	984	1,034
United Arab Emirates	488	240	248	449	219	229	367	177	190	445	172	272
United Kingdom	3,988	1,945	2,043	4,067	1,987	2,080	3,540	1,730	1,811	3,723	1,817	1,906
Tanzania (United Republic of)	9,646	4,775	4,871	8,270	4,092	4,178	6,983	3,511	3,472	5,733	2,856	2,877
United States	19,596	9,577	10,019	20,667	10,119	10,548	20,835	10,207	10,628	20,620	10,049	10,571
Uruguay	240	117	122	244	119	125	248	121	127	256	126	130
Uzbekistan	3,208	1,569	1,639	2,920	1,429	1,491	2,521	1,235	1,286	2,589	1,270	1,320

	Age groups											
	0-4 years			5-9 years			10-14 years			15-19 years		
	All	Female	Male	All	Female	Male	All	Female	Male	All	Female	Male
Vanuatu	34	17	18	34	16	18	29	14	15	26	13	14
Venezuela (Bolivarian Republic of)	2,962	1,448	1,514	2,931	1,435	1,496	2,872	1,407	1,465	2,788	1,369	1,419
Viet Nam	7,752	3,670	4,082	7,360	3,503	3,856	6,683	3,234	3,449	6,740	3,277	3,463
Yemen	3,963	1,940	2,023	3,681	1,803	1,878	3,321	1,627	1,693	3,039	1,492	1,548
Zambia	2,912	1,442	1,469	2,556	1,269	1,287	2,175	1,082	1,093	1,815	906	910
Zimbabwe	2,544	1,268	1,276	2,213	1,105	1,108	1,877	938	939	1,680	842	838

Source: United Nations, Department of Economic and Social Affairs, Population Division (2015). World Population Prospects: The 2015 Revision, custom data acquired via website.

TABLE 4: Key indicators related to violence in childhood.

Country	Population (in millions)	GNI per capita PPP current international \$ (2015)	Poverty				Un- der-5 mortality rate #	Population with at least some secondary education+	Attitudes towards physical punish- ment (%) 2005- 2013 @	Attitude towards wife-beating ^	
			% of population below the national poverty line	Gini Index (2013)	Child mar- riage*	Child labour\$				Female	Male
Afghanistan	33.4	1,940		27.8	32.8	29.4	97.3	5.9	41	84	
Albania	2.9	11,090	14.3	34.5	9.6	5.1	14.9	81.8	13	24	37
Algeria	39.2	14,310		..	2.5	5.0	25.2	26.7	15	66	
Antigua and Barbuda		22,280					9.3				
Argentina		20,010		44.5		4.4	13.3	56.3	4	2	
Armenia	3.0	8,770	32.4	31.3	7.2	3.9	15.6	94.0	3	8	21
Australia	24.1	44,570		..			4.0	94.3			
Austria	8.8	47,930		29.2			3.9	100.0			
Azerbaijan	9.8	17,170	6.0	33.7	11.0	6.5	34.2	93.7	22	39	63
Bahamas	0.4	21,970		..			12.9	91.2			
Bangladesh	162.9	3,560		32.1	52.3	4.3	41.1	34.1		33	
Barbados	0.3	15,610		..	10.7	1.9	14.4	89.5	36	5	
Belarus	9.5	16,870	6.3	26.5	3.2	1.4	4.9	87.0	8	3	3
Belgium	11.3	44,000		33.0			4.4	77.5			
Belize	0.4	8,020		53.1	25.9	3.2	16.7	76.4	26	11	
Benin	11.0	2,050		38.6	31.9	15.3	85.3	11.3		15	16
Bhutan	0.8	7,630	12.0	38.1	25.8	2.9	36.2	34.0		70	
Bolivia (Plurinational State of)	11.0	6,710	43.3	56.3	21.7	26.4	39.1	47.6		17	
Botswana	2.2	15,510		..		9.0	46.6	73.6			
Brazil	206.1	15,050	9.0	54.7	35.6	8.1	13.7	54.6			
Brunei Darussalam	0.4	82,140		..			9.9	63.9			
Bulgaria	7.1	17,600	21.0	28.2			11.6	93.0			
Burkina Faso	16.9	1,660		39.8	51.6	39.2	97.6	0.9	37	39	40
Burundi	11.1	730		33.3	20.4	26.3	82.9	5.3		74	56
Cabo Verde	0.5	6,320		50.5	18.0	6.4	26.0			23	24
Cambodia	15.8	3,300	17.7	36.0	18.5	19.3	37.9	9.9		42	24
Cameroon	24.4	3,070		38.9	38.4	47.0	94.5	21.3	43	50	43
Canada	36.2	44,010		32.6			5.2	100.0			
Central African Republic	5.0	620		56.3	67.9	28.5	139.2	10.1	31	79	83
Chad	14.5	2,110		39.8	68.1	26.1	147.5	1.7	38	59	
Chile	18.2	21,790		52.1		6.6	8.2	73.3			
China	1,378.0	14,390		42.1			12.7	58.7			
Colombia	48.8	13,550	32.7	55.9	23.0	9.7	16.9	56.9			
Comoros	0.8	1,490		64.3	31.6	22.0	77.9			43	17
Congo	79.8	6,320		47.3	32.6	23.3	49.1	39.7	22	73	76
Congo (Democratic Republic of the)	4.9	720	63.6	44.4		38.4	118.5	12.8	32	72	
Costa Rica	4.9	14,910	20.6	50.7	21.2	4.1	9.6	50.7	12	3	
Côte d'Ivoire	23.2	3,260		41.5	33.2	26.4	100.0	14.0			51
Croatia	4.2	21,750	19.5	33.7			4.5	85.0			
Cuba				..	26.0		6.2	74.3			
Cyprus	1.2	31,010		..			3.6	76.0			
Czech Republic	10.6	30,610	8.6	..			3.6	99.9	39	51	
Denmark	5.7	47,820		..			3.5	95.5			
Dominican Republic	10.6	13,600	40.9	47.2	36.5	12.8	28.1	55.6	8	7	14
Ecuador	16.5	11,270	27.3	49.3	22.2	3.0	22.5	40.1			
Egypt	94.1	10,710		30.8	17.4	7.0	21.8	43.9	42	50	
El Salvador	6.4	8,240	34.5	48.3	25.4	19.0	15.7	36.8			
Estonia	1.3	27,230		36.0			3.4	100.0			
Ethiopia	101.7	1,620		33.6	41.0	27.4	64.4	7.8		64	51
Fiji	0.9	8,850		42.8			23.6	64.2			
Finland	5.5	41,330		26.9			2.6	100.0			
France	64.6	40,270		..			4.2	78.0			

