



HIDDEN IN PLAIN SIGHT

**A statistical analysis of violence
against children**

unite for
children

unicef 

Cover photo: A 7-year-old girl who was sexually abused by an 18-year-old boy at the Mena police station in Makeni, Bombali district, Sierra Leone. The boy, who is a close neighbour, forced her to have sex with him.

© UNICEF/SLRA2013-0006/Asselin

© United Nations Children's Fund (UNICEF), Division of Data, Research and Policy, September 2014

ISBN: 978-92-806-4767-9

Permission is required to reproduce any part of this publication. Permission will be freely granted to educational or non-profit organizations.

To request permission and for any other information on the publication, please contact:

UNICEF
Data and Analytics Section
Division of Data, Research and Policy
3 United Nations Plaza
New York, NY 10017, USA
Tel: +1 212 326 7000
Email: data@unicef.org

All reasonable precautions have been taken by UNICEF to verify the information contained in this publication. For any data updates subsequent to printing, please visit data.unicef.org.

Suggested citation: United Nations Children's Fund, *Hidden in Plain Sight: A statistical analysis of violence against children*, UNICEF, New York, 2014.





HIDDEN IN PLAIN SIGHT

A statistical analysis of violence against children



ACKNOWLEDGEMENTS

This is a report of UNICEF's Division of Data, Research and Policy. It was produced under the direction of Tessa Wardlaw, Chief, Data and Analytics Section.

The preparation of the report was initiated and coordinated by Claudia Cappa, who was also responsible for data analysis, interpretation of the results and report writing. Nicole Petrowski facilitated the preparation of the statistical figures, contributed to the writing of the report and participated in the document review. Laura Cordisco Tsai (independent consultant) was involved in data compilation and fact-checking, and prepared summaries of relevant literature. Yadigar Coskun provided support for data processing and tabulations. Colleen Murray assisted in the calculation of global estimates and preparation of statistical tables. Janet Njelesani (independent consultant) participated in the document review. The report was edited by Lois Jensen, copy-edited by Tina Johnson, fact-checked by Baishalee Nayak and designed by Era Porth (independent consultants).

Valuable feedback and inputs were provided by Tatiana Aderikhina (UNICEF Kazakhstan), Nadi Albino (UNICEF South Africa), Line Baago Rasmussen (UNICEF Zimbabwe), Caroline Bakker (UNICEF Sri Lanka), Ramiz Behbudov (UNICEF Azerbaijan), Casimira Benge (UNICEF Brazil), Patrizia Benvenuti (UNICEF South Africa), Stephen Blight (UNICEF Regional Office for East Asia and the Pacific), Andrew Brooks (UNICEF Regional Office for West and Central Africa), Clarice Da Silva e Paula (Child Protection Section, UNICEF headquarters), Karin Heissler (Child Protection Section, UNICEF headquarters), Keshani Hiranthika (UNICEF Sri Lanka), Noriko Izumi (UNICEF Zimbabwe), Severine Jacomy Vite (UNICEF Turkey), Hemamal Jayawardena (UNICEF Sri Lanka), Shane M. Khan (independent consultant), Theresa Kilbane (Child Protection Section, UNICEF headquarters), Nela Kmic Brkovic (UNICEF Montenegro), Joost Kooijmans (Child Protection Section, UNICEF headquarters), Jean-Claude Legrand (UNICEF Regional Office for Central and Eastern Europe and the Commonwealth of Independent States), Seamus Mac Roibin (UNICEF South Africa), Paolo Marchi (UNICEF Bosnia and Herzegovina), Tina Markkinen (UNICEF China), Mendy Marsh (Child Protection Section, UNICEF headquarters), Amalee McCoy (independent consultant), Nadine Perrault (UNICEF Regional Office for Latin America and the Caribbean), Fiorella Polo (Water and Sanitation Section, UNICEF headquarters), Rashad H. Abdel Rahman (independent consultant), Clara Sommarin (Child Protection Section, UNICEF headquarters), Violet Speek-Warnery (UNICEF Eastern Caribbean Area), Gary Stahl (UNICEF Brazil), Heather Stewart (UNICEF Eastern Caribbean Area), Rosana Vega (UNICEF Bolivia) and Danzhen You (Data and Analytics Section, UNICEF headquarters).

Gratitude also goes to those who facilitated access to relevant datasets: Donneth Ann Marie Edmondson (UNICEF Jamaica), Alma Jenkins Acosta (UNICEF Panama), Elena Laur (UNICEF Moldova), Oladimeji Olowu (UNICEF Eastern Caribbean Area), Manar Soliman (UNICEF Egypt), Vicente Teran (UNICEF Regional Office for Latin America and the Caribbean), Frederic Unterreiner (UNICEF Eastern Caribbean Area) and Sabastian Waisgrais (UNICEF Argentina).

UNICEF gratefully acknowledges the inputs provided by the Global Initiative to End All Corporal Punishment of Children (Elinor Milne and Peter Newell), the Health Behaviour in School-aged Children Study team (Lise Augustson and Oddrun Samdal), the Statistics and Surveys Section of the United Nations Office on Drugs and Crime (Jenna Dawson-Faber and Felix Reiterer) and the Health Systems and Innovation Cluster of the World Health Organization (Colin Douglas Mathers and Wahyu Retno Mahanani).

This report was made possible through core funding to UNICEF. It is based on research funded in part by the Bill & Melinda Gates Foundation. The findings and conclusions contained within are those of UNICEF and do not necessarily reflect positions or policies of the Bill & Melinda Gates Foundation.

FOREWORD

Violence against children occurs every day, everywhere: the slaps of an upset parent to control an ‘unruly’ child, the sexual victimization of a teenager by a peer or a neighbour, the bullying of one child by another in the schoolyard, the emotional degradation of a child bride by her spouse. Too many children worldwide are affected by such violence, yet it is rarely acknowledged, in part because it is so commonplace. The repercussions are not inconsequential, with ripple effects throughout society as well as future generations.

Everyday violence may be pervasive, but it is not inevitable. The first step in curbing all forms of violence against children is bringing the issue to light – in all its complexity. Despite the difficulties in measuring violence against children, and considerable gaps, an unprecedented volume of data on the subject has become available over the last two decades that is providing the evidence countries need to develop effective policies, legislation and programmes to address violence. Solid data and research are essential in bringing the issue out of the shadows. They are also important in revealing hidden attitudes and social norms that may perpetuate violence against children and factors that may place certain children at higher risk.

The Convention on the Rights of the Child guarantees that children everywhere should live free from all forms of violence. For this to happen, the true nature and extent of the problem must be documented. It is to that end that this report is dedicated.



Jeffrey O'Malley
Director, Division of Data, Research and Policy, UNICEF

CONTENTS

01	OVERVIEW	6
	Measuring violence against children The scope and structure of this report A word of caution	
02	USING DATA TO MAKE VIOLENCE VISIBLE	14
	Data sources Methodological challenges Ethical considerations A moral imperative and strategic investment	
03	PHYSICAL VIOLENCE: A LEADING CAUSE OF INJURY AND DEATH AMONG CHILDREN	30
	Wide-ranging consequences Data sources Preventable deaths Homicides Impact of interpersonal violence on mortality and morbidity Non-fatal physical violence among adolescent girls Non-fatal physical violence among adolescent boys	
04	SEXUAL VIOLENCE: NOT LIMITED TO GIRLS	60
	The particular vulnerability of children The far-reaching consequences of sexual violence What remains hidden in most data collection efforts Data sources Sexual violence against girls Sexual violence against boys Age at first experience of sexual violence among girls Age at first experience of sexual violence among boys Forced first sex among girls and women Forced first sex among boys and men Perpetrators of sexual violence against girls Perpetrators of sexual violence against boys Typical settings where sexual violence occurs The sexual exploitation of children	
05	THE MOST COMMON FORM OF VIOLENCE AGAINST CHILDREN	94
	Use of disciplinary methods Violent disciplinary practices and children's characteristics Violent discipline and the economic and social status of households	

06	WHEN CHILDREN HURT ONE ANOTHER	112
	Physical attacks	
	Fighting	
	Bullying	
07	VIOLENT UNIONS AMONG ADOLESCENTS	130
	Lifelong – sometimes intergenerational – consequences	
	Prevalence of partner violence against ever-married adolescent girls	
	Partner violence initiated by adolescent girls	
	Prevalence of partner violence against ever-married adolescent boys	
	Dating violence	
08	EXPLORING ATTITUDES AND SOCIAL NORMS . .	146
	Attitudes towards wife-beating	
	Attitudes towards corporal punishment of children	
	Comparison of attitudes towards different forms of violence	
	Attitudes towards child sexual abuse	
09	KEY FINDINGS AND CONCLUSIONS	164
	Key findings	
	In our hands	
	REFERENCES	176
	STATISTICAL TABLE	196

PANELS

Defining violence against children4
Violence in the life cycle of children12
A note on the data28
Emotional violence56
Violence against children in institutional care58
When different forms of violence overlap84
Disclosing experiences of violence and seeking help88
Two billion children without full legal protection110
Steps to ending a global problem172

DEFINING VIOLENCE

● **PHYSICAL VIOLENCE** against children includes all corporal punishment and all other forms of torture, cruel, inhuman or degrading treatment or punishment as well as physical bullying and hazing by adults or by other children. 'Corporal' (or 'physical') punishment is defined as any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light. Most involves hitting ('smacking', 'slapping', 'spanking') children with the hand or with an implement – a whip, stick, belt, shoe, wooden spoon, etc. But it can also involve, for example, kicking, shaking or throwing children, scratching, pinching, biting, pulling hair or boxing ears, caning, forcing children to stay in uncomfortable positions, burning, scalding or forced ingestion.

● **SEXUAL VIOLENCE** comprises any sexual activities imposed by an adult on a child against which the child is entitled to protection by criminal law. This includes: (a) The inducement or coercion of a child to engage in any unlawful or psychologically harmful sexual activity; (b) The use of children in commercial sexual exploitation; (c) The use of children in audio or visual images of child sexual abuse; and (d) Child prostitution, sexual slavery, sexual exploitation in travel and tourism, trafficking for purposes of sexual exploitation (within and between countries), sale of children for sexual purposes and forced marriage. Sexual activities are also considered as abuse when committed against a child by another child if the offender is significantly older than the victim or uses power, threat or other means of pressure. Consensual sexual activities between children are not considered as sexual abuse if the children are older than the age limit defined by the State Party.

● **MENTAL VIOLENCE** is often described as psychological maltreatment, mental abuse, verbal abuse and emotional abuse or neglect. This can include: (a) All forms of persistent harmful interactions with a child; (b) Scaring, terrorizing and threatening; exploiting and corrupting; spurning and rejecting; isolating, ignoring and favouritism; (c) Denying emotional responsiveness; neglecting mental health, medical and educational needs; (d) Insults, name-calling, humiliation, belittling, ridiculing and hurting a child's feelings; (e) Exposure to domestic violence; (f) Placement in solitary confinement, isolation or humiliating or degrading conditions of detention; and (g) Psychological bullying and hazing by adults or other children, including via information and communication technologies (ICTs) such as mobile phones and the Internet (known as 'cyber-bullying').

● **NEGLECT OR NEGLIGENT TREATMENT** means the failure to meet children's physical and psychological needs, protect them from danger or obtain medical, birth registration or other services when those responsible for their care have the means, knowledge and access to services to do so. It includes: (a) Physical neglect: failure to protect a child from harm, including through lack of supervision, or to provide a child with basic necessities including adequate food, shelter, clothing and basic medical care; (b) Psychological or emotional neglect, including lack of any emotional support and love, chronic inattention, caregivers being 'psychologically unavailable' by overlooking young children's cues and signals, and exposure to intimate partner violence or drug or alcohol abuse; (c) Neglect of a child's physical or mental health: withholding essential medical care; (d) Educational neglect: failure to comply with laws requiring caregivers to secure their children's education through attendance at school or otherwise; and (e) Abandonment.

These definitions have been adapted from: United Nations Committee on the Rights of the Child, *General Comment No. 13 (2011): The right of the child to freedom from all forms of violence*, UN document CRC/C/GC/13, Office of the High Commissioner for Human Rights, Geneva, 18 April 2011. In addition to the main definitions listed here, the comment also defines 'torture and inhuman or degrading treatment or punishment', 'violence among children', 'self-harm', 'harmful practices', 'violence in the mass media', 'violence through information and communication technologies', and 'institutional and system violations of child rights'. The comment also specifies types of physical violence to which children with disabilities may be subjected.

AGAINST CHILDREN

“All forms of violence against children, however light, are unacceptable. [...] Frequency, severity of harm and intent to harm are not prerequisites for the definitions of violence. States parties may refer to such factors in intervention strategies in order to allow proportional responses in the best interests of the child, but definitions must in no way erode the child’s absolute right to human dignity and physical and psychological integrity by describing some forms of violence as legally and/or socially acceptable.”

United Nations Committee on the Rights of the Child, General Comment No. 13 on the Convention on the Rights of the Child

OVERVIEW

The protection of children from all forms of violence is a fundamental right guaranteed by the Convention on the Rights of the Child and other international human rights treaties and standards. Yet violence remains an all-too-real part of life for children around the globe – regardless of their economic and social circumstances, culture, religion or ethnicity – with both immediate and long-term consequences. Children who have been severely abused or neglected are often hampered in their development, experience learning difficulties and perform poorly at school. They may have low self-esteem and suffer from depression, which can lead, at worst, to risky behaviours and self-harm. Witnessing violence can cause similar distress. Children who grow up in a violent household or community tend to internalize that behaviour as a way of resolving disputes, repeating the pattern of violence and abuse against their own spouses and children. Beyond the tragic effects on individuals and families, violence against children carries serious economic and social costs in both lost potential and reduced productivity (see Box 1.1).

Over the last decade, recognition of the pervasive nature and impact of violence against children has grown. Still, the phenomenon remains largely undocumented and underreported. This can be attributed to a variety of reasons, including the fact that some forms of violence against children are socially accepted, tacitly condoned or not perceived as being abusive. Many victims are too young or too vulnerable to disclose their experience or to protect themselves. And all too often when victims do denounce an abuse, the legal system fails to respond and child protection services are unavailable. The lack of adequate data on the issue is likely compounding the problem by fuelling the misconception that violence remains a marginal phenomenon, affecting only certain categories of children and perpetrated solely by offenders with biological predispositions to violent behaviour.

