



Violence against children in Latin America and the Caribbean: Data and action

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Key messages

1. Violence affects a significant number of children in Latin America and the Caribbean
2. The time is now: Global frameworks and partnerships
3. Health systems are key and PAHO / WHO can help



Magnitude of violence against children in Latin America and the Caribbean

Violence Against Children

MAKING HUMAN RIGHTS REAL

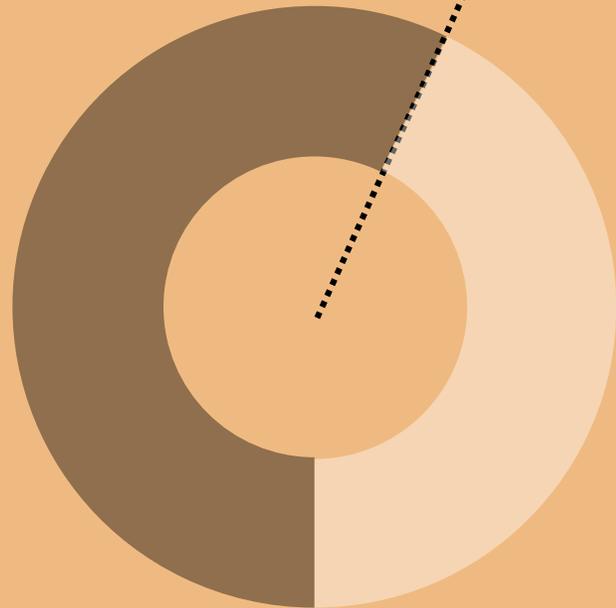
EDITED BY GERTRUD LENZER

Foreword by Paulo Sérgio Pinheiro



UNICEF

Magnitude of violence against children in Latin America and the Caribbean

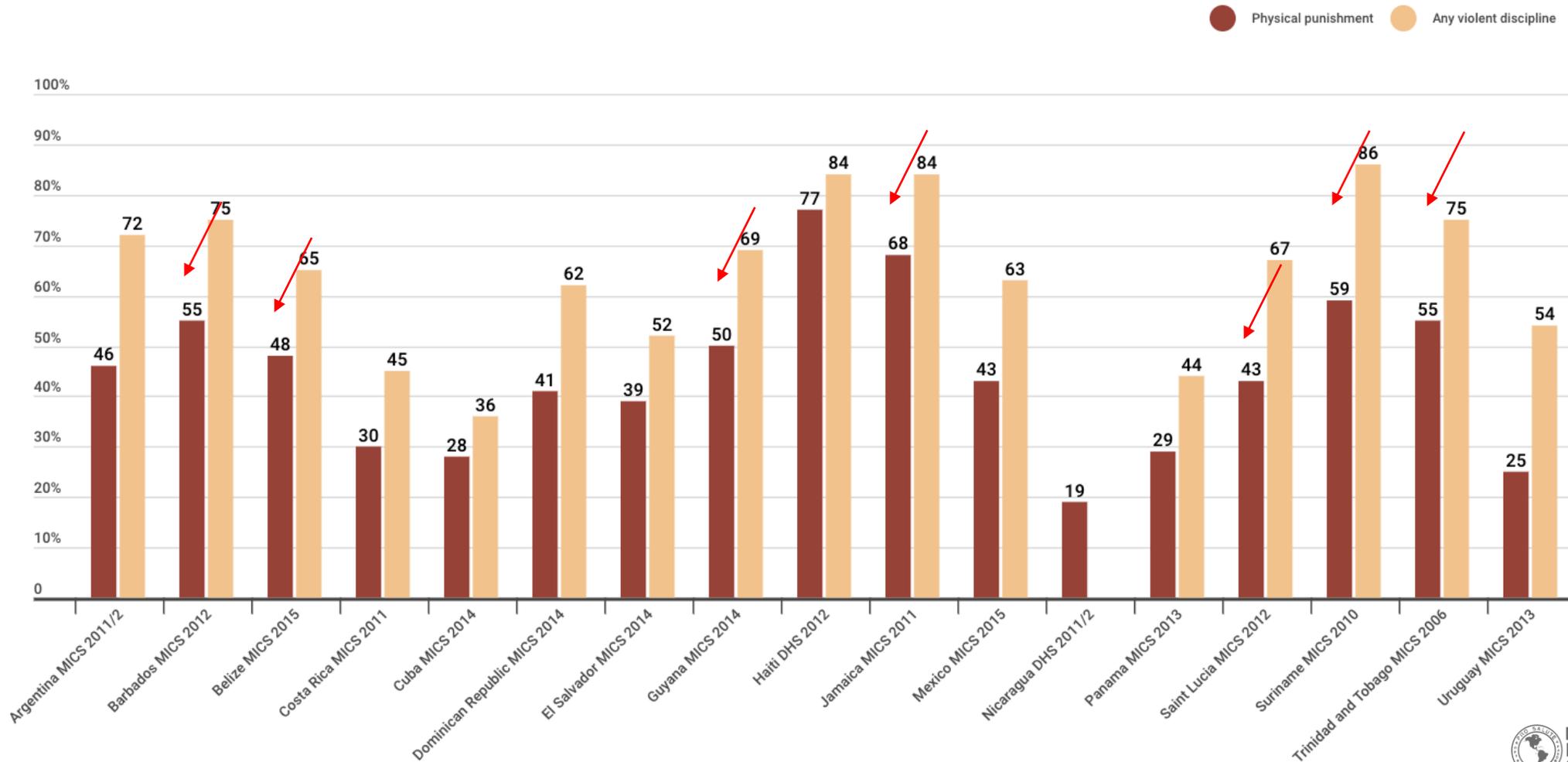


58% of children
experience sexual,
physical or
emotional
violence each year
in LAC

Source: Global Prevalence of Past-year Violence Against Children: A Systematic Review and Minimum Estimates. Hillis et al.. Pediatrics Mar 2016, 137 (3) e20154079; DOI: 10.1542/peds.2015-4079