Country	Population (in millions)	GNI per capita PPP current international \$ (2015)	Poverty				Un- der-5 mortality rate #	Population with at least some secondary education+	Attitudes towards physical punish- ment (%) 2005- 2013 @	Attitude towards wife-beating ^	
			% of population below the national poverty line	Gini Index (2013)	Child mar- riage*	Child labour\$				Female	Male
Gambia	2.0	1,580		47.3	30.4	19.2	73.8	17.4	39	74	
Georgia	4.0	9,430	14.8	42.1	14.0	18.4	13.1	89.7	13	5	
Germany	82.6	48,410		28.3			3.9	96.3			
Ghana	28.3	4,080	24.2	42.8	20.7	21.8	78.4	45.2	50	53	37
Greece	10.8	26,790		34.3			4.4	59.5			
Guatemala	16.6	7,530		55.9	30.3	25.8	31.0	21.9			
Guinea	0.3	1,120	55.2	39.4	51.7	28.3	100.7			89	63
Guinea-Bissau	1.9	1,450		35.5	22.0	38.0	123.9		25	39	
Guyana	0.8	7,540		..	23.0	18.3	36.6	60.3	23	18	25
Honduras	8.2	4,750	66.5	57.0	33.6	15.3	22.2	28.0		15	18
Hungary	9.8	24,620	15.0	31.2			6.1	97.9			
Iceland	0.3	46,500		..			2.1	91.0			
India	1,329.0	6,030		33.9	47.4	11.8	52.7	27.0		45	47
Indonesia	259.4	10,700	12.0	38.1	13.6	6.9	29.3	39.9		45	48
Iran (Islamic Republic of)	79.5	17,430		38.3	16.7	11.4	16.8	62.2			
Iraq	38.1	15,340	18.9	30.9	24.3	4.7	34.0	27.8	22	50	
Ireland	4.7	51,920		34.3			3.8	80.5			
Israel	8.2	35,300		39.2			4.0	84.4			
Italy	60.6	35,850		36.0			3.6	71.2			
Jamaica	2.7	8,890	19.9	45.5	7.9	3.3	16.6	74.0	27	8	28
Japan	125.3	42,310		..			2.9	87.0			
Jordan	8.2	10,760		35.4	8.4	1.6	18.7	69.5	23	84	
Kazakhstan	17.8	23,480	3.8	29.0	6.1	2.2	16.3	95.3	7	9	14
Kenya	45.4	3,070		47.7	22.9	25.9	70.7	25.3		57	54
Kiribati		4,230		..	20.3		58.2			77	65
Korea (Republic of)	50.8	34,710		..			3.7	77.0			
Kuwait	4.0	84,360		..			9.5	55.6			
Kyrgyzstan	6.1	3,310	38.0	33.4	11.6	25.8	24.2	94.5	8	25	40
Lao People's Democratic Republic	7.1	5,400	23.2	36.7	35.4	10.1	71.4	22.9	42	56	50
Latvia	2.0	24,200	19.4	34.8			8.4	98.9			
Lebanon	6.2	13,750	27.4	..	6.1	1.9	9.1	53.0	24	22	
Lesotho	2.2	3,290		52.5	18.8	22.9	98.0	21.9		48	54
Liberia	4.7	720		38.2	35.9	20.8	71.1	15.4	61	48	37
Libya	6.3	7,820		..			14.5	55.5			
Lithuania	2.9	26,520	20.6	37.6			4.9	89.1			
Luxembourg	0.6	70,750		30.8			2.0	100.0			
Madagascar	23.7	1,410		44.1	41.2	22.9	56.0			47	44
Malawi	17.2	1,140		43.9	46.3	39.3	67.9	11.1		16	21
Malaysia	30.8	26,190	1.7	46.2			8.5	65.1			
Maldives	0.4	11,480		37.4	3.9		9.9	27.3		41	
Mali	18.3	1,970		33.0	55.0	21.4	122.7	7.7		83	
Malta	0.4	32,530		..			6.1	68.6			
Mauritania	4.2	3,710		40.5	34.3	14.6	90.1	8.3	36	36	
Mauritius	1.3	19,940		..			14.3	49.4			
Mexico	128.6	17,140	51.6	47.2	22.9	4.2	14.5	55.7			
Moldova (Republic of)	3.6	5,400	16.6			16.3	15.4	93.6	15	13	
Mongolia	3.1	11,220	27.4	36.5	4.7	15.2	31.8	85.3	16	14	9
Montenegro	0.6	15,860	11.3	28.6	4.5	12.5	5.3	84.2	5	6	
Morocco	35.0	7,690		40.9	15.9	8.3	30.4	20.7	41	64	
Mozambique	27.2	1,170		45.7	48.2	22.2	87.2	1.4		24	20
Myanmar		4,930		..			50.5	22.9			
Namibia	2.5	10,380		63.9	6.9		49.8	33.3		38	44

