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

Alessandra Guedes, MA, MSc
Regional Advisor, Family Violence
Pan American Health Organization / World Health Organization Regional Office for the Americas
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
58% of children experience sexual, physical or emotional violence each year in LAC.

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

Attitudes towards violent discipline in the home

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

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

SDG indicator 5.3.1: Child marriage

- 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

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

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

Girls  Boys

<table>
<thead>
<tr>
<th>Country</th>
<th>Girls</th>
<th>Boys</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya</td>
<td>66</td>
<td>73</td>
</tr>
<tr>
<td>Malawi*</td>
<td>42</td>
<td>65</td>
</tr>
<tr>
<td>Nigeria</td>
<td>50</td>
<td>52</td>
</tr>
<tr>
<td>Rwanda*</td>
<td>37</td>
<td>22</td>
</tr>
<tr>
<td>Swaziland+</td>
<td>57</td>
<td>53</td>
</tr>
<tr>
<td>Tanzania++</td>
<td>59</td>
<td>68</td>
</tr>
<tr>
<td>Uganda*</td>
<td>64</td>
<td>76</td>
</tr>
<tr>
<td>Zambia</td>
<td>53</td>
<td>54</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>15</td>
<td>17</td>
</tr>
<tr>
<td>Cambodia</td>
<td>61</td>
<td>57</td>
</tr>
</tbody>
</table>

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

Source: Violence against Children Survey (VACS) Haiti 2012
Good news: Violence against children is on the global development agenda

Global frameworks and partnerships
End abuse, exploitation, trafficking, and all forms of violence against and torture of children.

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

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

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.

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

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
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

www.end-violence.org
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:
  o for frontline health care providers
  o in low and middle-income country settings
  o to provide immediate and long-term quality clinical care

• Apply ethical, human rights-based, trauma-informed good practices
How are WHO guidelines created?

1. Scoping
2. Systematic Review
3. GRADE
4. Expert Group
5. Practitioners
6. Guideline
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
- Norms and values
- Safe environments
- Parental and caregiver support
- Income and economic strengthening
- Response and support services
- Education and life skills
Three complementary tools

**INSPIRE**
Seven Strategies for Ending Violence Against Children

**INSPIRE Handbook**
Action for implementing the seven strategies for ending violence against children

**INSPIRE Indicator Guidance and Results Framework**
Ending Violence Against Children: How to define and measure change

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

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?

1. Become familiar with WHO tools and encourage others to do so
   - www.paho.org/violence

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

3. 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