Violent discipline in the home in LAC

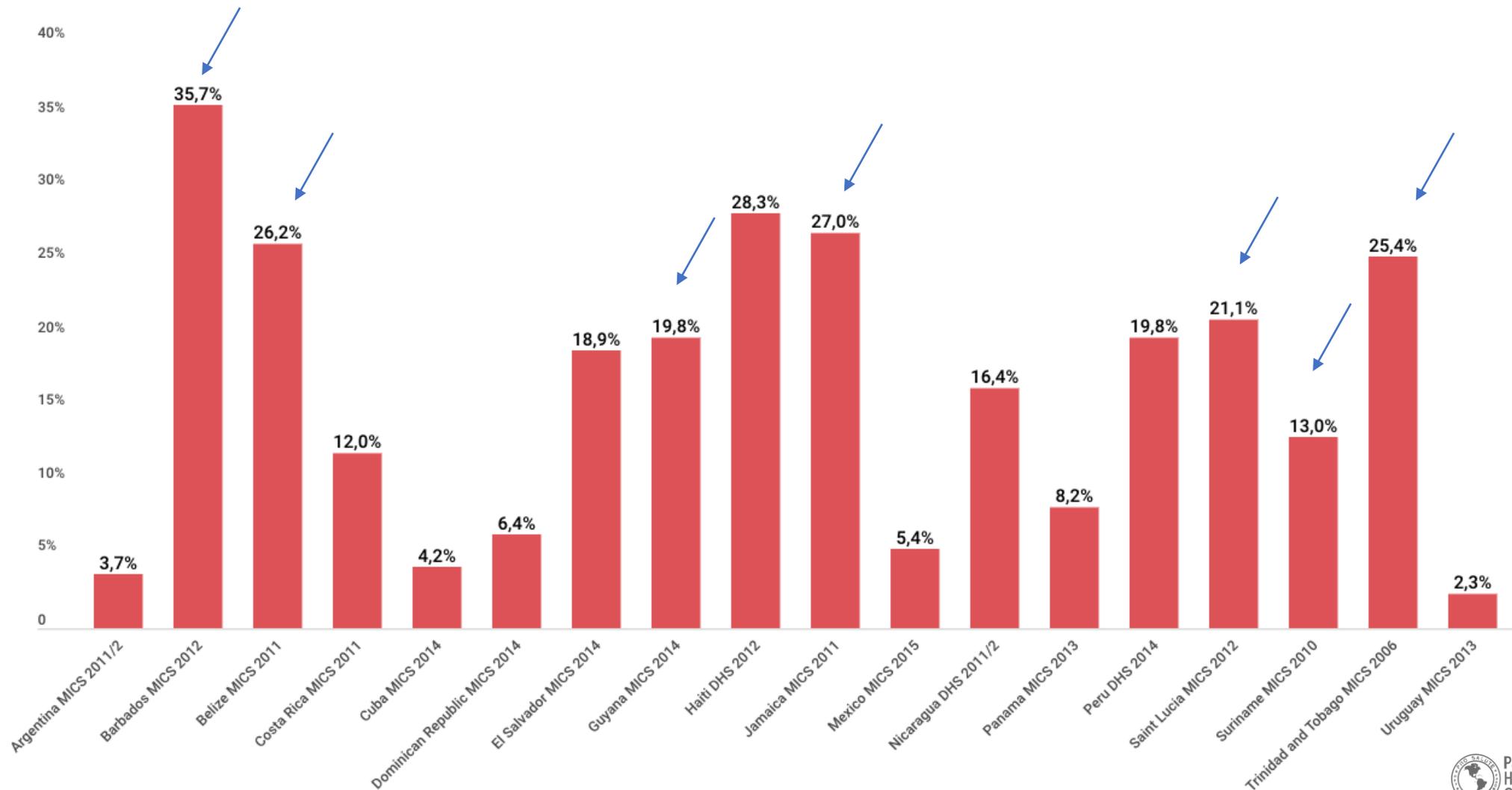
% of children aged 1 or 2-14 who experienced physical punishment of any violent discipline, past month, as reported by household members, DHS and MICS surveys



Source: Bott, Sarah, Alessandra Guedes, Constanza Hege, Jennifer Adams Mendoza (2018) Violence against children in Latin America and the Caribbean: A review of population-based data available for measuring progress towards the Sustainable Development Goals. In: Lenzer, Gertrud, editor. Violence against children: Making human rights real. New York: Routledge, Taylor and Francis Group

Attitudes towards violent discipline in the home

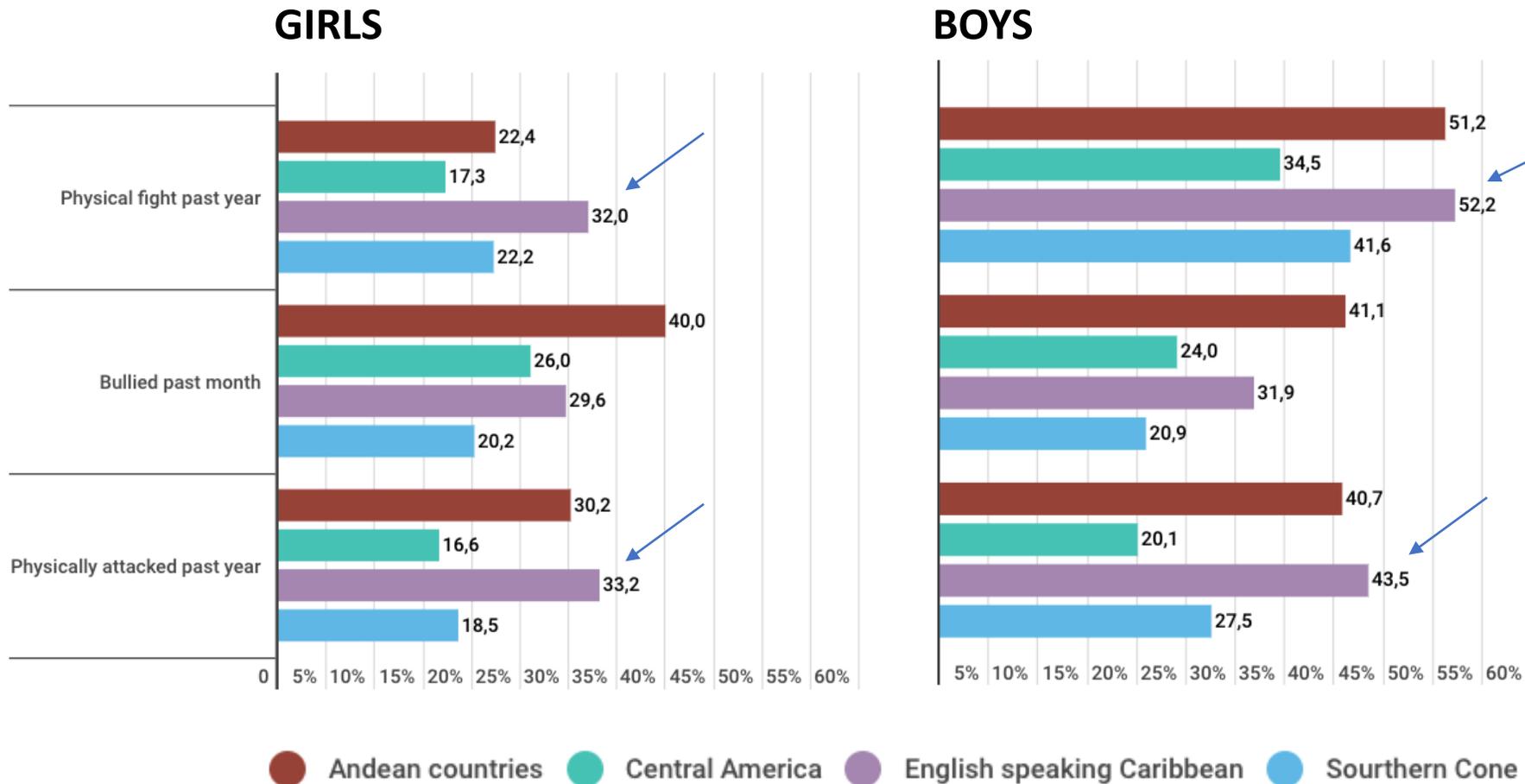
% of adults who believe corporal punishment is necessary for raising children, MICS and DHS surveys



Source: Bott, Sarah, Alessandra Guedes, Constanza Hege, Jennifer Adams Mendoza (2018) Violence against children in Latin America and the Caribbean: A review of population-based data available for measuring progress towards the Sustainable Development Goals. In: Lenzer, Gertrud, editor. Violence against children: Making human rights real. New York: Routledge, Taylor and Francis Group

Physical violence

% of boys and girls aged 13-15 who reported being physically attacked (past year), involved in a physical fight (past year), or bullied (past month), by sub-region, GSHS surveys



Source: Bott, Sarah, Alessandra Guedes, Constanza Hege, Jennifer Adams Mendoza (2018) Violence against children in Latin America and the Caribbean: A review of population-based data available for measuring progress towards the Sustainable Development Goals. In: Lenzer, Gertrud, editor. Violence against children: Making human rights real. New York: Routledge, Taylor and Francis Group.