Country	Population (in millions)	Poverty		Gini Index (2013)	Child mar- riage*	Child labour\$	Un- der-5 mor- tality rate #	Population with at least some secondary education+	Attitudes towards physical punish- ment (%) 2005- 2013 @	Attitude towards wife-beating ^	
		GNI per capita	% of population below the national poverty line							Female	Male
		PPP current internation- al \$ (2015)									
Nepal	28.4	2,500		32.8	36.6	37.4	39.7	17.7		24	27
Netherlands	17.0	48,140		30.9			4.0	87.7			
New Zealand	4.7	35,580		..			6.3	95.0			
Nicaragua	6.3	5,060		40.5	40.6	14.5	23.5	39.4		19	
Niger	19.7	950		34.6	76.3	30.5	104.2	2.4	45	54	41
Nigeria	186.5	5,810		48.8	42.8	24.7	117.4		62	33	25
Norway	5.2	64,490		25.8			2.8	97.4			
Oman	4.4	38,650		..			11.4	47.2			
Pakistan	203.4	5,320		30.0	21.0		85.5	19.3		53	
Palestine, State of						5.7	21.8	53.9	21		
Panama	4.0	20,460		51.9	26.4	5.6	17.9	54.0	8		
Papua New Guinea	8.2	2,800		..	21.3		61.4	7.6			
Paraguay	7.0	8,680	26.9	52.4	17.9	27.6	21.9	36.8			
Peru	31.5	12,060	25.8	48.1	18.6	33.5	16.7	56.3			
Philippines	102.6	8,940	25.2	43.0	15.0	11.1	29.9	65.9		15	
Poland	38.4	25,350	17.3	32.7			5.2	79.4			
Portugal	10.3	28,590		..		3.4	3.8	47.7			
Qatar		138,480		41.1	4.2		8.2	66.7			
Romania	19.8	20,900	22.4	27.4		0.9	12.0	86.1			
Russian Federation	144.3	23,770	10.7	40.1			10.1	89.6			
Rwanda	11.9	1,720		50.8	8.1	28.5	52.0	8.0		56	35
Saint Lucia					7.5	3.9	14.5		21	15	
Samoa		5,740		..	10.8		18.1	64.3		58	50
Saudi Arabia	31.7	54,840		..			15.5	60.5			
Senegal	14.8	2,380		40.3	32.3	14.5	55.3	7.2		61	31
Serbia	7.1	13,040	24.5	29.6	3.2	9.5	6.6	58.4	7	2	6
Seychelles		25,810		65.8			14.2	66.9			
Sierra Leone	6.6	1,560		35.4	38.9	37.4	160.6	10.0	43	63	57
Slovakia	5.4	28,630	12.8	26.0			7.2	99.1			
Slovenia	2.1	30,350	14.5	31.2			2.9	95.8			
Solomon Islands	0.7	2,190		..	22.4		30.1			72	73
South Africa	55.7	12,880		63.1	5.6		43.9	72.7			
Spain	43.3	34,510		34.7			4.2	66.8			
Sri Lanka	21.2	11,500	6.7	36.4	11.8	2.5	9.6	72.7		54	
Sudan	40.6	3,990		35.3	32.9	24.9	76.6	12.1		52	
Suriname	0.5	16,610		52.9	18.8	4.1	22.8	44.6	13	19	
Swaziland	1.3	8,260		51.5	6.5	7.3	80.0	21.9	82	42	34
Sweden	9.9	47,530		25.0			3.0	86.5			
Switzerland	8.4	62,590		33.7			4.2	95.0			
Syrian Arab Republic					35.8	4.0	14.6	29.5	13	36	
Tajikistan	8.6	3,460		30.8	11.6	10.0	47.7	95.1	15	47	
Tanzania (United Republic of)	54.2	2,630		37.6	36.9	28.8	51.8	5.6		52	39
Thailand	65.3	15,520	12.6	39.4	22.1	8.3	13.1	35.7		10	
The former Yugoslav Republic of Macedonia	2.1	5,150	26.2	43.6	6.9	12.5	6.6	40.2	3	14	
Timor-Leste	1.3	4,330		..	18.9	4.2	54.6			81	72
Togo	7.5	1,330		39.3	21.8	27.9	84.7	16.1	35	41	
Tonga		5,590		..	5.6		12.1	87.5			
Trinidad and Tobago	1.4	32,180		..	8.1	0.7	21.3	59.7	25	10	
Tunisia	11.4	11,250		36.1	1.6	2.1	15.2	32.8	44	27	
Turkey	79.5	19,350	2.3	40.0	14.7	5.9	19.2	39.0		30	
Turkmenistan	5.4	15,760		..	7.3		55.2				
Uganda	36.6	1,820	19.5	44.3	39.7	16.3	66.1	22.9		62	52