MEASURING VIOLENCE AGAINST CHILDREN

Measuring the breadth and depth of violence against children is complicated by the fact that violence can take many forms (physical, sexual and emotional), occur in any setting (including the home, school, workplace and over the Internet) and be perpetrated by individuals (parents and other caregivers, peers, intimate partners, authority figures and strangers) or groups. A thorough assessment of its nature and prevalence requires reliable statistics on all types of violence to which children are exposed as well as the range of circumstances surrounding its occurrence. These data needs, however, remain largely unmet. Certain forms of violence are better documented than others, depending on a country's capacity and investment in data collection. Yet even when data are available, the quality and scope of the information are often limited. For instance, mortality data, including counts of homicides, are available for many countries, but errors and incomplete information in birth and death registries, challenges related to correctly determining causes of death, and weaknesses in countries' mechanisms for recording vital events can affect their accuracy. In addition, detailed information on the victims themselves and the circumstances surrounding these fatalities are rarely recorded. Representative data on particular forms of interpersonal violence, including violent discipline and bullying, have increased over the last two decades, mainly through large-scale population-based surveys. However, data on other forms of abuse, including systematic statistics on sexual violence against boys, remain woefully lacking.

THE SCOPE AND STRUCTURE OF THIS REPORT

While acknowledging these limitations, this report makes use of available evidence to describe what is currently known about global patterns of violence against children, using data compiled from a selection of sources. The analyses focus primarily on forms of interpersonal violence, defined as violent acts inflicted on children by another individual or a small group.¹ The types of interpersonal violence covered include those mainly committed by caregivers and other family members,

authority figures, peers and strangers, both within and outside the home. The report does not cover certain forms of violence that take place within the context of shared community, cultural or social norms and values, like female genital mutilation/cutting (FGM/C), as this harmful traditional practice occurs under specific circumstances and has been addressed in other publications.² Two additional categories of violence are also outside the scope of this report: self-directed violence and collective violence. The former has been defined as violence a person inflicts upon himself or herself (for example, suicide or other forms of self-abuse), while the latter is inflicted by larger entities such as States, organized political parties, terrorist organizations and other armed groups.³

Given the general lack of uniformity in the way data on violence against children are collected, this report relies mainly on information gathered through internationally comparable sources, including 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).⁴ These international survey programmes have been almost exclusively implemented in low- and middle-income countries (with the exception of the HBSC). So while the focus of this report is largely on these countries, this should in no way be interpreted to suggest that violence against children is not found in high-income nations. To that end, the report also uses country-specific facts or evidence derived from small-scale studies and national surveys to shed light on certain aspects or circumstances from a variety of countries for which representative or comparable data are unavailable. Using these combined sources, the report draws on data from 190 countries and represents the largest compilation of statistics to date on violence against children.

The presentation of the data has been organized into two main sections. The first section covers three main types of violence experienced by children and committed by anyone in all possible settings: physical acts of violence (both fatal and non-fatal), emotional violence and sexual violence. The second

half of the report explores in more detail specific manifestations of these forms of violence: violent discipline in the home, peer violence (including involvement in physical fights and bullying) and intimate partner violence among adolescents. The report also explores attitudes towards some forms of violence to provide insights into deeply rooted cultural beliefs that may help to explain their persistence.

Each chapter follows a similar structure, beginning with a brief overview of the definitions for the specific type of violence covered and current knowledge about potential risk factors and consequences. Regional and/or country-level data, depending on availability, are then presented. When possible, disaggregated data are also included to reveal certain characteristics of children who experience violence, including information on their families as well as some contextual factors surrounding their experiences of violence such as the identity of the most common perpetrators. Boxes within each chapter highlight specific issues relevant to the type of violence covered that deserve special consideration.

A WORD OF CAUTION

While specific forms of violence have a distinctive nature and can occur in isolation, any attempt to ‘categorize’ violence is a somewhat artificial undertaking. For one thing, the boundaries between acts of violence tend to become blurred. Sexual violence is often inflicted through the use of physical force and/or psychological intimidation. Moreover, experiences of violence often overlap. While some children may experience rare and isolated incidents of aggression, others may find themselves repeatedly exposed to multiple forms of abuse.

In addition to the possible overlap of various types of violence, children can be victims, perpetrators and witnesses to violence – all at the same time. Children who grow up in societies characterized by the systemic use of violence by terrorist organizations or other armed groups are at heightened risk of interpersonal victimization and often end up becoming violent themselves.⁵ Moreover, those



who suffer violence are sometimes driven to hurt themselves in response to their own victimization. Certain research, for example, has demonstrated a direct association between experiences of physical or sexual abuse and suicidal thoughts and behaviours among adolescents.⁶ Rather than turning aggression on oneself, another possible manifestation of being victimized or witnessing abuse is to become angry or hostile towards others. To take one example, observing violence between parents or being the target of child abuse is closely associated with the perpetration of dating violence.⁷ All of these points are important to keep in mind when reading this report, since the reality of violence against children is far more confounding and multidimensional than any attempts to categorize and quantify it.

“1. States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.”

Article 19 of the Convention on the Rights of the Child

THE SOCIAL AND ECONOMIC COSTS OF VIOLENCE AGAINST CHILDREN

Numerous studies have analysed the detrimental effects that violence may have on behavioural, emotional and psychological functioning, which have been found to vary according to the nature, extent and severity of exposure.⁸ The effects of abuse on future social and economic well-being have also been explored, as outlined in the key findings below.⁹

Impact on educational performance and achievement

The experience of violence while growing up has serious consequences for children's academic success,¹⁰ including a heightened risk for many forms of educational underachievement.¹¹ Children who are victims of violence are at higher risk of dropping out of both high school¹² and college¹³ than their non-abused peers. Moreover, researchers have found that children who have been subjected to violence are less likely than other children to anticipate attending college.¹⁴ In fact, experiences of childhood abuse have been found to be a good predictor of lower grades,¹⁵ lower IQ test scores¹⁶ and lower levels of educational self-efficacy.¹⁷ Child victims of violence are also more likely to be referred for special education.¹⁸ For instance, one longitudinal study found that children who had been maltreated were twice as likely as their non-abused peers to enter into special education, after controlling for other developmental risk factors at the child, family and community levels.¹⁹

Children subjected to violence are also more likely than other children to exhibit behavioural problems in school. Childhood experiences of abuse have been found to be associated with poor classroom learning behaviour, suspensions from school and absenteeism.²⁰ A prospective longitudinal study of randomly selected children in the United States found that children subjected to violence were absent from school almost twice as many days and were suspended from school nearly twice as often as other children.²¹

Experiences of violence at school can also hinder children's educational progress. Victimization by teachers or peers may make children afraid of going to school and interfere with their ability to concentrate and participate in school activities. In severe cases, experiences of school violence can result in truancy and/or school drop-out.²² For instance, a nationally representative survey of primary school students in Ethiopia found that exposure to school violence reduced girls' class participation, lowered their school performance, increased their grade repetition and increased their drop-out rates.²³

Children who experience multiple forms of violence are at especially high risk of poor educational outcomes. In particular, children who are bullied by peers at school while also experiencing abuse at home or in their community are at considerably higher risk of poor academic performance.²⁴ Additionally, one study found that children experi-

encing multiple forms of violence were highly likely to become 'bully-victims' at school (those who experience bullying while also bullying other children), extending the consequences of child abuse from the victims themselves to their school-based peers.²⁵

Economic impact on individuals

Several recent studies in the United States have confirmed the damaging economic consequences of child abuse.²⁶ Currie and Widom (2010), for example, conducted a prospective cohort study in which they matched children who had experienced court-substantiated cases of physical and sexual abuse before age 11 with a non-abused control group. They followed both groups of children into middle adulthood (that is, into their thirties and forties), comparing their economic outcomes. This study found that adults with documented histories of abuse were, on average, 14 per cent less likely than the control group to be employed and significantly less likely to own assets (such as a home, vehicle, stock or bank account). Furthermore, the study estimated that childhood experiences of abuse reduced a person's earning potential by an average of about US\$5,000 per year.²⁷

Using data from a nationally representative study – the National Comorbidity Survey in the United States – and controlling for key social and economic variables, Zielinski (2009) found that individuals who experienced child abuse were

at increased risk of financial and employment-related difficulties in adulthood. Adults who had experienced any form of abuse were twice as likely as their non-abused peers to be unemployed and 80 per cent more likely to have had someone in their household lose a job in the last 12 months. Individuals who had experienced multiple forms of abuse were particularly affected. The study also revealed that abuse victims were more than twice as likely to fall below the federal poverty line and almost twice as likely to live in a household with a total income in the lowest 25 per cent (quartile) of the population. While those who had experienced abuse were more than twice as likely as those who had not to depend on Medicaid and/or other public funding for health care, they were less likely overall to have health insurance of some kind.²⁸

The same study also demonstrated divergent outcomes according to the type of maltreatment. Adults with a history of physical abuse in childhood suffered the greatest employment-related difficulties in adulthood: They were 140 per cent more likely to be unemployed and 80 per cent more likely to have experienced a financially harmful job loss in their household in the past year than those who had not been victims of physical abuse. While no significant impact on employment status was found among those who experienced sexual abuse or severe neglect as children, individuals who were sexually violated were 50 per cent more likely than non-victims to live in a household in which someone had lost his or her job in the last year. Those who suffered severe neglect were 60 per cent more likely than non-victims to have had

a financially harmful job loss in their household in the past year. Childhood experiences of each form of violence had a detrimental effect on victims' income in adulthood. This was particularly the case for those who experienced sexual abuse, who were 80 per cent more likely than non-victims to live below the federal poverty line and 90 per cent more likely to have family earnings that fell within the lowest income quartile.²⁹

In economic terms at least, women appear to be more severely affected by childhood abuse than men. According to Currie and Widom's study, women who experienced violence as children exhibited significantly lower economic outcomes than the control group in both young and middle adulthood. As young adults, women who experienced violence had completed fewer years of education and had lower IQ test scores. The difficulties persisted, with women in their thirties and forties earning less and being less likely to own assets than their peers who had not experienced violence in childhood. Although male victims of violence were significantly less likely than their non-abused peers to have a skilled job in young adulthood, this trend became non-significant for men in their thirties and forties. The study suggests the disproportionate long-term burden of childhood abuse on women's economic well-being.³⁰ Further research is needed, however, to understand the social and economic impact of child abuse by sex.

Economic impact on society

Beyond the toll on individuals, violence against children inflicts damage at the societal level, including

direct and indirect costs due to increased social spending and lost economic productivity. In 2012, Prevent Child Abuse America released an economic analysis positing that the prevalence of child abuse and neglect in the United States costs over \$80 billion annually.³¹ The study's calculations included direct costs of abuse (related to medical treatment, mental health services, the child welfare system and law enforcement) as well as indirect costs (related to special education, early intervention services, emergency/transitional housing, physical and mental health care, juvenile delinquency, adult criminal justice costs and lost worker productivity).

Fang et al. (2012) estimated the lifetime economic costs of new cases of child abuse in the United States in 2008 at \$124 billion (in 2010 dollars). The calculation included lifetime costs of \$210,012 per abuse victim who survived and \$1.3 million per victim who died. The estimated lifetime cost was comprised of productivity losses as well as special education, medical and health care, child welfare and criminal justice costs emerging from children's experiences of abuse, with the largest component stemming from productivity losses.³² In another study, Fang et al. (2013) estimated the economic cost of child abuse in East Asia and the Pacific to exceed \$160 billion (in 2004 dollars) based on economic losses due to death, disease and health risk behaviours attributable to child abuse.³³

The findings from these studies confirm the considerable social and economic burden of child abuse. From a cost-benefit perspective alone, they highlight the critical importance of investing in prevention.³⁴

VIOLENCE IN THE LIFE CYCLE OF CHILDREN

The passage from childhood to adulthood is marked by a series of life stages involving transitions in a child's cognitive, physical and moral development. These stages represent opportunities for building children's capacities, life skills and resilience.³⁵ At the same time, they are associated with certain risk factors for various forms of violence.

As girls and boys develop, they become more independent and begin interacting with people other than their primary caregivers. This increases the likelihood of abuse by both caregivers (often in response to a child's increased independence) and people outside the home. The types of violence that children are exposed to change as they age, as do the possible effects.

PRENATAL PERIOD AND BIRTH



The experience of violence can affect the foetus in the womb. More specifically, when maternal levels of the stress hormone cortisol are raised during pregnancy, the result is poor foetal growth (which is linked to subsequent development of adult diseases) and negative effects on brain development.³⁸ The stress of violence and abuse on a pregnant woman may lead to other consequences as well, such as failure to obtain adequate nutrition and medical care in pregnancy, which can lead to low birth weight and other adverse outcomes for both mother and child.³⁹ In certain instances, miscarriage and stillbirth may be attributable to violence.⁴⁰ And research confirms that pregnant women who have been subjected to or witnessed abuse are more likely to have complications during childbirth.⁴¹ At its most extreme, sex-selective infanticide can be quite common in societies where girls and women are thought to be of lower status than boys and men.

EARLY CHILDHOOD



A growing body of evidence suggests that infants and young children are particularly at risk of violence by primary caregivers and other family members because of their dependence and limited social interactions outside the home.⁴² Children can be inadvertently hurt in incidents of domestic violence directed to their mothers, or they may be intentionally threatened or hurt in retaliation against their mothers. "Even when they are apparently lying passively in their cots, infants are sensitive to their surroundings and especially to the emotional signals given out by their caregivers, including the caregiver's depressed, anxious, fearful or angry mood."⁴³ Research suggests that exposure to extreme trauma and toxic stress during the early years has serious effects on the organization of the brain.⁴⁴ Toxic stress occurs when children experience prolonged, strong and/or frequent adversity, such as physical, emotional or sexual violence and/or chronic neglect, without adequate adult support. This can disrupt the development of the brain, increasing children's risk for developmental delays as well as stress-related health problems – such as heart disease, substance abuse and depression – later in life.⁴⁵ Exposure to violence can also result in disrupted attachment to caregivers as well as 'regressive' symptoms such as increased bedwetting, delayed language development and additional anxiety over separation from parents, which in turn may affect children's ability to learn and to get along with other adults and with peers.

Early and prolonged exposure to violence has the potential for the most adverse and long-lasting impact since it affects the subsequent chain of development.³⁶ Younger children appear to exhibit higher levels of psychological and emotional distress as a result of violence than older children. This is because older children possess more fully developed cognitive abilities that may allow them to understand the violence and adopt coping strategies to alleviate its upsetting effects.³⁷

THE FORMS OF VIOLENCE THAT CHILDREN ARE EXPOSED TO TEND TO INCREASE WITH AGE. HOWEVER, THE POTENTIAL IMPACT OF VIOLENCE IS GREATER AT YOUNGER AGES, WITH EARLY AND PROLONGED EXPOSURE HAVING POTENTIALLY MORE ADVERSE EFFECTS.