5

GENDER
EQUALITY



SDG indicator 5.3.1: Child marriage

Source: UNICEF 2016, 2014 MICS (Cuba), 2011/12
DHS (Honduras)

- **23%** women aged 20-24 in LAC married/cohabited by age 18, **5%** by age 15
- **10%** of men in Cuba and Honduras married/cohabited by age 18
- LAC is the only region in the world where child marriage rates among girls have **not declined in 30 years**

SDG indicator 16.1.1: Homicide

- LAC has the **highest homicide rate** among children and adolescents aged 0-19 – 12 per 100,000 in 2012
- Three times the global average
- Boys in LAC are 7 times more likely than girls to be **victims of homicide**
- **Organized crime, gang**
- **Migration**

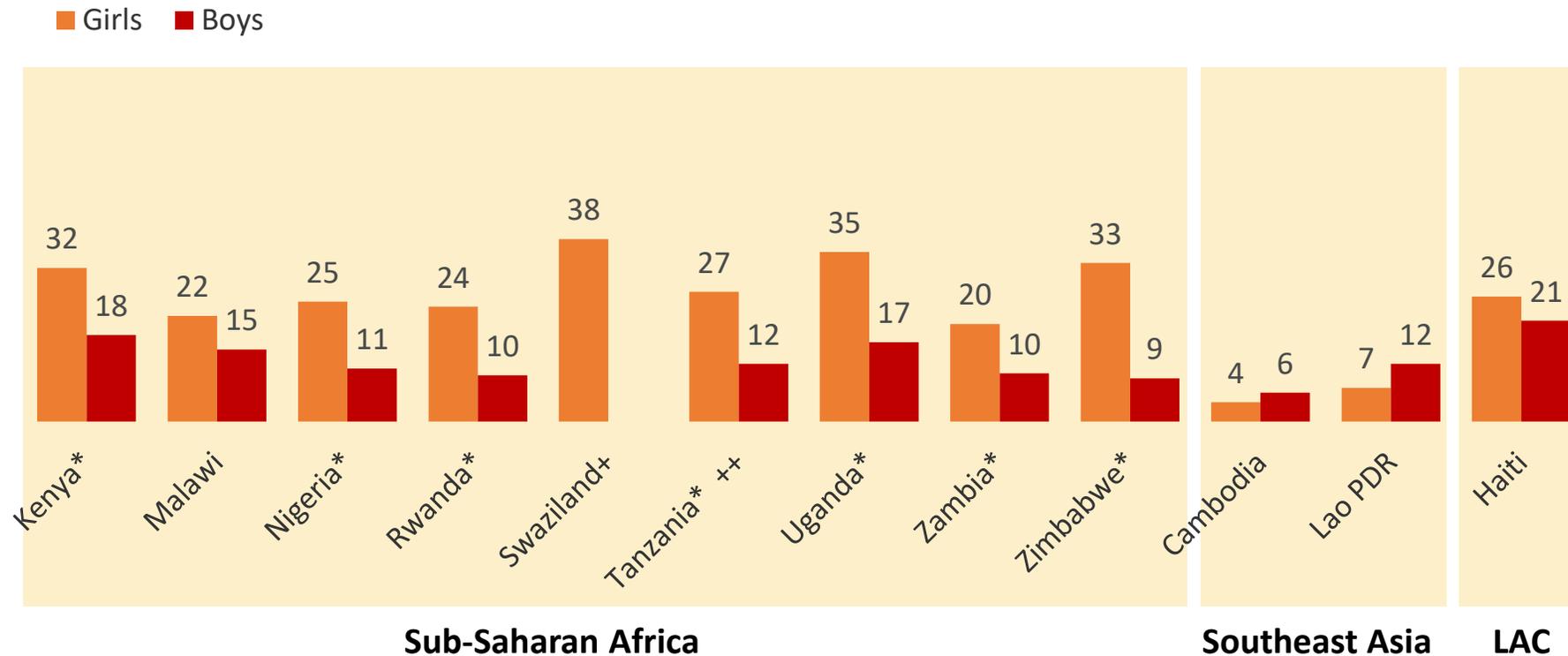
But different factors affect the risk of children experiencing violence

- Sex
- Age
- Ethnicity / race
- Disability
- Unaccompanied / separated from family
- Extreme poverty
- Affected by HIV
- Living in settings affected by armed violence
- Gender identity
- Sexual orientation
- Institutionalization
- Others

VACS results from 12 countries SHOW

THE MAGNITUDE OF **SEXUAL VIOLENCE** AGAINST CHILDREN

% of males and females who experienced sexual violence prior to age 18 as reported by 18-24 year old



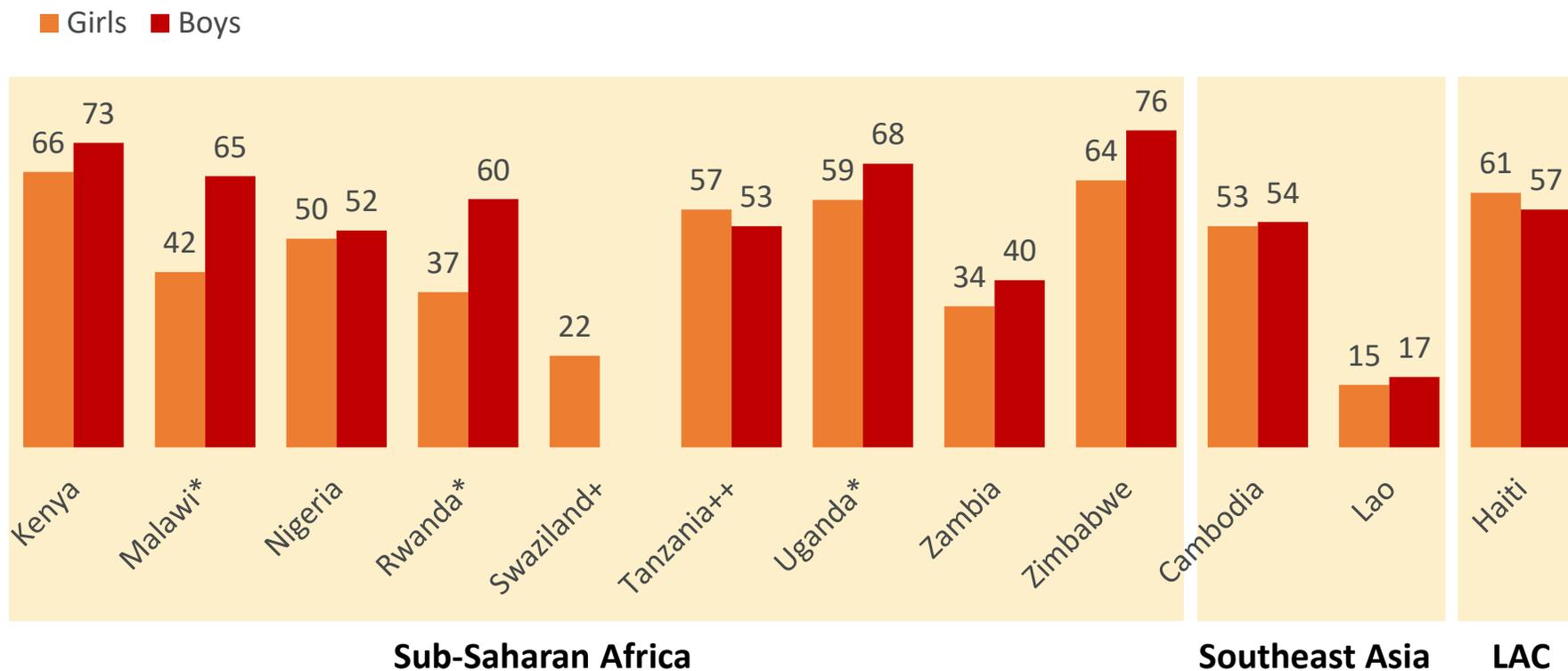
* Statistically significant difference between girls and boys
+Only girls interviewed in Swaziland
++Tanzania numbers may differ from the Violence Against Children Report, 2009 due to different analytic approaches.