Country	Population (in millions)	GNI per capita		Poverty			Under-5 mortality rate #	Population with at least some secondary education+	Attitudes towards physical punish- ment (%) 2005- 2013 @	Attitude towards wife-beating ^	
		PPP current international \$ (2015)	% of population below the national poverty line	Gini Index (2013)	Child mar- riage*	Child labour\$				Female	Male
Ukraine	42.7	7,840	9.0	25.6	9.1	2.4	10.0	91.7	11	2	2
United Arab Emirates	9.3	70,020		..			8.2	73.1			
United Kingdom	65.6	40,610		36.0			4.6	99.8			
United States	323.9	57,540		40.8			6.9	95.1			
Uruguay	3.5	20,400	12.4	45.3	24.6	7.9	11.1	54.4			
Uzbekistan	31.9	6,200	15.0	36.7	7.2		42.5			63	63
Vanuatu		3,050		..	21.4	15.2	16.9		51	56	63
Venezuela (Bolivarian Republic of)	31.0	12,500	27.2	44.8		7.7	14.9	56.6			
Viet Nam	92.7	5,730	17.2	35.6	10.6	16.4	23.8	59.4	17	35	
Yemen	27.5	2,720		37.7	31.9	22.7	51.3	8.6	44		
Zambia	15.9	3,640		57.5	31.4	40.6	87.4	25.8		61	55
Zimbabwe	16.0	1,710		..	33.5		88.5	48.7		48	48

Notes:

* % of women aged 20 to 24 years who were first married or in union before ages 15 and 18

\$ % of children 5–14 years old involved in child labour at the moment of the survey

Probability of dying between birth and exactly 5 years of age, expressed per 1,000 live births

+ % girls 25 years and above

@ % of adults who think that physical punishment is necessary to raise/educate children

^ % of girls and boys aged 15 to 19 years who think that a husband/partner is justified in hitting or beating his wife or partner for at least one of the specified reasons, i.e., if his wife burns the food, argues with him, goes out without telling him, neglects the children or refuses sexual relations

Sources:1. Population totals: *Population Reference Bureau. 2016. 2016 World Population Data Sheet.* Washington D.C., PRB.

2. GNI per capita: World Bank data.worldbank.org

3. Poverty: As obtained from national surveys.

4. Child marriage: UNICEF global databases, 2016, based on DHS, MICS and other nationally representative surveys.

5. Child labour: UNICEF global databases, 2016, based on DHS, MICS and other nationally representative surveys.

6. U5MIR: UNDP 2015. *Human Development Report 2015: Work for Human Development.* New York: UNDP.7. Population with at least some secondary education; UNDP 2015. *Human Development Report 2015: Work for Human Development.* New York: UNDP.8. Attitudes towards physical punishment: UNICEF 2014. *Hidden in Plain Sight: A Statistical Analysis of Violence against Children.* New York: UNICEF.9. Attitudes towards wife-beating; UNICEF 2014. *Hidden in Plain Sight: A Statistical Analysis of Violence against Children.* New York: UNICEF.10. Gini (income Gini coefficient): World Bank. 2013. *World Development Indicators 2013.* Washington, D.C.: World Bank. <http://data.worldbank.org>

TABLE 5: Governance effectiveness indicators.