MIDDLE CHILDHOOD



As girls and boys move towards middle childhood, they are faced with increased exposure to interpersonal violence. Research has found that children aged 5 to 9 years are more likely to experience violent punishment than older children, often as a result of their new-found independence (typically reinforced by attendance in school) and the increased influence of peers.⁴⁶ Interactions with peers and participation in school activities are also associated with new forms of victimization, including, for instance, sexual harassment and violence on the way to and from school, corporal punishment by teachers and bullying by schoolmates. Evidence of the impact of school violence shows compromised attendance, lower academic results and higher drop-out rates. Among girls, school violence can also have an impact across generations, resulting in higher fertility rates, lower health status and a weakened household economy.⁴⁷

LATE CHILDHOOD AND ADOLESCENCE



In most contexts, puberty marks an important transition in girls' and boys' lives. At this stage, gender, sexuality and sexual identity begin to assume greater importance.⁴⁸ At the same time, evidence also points to increased vulnerability to particular forms of violence. Teenagers, especially boys, may become the targets of violence based on their non-traditional sexual orientation or gender identity.⁴⁹ Girls are at greater risk of sexual violence and forced or early marriage than most boys, with implications for the transmission of HIV. For many girls, the first experience of sexual intercourse in adolescence is unwanted or even coerced.⁵⁰ Young brides are at greater risk than older brides of physical, emotional and sexual violence and of curtailed personal freedom and decision-making power.⁵¹

Puberty is also a period in which girls and boys are more likely to engage in risky behaviours such as drug and alcohol abuse and unprotected and unsafe sex that increase their vulnerability to victimization.⁵² In addition, adolescence is associated with increased self- and political awareness and with independent interactions outside the household.⁵³ In some settings – particularly conflict and armed violence – this may make involvement in political movements, armed struggles and criminal activities compelling, particularly for disadvantaged and marginalized children.⁵⁴

USING DATA TO MAKE VIOLENCE VISIBLE

Evidence – in the form of reliable data – is key to unveiling the hidden nature of violence against children and beginning to erode its social acceptance. Robust data are also crucial in mobilizing resources and action, informing the development of policies, legislation and programmes and instituting a sound monitoring process to assess results and impact.¹

A full understanding of violence against children requires many types of information. Prevalence estimates are needed to draw the ‘big picture’ – the magnitude of the problem – while information on the family and the social environment in which children live can reveal factors that may increase or mitigate risk. Insights into perceptions, attitudes, beliefs and cultural practices pertaining to child abuse, perpetrators and victims can uncover the social norms that may explain the occurrence of violence and how people justify it. Solid evidence of what works in terms of prevention and response is also necessary in developing and implementing successful strategies to address the problem. Finally, records from the police department, child welfare agencies, the criminal justice system, doctors and hospital emergency rooms provide important accounts of the outreach of entities in charge of service delivery as well as basic information on the circumstances related to incidents of abuse.

Despite the wide-ranging types of data needed, information on violence against children remains sketchy in both coverage and scope. Several obstacles have affected the availability and quality of violence-related data, including methodological and ethical challenges as well as the lack of international

standards for data collection, limited country capacity for data gathering and unsystematic investments in the production of comprehensive statistics on the subject.

DATA SOURCES

Data related to violence against children can be found through multiple sources. These include administrative records, surveys and qualitative studies – all of which have strengths and weaknesses.

Administrative records

Administrative records summarize information from a variety of official and non-governmental sources, including public and private social and medical services, agencies of the criminal and civil justice systems, research and documentation centres, and services such as shelters and helplines designed specifically to respond to victims of violence.

Administrative data offer many advantages when conducting research on child abuse, including the fact that they are routinely collected as part of the day-to-day operations of involved agencies and organizations. Using this information to its full advantage is a cost-effective approach to data collection that does not rely on the availability of sizeable research grants to sustain it. It also streamlines the data collection process and avoids encumbering research participants with the need to answer sensitive questions on multiple occasions. However, since these records are designed and instituted for administrative purposes (and not primarily for the sake of research), they cannot be used to calculate prevalence estimates and their potential usefulness is limited by numerous factors.²

Key concerns include data coverage (that is, whose data are and are not included within records), the definitions used and their compatibility with international standards. Another common problem is inconsistency in the implementation of data collection and quality assurance processes and procedures, along with missing data due to worker error and/or negligence.³ Given these challenges, it may be necessary at times to combine multiple sources of administrative data to generate a more

holistic picture. However, when this is done, special attention must be given to reconciling any differences in the definitions, dates, coverage, comparability of the samples and quality of data collected across datasets.⁴

For instance, medical records and emergency room reports can be useful in providing diagnostic information pertaining to the nature of violence-related injuries in children – including how, when and where the injuries took place. However, medical records may not include information surrounding the circumstances that led to the injury and may not be available for research purposes due to confidentiality issues.⁵

Police records may provide information on the relationship between the perpetrator and the victim, whether weapons were involved and the circumstances surrounding the event. Such records, however, naturally only address violence that is reported to law enforcement. Previous research has found that many victims of violence do not seek help from the police. A household survey conducted in South Africa, for example, revealed that between 50 and 80 per cent of victims received medical attention for a violence-induced injury without filing a police report.⁶ Similarly, a survey conducted in the United States found that 46 per cent of victims who sought emergency medical care did not report the incident to the police.⁷ The potential applicability of police data is, therefore, limited due to high levels of underreporting and the possibility of particularly vulnerable populations not being included in the analysis.⁸

Similarly, the use of criminal justice system data and child welfare records also involves challenges related to the composition of their samples. Prison records, for instance, often contain detailed information pertaining to perpetrators but tend to be biased towards more severe crimes (that is, those that led the perpetrator to be incarcerated). And criminal justice system data only capture instances of violence in which the alleged perpetrators were prosecuted. An additional challenge associated with such data is the process of identifying the most appropriate unit of analysis. With justice system data, this can vary based on the stage in

the judicial process at which the data are collected. For instance, units of analysis can include offenders, charges, suspected crimes, substantiated crimes, victims, individuals charged with a crime, convictions and sentences, among others. While each of these can provide useful information about violence against children, it is important to have clarity about which stage the data refer to and avoid double counting.⁹ A similar concern emerges when using data provided by child welfare agencies. Different agencies employ child-based approaches for monitoring cases or family-based approaches that track all instances of child abuse within one family. Comparisons of data across child welfare agencies require that the data be disaggregated, which may not be possible when agencies adopt a family-based method.¹⁰

Vital statistics – which include government statistics on live births, deaths and foetal deaths – are another common type of administrative data pertaining to violence against children. Birth and death registries are maintained in many countries worldwide alongside government records pertaining to homicides and suicides. Mortality data may be particularly useful since they can help estimate, for example, the numbers of deaths resulting from child abuse and neglect, of homicides among children, of accidental injury deaths, of injury fatalities with undetermined intentionality and of sudden infant death syndrome cases.¹¹ Although mortality records are widely available, calculating prevalence rates from them can be problematic, since datasets are frequently incomplete. In addition, vital statistics may be a poor source of data on violence-related deaths among children due to the limited information available on many death certificates, strict coding guidelines that may require a documented history of child abuse and/or reluctance among individuals completing the death certificate to register child abuse as the cause of death.¹²

Surveys

Collecting data on violence against children through surveys can take three main forms.¹³ The first approach involves the development and implementation of a stand-alone survey with a specific focus on the issue. This allows for the

collection of detailed data on the characteristics of both victims and perpetrators, the frequency and circumstances surrounding the abuse and other pertinent information. A second approach involves the inclusion of specific questions relating to children's experiences in stand-alone surveys on violence that cover all ages of the population and thus provide data that can be disaggregated by age. Finally, questions on violence against children can be included within generic household surveys that also inquire about a wide range of social, demographic and health topics. When resources are limited, such an approach can be the instrument of choice since it may allow for the collection of data on violence on a more regular and systematic basis.

Surveys offer numerous advantages when conducting research on child abuse. For one, they capture data about incidents that have not been reported to the police or other authorities. Moreover, they can include detailed and targeted information about the identity of the victims and/or perpetrators – such as socio-demographic characteristics, attitudes, behaviours and potential involvement in violence or abuse in the past. Surveys can also capture details relevant to specific incidents that may not be covered in administrative records.¹⁴ The quality of survey data is, however, highly dependent on the rigour of the sampling method and the size of the sample. Data must be collected with a sufficient sample size in order to allow for disaggregation according to key variables (including age, sex and level of education).¹⁵ Random sample approaches to data collection are particularly advantageous if conducted properly, since they enable researchers to generate data that are nationally representative and/or representative of the population being studied. Representative data are critical in making generalizations about the broader population of interest and thereby informing policy decisions.

There are also some other challenges to the implementation of survey research. Surveys can be an expensive approach to data collection when compared to administrative records and vital statistics, and they are more vulnerable to budget cuts and instability in times of limited financial resources and political changes.¹⁶ In addition, they are often retrospective in nature and therefore

limited by the victims' ability to recall details about past violence. Given the sensitive nature of the issue, some respondents may not feel comfortable disclosing experiences of violence to a person they do not know, leading to concerns about social desirability bias (that is, people reporting what they believe will be viewed in a favourable light by others). Even though standardized interview protocols are often used in survey research, the quality of the data collected still depends on how the interview process unfolds – including the level of training and skill of the interviewers, the ways in which survey questions are worded and asked, and the location of the interview, among other factors.¹⁷ Differences among findings in various surveys may arise as a result of the data collection method used. For example, computer-assisted self-interviews, which allow research participants to privately record their answers, have been found to produce higher rates of self-reporting in victimization surveys than face-to-face interviews.¹⁸ Implementation of survey research requires a highly skilled team that is able to properly manage the statistical, operational and ethical challenges associated with the research process. Nevertheless, when managed properly, surveys are thought to provide more accurate estimates of prevalence within a population than most other data sources. Surveys can also be highly beneficial in developing nationally representative datasets incorporating internationally validated instruments and standardized definitions.¹⁹

Qualitative studies

To generate a holistic picture of violence against children, it is often useful to combine quantitative sources of data with qualitative information. Surveys are useful in assessing how many children experience violence, what forms are most common and which children are most at risk. Qualitative approaches, on the other hand, can generate an in-depth description and understanding of human experiences, behaviour and social dynamics.²⁰ As a result, qualitative studies can address how violence occurs and why it persists.

Qualitative research involves in-depth interviews that are often open-ended, which makes it particularly useful when asking children about highly sensitive topics such as their experiences of violence.²¹ When conducted appropriately, qualitative interviewing approaches give researchers

time to develop trust with participants²² and allow children the time to tell their story, in their own words, as they become more comfortable.²³ However, in order for children to benefit from the open-ended and flexible nature of the qualitative interviewing process, interviewers need to have skills, knowledge and supervisory support to build rapport with child participants and interact with children in a sensitive manner. Interviewers must also be able to recognize and properly respond to verbal and non-verbal demonstrations of distress among child research participants.

Despite the advantages, qualitative research can also be time-consuming and labour-intensive and involve complex data analysis processes.²⁴ In addition, since qualitative researchers are heavily involved in interpreting their findings, this method has been criticized for researcher bias.²⁵ The use of open-ended interview protocols can also make comparisons across different qualitative studies challenging. Moreover, qualitative studies are often small in scale and tend to rely on non-random samples. As a result, they are not useful in measuring the prevalence of violence or generating results that can be generalized to a larger population.

“ States [should] improve data collection and information systems in order to identify vulnerable sub-groups, inform policy and programming at all levels, and track progress towards the goal of preventing violence against children. States should use national indicators based on internationally agreed standards, and ensure that data are compiled, analysed and disseminated to monitor progress over time. States should develop a national research agenda on violence against children across settings where violence occurs, including through interview studies with children and parents, with particular attention to vulnerable groups of girls and boys.”

UN Study on Violence against Children

METHODOLOGICAL CHALLENGES

Collecting reliable data on violence against children is a complex undertaking that raises serious methodological challenges. One key consideration is identifying the most appropriate and reliable informants. Widely perceived as a social taboo, violence is seldom reported by either victims or

perpetrators – even in anonymous surveys. Children may feel pressed to conceal incidents of abuse, particularly when perpetrated by people they know and trust, or may be unwilling to report them for fear of retaliation or stigma. Depending on their age and stage of development, children may also be unable to provide accurate accounts of their experiences.

BOX 2.1

MEASURING CHILD NEGLECT: MANY UNANSWERED QUESTIONS

‘Child neglect’ is a broad term used to describe a failure to provide for the physical and emotional needs of a child, to protect a child from danger and/or to obtain services for a child when the person(s) responsible for her or his care have the means, knowledge and access to do so.²⁶ General Comment No. 13 on the Convention on the Rights of the Child elaborates further: Child neglect includes: (1) physical neglect, such as failure to provide basic necessities including adequate food, shelter and clothing; (2) psychological or emotional neglect, such as lack of love, support and attention to the child along with exposure to domestic violence or substance abuse; (3) neglect of a child’s health, including the withholding of essential medical care; (4) educational neglect, or failure to comply with laws requiring school attendance; and (5) child abandonment.²⁷

Data on child neglect are scarce, with existing statistics limited mostly to high-income countries.²⁸ For example, a 2011 population-based survey in the United Kingdom showed that neglect is a commonly reported form of child maltreatment in the family, with 16 per cent of young adults aged 18 to 24 indicating that they experienced neglect at home at some point in childhood.²⁹

Similarly, in 2011, the prevalence of neglect among children under age 17 in the United States was estimated to be 15 per cent.³⁰ However, even in high-income countries where child neglect is common (as substantiated by child protection services),³¹ it remains the most understudied type of child maltreatment. And, as with other forms of maltreatment, inconsistency in the measurement of neglect, differences in the age and other characteristics of children involved in research and the use of non-representative samples have resulted in studies of varying scope and quality that make comparability of research findings extremely challenging.