VACS results from 12 countries SHOW

THE MAGNITUDE OF **PHYSICAL VIOLENCE** AGAINST CHILDREN

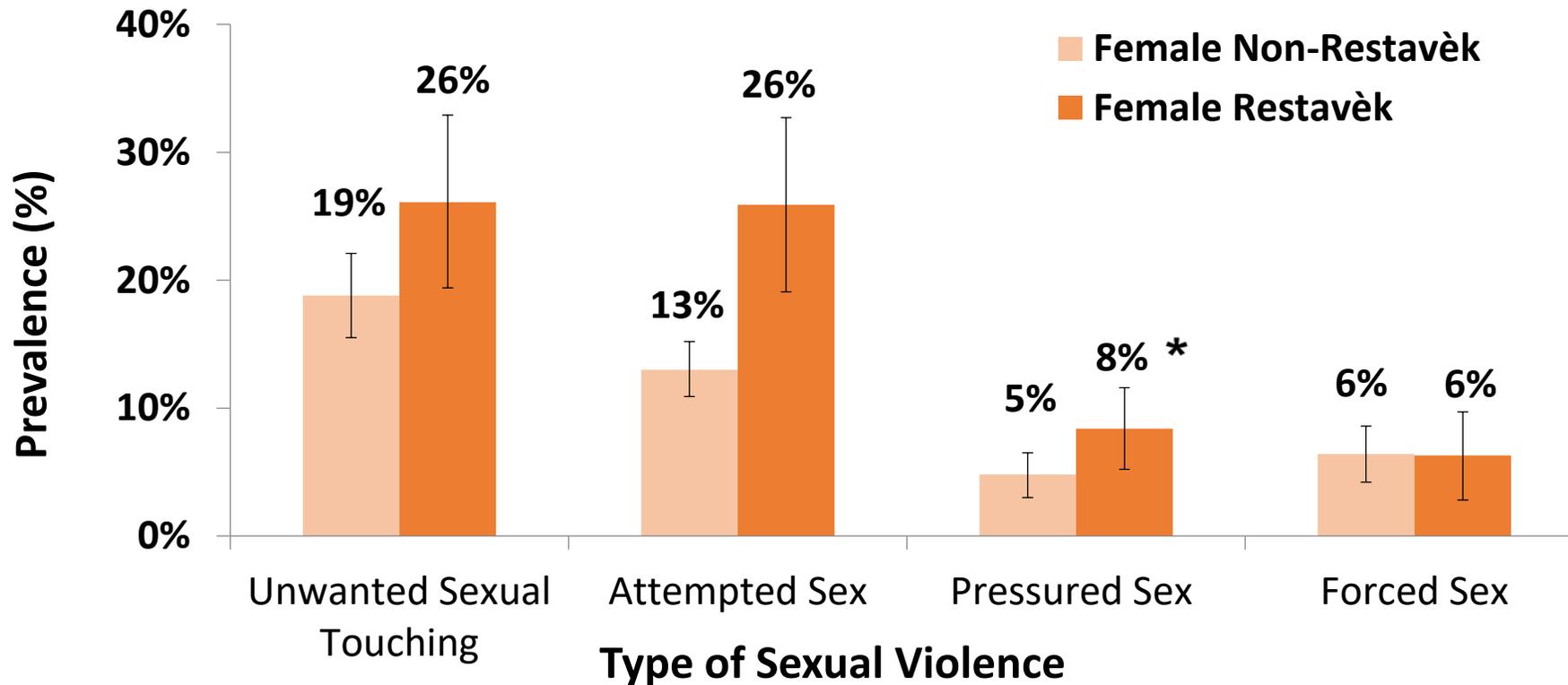
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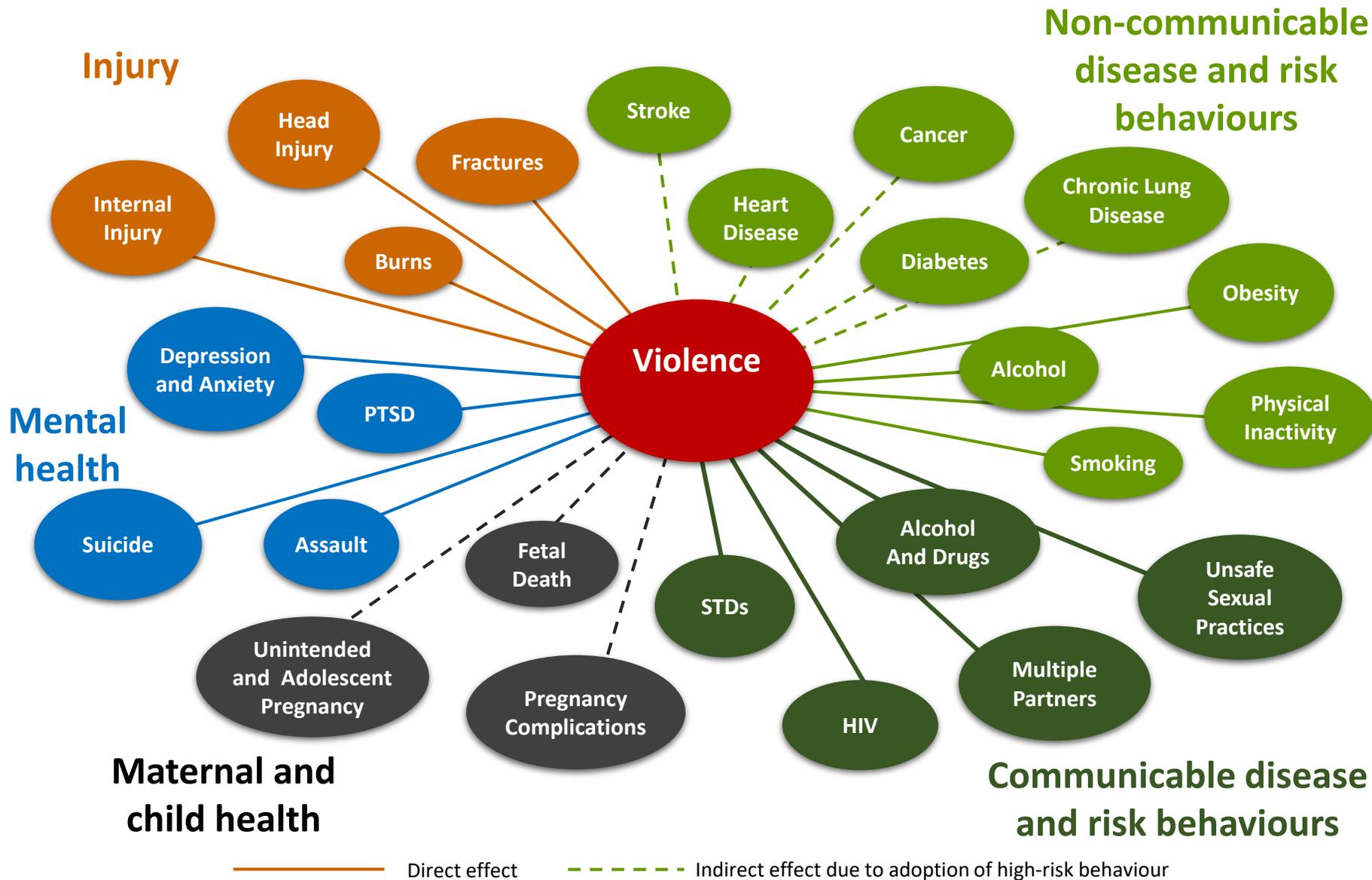
Prevalence of Childhood Sexual Violence in Female Restavèks Compared to Non-Restavèks in Haiti