Country	Fragile states index ^a	Government effectiveness ^b	Political stability ^c	Voice and accountability ^d	Democracy index ^e	Rule of law ^f	Control of corruption ^g
Afghanistan	107.9	7.2	2.1	13.5	2.8	1.4	9.3
Albania	61.2	46.8	50.3	52.0	5.9	37.0	32.3
Algeria	78.3	34.0	10.8	22.4	4.0	27.8	35.3
Antigua and Barbuda	56.2	62.4	81.2	67.4		68.0	
Argentina	48.4	45.2	48.6	57.3	7.0	25.0	34.3
Armenia	69.6	53.2	46.1	30.1	4.0	44.0	35.7
Australia	22.5	81.6	93.9	91.0	9.0	85.4	82.0
Austria	27.5	93.6	84.1	94.7	8.5	95.6	70.0
Azerbaijan	76.3	92.3	95.5	95.5	2.7	97.3	28.0
Bahamas	51.6	35.0	28.5	11.0		28.4	71.0
Bangladesh	90.7	22.2	11.5	34.1	5.7	22.7	26.0
Barbados	49.0	88.2	94.3	89.0		81.6	75.0
Belarus	73.9	23.5	47.8	6.3	3.6	20.5	30.3
Belgium	29.0	91.9	73.4	93.5	7.9	88.9	75.3
Belize	66.0	40.6	51.6	67.8		35.3	
Benin	78.9	35.0	54.2	55.9	5.7	32.7	37.0
Bhutan	77.6	64.7	75.2	41.8	4.9	62.1	63.7
Bolivia (Plurinational State of)	78.5	38.2	32.8	46.4	5.8	14.1	34.3
Botswana	63.5	65.8	86.5	62.9	7.9	70.8	64.0
Brazil	65.3	49.5	43.3	60.3	7.0	53.0	42.7
Brunei Darussalam	62.0	77.0	85.9	31.2		70.9	
Bulgaria	53.7	59.1	54.1	59.1	7.1	52.7	41.7
Burkina Faso	89.4	30.5	22.1	36.8	4.7	38.2	38.0
Burundi	100.7	12.5	11.0	21.9	2.5	15.7	20.0
Cabo Verde	71.5	22.2	41.7	19.5	7.8	16.8	21.0
Cambodia	87.4	20.6	23.3	19.2	4.3	16.7	26.0
Cameroon	97.8	95.9	87.9	95.1	3.7	94.9	82.0
Canada	23.8	57.0	67.1	75.4	9.1	67.5	58.3
Central African Republic	112.1	2.9	3.0	9.3	1.6	1.9	25.0
Chad	110.1	5.9	13.5	10.4	1.5	6.4	20.0
Chile	41.9	85.6	60.5	82.7	7.8	87.9	72.0
China	74.9	59.0	28.4	5.1	3.1	40.5	38.3
Colombia	80.2	54.3	9.7	45.3	6.6	42.2	36.3
Comoros	83.8	2.9	37.6	33.2	3.7	16.5	27.3
Congo	92.2	11.8	31.5	16.5	2.9	13.5	23.7
Congo (Democratic Republic of the)	110.0	3.8	3.4	8.7	2.1	2.7	21.7
Costa Rica	45.1	68.7	67.0	83.1	8.0	67.3	53.7
Côte d'Ivoire	97.9	17.1	13.7	28.1	6.9	20.8	29.3
Croatia	52.4	72.2	65.5	63.5	3.5	61.9	47.3
Cuba	66.3	44.6	60.7	7.8	7.5	31.9	46.7
Cyprus	64.0	86.6	66.6	78.6	7.9	82.5	64.0
Czech Republic	40.8	77.5	83.6	77.0	3.3	82.9	49.3
Denmark	21.5	98.1	77.6	98.5	9.1	98.7	91.0
Dominican Republic	70.8	35.9	54.9	54.1	6.7	35.6	31.0
Ecuador	75.6	36.4	37.0	39.2	5.9	14.6	33.3
Egypt	90.2	21.6	7.5	19.6	3.2	34.9	33.7
El Salvador	72.5	50.8	45.5	48.2	6.6	31.0	38.3
Estonia	43.4	79.2	68.5	84.8	7.9	85.7	67.0
Ethiopia	97.2	36.3	8.3	12.6	3.8	34.3	33.0
Fiji	76.2	26.2	50.3	32.0	5.7	27.2	
Finland	18.8	99.7	96.8	97.3	9.0	99.5	89.3
France	34.5	88.7	61.4	89.1	7.9	88.9	70.3
Gambia	86.8	31.5	43.6	13.3	3.0	33.8	30.3
Georgia	78.9	70.3	30.9	53.3	5.9	57.5	51.0

Country	Fragile states index ^a	Government effectiveness ^b	Political stability ^c	Voice and accountability ^d	Democracy index ^e	Rule of law ^f	Control of corruption ^g
Germany	28.6	93.1	75.7	94.4	8.6	92.4	78.7
Ghana	71.2	48.6	46.0	62.0	6.9	56.5	46.3
Greece	55.9	66.0	41.9	67.7	7.5	64.8	39.7
Guatemala	83.2	25.9	24.5	35.2	5.9	14.1	31.3
Guinea	103.8	10.1	12.6	19.4	3.1	4.8	24.3
Guinea-Bissau	99.8	6.6	19.6	12.6	1.9	3.5	21.0
Guyana	70.9	47.6	34.1	50.5	6.1	35.5	28.3
Honduras	79.8	24.4	30.9	32.8	5.8	12.2	27.7
Hungary	52.7	71.1	69.4	68.9	6.8	68.7	54.3
Iceland	22.8	90.4	92.5	94.6	9.6	91.9	79.7
India	79.6	46.6	12.7	60.3	7.7	53.2	36.7
Indonesia	74.9	48.1	29.3	51.1	7.0	37.5	32.7
Iran (Islamic Republic of)	86.9	33.9	12.5	4.8	2.2	17.3	26.7
Iraq	104.7	13.7	3.8	15.5	4.1	4.1	16.7
Ireland	22.5	91.2	79.2	92.2	8.9	93.8	71.7
Israel	79.7	85.6	15.1	67.9	7.8	80.3	60.3
Italy	43.1	66.8	63.9	75.4	8.0	63.7	42.7
Jamaica	65.0	56.9	51.6	63.7	7.4	43.2	38.0
Japan	35.1	93.1	81.2	82.8	8.0	88.7	74.7
Jordan	78.0	54.8	27.2	26.2	3.9	64.9	47.3
Kazakhstan	66.5	43.2	39.4	14.9	3.1	31.8	27.7
Kenya	98.3	39.0	11.0	41.0	5.3	29.1	26.3
Kiribati		24.6	86.8	73.0		55.8	
Korea (Republic of)	36.1	84.4	55.2	69.0	8.0	79.7	55.3
Kuwait	58.5	50.2	52.1	29.0	3.9	62.1	43.7
Kyrgyzstan	81.1	25.6	19.3	29.9	5.3	13.7	25.0
Lao People's Democratic Republic	84.4	28.3	52.6	5.0	2.2	25.2	24.0
Latvia	47.4	76.2	63.7	70.9	7.4	74.5	52.3
Lebanon	89.6	42.2	6.7	33.9	4.9	25.5	28.3
Lesotho	80.9	38.3	49.4	52.2	6.6	47.0	47.7
Liberia	95.5	9.3	29.1	35.9	5.0	19.4	38.7
Libya	96.4	4.6	5.2	19.0	2.3	7.3	18.0
Lithuania	42.4	75.6	73.4	75.0	7.5	75.1	56.3
Luxembourg	24.1	94.1	96.5	97.3	8.9	96.0	80.7
Madagascar	84.2	12.3	25.6	27.4	4.9	21.8	29.3
Malawi	87.6	33.1	45.0	42.9	5.6	47.6	35.7
Malaysia	66.1	82.0	50.4	37.4	6.4	68.6	50.3
Maldives	74.0	45.0	57.2	34.8		34.6	
Mali	95.2	16.9	5.6	36.9	5.7	28.9	31.3
Malta	39.6	84.3	85.1	86.4	8.4	87.0	56.0
Mauritania	95.4	17.1	19.8	21.6	4.0	20.0	30.3
Mauritius	43.2	78.4	75.9	73.9	8.3	78.7	54.3
Mexico	70.4	62.1	22.6	51.6	6.6	36.4	34.3
Moldova (Republic of)	73.2	38.3	44.7	46.9	6.4	44.8	35.3
Mongolia	56.6	34.2	67.4	53.3	6.6	43.2	37.7
Montenegro	55.2	60.9	61.0	55.8	6.0	56.7	42.3
Morocco	74.2	51.6	30.7	28.3	4.7	51.0	37.7
Mozambique	87.8	28.3	42.6	41.0	4.6	25.9	30.7
Myanmar	96.3	5.8	14.5	6.8	4.1	8.6	19.0
Namibia	71.1	59.6	73.7	61.4	6.3	61.0	48.3
Nepal	91.2	18.4	15.2	30.3	4.8	26.8	29.0
Netherlands	28.2	97.0	88.7	97.5	8.9	97.1	83.3
New Zealand	21.3	97.0	98.3	97.9	9.3	98.4	90.7
Nicaragua	79.0	20.9	39.5	33.0	5.3	29.5	28.3