The scarcity of data on neglect is due in part to problems associated with measuring it, some of which are similar to those confronted by data collection on other forms of violence against children. Historically, defining and measuring neglect has been a subject of debate, particularly in cross-cultural contexts, with many questions hanging in the balance. For instance, what are the minimum requirements associated with caring for a child? What constitutes failure to provide ‘adequate’ food, shelter, clothing and protection? How can we measure whether caregivers’ neglectful ac-

tion or inaction is truly intentional or rather attributable to their social or economic status, including poor education and lack of awareness of a child’s needs? How can we quantify parental support and love towards a child? In the absence of a common operational definition and comparable measures, identifying child neglect may be subjective and contextual.³²

With the exception of extreme cases, as when a child is severely injured or dies, cultural norms regarding neglectful behaviour vary in different societies. In some countries, for example, leaving an infant in the care of an 8-year-old sibling may be widely accepted; in other countries, this would be considered neglectful of both children.³³ Murray Straus proposed a definition of neglect that acknowledges the recognition of certain extreme forms as harmful to children across societies, but also allows room for different cultural interpretations, describing neglect as the “failure to act in ways that are presumed by the culture of a society to be necessary to meet the developmental needs of a child”.³⁴ While this approach confers numerous advantages, it also poses challenges when comparing data across countries or regions. Moreover, various cultural groups

Adults often fail to report incidents as well, even when they are not directly responsible. When interviewed about their experiences as children, adults may likewise be unwilling or unable to report what happened to them. Caregivers of victimized children may be reluctant to disclose information in an attempt to protect them from further harm.

Other methodological challenges include the fact that certain types of violence, such as neglect, can be particularly difficult to quantify due to their largely intangible nature (see *Box 2.1*), while others, such as certain forms of sexual abuse, are particularly hard to measure due to the conditions of extreme secrecy and illegality that surround their occurrence.

within the same country may have different definitions of neglectful behaviour, raising the question of where the line is drawn when developing measures incorporating different cultural norms. Timing must also be carefully considered. What constitutes neglect varies according to the age and developmental status of the child.³⁵ For instance, in some countries, leaving a child unattended for an hour is deemed neglect when the child is extremely young, but not when she or he is an adolescent. Additionally, societal standards for risk and harm are constantly evolving over time, resulting in ongoing changes in legal definitions and interpretations of what constitutes neglect.³⁶

Extensive debate has also surrounded the issue of whether to adopt a caregiver focus and/or a child focus in defining neglect – that is, should the emphasis be on caregiver omissions in care, on children’s needs not being met or on some combination of the two? In developing measures of neglect that centre on caregiver actions and inactions, measurement is complicated by the reality that caregivers may face constraints out of their control, such as insufficient income, limited access to medical care, unsafe housing and violence in their community.³⁷ Even when child-based measures are used, it is challenging to distinguish whether the failure to meet a child’s need is voluntary rather than the

result of circumstances outside the direct control of the caregiver(s). In contrast to other forms of maltreatment, child neglect is committed by omission, making it difficult to observe in practice. In high-income countries, the most common sources of data on child neglect are usually administrative records from child protection services. The usefulness of this data is, however, limited by biases in the reporting and screening process.³⁸ The vast majority of neglect cases are never reported to authorities, and caseworkers may not be consistent in their assessment of what constitutes neglect.³⁹

In spite of these many obstacles, some scales measuring neglect do exist. In 2004, for instance, researchers developed a child self-report measure of neglect, the Multi-dimensional Neglectful Behavior Scale (MNBS), which includes four primary domains of neglectful behaviour (emotional, cognitive, supervision and physical). Items range from “My parents left me somewhere and did not come back” to “My parents do not tell me that they love me.”⁴⁰ While the short form of the MNBS has been validated in several cultural contexts, research has largely been limited to high-income countries. Other neglect scales rely instead on observation of parent-child interactions and of the child’s home environment. For instance, the Child Well-Being Scales (CWBS) consist of a series of

clinician-rated scales assessing caregivers’ ability to provide for children’s basic needs. Implementation of the CWBS involves an independent rating of household issues (such as overcrowding, sanitation, safety and hygiene) and relational issues between caregivers and their children (including acceptance, expectations, discipline and stimulation, among others).⁴¹ Scales relying on parent-child observation, such as the CWBS, have been widely used by child welfare and social service agencies in Canada and the United States as a method for assessing neglect during home visits. These approaches have, however, been criticized on methodological grounds for issues such as the lack of standardized procedures for administration, the absence of clinical cut-off points and the inability to adequately capture levels of extreme poverty, among others. Additionally, scales such as the CWBS were only intended for families involved with child protection services, thus limiting their applicability.⁴²

Future efforts to measure child neglect should continue to focus on improving clarity and consistency. At the same time, implementation of further research on the subject outside high-income countries is warranted to deepen the understanding of child care and neglect across a variety of social, economic and cultural contexts.

Furthermore, some forms of violence that are socially condoned may not be perceived as deserving of public attention and intervention, and therefore may not be considered a priority for data collection. Nationally representative datasets pertaining to violence against children are not usually available due to the high costs associated with conducting large-scale surveys. While administrative data can be used in the absence of surveys to provide information on certain aspects of the problem, the sample covered – as explained earlier – may not properly represent the population of interest and will only capture violence that has been reported to the authorities.⁴³ In addition, the data collected for administrative purposes may be of insufficient quality and/or level of detail

necessary for statistical analysis, particularly on variables that are not central to the implementation of relevant administrative processes.⁴⁴ In cases of incomplete data, information from multiple sources can theoretically be merged together. However, in practice, this may not be possible due to lack of comparable research measures or methods.⁴⁵

The comparability of data across multiple sources and/or countries poses a formidable challenge for data analysis pertaining to violence against children. To facilitate comparisons across countries, regions and globally, data collection processes and measurement systems must share a standardized approach.⁴⁶ However, measurement of violence against children often varies widely across datasets,

THE POTENTIAL IMPACT OF CHILDREN'S PARTICIPATION IN RESEARCH ON VIOLENCE

A fundamental concern in research on violence against children is the potential impact on children of their participation in research. Key questions include:

- Is it justifiable to include children in abuse research classified as non-therapeutic that has limited, indirect or minor benefits for children?
- What are the possible short- and long-term consequences?

While there is general agreement on the importance of obtaining reliable statistics on violence, the impact of data collection on individual children remains largely unknown because minimal research has been done on the subject.⁵² What the research does suggest, however, is that children and youth are more likely to be emotionally affected by survey questions than adults.⁵³

In the case of children who have experienced violence, involvement in

research may generate discomfort, fear or even re-traumatization in the form of memories or flashbacks. For children who have not been victimized, the concern is related to the potential harm of being exposed unnecessarily to distressing or uncomfortable issues that are beyond their experience or knowledge.⁵⁴ These feelings may be exacerbated in situations where the protection of the research participants cannot be guaranteed or where interviewers without appropriate skills and training engage in the data collection.

For example, a national survey conducted in the United States in 2009 on different forms of violence (including sexual abuse) found that nearly one quarter (23 per cent) of the participants reported becoming upset by the questions asked, with girls and younger participants most affected.⁵⁵ The survey involved 1,588 participants aged 10 to 15 years. An additional 44 per cent of participants were neutral

towards (30 per cent) or disagreed (14 per cent) with the statement that other surveys should ask similar questions about violence.

Another US study showed similar results. This gathered information from young people about the degree to which they became upset while completing a self-reported survey about sensitive events. The study found that 30 per cent reported some level of upset, with victims of sexual violence most affected.⁵⁶

Talking about traumatic experiences may bring relief to some children who are involved in therapeutic treatment. Even in a non-therapeutic research context, findings from a study with Bosnian refugee children confirm that many children rated participation in interviews as a positive experience, indicating that they felt "relief" after the interview. Children in this study, however, were interviewed about their experiences as refugees and not

studies, countries and regions.⁴⁷ The types of violent acts reported are often inconsistent, resulting in underestimates of some forms of child abuse.⁴⁸ Moreover, differences among national, regional and even provincial or territorial definitions and/or theoretical understanding of violence against children can make the aggregation of statistics impossible. Another problem is that reports addressing violence against children often do not provide a detailed enough explanation of the research methods to enable an outside reviewer to properly assess issues in the data collection process and their possible effect on the measurement of key constructs.⁴⁹ While standardization of definitions, indicators and questionnaires is critical for cross-

national comparison, developing measures that adequately capture nuances in different cultural contexts and for different subpopulations is also a key concern.⁵⁰

ETHICAL CONSIDERATIONS

Numerous ethical issues confront researchers when collecting data on violence against children and there are potential safety risks for all involved. For example, surveys have the potential to re-traumatize research participants if questions are not asked in a sufficiently sensitive manner (see *Box 2.2*).⁵¹ It is therefore crucial that fundamental principles are followed for the ethical collection of sound data.

directly questioned about previous history of interpersonal violence, thereby limiting the potential applicability of their experiences to interviews on that topic.⁵⁷ There is also the risk that researchers who are not trained may, in fact, exacerbate a child's distress. Some studies indicate that it is the negative responses respondents receive to their disclosure that causes harm, rather than the disclosure itself, and that any benefits of talking about the trauma can be marred by those harmful effects.⁵⁸

The potential impact on children of participation in such research needs to be considered in light of their history of victimization. While the literature tends to focus on children who have experienced abuse, which is critically important for some research activities, researchers are ethically responsible for all children. Ethical considerations must therefore take into account the different experiences children have had and consequent areas of sensitivity and concern – both for those children who have been victimized and those who have not.

The relationship between the child and the perpetrator of violence is

another consideration in ethical decision-making. Parents usually play a key role in supporting and protecting their children, although this is negated when parents are the perpetrators of violence against them. Ethical guidelines are, at times, strongly influenced by the possibility or assumption that the parent may be the perpetrator, which has a negative impact on the potentially protective role parents can play. This affects ethical decision-making about the consent process, the information provided and the strategies planned for child protection. Family violence is, however, only one aspect of violence against children. Parental support can be a welcome consideration when other aspects are researched.

A recent review of the available literature identified gaps and areas where further research is needed.⁵⁹ These include: the emotional impact on all children of participating in research on violence; the nature, duration and magnitude of distress caused by such participation, among both children who have a history of violent experiences and those who do not; the role of different factors such

as age, sex and other characteristics on children's willingness and ability to participate in such research; the relationship between the provision of information to parents and children and participation rates; and how parents weigh up risks and benefits of children's participation in such research. The review identified a significant gap in the ethical guidelines on what to do if no services are available for the referral of children to psycho-social support or child protection. Some documentation advises strongly against proceeding with the research if no referral services are available, while other experts advise finding alternatives such as services that have been developed in response to violence against women.

The findings of the literature review point to the need for further research, particularly in the case of sexual violence and especially when data collection is undertaken as part of large-scale efforts, as opposed to small-scale research studies carried out with adequately trained personnel. Given all these areas of ethical uncertainty, caution is warranted in undertaking data collection.

The core responsibility of a researcher working with children is to protect them from potential harm and ensure that they benefit from the results of the study. Informed consent, for instance, must be granted before carrying out any interviews. This involves an explicit agreement to participate that is predicated on interviewees fully understanding the research process, not being coerced into participation, and having the freedom to withdraw from the study at any time.⁶⁰ In research with children, a central question is the extent to which they understand the nature of the process and the possible repercussions of their engagement in it. With younger children particularly, there is the concern that even though they may know conceptually that they can withdraw from the study at any time, they may not be sure how to do so in practice and/or may be hesitant to do so while viewing the researcher as an authority figure.⁶¹ Another concern is whether and when parental consent is necessary and/or in the child's best interest. In research pertaining to violence against children, parental consent may in fact put children in danger of further harm from parents and/or other caregivers. It may not be possible to obtain parental consent for some groups of children for logistical reasons or because they lack an active guardian (as is the case with children living on the street). Furthermore, legal guidelines on and cultural attitudes towards parental consent vary substantially among countries and must be carefully considered when conducting cross-national research.⁶²

Yet another ethical consideration is the need to maintain confidentiality, which involves careful steps to ensure that data are collected while drawing minimal attention to subjects, thus safeguarding their privacy. Data must also be stored in a secure manner and research findings must be presented in a way that safeguards anonymity.⁶³ When such protective measures cannot be adopted, collecting data on violence from young respondents may not be desirable and should be avoided, since children may be exposed to the risk of retaliation from perpetrators. At the same time, guidelines must be instituted to ensure that referral and support systems are in place for children who report being at risk during the research process. Protocols

must also be established to guide researchers in deciding whether and when to intervene when a child participant is found to be in possible danger.⁶⁴ In some contexts, sufficient services may not be available for children who experience abuse.⁶⁵ In these cases, researchers must decide whether or not to proceed with their work and, if so, how to avoid inadvertently causing harm to research participants.

A MORAL IMPERATIVE AND STRATEGIC INVESTMENT

While collecting and analysing data on violence against children is full of potential hazards, such data are nonetheless essential to document the widespread nature of violence, to support government planning and budgeting for universal and effective child protection services, and to inform the development of effective laws, policies and prevention programmes worldwide.⁶⁶

Recent years have witnessed a surge in the number of activities aimed at filling existing data gaps, primarily through population-based sample surveys. International survey programmes are playing a central role in strengthening the knowledge base through the collection of comparable data on specific forms of violence against children (*see Box 2.3*). The number of targeted surveys dedicated exclusively to the collection of comprehensive information on children's experience of violence has also grown in recent years. Initiatives have been undertaken by or with the support of international agencies, international and local non-governmental organizations (NGOs), government institutions and researchers. The fact that governments and others have expressed interest in advancing this area and have invested in improved data collection efforts is a positive step forward. However, these activities have largely been carried out in isolation, and some of them remain unknown to the broader child protection community. Moreover, the use of different definitions and methodologies has produced data of varying quality and made comparisons across countries problematic (*see Box 2.4*). In addition, different standards and practices have been followed for ensuring the protection of



© UNICEF/S/LRA2013-0463/A/Asselin

respondents and interviewers and providing follow-up support to victims, which has raised important questions as to the potential risks stemming from the involvement of children in the data collection process.⁶⁷

Moving forward, a solid framework is needed to guide researchers on sound approaches to data collection and on ethical practices – one that is sensitive to the multiple contexts in which research is conducted.⁶⁸ It is also recommended that States continue to build data collection mechanisms, use indicators and tools that are rigorously tested and validated, and disaggregate data according

to sex, age, residence, education, ethnicity and other household and family characteristics. New approaches to data-gathering and information-sharing, including 'big data', represent new methods worth further exploration in the monitoring and reporting of violence. Finally, broad dissemination is needed of available data in formats that are easily understood by a wide audience to raise awareness of the pervasive nature of violence and its detrimental consequences. All this points to the need to develop, adopt and implement international standards for the collection, analysis and dissemination of violence data as key steps towards improving the availability, quality and use of resulting statistics.

INTERNATIONAL SURVEY PROGRAMMES WITH QUESTIONS ABOUT VIOLENCE AGAINST CHILDREN

The comparability of statistics on violence against children is a key factor in accurately describing this phenomenon across time and countries. The availability of comparable data on certain forms of violence, including violent discipline and bullying, has significantly increased in the last two decades, mainly through the inclusion of violence-related questions in international survey programmes.