Statistically significant, $p < 0.05$

Source: Violence against Children Survey (VACS) Haiti 2012

Health consequences of violence against children

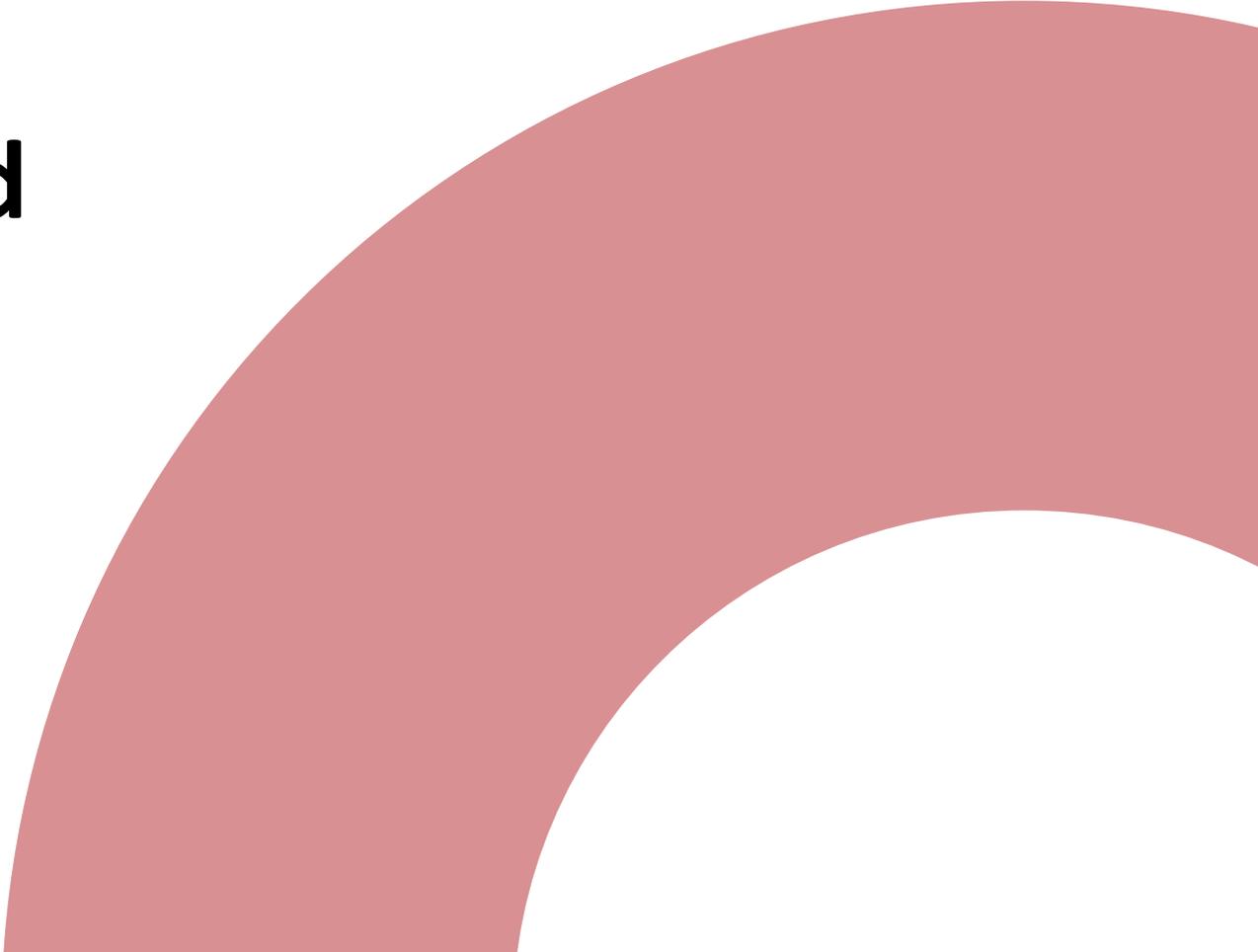


Source: CDC



**Good news: Violence against children is
on the global development agenda**

**Global frameworks and
partnerships**



VIOLENCE IN THE SUSTAINABLE DEVELOPMENT GOALS



16.2

End abuse, exploitation, trafficking, and all forms of violence against and torture of children

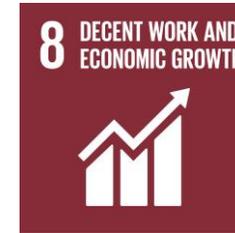


5.2

Eliminate all forms of violence against all women and girls in public and private spheres, including trafficking, and sexual and other types of exploitation

5.3

Eliminate all harmful practices, such as child, early and forced marriage, and female genital mutilation



8.7

Elimination of the worst forms of child labour, including slavery, human trafficking, and recruitment and use of child soldiers, and by 2025 end child labour in all its forms



4.a

Provide safe, non-violent, inclusive, and effective learning environments for all

4.7

Ensure that all learners acquire knowledge...[for] promotion of a culture of peace and non-violence

2016 – 2030

Global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children (WHA69.5)

Priority areas for action:

- Strengthening health leadership and governance: budgets, policies, laws, coordination across sectors
- Improving information and evidence: surveillance, surveys, research
- Strengthening health service delivery and health providers' capacity to respond: normative guidance, integration, training of providers
- Strengthening programming to prevent violence: inform programs, intervene early, address alcohol and drugs as risk factors



69th World Health Assembly, May 2016

The Ministries of Health of the
193 Member States of WHO

Global Partnership to End Violence against Children

Priority areas for action:

1. Grow demand for change by raising awareness and catalyzing a global movement
2. Mobilize new resources
3. Equip practitioners with the support they need by sharing evidence and solutions

Pathfinding countries in LAC Brazil, Canada, El Salvador, Jamaica, Mexico, Paraguay, Peru

The Fund to End Violence against Children: Financial support to accelerate action in three priority areas



**End Violence
Against Children**

THE GLOBAL PARTNERSHIP

www.end-violence.org



Together for girls



Canada

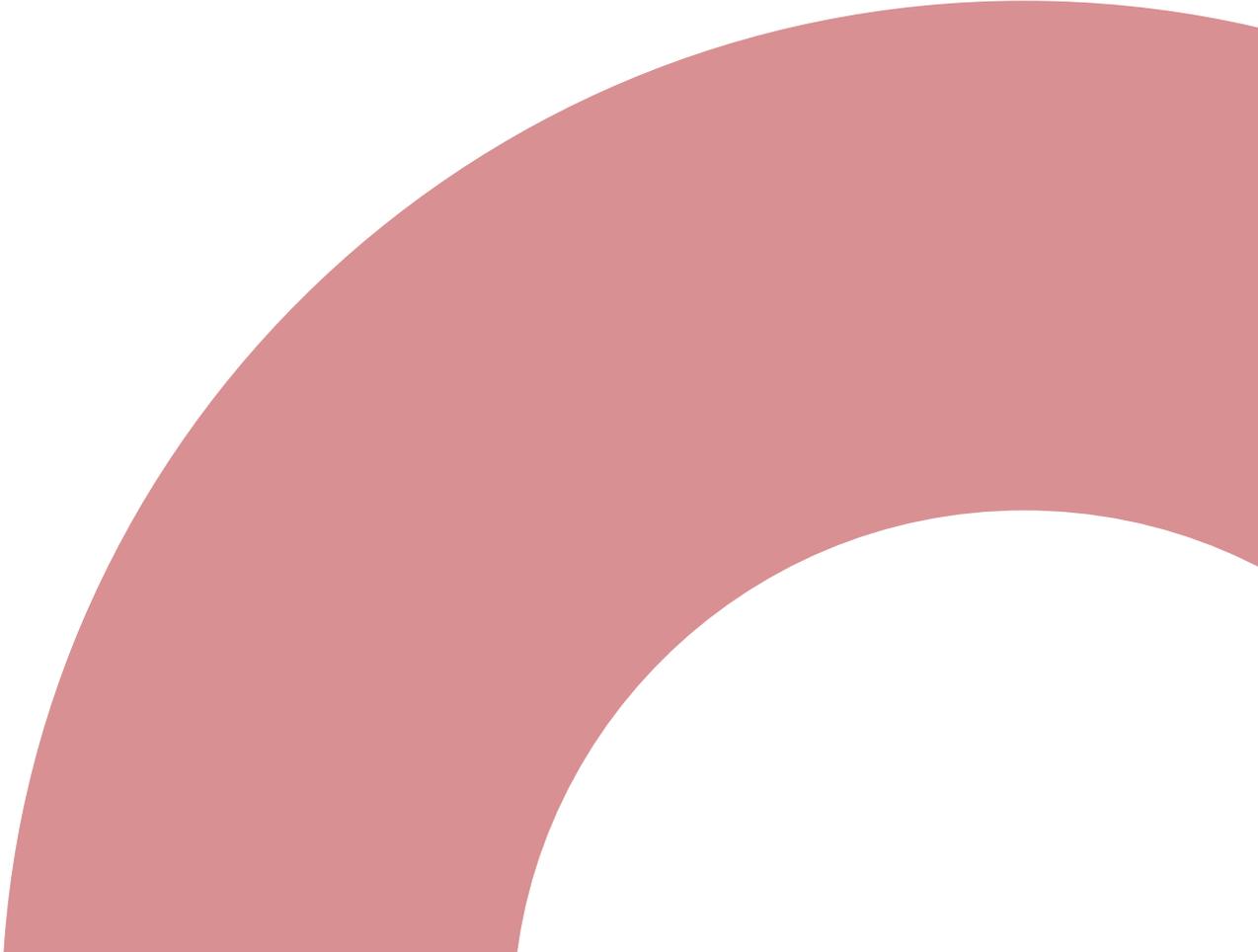
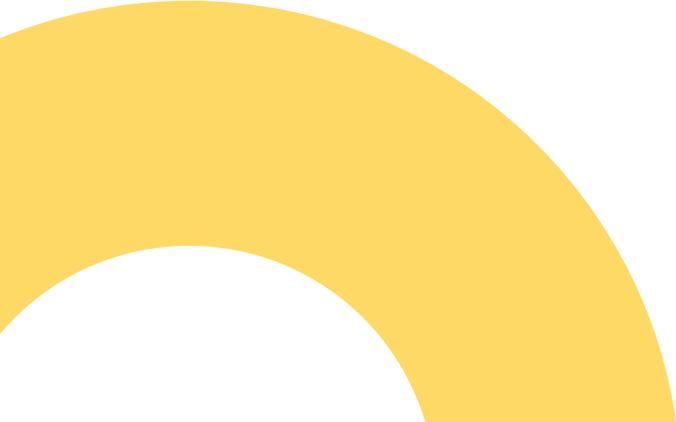


UN PARTNERS:

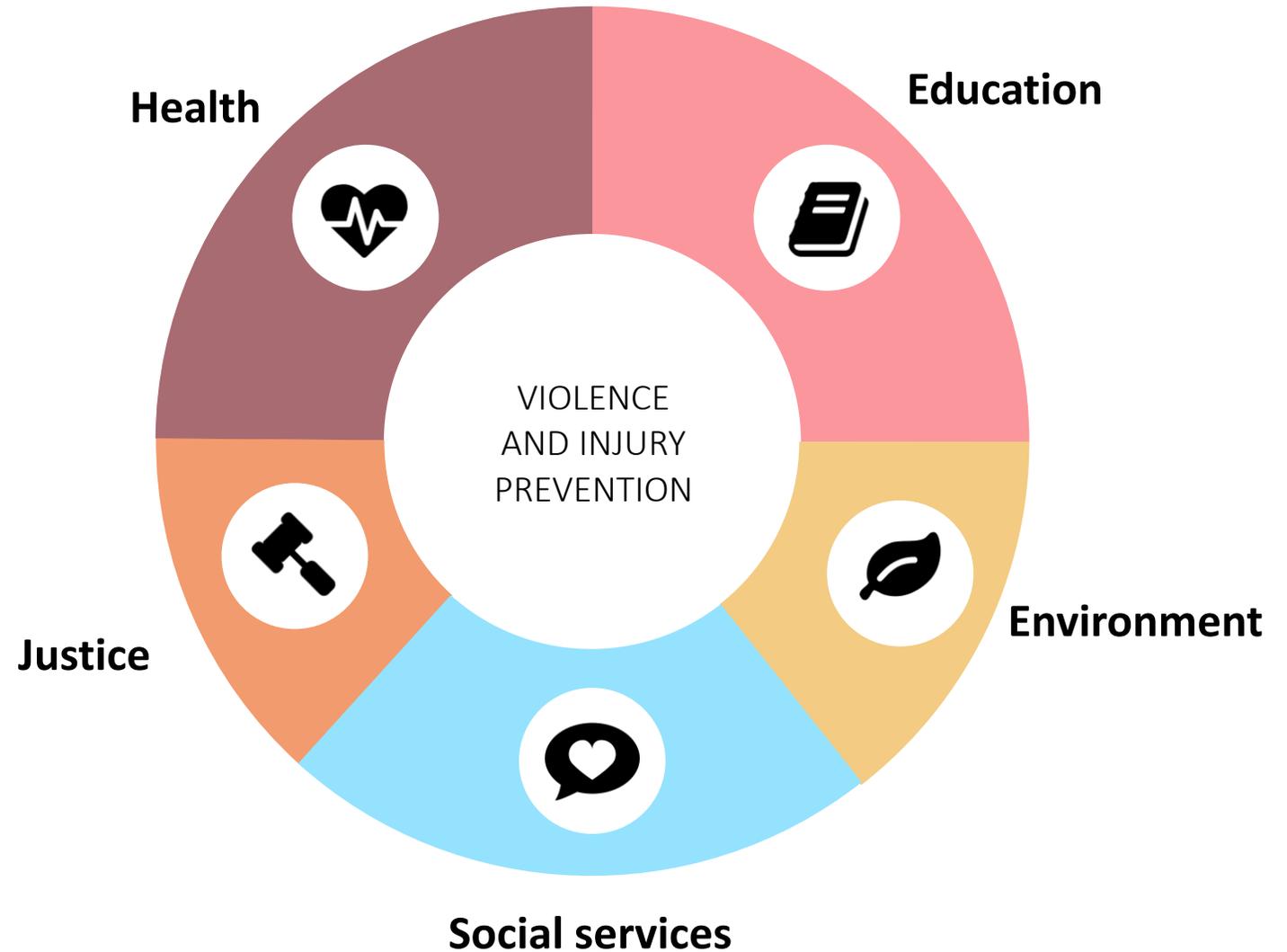




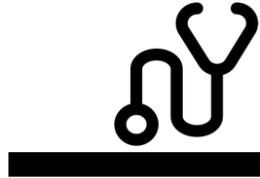
Role of health systems and PAHO/WHO tools



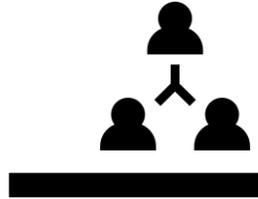
Health systems are just one part of a multisectoral approach to violence prevention and response



What can the health sector do?



Improve the **capacity of healthcare providers** to identify and provide services to survivors



Strengthen the **coordination** between the health system and other relevant sectors (legal, education, social, economic, etc.)



Collect **data** on prevalence, health risk factors and consequences, and use evidence to inform policies



Identify opportunities to address violence against children within the **existing programs and services**: home visits, upbringing, early childhood development

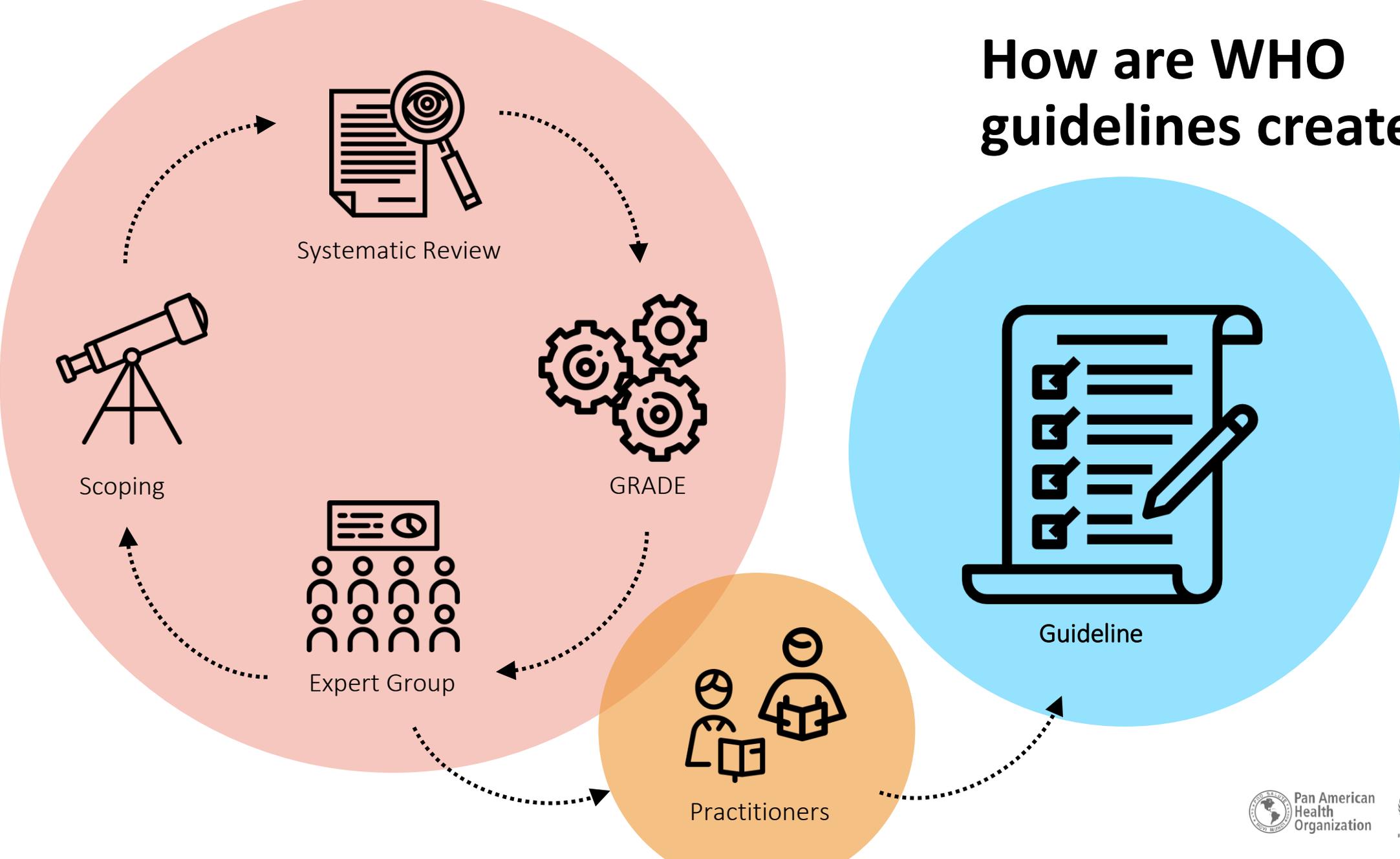


Advocate for the recognition of violence against children as a public health problem

WHO guidelines for the health sector on violence against children

- Provide evidence-based recommendations:
 - for frontline health care providers
 - in low and middle-income country settings
 - to provide immediate and long-term quality clinical care
- Apply ethical, human rights-based, trauma-informed good practices

How are WHO guidelines created?