Country	Fragile states index ^a	Government effectiveness ^b	Political stability ^c	Voice and accountability ^d	Democracy index ^e	Rule of law ^f	Control of corruption ^g
Niger	98.4	25.9	11.0	38.0	3.9	28.6	34.0
Nigeria	103.5	14.4	4.1	28.2	4.6	11.3	26.3
Norway	21.2	97.6	93.0	100.0	9.9	99.7	85.7
Oman	51.6	62.0	63.7	19.4	3.0	69.1	46.3
Pakistan	101.7	23.2	1.8	24.8	4.4	21.3	28.0
Palestine, State of	27.5	5.3	23.7	4.6	40.0		
Panama	53.2				7.2		36.7
Papua New Guinea	86.2	26.7	28.7	49.5	6.0	20.5	25.0
Paraguay	72.6	19.2	27.6	43.4	6.3	24.5	24.3
Peru	72.0	47.1	23.0	51.4	6.6	33.0	38.0
Philippines	84.7	59.0	17.9	49.2	6.8	40.5	36.0
Poland	40.7	72.5	79.6	80.2	7.1	74.3	59.7
Portugal	29.2	82.3	70.9	80.5	7.8	83.2	62.7
Qatar	45.1	78.9	88.6	23.8	3.2	82.2	68.3
Romania	52.9	50.5	50.3	58.4	6.7	58.8	43.3
Russian Federation	81.0	45.1	20.4	19.5	3.3	24.9	27.7
Rwanda	91.3	55.1	41.9	15.2	3.1	52.9	51.7
Saint Lucia	67.4	75.7	86.2		71.0		
Samoa	67.6	62.6	85.6	64.4		72.7	
Saudi Arabia	72.2	59.1	33.8	3.1	1.9	62.2	46.3
Senegal	83.6	39.5	42.2	52.1	6.1	48.8	40.0
Serbia	72.0	53.2	45.0	56.3	6.7	46.4	40.7
Seychelles	60.2	65.2	67.5	50.9		56.9	53.7
Sierra Leone	91.0	10.9	38.4	36.8	4.6	20.1	30.7
Slovakia	44.9	74.1	87.1	76.2	7.3	65.7	47.7
Slovenia	33.9	79.7	74.5	76.9	7.6	80.5	58.7
Solomon Islands	85.3	20.0	59.7	51.0		33.3	8.0
South Africa	69.9	65.0	43.8	66.4	7.6	59.5	43.0
Spain	39.8	83.2	49.7	78.5	8.3	81.4	61.3
Sri Lanka	87.7	49.7	28.1	28.8	6.4	50.0	38.3
Sudan	111.5	4.8	3.0	3.7	2.4	9.5	11.7
Suriname	66.7	52.9	52.4	59.7	6.8	51.9	36.3
Swaziland	87.6	35.1	31.2	14.7	3.1	42.6	39.7
Sweden	22.6	97.6	89.2	99.4	9.5	98.7	88.0
Switzerland	21.8	98.2	96.5	98.7	9.1	97.1	85.7
Syrian Arab Republic	110.8	8.3	0.3	3.4	1.4	8.1	21.0
Tajikistan	83.8	18.4	17.1	7.8	2.0	12.1	22.3
Tanzania (United Republic of)	81.8	26.7	38.3	42.2	5.6	37.9	33.0
Thailand	78.8	62.6	12.8	32.1	5.1	51.1	36.7
The former Yugoslav Republic of Macedonia	55.1	42.0	46.9		51.3	44.0	
Timor-Leste	90.8	11.3	36.3	51.5	7.2	9.4	30.3
Togo	85.8	8.6	36.2	21.3	3.4	17.3	29.3
Tonga		48.3	77.4	64.4		54.8	
Trinidad and Tobago	57.8	64.2	53.1	62.2	7.1	50.3	38.3
Tunisia	74.6	51.6	18.6	45.3	6.7	51.0	40.7
Turkey	77.3	65.8	12.4	40.0	5.1	57.5	48.0
Turkmenistan	76.0	11.5	53.8	0.5	1.8	6.4	17.0
Uganda	97.7	34.4	18.5	31.5	5.2	43.2	27.0
Ukraine	75.5	34.2	23.4	41.4	5.7	24.0	25.7
United Arab Emirates	44.5	85.6	74.8	18.7	2.8	71.3	69.0
United Kingdom	32.4	91.5	61.6	92.3	8.3	93.3	76.0
United States	34.0	90.4	67.2	83.3	8.1	90.6	73.3
Uruguay	36.2	68.1	74.6	81.9	8.2	69.6	72.7
Uzbekistan	83.5	20.9	30.8	2.2	2.0	10.3	17.3