Multiple Indicator Cluster Surveys (MICS)

UNICEF assists countries in collecting and analysing data on the situation of women and children through the MICS programme. Since its inception in the mid-1990s, this international household survey programme has enabled more than 100 low- and middle-income countries to collect nationally representative and internationally comparable data on more than 100 key indicators in areas such as nutrition, child health, mortality, education, water and sanitation, child protection and HIV and AIDS. To date, four rounds of MICS have been completed (MICS1: 1995-1996, MICS2: 2000-2001, MICS3: 2005-2006 and MICS4: 2009-2012). The fifth round of MICS (MICS5) is currently under way and is expected to be completed by 2015.

The MICS survey tools are developed by UNICEF in consultation with relevant experts from various UN organizations and interagency monitoring groups. The core tools include a household questionnaire, a questionnaire for individual girls and women between the ages of 15 and 49, and a questionnaire on children under age 5 (administered to mothers or primary caregivers). Beginning in MICS4, an individual men's questionnaire has also been added to the core

survey tools. The questionnaires are all modular in nature and can be adapted or customized to the needs of the country.

The third round of MICS included for the first time an optional module on child discipline adapted from the Parent-Child version of the Conflict Tactics Scale (CTSPC), developed by sociologist Murray Straus in the 1970s.⁶⁹ The MICS module inquires about the use of eight violent (six physical and two psychological) and three non-violent disciplinary practices used at home. Some countries have customized the module to include additional forms of punishment such as isolating a child, withholding a meal or burning a child with fire or a hot instrument, among others. The last item in the module probes the personal beliefs of the respondent about the necessity of using physical punishment to raise/educate children. In MICS3, the mother or primary caregiver of one randomly selected child was asked whether any of the discipline methods covered in the module had been used by any member of the household in the past month. Beginning with MICS4 (and all subsequent rounds), the methodology was changed so that any adult household member, not just the mother or primary caregiver, can act as the respondent for the child discipline module. As of May 2014, data on child discipline had been collected in 47 countries.⁷⁰ Details on all the rounds of MICS can be found at data.unicef.org.

Demographic and Health Surveys (DHS)

The DHS collect nationally representative data on topics including population, health, HIV and AIDS, nutrition and women's status and empowerment. Surveys are carried out in low-

and middle-income countries at regular four- to five-year intervals with the support of the US Agency for International Development (USAID).⁷¹

Several countries added the MICS child discipline module, or a modified version thereof, in DHS conducted after 2005. The standard module was used in the Albania DHS 2008-2009, Armenia DHS 2010, Azerbaijan DHS 2006, Jordan DHS 2012, Liberia DHS 2007 and Niger DHS 2012. The Egypt DHS 2005 implemented a modified version of the module that included questions on only three violent and one non-violent disciplinary practice for children between the ages of 3 and 17. The module on child discipline applied in the Congo DHS 2011-2012 included two additional types of punishment (pulling a child's ears and withholding a meal) while the Haiti DHS 2012 included three additional forms of punishment (pulling a child's ears, withholding a meal and making a child kneel).

A set of questions on child discipline (not the MICS module) was also included in the DHS conducted in the Plurinational State of Bolivia in 2003 and 2008. Men aged 15 to 64 years and women aged 15 to 49 years were asked about their own behaviours with regards to discipline in the home and their agreement or disagreement with a number of justifications for hitting children. The Colombia DHS in 2005 and 2010 included a similar set of questions on child discipline, but these were posed only to women aged 15 to 49 years residing in the household.

In addition to collecting data on child discipline, the DHS programme includes a standard module on violence based on a modified version of the Conflict Tactics Scale. The first time

such data were collected as part of a DHS was in Colombia in 1990. In 1995, questions were fielded in Egypt and again in Colombia. However, it is only in 1998-1999 that the DHS programme developed a standardized approach to the measurement of violence and first implemented it as a part of the 1998 DHS in Nicaragua. The module is addressed to girls and women aged 15 to 49 years and includes questions on the experience of specific acts of domestic and other forms of interpersonal violence. In particular, information is collected on any form of physical violence committed by anyone that has been experienced by girls and women since age 15, sexual violence at any age (including whether first sexual intercourse was forced) and help-seeking behaviours, such as if and from whom help was sought. Ever-married girls and women are asked about controlling behaviours of spouses or partners; experiences of emotional, physical or sexual violence committed by their current or most recent partner; frequency of abuse; physical consequences of the violence; and when the violence first began in the relationship. Information is also collected on women perpetrating spousal violence. In addition, girls and women who have ever been pregnant are asked whether they experienced any physical abuse during pregnancy and their relationship to the perpetrator. As of July 2014, data on violence against girls and women have been collected through DHS in about 43 countries. Trend analysis is possible for a number of countries that have collected these data more than once, including, for example, the Plurinational State of Bolivia, Cambodia, Cameroon, Colombia, Dominican Republic, Haiti, Kenya, Malawi, Peru, Rwanda, Uganda, Zambia and Zimbabwe. A handful of countries have also included a version of the module to collect information on the experiences of violence among boys and men. Further information about the DHS can be found on the DHS website at www.measuredhs.com.

Global School-based Student Health Surveys (GSHS)

The GSHS are a collaborative surveillance project of the World Health Organization (WHO) and the United States Centers for Disease Control and Prevention (CDC) to help countries measure and assess behavioural risk and protective factors in 10 key areas among adolescents. The GSHS questionnaires are self-administered and are composed of 10 core modules, core expanded questions and country-specific questions. One of the 10 core modules is on violence and unintentional injury and contains two questions about physical violence (experience of being physically attacked and involvement in physical fights in the last year) and two about bullying (frequency and type of bullying experienced in the past 30 days). The GSHS core expanded questionnaire also includes questions on dating violence, sexual violence, carrying of weapons, perception of safety at school, and physical violence by teachers.

The GSHS are implemented upon request from countries. The first set of surveys was conducted in 2003 and the latest surveys were completed in 2012; they have been implemented, or are currently under way, in 109 countries.⁷² Of these, 72 countries have collected information on all, or some, of the questions pertaining to physical violence and bullying. For some of these countries these data are available for more than one point in time, including Argentina, Chile, Egypt, Ghana, Guyana, Jordan, Lebanon, Mauritius, Morocco, Oman, the Philippines, Swaziland, Trinidad and Tobago, United Arab Emirates, Uruguay and the Bolivarian Republic of Venezuela. Further information about the GSHS can be found on the WHO website at www.who.int/chp/gshs/en/ and the CDC website at www.cdc.gov/GSHS/.

Health Behaviour in School-aged Children Study (HBSC)

The development of the HBSC dates back to 1982, when a group of researchers in England, Finland and Norway agreed to create and implement a common research methodology for surveying school-aged children. The earliest HBSC survey was conducted in 1983-1984, when it was adopted by the WHO Regional Office for Europe as a collaborative study and then repeated seven more times (every four years) until 2009-2010. Thus, trend analysis is possible for countries with successive surveys.

The HBSC study collects data on the health behaviours and social environments of girls and boys ages 11, 13 and 15 through self-administered questionnaires completed in the classroom. Topics include, for example, body image, life satisfaction, oral health, relationships with family and peers, sexual behaviour, substance use and physical activity. Questions on the experience of being bullied and bullying others have been included since the first survey; information on injuries and fighting has been collected since the 1993-1994 round. The standardized questionnaire enables cross-national comparisons to be made across participating countries. These findings have been summarized in five international reports (for the years 1993-1994, 1997-1998, 2001-2002, 2005-2006 and 2009-2010).

The HBSC has a regional focus on Europe and North America and has been implemented in 43 countries.⁷³ Further details about the study can be found on the HBSC website at www.hbsc.org.

Excerpted from: Child Protection Monitoring and Evaluation Reference Group, *Measuring Violence against Children: Inventory and assessment of quantitative studies*, Division of Data, Research and Policy, UNICEF, New York, 2014.

RECENT DATA COLLECTION ACTIVITIES ON VIOLENCE AGAINST CHILDREN

In 2010, Save the Children and UNICEF, together with other partners, established the global interagency Child Protection Monitoring and Evaluation Reference Group, known as the CP MERG. A Technical Working Group on Data Collection on Violence against Children was created under the CP MERG to guide, support, facilitate and coordinate the establishment of guidelines for data collection. As a first step, the Working Group identified the need to review recent quantitative studies.⁷⁴ The review was conducted to identify major areas of progress, gaps and challenges in the development of data collection tools and methodologies.

In total, 30 country studies, four multi-country studies and four general surveys that included components on violence against children were identified. In addition, leads were found to 25 other studies that were either not published at the time of the review, or whose findings had been embargoed

or for which sufficient background information could not be found through further research. A comparative analysis of the surveys was carried out across a selection of variables within the following six dimensions:

- Basic characteristics of the study, including year and country of implementation, coverage and commissioning/implementing agencies
- Definitions, indicators and content of the questionnaires, including the definition of violence against children; target groups and gender focus; types of violence, abuse or maltreatment researched; behaviours assessed; and research tool/instrument used
- Methodology and sample design, including possible sources of errors or bias and the use of sampling weights
- Field implementation, including selection and profiles of field staff,

training and use of a pilot test

- Quality control procedures, including the use of call-back procedures and quality control checks in the field
- Ethical protocols, including informed-consent procedures and follow-up procedures for abuse disclosures.

The review confirmed a growing interest in related research since the 2006 publication of the *UN Study on Violence against Children*. Among the 38 studies, 28 were conducted in or after 2006. Before 2006, 10 studies were carried out (not considering the earlier waves for repeated studies), with the earliest individual country study in 2002-2003.

The majority of studies were commissioned by individual organizations or agencies, namely international organizations (most commonly UNICEF), international NGOs and government



agencies. Several were commissioned under a partnership that usually included a national government and international organization. The types of agencies and organizations responsible for implementation varied widely across studies, from national and local NGOs to private sector agencies, academic institutions, research centres and individual consultants. The vast majority of studies identified in the review (33) were conducted just once.

Overall, the scope and quality of the studies identified and reviewed varied to a high degree. Most studies used their own customized definitions of violence. Key terms (such as 'violence' and 'abuse') were often defined on an ad hoc basis that was unique to each study. This made comparison across studies difficult, despite their use of similar labels, such as 'physical abuse'. The tools used for data collection varied extensively also in terms of scope, target population and design. All but four of the studies explored multiple types of violence. Most studies were interested in the physical dimension, followed closely by the sexual and emotional dimensions.

Corporal punishment was the focus of fewer but still a significant number of studies, possibly because of the definitional difficulties in distinguishing it from physical abuse or maltreatment. Bullying and neglect were less commonly researched. However, while most surveys asked whether the child was subjected to different forms of violence, the behaviours measured (that is, the ways in which violent acts were operationalized) in different questionnaires were rarely the same.

The assessment also found that most studies did not make it clear whether extensive validity testing had been employed; such testing would determine which approaches and sets of questions yield the most reliable data for measuring different dimensions of violence. Only a few studies used sound research methodologies and approaches to, for example, sample and questionnaire design or data entry and analysis. Indeed, some studies were found to violate basic quantitative research principles, including the use of purposive samples in studies aimed at obtaining representative data at the population level. Addition-

ally, the assessment found that, in many cases, information on basic parameters (such as sampling methods, target groups, sample sizes and sampling errors) was either not available in the research reports or was buried somewhere within them, which limits a reader's ability to properly understand the findings.

Finally, most studies included no or very little information on the ethical protocols followed to protect those involved in their implementation. Many were found to have violated basic principles of research ethics: Only 25 study reports actually mentioned the use of informed consent. Among those that did, the reports did not always detail how informed consent was obtained, and only very few made the consent forms and procedures available in the study materials.

Adapted from: Child Protection Monitoring and Evaluation Reference Group, *Measuring Violence against Children: Inventory and assessment of quantitative studies*, Division of Data, Research and Policy, UNICEF, New York, 2014.

A NOTE ON THE DATA

DEFINING CHILDREN

Throughout this report, the term 'children' is used to refer to anyone under the age of 18, in line with the definition of childhood provided in the Convention on the Rights of the Child. Where some data represent respondents up to 19 years of age or older, this is noted in the text and different terms, such as adolescents or youth, are used.

DEFINITIONS OF VIOLENCE

Given the limited availability of comparable data pertaining to violence against children, multiple data sources were combined to produce as comprehensive a picture as possible. However, whenever multiple data sources are used, concerns arise as to the comparability of findings across sources. For instance, definitions of partner or spousal violence vary considerably among data sources. Some surveys incorporate questions pertaining to physical, sexual and emotional violence, whereas others include only one or two of these forms. Other surveys capture additional types of partner violence, such as economic violence. The age groups of children represented by different surveys also tend to vary, further complicating comparisons across sources. While every effort has been made to explain any discrepancies in the measurements and definitions used across sources, data should be interpreted cautiously in light of these limitations.

While different labels and definitions are found in the literature to describe the range of victimization experiences suffered by children, the terms 'abuse,' 'violence' and 'maltreatment' are used interchangeably throughout this report for easier reading. When these umbrella terms are used to describe available data, it is important to remember that specific definitions may have been used when collecting the data. A correct understanding of the precise way in which violence has been measured is crucial when interpreting the data. The specific acts covered by the data are indicated in the text, endnotes and/or notes on the figures and tables.

CURRENCY OF DATA

The availability of data for different indicators of violence against children is highly uneven across countries. In some cases, the latest source of comparable data dates back to 2000; in others, it is as recent as 2013. Data indicate the status of the particular indicator at the time of collection and do not necessarily reflect the current situation.

The analyses presented in the following chapters are based on data from the most recently available source identified for each country. Year ranges provided in the sources for figures, tables and maps denote the period in which data collection took place. For each country, data refer to the most recent year available during the specified range.

DATA AVAILABILITY

The ability to include data on specific indicators for any given country is based on the availability of published survey reports as well as access to the datasets. In some instances, only a selection of results were published in survey reports and datasets were not available. This made it impossible to undertake additional analyses or to recalculate the estimates to make them consistent with findings from other countries.

For some indicators, data were also collected in other countries that are not presented in figures, tables or maps since results are based on less than 25 unweighted cases.

PRECISION OF THE ESTIMATES

A sampling error is usually measured in terms of the standard error for a particular statistic. The standard error can be used to calculate confidence intervals within which the true value of the estimate can reasonably be assumed to fall. This means that the value of any given statistic calculated from a sample survey will fall within a range. Because some of the indicators presented in the following chapters represent only a small number of respondents, particularly in the case of sexual violence,

the confidence intervals are likely to be relatively wide, affecting the accuracy of the estimates produced. The size of the confidence interval also affects the ability to make meaningful comparisons between groups of respondents, such as girls and boys. Confidence intervals are not systematically displayed in figures for readability. Caution is therefore warranted when interpreting the findings.