WHO violence against children guidelines for the health sector

- Physical abuse
- Sexual abuse
- Emotional abuse
- Neglect

Health Sector response to child maltreatment

- Physical abuse
- Sexual abuse
- Psychological abuse
- Neglect

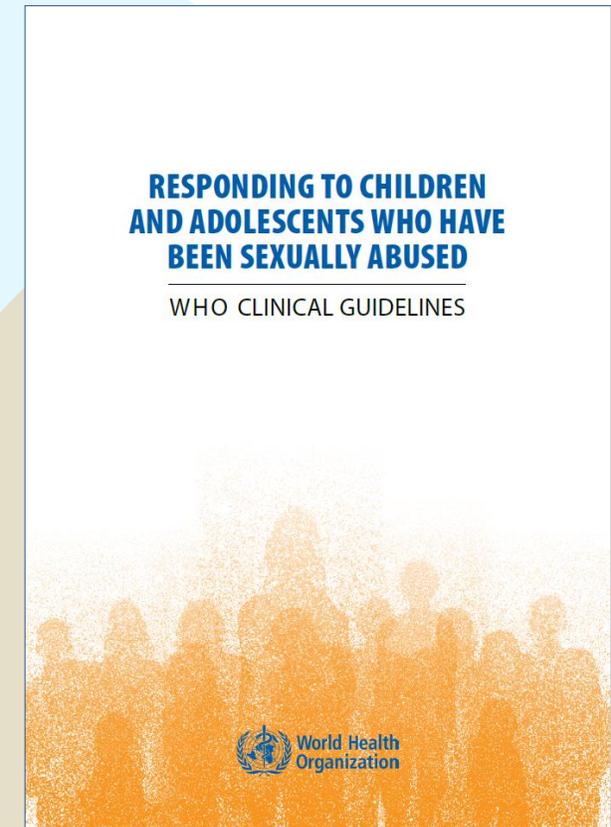
Clinical response to sexual abuse of children and adolescents

- Child sexual abuse

WHO Clinical Guidelines: Responding to children and adolescents who have been sexually abused (2017)

Key areas of recommendations:

- Child- or adolescent-centered care / first-line support
- Medical history, physical examination and documentation of findings
- HIV post-exposure prophylaxis treatment and adherence
- Pregnancy prevention and management among girls who have been sexually abused
- Post-exposure prophylaxis for curable and vaccine-preventable sexually transmitted infections
- Psychological and mental health interventions in the short term and long term



WHO Clinical Guidelines: Child maltreatment (early 2019)

Key recommendations:

- Initial identification
- Medical history, physical examination and documentation of findings
- Safety and risk assessment
- Interacting with caregivers
- Psychological and mental health interventions
- Ethical principles and human rights standards for reporting child or adolescent maltreatment
- Treatment of perpetrators
- Facilitating timely uptake of services
- Creating a supportive and enabling service-delivery environment for health care providers

INSPIRE: Technical package



- Implementation/enforcement of laws
- **N**orms and values
- **S**afe environments
- **P**arental and caregiver support
- **I**ncome and economic strengthening
- **R**esponse and support services
- **E**ducation and life skills

Three complementary tools



What to do



How to do it



How to measure impact

INSPIRE Fund

- **Purpose:** Increase INSPIRE awareness and engage civil society and governments at national and regional levels (*contracts issued in the range of \$5,000 - \$30,000*)
- **Eligibility:**
 - Primary Audience: local individuals, organizations and consortia (national and regional-level) from low- and middle-income countries (including but not limited to INSPIRE Working Group members)
 - Secondary audience: International NGOs (or INGO-led consortia)
- **Eligible Activities:**
 - Developing spin-off products such as websites, translations into local languages, summaries, promotional videos, infographics, visual summaries and other ways to facilitate access to and understanding of INSPIRE;
 - Developing outreach and dissemination materials such as posters, fliers, brochures and social media packages;
 - Unbranded communications materials that can be adapted and deployed in any context;
 - Organizing informational activities, webinars, convenings, and events with key target audiences;
 - Presenting on INSPIRE strategies at key events;
 - Organizing capacity building workshops related to the INSPIRE framework;
 - Organizing local launches of INSPIRE with the commitment of key players;
 - Working with the scientific media and the general press to publish articles and Op-eds;
 - Documenting and sharing success stories;
 - Planning activities for eventual INSPIRE implementation;
 - Participation and travel support

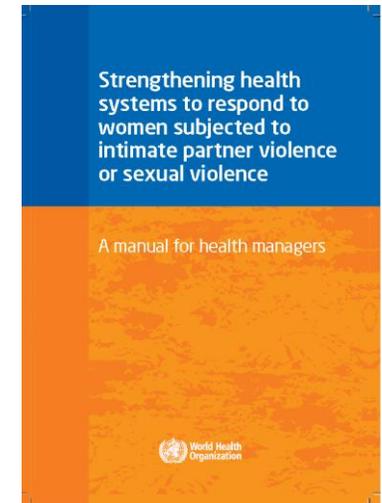
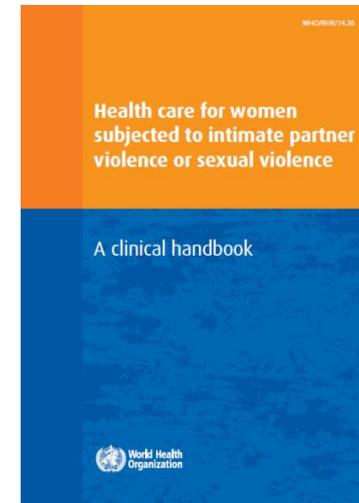
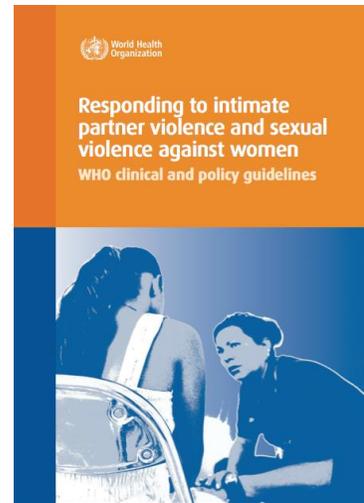
Learn more and apply at
www.cpcnetwork.org/INSPIREFund

WHO Global Status Report on Preventing Violence against Children (2019)

To assess:

- Violence prevention infrastructure, partnerships, and multisectoral collaboration;
- Availability of indicators to measure progress towards ending violence against children;
- Uptake and reach of the INSPIRE evidence-based prevention and response strategies;
- Collecting data on violence against children.

Additional WHO guidelines and tools to strengthen health systems response to violence against women and girls include:



What can you do now?



Become familiar with WHO tools and encourage others to do so

www.paho.org/violence



Develop / update policies, protocols, trainings that are aligned with the evidence-based WHO tools



Join the End Violence Partnership

www.end-violence.org



Never doubt that a small group of thoughtful committed citizens can change the world: indeed it's the only thing that ever has.

Margaret Mead

Thank you