Country	Fragile states index ^a	Government effectiveness ^b	Political stability ^c	Voice and accountability ^d	Democracy index ^e	Rule of law ^f	Control of corruption ^g
Vanuatu		41.4	84.1	66.5		61.4	
Venezuela (Bolivarian Republic of)	81.6	12.1	17.5	20.6	5.0	0.8	19.3
Viet Nam	70.7	47.0	52.0	10.4	3.5	40.7	31.0
Yemen	111.5	9.4	1.6	10.6	2.2	9.5	20.0
Zambia	86.3	36.7	60.5	44.2	6.3	45.1	37.7
Zimbabwe	100.5	12.0	23.4	10.0	3.1	2.9	20.7

Definitions:

- Fragile States Index: Assesses states' vulnerability to conflict or collapse along a range of criteria including demographic pressures, poverty and economic decline, uneven development, refugees and IDPs etc. and is an additive score of these criteria.
- Government effectiveness: Reflects perceptions of the quality of policy formulation and implementation, and the credibility of the government's commitment to such policies. Indicator used is percentile rank among all countries (ranges from 0 (lowest) to 100 (highest) rank, 2014).
- Political Stability: Measures perceptions of the likelihood of political instability and/or politically-motivated violence, including terrorism. Indicator used is percentile rank among all countries (ranges from 0 (lowest) to 100 (highest) rank, 2014).
- Voice and accountability: Reflects perceptions of the extent to which a country's citizens are able to participate in selecting their government, as well as freedom of expression, freedom of association, and a free media. Indicator used is percentile rank among all countries (ranges from 0 (lowest) to 100 (highest) rank, 2014).
- Democracy Index: Scores countries on 5 criteria: electoral process and pluralism, civil liberties, the functioning of government, political participation and political culture and categorizes as one of four types of regime: full democracies, flawed democracies, hybrid regimes and authoritarian regimes. Countries receive a score, 0-10 with 10 being the highest.
- Rule of law: Reflects perceptions of the extent to which agents have confidence in and abide by the rules of society. Indicator used is percentile rank among all countries (ranges from 0 (lowest) to 100 (highest) rank, 2014).
- Control of corruption: Reflects perceptions of the extent to which public power is exercised for private gain, as well as "capture" of the state by elites and private interests. Indicator used is average rank for each country between 2012-2014. Indicator used is percentile rank among all countries (ranges from 0 (lowest) to 100 (highest) rank, 2014).

Data Sources:

- Government effectiveness, political stability, voice and accountability, rule of law and control of corruption taken from the Worldwide Governance Indicators data set, 2015 update (www.govindicators.org)
- Democracy Index: The Economist Intelligent Unit. 2016. *Democracy Index 2015: Democracy in an age of anxiety*.
- Fragile States Index: Fund for Peace. 2016. *Fragile States Index, 2016*.