ACCURACY OF DATA

A key element of data quality is accuracy – that is, how closely the data represent the reality of a particular situation. While accuracy is challenging in any statistical field, it is particularly so when producing statistics on topics such as violence against children due to increased risks for underreporting and other possible sources of bias (see Chapter 2). For example, it is important to remember that the data presented on the following pages reflect the willingness and capacity of respondents to disclose personal experiences. Furthermore, since disclosure is also dependent on questionnaire design and on the ability of interviewers to draw out sensitive information from respondents, the data are also influenced by the quality of the data collection tools and process.

ETHICAL CONCERNS

As explained in detail in Chapter 2, the collection of data on violence against children is a complex and sensitive undertaking that poses a number of ethical constraints. While the collection of data on violence requires compliance with strict ethical protocols regardless of the age of those involved, the direct participation of minors as respondents compounds these challenges and requires even more careful adaptation and implementation of procedures and requirements. Some survey reports included only limited information on the field procedures used for data collection and on the ethical protocols employed to obtain consent from survey participants and to guarantee the privacy, confidentiality and safety of all concerned. Moreover, the actual procedures used to collect data in the field may diverge from the protocols described in survey reports. Due to limited information in survey reports, it was unfortunately not possible to systematically assess whether data included in this report have been collected while adhering to core ethical principles.



PHYSICAL VIOLENCE: A LEADING CAUSE OF INJURY AND DEATH AMONG CHILDREN

According to General Comment No. 13 on the Convention on the Rights of the Child, physical violence takes both fatal and non-fatal forms and encompasses physical torture, cruel and inhuman physical punishment, physical bullying and hazing, and corporal punishment.¹ It involves someone using an object or part of his or her body to physically harm a child and/or control a child's actions. Examples include slapping, spanking, pushing, punching, kicking, choking, burning, assaulting a child with a weapon or object, and murder. Physical violence against children can be committed by anyone, although adults in positions of trust and authority (such as caregivers and teachers) are often cited as perpetrators. Acts of physical force against children are also common among peers.

Although all children are vulnerable to physical violence, different factors affect their relative risk of exposure as well as the consequences. Young children, for example, are generally most vulnerable to serious injury from physical violence,

with fatal cases often found among infants.² In some contexts, girls are at heightened risk for infanticide.³ And children with disabilities may be particularly vulnerable to specific forms of physical violence such as forced sterilization and violence in the form of ‘treatment’ (including electroconvulsive therapy).⁴ Several studies have found that, in many countries, boys appear to be at greater risk than girls of physical punishment by caregivers and may be subjected to harsher forms.⁵ While young children are often at greater risk than older children of physical violence by caregivers, adolescents are prone to such violence by peers, including dating partners. Older children are also more likely to experience violent physical interactions with strangers, often as a result of crime and gang violence. In too many instances, such violence leads to premature death.

Physical abuse is likely to be accompanied by other forms of violence (see ‘When different forms of violence overlap’ on p. 84). For example, a national survey in the United States found that children who were physically assaulted at some point in their lives were at least six times more likely than other children to have also experienced sexual violence.⁶ Another study found that over 60 per cent of children who were victims of physical violence at home also witnessed the physical abuse of one family member by another.⁷ Many children who experience physical violence, therefore, not only have to cope with direct physical harm but, in many cases, must also deal with other forms of violence committed against them and those they love.

WIDE-RANGING CONSEQUENCES

Extensive research on the experience of physical violence during childhood provides evidence of the potentially damaging effects it can have on the physical, psychological and social well-being of children. It can lead to consequences ranging from minor bruises and broken bones to head trauma, physical disability and even death. Direct and indirect exposure to repeated or severe episodes of physical violence in childhood are associated with an extensive range of mental health problems, including depression, anxiety, post-traumatic stress disorder, dissociation, psychiatric disorders,

suicidal behaviour and self-harm, among others.⁸ Physical violence has also been shown to impair brain development, leading to long-term cognitive, language and academic challenges.⁹ Children who experience physical violence are at risk of truancy and repeating grades and tend to have lower educational aspirations and achievement than children who have not been treated in this way.¹⁰ There may also be long-term economic consequences, including increased rates of unemployment in adulthood and a greater likelihood of living below the poverty line.¹¹ Physical violence has social ramifications as well, which can include aggression, social withdrawal and difficulty relating to others.¹² Although not all children who experience such violence will exhibit future behavioural problems, the possible consequences include not only drug and alcohol abuse, delinquency and risk-taking behaviours¹³ but also an increased risk of perpetrating violence against others, including physical fights with peers, dating violence and bullying.¹⁴

DATA SOURCES

Mortality figures can provide an indication of the extent of lethal violence in a particular community or country. When compared to statistics on other causes of deaths, such data are important in assessing the relative burden caused by violence.¹⁵

Estimates on homicides presented in this chapter are derived primarily from the Global Health Estimates produced by the World Health Organization (WHO).¹⁶ In a few instances, data from administrative records compiled by the United Nations Office on Drugs and Crime (UNODC) have been used,¹⁷ mainly to provide additional information on circumstances surrounding fatalities. Estimates from both sources need to be interpreted with caution.

The Global Health Estimates figures, for example, are obtained through a standardized statistical model that produces cross-country comparable data on all causes of death, including figures on fatalities due to interpersonal violence. The model is based on a series of underlying assumptions and inferences and, as result, estimates are prone to possible measurement errors. In the absence of alternative figures obtained from actual counts,

modelled estimates are used to get an indication of the numbers of deaths due to violence.

Registration systems that are operating effectively compile vital statistics on the occurrence of births and deaths during a given period. These data are then combined with figures obtained through medical and police records resulting from the certification of causes of individual deaths and the investigation of criminal cases. However, in many countries, administrative data pertaining to intentional injuries and deaths are not systematically collected, may not be accessible or may not be adequately compiled across sources. Calculating reliable figures from these basic counts is often not possible due to weaknesses in data collection systems, such as incomplete coverage or misrepresentation of the events. The identification of causes of death is a complex undertaking even in countries with advanced health systems. And, even when injuries are identified as the cause of death, the determination of whether the death resulted from an accidental or wilful act can be challenging, particularly in situations of conflict and civil unrest, or when the victim is very young. Additionally, differences may exist across countries in the way in which some types of killings are treated or classified, and significant discrepancies in numbers may be found across different data sources (such as public health and criminal justice records).¹⁸

The production of reliable estimates is further hampered by considerable gaps in the availability of disaggregated data. Data on victims are often compiled in broad age categories that do not allow for the calculation of specific statistics for children. Finally, population data that are necessary to produce homicide rates are often unavailable or unreliable, particularly in countries affected by rapid population movements and where populations are difficult to count.¹⁹

Since non-fatal outcomes of physical violence are much more common than fatalities, mortality data need to be combined with figures on the impact of such violence on morbidity. A useful measure of the impact that poor health, disability and premature death can have on a person's potential lifespan is the disability-adjusted life year (DALY). DALY estimates were developed by the WHO in 1990,

and since then have been updated three times (in 2000-2002, 2004 and, most recently, 2012). For any given disease or injury, DALYs are calculated as the sum of years of life lost (YLL) due to premature mortality in the population and the years lost due to disability (YLD) for incident cases of the disease or injury. One DALY can be thought of as one lost year of 'healthy' life due either to premature death or to being in a state of poor health or disability.²⁰ DALYs are calculated for all WHO Member States for over 100 different diseases and injuries.

Updated data for 2012 were recalculated for the following major causes of disease and injury: communicable diseases, maternal, neonatal and nutritional conditions; non-communicable diseases; unintentional injuries (including road injuries, poisonings, falls, exposure to fire/heat/hot substances, exposure to forces of nature and other unintentional injuries); homicides; and other intentional injuries (including self-harm and collective violence and legal intervention²¹).

Finally, since physical violence does not always result in injury or death, prevalence data from surveys are necessary to provide a comprehensive picture of the extent to which it occurs. Such data are useful in assessing the magnitude of the problem, describing the circumstances surrounding the incidents and shedding light on factors that can increase children's risk for violent physical victimization. Demographic and Health Surveys (DHS) provide comparable statistics on specific forms of violence for a number of low- and middle-income countries. For example, information on the experience and perpetration of physical violence is gathered from girls and women of reproductive age (15 to 49 years) and from boys and men aged 15 and older (depending on the survey, men up to the age of 49, 54, 59, 60 or 64 years are included). To measure physical violence committed by a partner, girls and women and boys and men are asked if their spouse/partner committed any of the following acts: pushed, shook or threw something at her/him; slapped her/him; twisted her/his arm or pulled her/his hair; punched her/him with her/his fist or with something that could hurt her/him; kicked, dragged or beat her/him up; tried to choke or burn her/him on purpose; or threatened or attacked her/

him with a knife, gun or other type of weapon. This question is also asked in reference to experiences that occurred in the 12 months preceding the survey. Data from girls and women and boys and men who reported that they experienced various forms of physical violence at the hands of their current or most recent spouse or partner are then combined with information collected from both ever- and never-married girls and women/boys and men on whether they have ever been hit, slapped, kicked or hurt physically in another way by anyone (other than a spouse or partner) since the age of 15. The prevalence of any physical violence since age 15, committed by anyone, is then reported for all girls and women and boys and men, regardless of their marital status.

Given that questions on physical violence focus on respondents' experiences since age 15 and on physical victimization by an intimate partner, the data obtained from the DHS only partially capture corporal punishment by parents and physical bullying, which are common forms of violence against young children, as illustrated in Chapters 5 and 6. DHS data therefore need to be read in conjunction with other statistics on physical victimization presented in this chapter as well as in other parts of the report to get a sense of how widespread the experience of violence is among children.

PREVENTABLE DEATHS

In 2012 alone, an estimated 8.8 million deaths occurred worldwide among boys and girls under age 20.²² A look at what children and adolescents are dying of, and where, provides a glimpse of the impact of violence on these young lives. From 0 to 9 years of age, 85 per cent of children's deaths are as a result of communicable or non-communicable diseases, and mortality is not differentiated substantially by sex. As children enter the second decade of their lives, injuries – both intentional and unintentional – become more prominent, responsible for the deaths of 28 per cent and 44 per cent of adolescents aged 10 to 14 and 15 to 19, respectively. At this stage, gender starts to play a role, and mortality patterns due to injuries begin to diverge.²³ The proportion of deaths due to intentional injuries (out of all causes) among boys rises from 0.5 per cent at age 0 to 9,

to 6 per cent at age 10 to 14, to 22 per cent at age 15 to 19 (Figure 3.1A). Among girls, the proportion increases from 0.5 per cent at age 0 to 9, to 5 per cent at age 10 to 14, to 14 per cent at age 15 to 19 (Figure 3.1B). About 5 per cent of these adolescent deaths are due to homicides.

The share of deaths due to intentional injuries, including homicide, increases as children enter adolescence

FIGURE 3.1A

Percentage distribution of deaths among **boys** aged 0 to 19 years in 2012, by cause and by age group

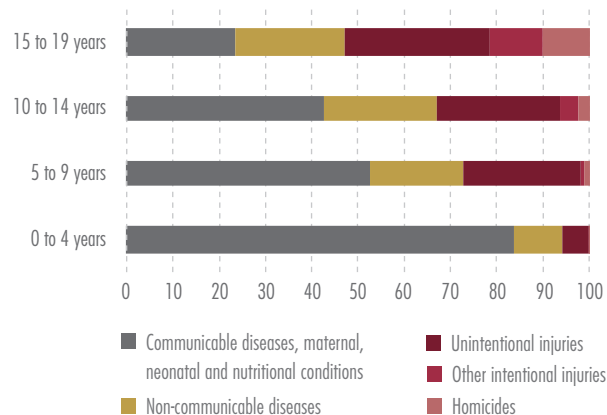
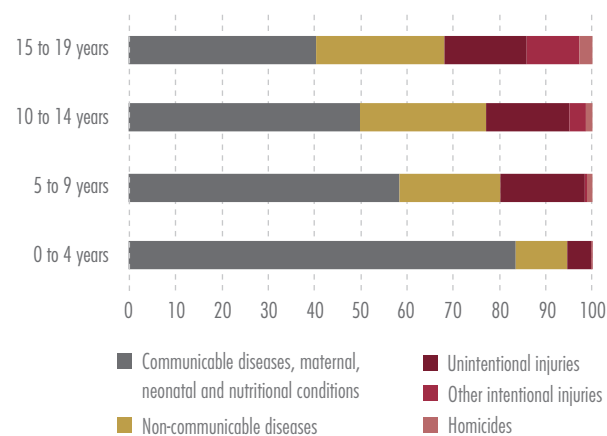


FIGURE 3.1B

Percentage distribution of deaths among **girls** aged 0 to 19 years in 2012, by cause and by age group



Source: World Health Organization, *Global Health Estimates (GHE) Summary Tables: Deaths by cause, age, sex and region, 2012*, WHO, Geneva, 2014, recalculated by UNICEF.

HOMICIDES

While most homicide victims are adults, young people are not exempt. In 2012 alone, homicide took the lives of almost 95,000 children and adolescents aged 0 to 19 – almost one in five of all homicide victims that year (Figure 3.2).

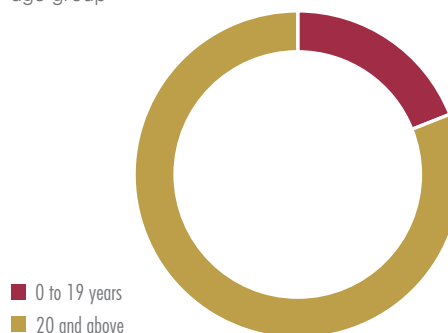
Most of these young victims (around 85,000 or 90 per cent) lived in low- and middle-income countries. The highest homicide levels among children and adolescents are found in Latin America and the Caribbean (Table 3.1). In 2012 alone, more than 25,000 homicide victims in that region were below the age of 20 (representing about one quarter of all homicide victims worldwide). This translates into a homicide rate of 12 victims per 100,000 population, three times the global average of 4 per 100,000. Latin America and the Caribbean also has the largest global share of homicides among individuals of all ages: In 2012, about one in three homicides worldwide were committed in this region (32 per cent), and the homicide rate for all ages was almost four times the global average (23 per 100,000 versus 6 per 100,000).²⁴ Evidence indicates that this pattern of lethal violence is in part attributable to the illicit activities of organized criminal groups, the presence of street gangs and the accessibility of firearms. In fact, it is estimated that about 30 per cent of all homicides in the region are related to crime and gangs and two thirds are perpetrated with a firearm.²⁵

Boys are at particular risk of homicide, accounting for 70 per cent of victims under 20 years of age compared to 30 per cent who are girls. This higher risk is found in every region of the world, but differences between the two sexes are particularly striking in Latin America and the Caribbean, where boys are almost seven times more likely to die due to interpersonal violence than girls (Figure 3.3). Differences between the sexes are also seen in terms of perpetrators. Globally, almost half (47 per cent) of female homicide victims of all ages are killed by family members or intimate partners, whereas the figure for men is 6 per cent.²⁶ Males on the other hand are more likely to be killed by strangers, which is in part due to their increased likelihood of participating in crime-related and other violent activities, such as gang involvement and street fighting (see Box 3.1).²⁷

FIGURE 3.2

In 2012, almost one in five homicide victims worldwide were under the age of 20

Percentage distribution of all homicide victims in 2012, by age group



Source: World Health Organization, *Global Health Estimates (GHE) Summary Tables: Deaths by cause, age, sex and region, 2012*, WHO, Geneva, 2014, recalculated by UNICEF.

TABLE 3.1

Latin America and the Caribbean has the largest share of homicides among children and adolescents in the world

Number of homicide victims among children and adolescents aged 0 to 19 years and number of homicide victims among children and adolescents aged 0 to 19 years per 100,000 population in 2012, by region

	Number of homicide victims	Homicide rate per 100,000
Latin America and the Caribbean	25,400	12
West and Central Africa	23,400	10
Eastern and Southern Africa	15,000	6
South Asia	15,000	2
Middle East and North Africa	3,700	2
Countries outside of these regions	3,800	2
Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS)	1,500	1
East Asia and the Pacific	7,100	1
World	94,900	4

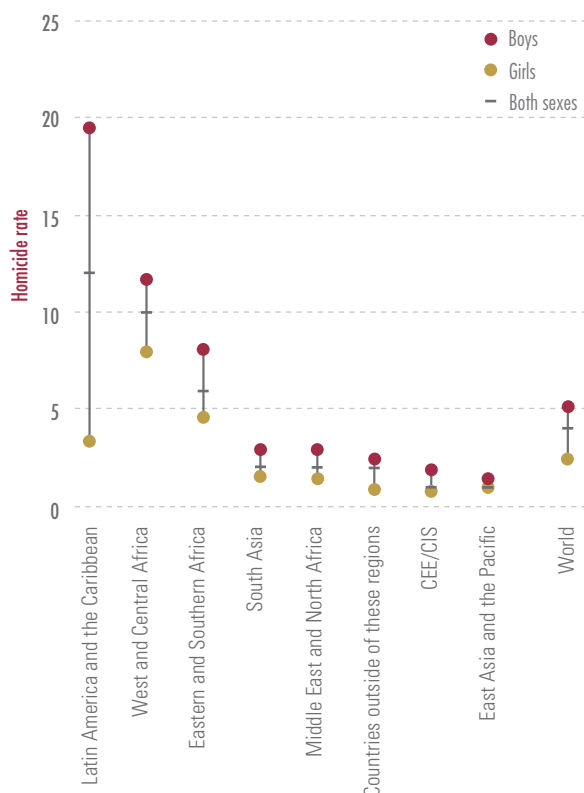
Note: Figures in this table have been rounded.

Source: World Health Organization, *Global Health Estimates (GHE) Summary Tables: Deaths by cause, age, sex and region, 2012*, WHO, Geneva, 2014, recalculated according to UNICEF's regional classification.

FIGURE 3.3

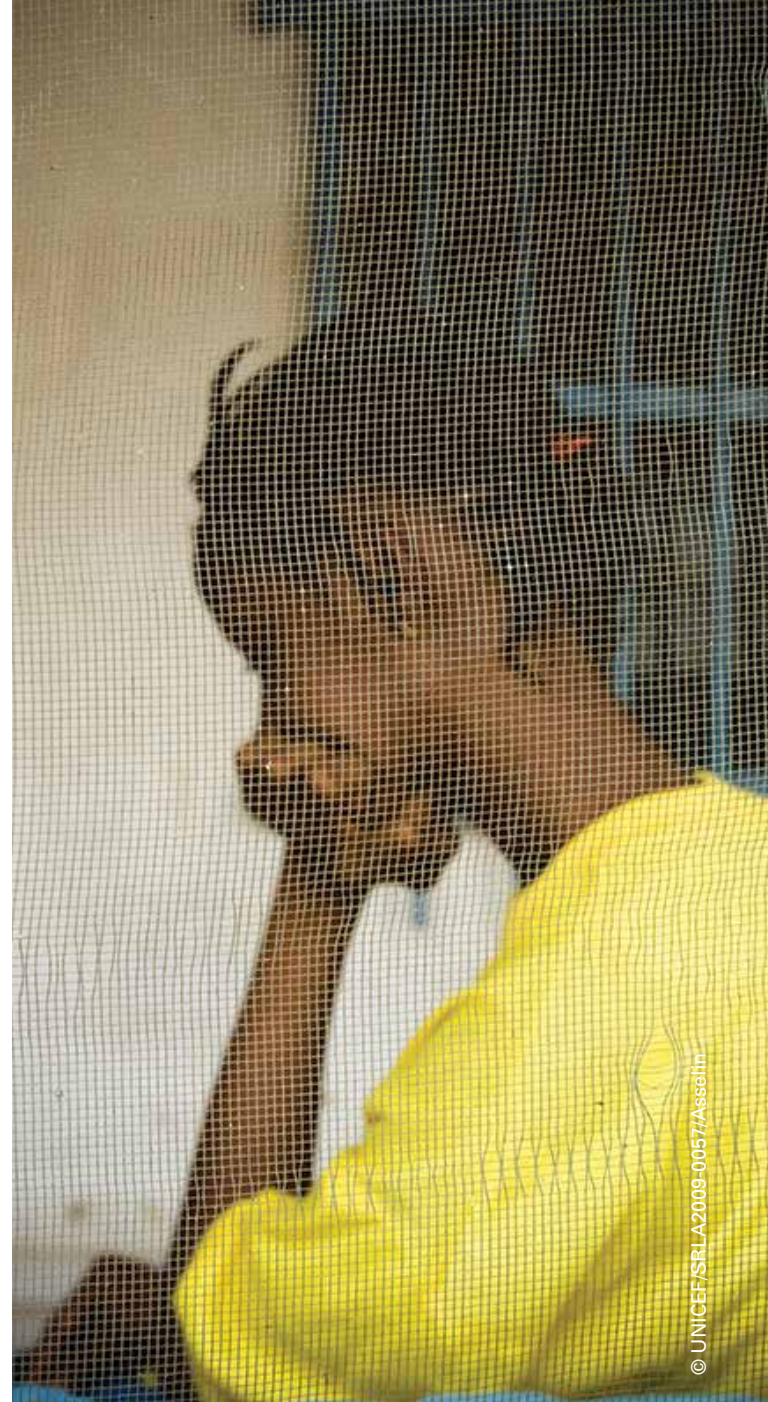
Homicide rates among boys are higher than those among girls in every region

Number of homicide victims among children and adolescents aged 0 to 19 years per 100,000 population in 2012, by sex and by region



Source: World Health Organization, *Global Health Estimates (GHE) Summary Tables: Deaths by cause, age, sex and region, 2012*, WHO, Geneva, 2014, recalculated according to UNICEF's regional classification.

The three countries with the highest homicide rates in the world among children and adolescents are all in Latin America and the Caribbean. These countries, in descending order, are El Salvador, Guatemala and the Bolivarian Republic of Venezuela (*Table 3.2 and Figure 3.4*). However, not all countries in the region are heavily affected: Cuba, Peru and Suriname, for example, have considerably lower levels of homicide than other countries in the region. Sub-regional disparities are also found in other regions. For example, Myanmar has a homicide rate among children and adolescents that is significantly higher than the regional average (7 versus 1 per 100,000 population). Among the



© UNICEF/SRLA2009-0057/Asseltn

10 countries with the largest numbers of homicide victims, Nigeria has the most, with almost 13,000 deaths, followed by Brazil with approximately 11,000 (*Figure 3.5*).

When country data are disaggregated by sex, it becomes evident that boys and girls face different risks depending on where they live. The highest homicide rates among children and adolescents of both sexes are found in the Democratic Republic of the Congo, El Salvador, Guatemala, Haiti, Lesotho and Swaziland (*Figures 3.6A and 3.6B*). In other countries with very high rates, the risk of homicide differs for boys and girls.

The three countries with the highest homicide rates in the world among children and adolescents are all in Latin America and the Caribbean

TABLE 3.2

Number of homicide victims among children and adolescents aged 0 to 19 years per 100,000 population in 2012, by region and by country

Central and Eastern Europe and the Commonwealth of Independent States	East Asia and the Pacific	Eastern and Southern Africa	West and Central Africa
Turkmenistan 4	Myanmar 7	Lesotho 18	Democratic Republic of the Congo 14
Azerbaijan 3	Cambodia 4	Swaziland 16	Nigeria 14
Albania 2	Philippines 3	Rwanda 13	Sierra Leone 9
Turkey 2	Papua New Guinea 3	Uganda 10	Equatorial Guinea 9
Russian Federation 2	Lao People's Democratic Republic 3	South Africa 8	Côte d'Ivoire 9
Kazakhstan 1	Solomon Islands 3	South Sudan 8	Togo 7
Republic of Moldova 1	Democratic People's Republic of Korea 3	Madagascar 8	Gambia 6
Uzbekistan 1	Fiji 2	Botswana 7	Guinea-Bissau 6
Tajikistan 1	Timor-Leste 2	Mozambique 7	Congo 5
Ukraine 1	Thailand 2	Ethiopia 6	Guinea 5
Georgia 1	Mongolia 2	Namibia 6	Ghana 5
Armenia 1	Viet Nam 1	Zambia 6	Mali 5
Bulgaria 1	Republic of Korea 1	United Republic of Tanzania 6	Central African Republic 5
Romania 1	Singapore 1	Angola 5	Benin 5
Montenegro 1	Indonesia 1	Somalia 5	Burkina Faso 5
Serbia 1	Malaysia 1	Burundi 5	Cameroon 5
Belarus 1	China 1	Comoros 5	Chad 4
Kyrgyzstan 0	Brunei Darussalam 0	Zimbabwe 5	Gabon 4
Croatia 0		Kenya 3	Liberia 4
Bosnia and Herzegovina 0		Eritrea 3	Mauritania 3
The former Yugoslav Republic of Macedonia 0		Malawi 1	Niger 3
		Mauritius 1	Senegal 1
			Cabo Verde 1
Regional average 1	Regional average 1	Regional average 6	Regional average 10

Middle East and North Africa	South Asia	Latin America and the Caribbean	Countries outside of these regions
Sudan 6	Afghanistan 8	El Salvador 27	United States 4
Djibouti 5	Pakistan 4	Guatemala 22	Canada 2
Iraq 4	India 2	Venezuela (Bolivarian Republic of) 20	Estonia 1
Jordan 3	Maldives 1	Haiti 19	Latvia 1
Yemen 2	Sri Lanka 1	Brazil 17	Belgium 1
United Arab Emirates 2	Bhutan 1	Panama 15	New Zealand 1
Iran (Islamic Republic of) 2	Bangladesh 1	Honduras 13	Finland 1
Algeria 2	Nepal 1	Colombia 13	Lithuania 1
Morocco 1	Regional average 2	Jamaica 13	Israel 1
Syrian Arab Republic 1		Trinidad and Tobago 12	Poland 1
Egypt 1		Mexico 7	Hungary 1
Tunisia 1		Paraguay 7	Australia 1
Lebanon 1		Bolivia (Plurinational State of) 7	Netherlands 0
Saudi Arabia 1		Ecuador 6	Switzerland 0
Bahrain 1		Guyana 6	Germany 0
Libya 1		Belize 6	Denmark 0
Oman 0		Bahamas 5	Greece 0
Kuwait 0		Costa Rica 5	United Kingdom 0
Qatar 0		Nicaragua 4	Sweden 0
		Dominican Republic 4	Cyprus 0
		Argentina 3	France 0
		Barbados 3	Austria 0
		Chile 2	Italy 0
		Uruguay 2	Spain 0
		Peru 2	Japan 0
		Cuba 2	Slovenia 0
		Suriname 0	Czech Republic 0
			Portugal 0
			Slovakia 0
			Norway 0
			Ireland 0
			Iceland 0
			Luxembourg 0
			Malta 0
		Regional average 12	Regional average 2

Notes: Zeros appearing in the table do not necessarily mean that there were no homicide victims in these countries, but rather that the recalculated homicide rates came to 0 after rounding. WHO Global Health Estimates are available for WHO Member States whose population were over 250,000 in 2012. Countries in bold have homicide rates above the regional average. **Source:** World Health Organization, *Global Health Estimates (GHE) Summary Tables: Deaths by cause, age, sex and region, 2012*, WHO, Geneva, 2014.