Know Violence in Childhood Commissioned Papers

1. **Abt, T. 2017.** "Towards a comprehensive framework for preventing community violence among youth." *Psychology, Health & Medicine* 22(S1): 266–85.
2. **Akobirshoev, I. and A.K. Nandakumar. 2017.** "Violence in Childhood: Technical Note on Imputation of Prevalence Rates." Background paper. Ending Violence in Childhood Global Report 2017. Know Violence in Childhood. New Delhi, India.
3. **Bacchus, L.J., M. Colombini, M.C. Urbina, E. Howarth, F. Gardner, J. Annan and others. 2017.** "Exploring opportunities for coordinated responses to intimate partner violence and child maltreatment in low and middle income countries: a scoping review." *Psychology, Health & Medicine* 22(S1): 135–65.
4. **Brodie, I. and J. Pearce. 2017.** "Violence and alternative care: a rapid review of the evidence." *Psychology, Health & Medicine* 22(S1): 254–65.
5. **Brown, F.L, A.M. de Graaff, J. Annan and T.S. Betancourt. 2017.** "Annual Research Review: Breaking cycles of violence – a systematic review and common practice elements analysis of psychosocial interventions for children and youth affected by armed conflict." *Journal of Child Psychology and Psychiatry* 58(4):507–24.
6. **Carbonari, F., A. Willman and R. Sérgio de Lima. 2017.** "Learning from Latin America: Policy Trends of Crime Decline in 10 Cities Across the Region". Background paper. Ending Violence in Childhood Global Report 2017. Know Violence in Childhood. New Delhi, India.
7. **Cid, A. 2017.** "Interventions using Regular Activities to Engage High-risk School-age Youth: A Review of After-school Programmes in Latin America and the Caribbean." Background paper. Ending Violence in Childhood Global Report 2017. Know Violence in Childhood. New Delhi, India.
8. **Clarke, K., P. Patalay, E. Allen, L. Knight, D. Naker and K. Devries. 2016.** "Patterns and predictors of violence against children in Uganda: a latent class analysis." *BMJ Open* May 2016 6(5) e010443. DOI: 10.1136/bmjopen-2015-010443.
9. **Coore-Desai, C., J.A. Reece and S. Shakespeare-Pellington. 2017.** "The prevention of violence in childhood through early childhood parenting programmes: a global review." *Psychology, Health & Medicine* 22(S1): 166–86.
10. **Deanne, A. and K. Fox. 2017.** "The Role of the Health Sector in Violence-prevention and Management." Background paper. Ending Violence in Childhood Global Report 2017. Know Violence in Childhood. New Delhi, India.
11. **Devries, K., L. Knight, M. Petzold, K.R. Gannett, L. Maxwell, A. Williams and others 2017.** "Who Perpetrates Violence against Children? A Global Systematic Analysis of Age and Sex-specific Data." Manuscript under preparation. Ending Violence in Childhood Global Report 2017. Know Violence in Childhood. New Delhi, India.
12. **Ellsberg, M., A. Vyas, B. Madrid, M. Quintanilla, J. Zelaya and H. Stöckl. 2017.** "Violence Against Adolescent Girls: Falling Through the Cracks?" Background paper. Ending Violence in Childhood Global Report 2017. Know Violence in Childhood. New Delhi, India.
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16. **Gershoff, E. 2017.** "School corporal punishment in global perspective: prevalence, outcomes, and efforts at intervention." *Psychology, Health & Medicine* 22(S1): 224–39.
17. **Guedes A., S. Bott, C. Garcia-Moreno and M. Colombini. 2016.** "Bridging the gaps: a global review of intersections of violence against women and violence against children." *Global Health Action* 9 (2016). DOI: 10.3402/gha.v9.31516.
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27. **McTavish, J., M. Kimber, K. Devries, M. Colombini, J. MacGregor, L. Knight and others. 2017.** "Mandatory Reporting: An Evidence-based Overview and Meta-synthesis of Qualitative Studies." Manuscript under preparation. Ending Violence in Childhood Global Report 2017. Know Violence in Childhood. New Delhi, India.
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37. **Samms-Vaughan, M. and M. Lambert. 2017.** "The impact of polyvictimisation on children in LMICs: the case of Jamaica." *Psychology, Health & Medicine* 22(S1): 67–80.
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44. **Williams, S. and R. Davies. 2017.** "Early Childhood Teachers and Children's Curricula and Violence-prevention and Management." Background paper. Ending Violence in Childhood Global Report 2017. Know Violence in Childhood. New Delhi, India.

If we are to build more peaceful societies, we must start with our children.

The time has come to end violence in childhood. This Report documents the scale of violence experienced by millions of the world's children in their everyday lives and relationships – in their homes, schools and communities. It presents the latest evidence on the causes and the consequences of such violence, and demonstrates how it can be prevented.

The Report has been produced by the Know Violence in Childhood: A Global Learning Initiative. Researchers and experts from around the world have investigated this sensitive and difficult subject, which for too long has remained hidden or taboo. Their findings have

been distilled into this Report, and as well as into academic publications and a comprehensive website.

The joyful experience of childhood should not be darkened by aggression and fear. Violence in childhood can be ended through concerted efforts. Prevention strategies should seek to enhance individual capacities, embed violence-prevention in institutions and services, and eliminate the root causes of violence. Public action must begin by breaking the silence that shrouds violence, strengthening violence-prevention systems, and improving knowledge and evidence.

"Every child deserves a childhood free from violence. Yet, this heinous crime of our society continues to remain a silent epidemic. Therefore, at a time when the world has shown its commitment to the new Sustainable Development Goals and ending all forms of violence against children, we need reports like this more than ever. This Report brings the knowledge that is important for the development of effective programmes to prevent and address violence and child abuse. This Report helps also to create a blueprint for collective action for change."

— Her Majesty Queen Silvia of Sweden

"Violence towards children not only devastates human beings when they are most delicate and vulnerable, it also leaves damages that last throughout people's lives. By bringing out, through carefully analyzed statistics, the massive dimensions of this terrible phenomenon, and also by drawing attention to the remedial things that can be done to eradicate this evil, the authors of this extraordinarily important Report have put us hugely in their debt."

— Nobel Laureate Amartya Sen