FIGURE 3.4

Number of homicide victims among children and adolescents aged 0 to 19 years per 100,000 population in 2012, in the 10 countries with the highest homicide rates among this population group

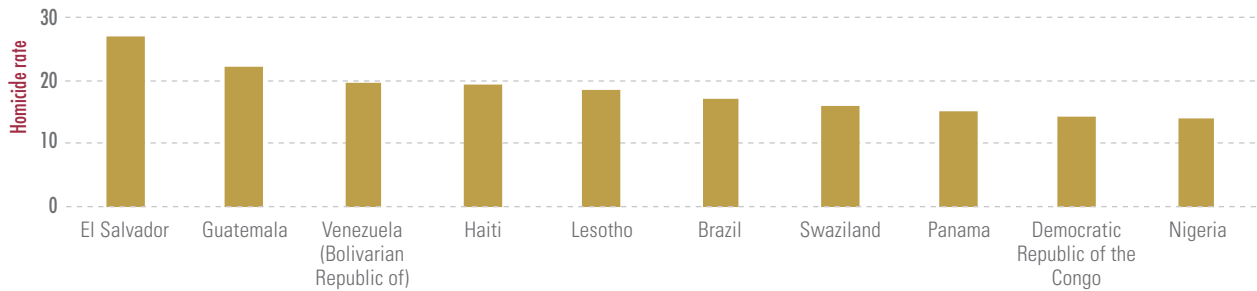
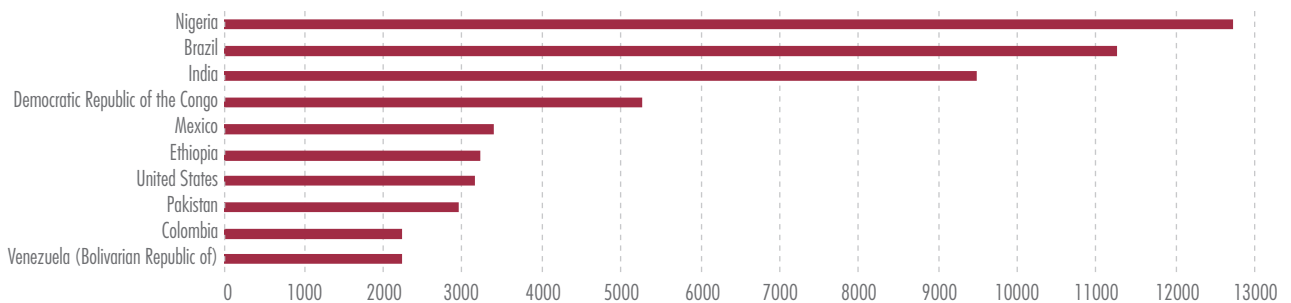


FIGURE 3.5

More than half of all young homicide victims worldwide were killed in 10 countries

Number of homicide victims among children and adolescents aged 0 to 19 years in 2012, in the 10 countries with the largest numbers of victims among this population group



The highest homicide rates among both boys and girls are found in the Democratic Republic of the Congo, El Salvador, Guatemala, Haiti, Lesotho and Swaziland

FIGURE 3.6A

Number of homicide victims among **boys** aged 0 to 19 years per 100,000 population in 2012, in the 10 countries with the highest homicide rates among this population group

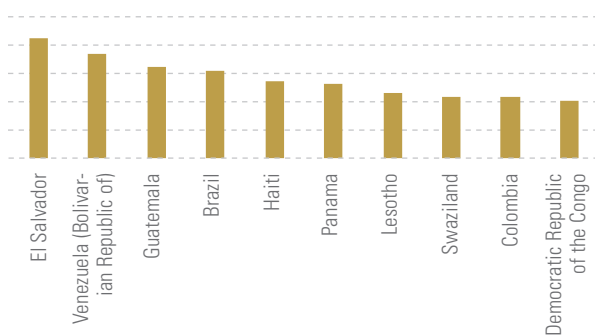
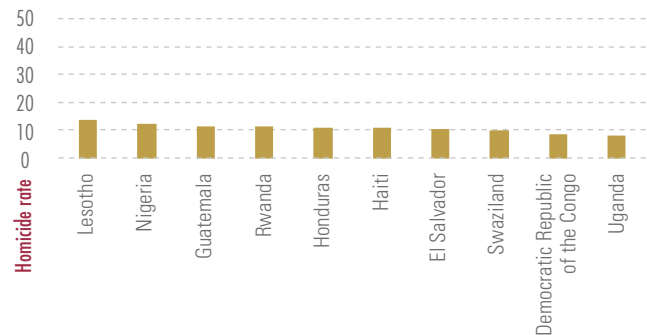


FIGURE 3.6B

Number of homicide victims among **girls** aged 0 to 19 years per 100,000 population in 2012, in the 10 countries with the highest homicide rates among this population group



Source for all figures on this page: World Health Organization, *Global Health Estimates (GHE) Summary Tables: Deaths by cause, age, sex and region, 2012*, WHO, Geneva, 2014.

The risk of dying as a result of homicide varies depending on a child's age. Data from 2012 show that about 30,000 children under age 10 were killed by homicide (an estimated 6 per cent of homicides in people of all ages that year) (Figure 3.7). Two in three of these children were less than 5 years old. Among adolescents aged 10 to 19, the death toll is even higher, with approximately 65,000 victims (or 13 per cent of total homicides). The largest share of homicides among young victims (57 per cent) is found among adolescents aged 15 to 19, followed by children under age 5.

Compared to boys in early adolescence (aged 10 to 14), boys in late adolescence (aged 15 to 19) experience a dramatic increase in their risk of dying by homicide (Figure 3.8). This is true particularly in Latin America and the Caribbean. In fact, around 4 per cent of the world's homicide victims are adolescent boys aged 15 to 19 living in this region.

Country data also confirm that the risk of dying by homicide increases when children enter adolescence (Maps 3.1A and 3.1B). In the Bolivarian Republic of Venezuela, for instance, the homicide rates rise from 1.2 per 100,000 among children less than 10 years old to 39 per 100,000 among adolescents aged 10 to 19, with significant sex differences: 74 per 100,000 among adolescent boys and 3 per 100,000 among adolescent girls. Striking disparities by age and sex are also found in Brazil (see

Box 3.2), where the homicide rate among children aged 0 to 9 is below 1 per 100,000 but increases to 32 per 100,000 among adolescents aged 10 to 19, with levels more than 10 times higher among males compared to females (58 per 100,000 and 5 per 100,000). In these two countries, as well as in five other Latin American and Caribbean nations, homicides kill more adolescent boys than any other cause of death, and many of the advances made in child survival are offset by losses due to homicide (Figures 3.9A and 3.9B).

FIGURE 3.7

More than half of young homicide victims are between the ages of 15 and 19

Number of homicide victims among children and adolescents aged 0 to 19 years in 2012, by age group

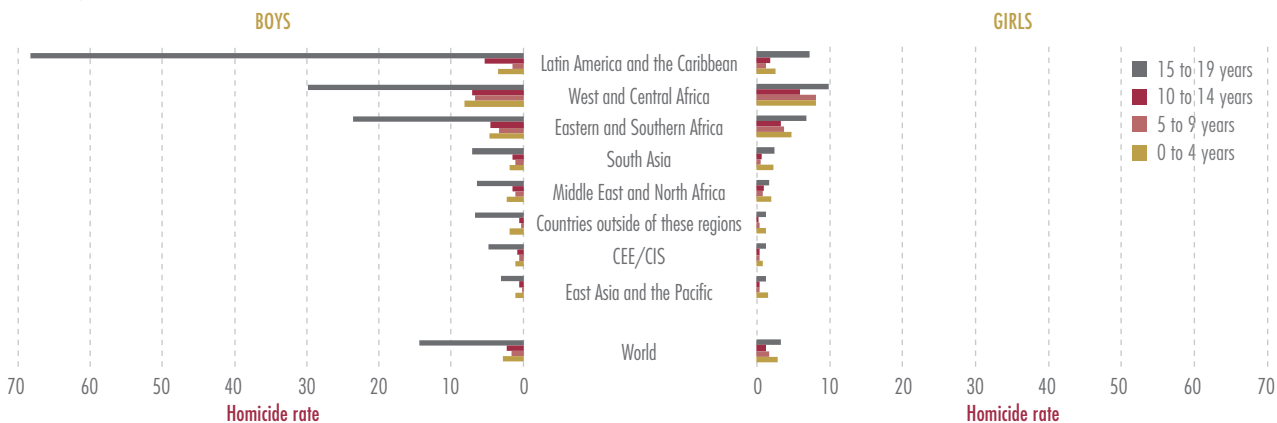


Note: Figures in this table have been rounded.
 Source: World Health Organization, *Global Health Estimates (GHE) Summary Tables: Deaths by cause, age, sex and region, 2012*, WHO, Geneva, 2014, recalculated by UNICEF.

FIGURE 3.8

Homicide rates increase dramatically in late adolescence, particularly among boys

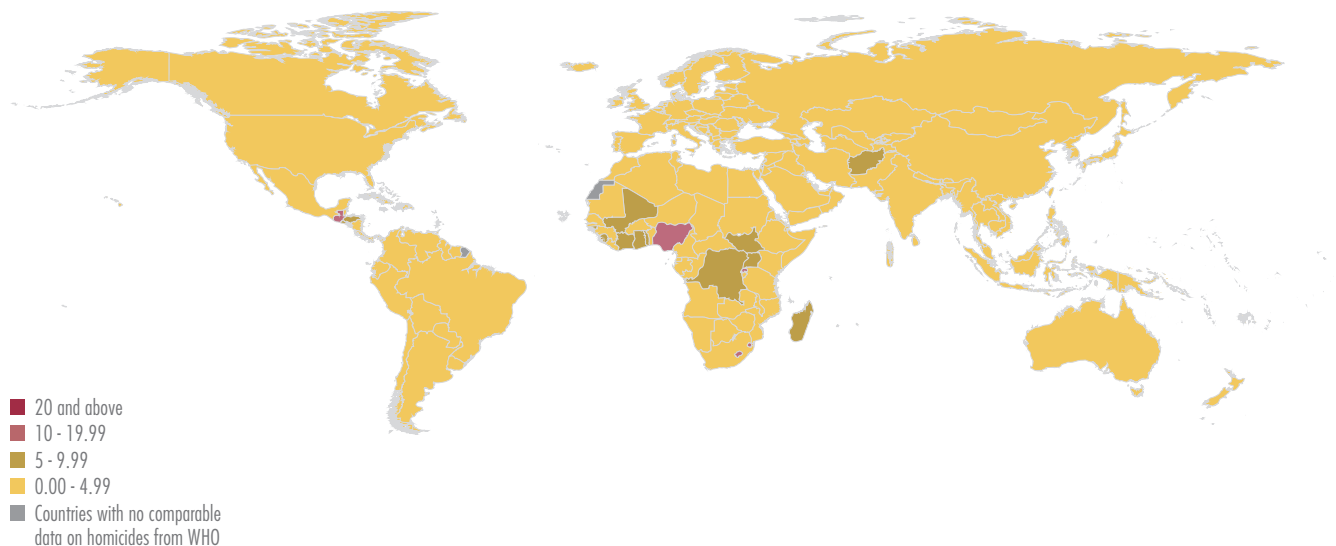
Number of homicide victims among children and adolescents aged 0 to 19 years per 100,000 population in 2012, by sex, age group and region



Source: World Health Organization, *Global Health Estimates (GHE) Summary Tables: Deaths by cause, age, sex and region, 2012*, WHO, Geneva, 2014, recalculated according to UNICEF's regional classification.

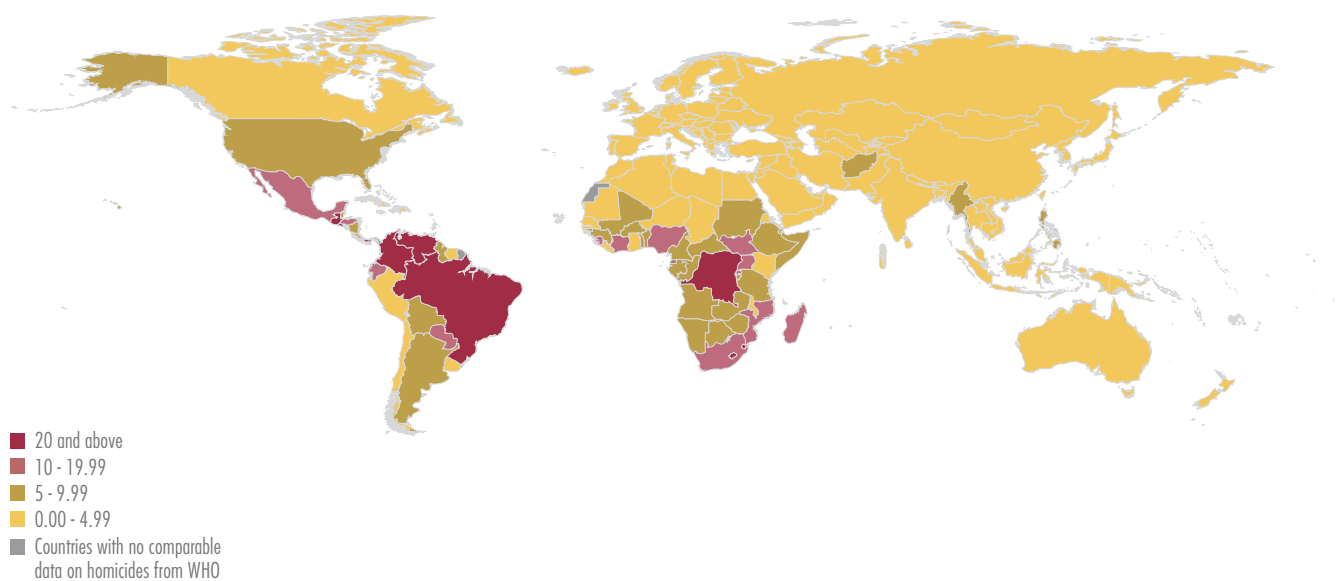
MAP 3.1A

Number of homicide victims among **children aged 0 to 9 years** per 100,000 population in 2012, by country



MAP 3.1B

Number of homicide victims among **adolescents aged 10 to 19 years** per 100,000 population in 2012, by country



Notes: These maps are stylized and not to scale. They do not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. The final boundary between the Sudan and South Sudan has not yet been determined. The final status of the Abyei area has not yet been determined. WHO Global Health Estimates are available for WHO Member States whose population were over 250,000 in 2012.

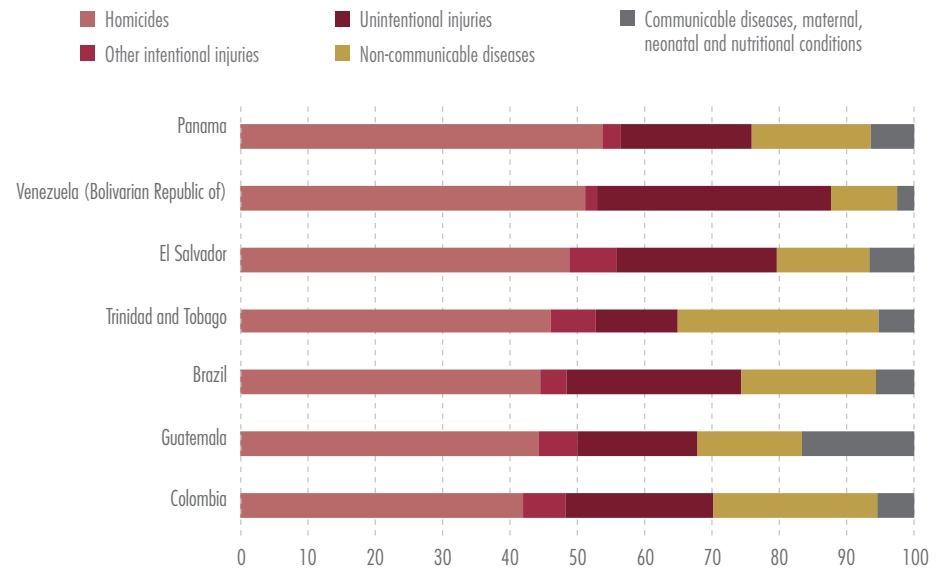
Source for both maps on this page: World Health Organization, *Global Health Estimates (GHE) Summary Tables: Deaths by cause, age, sex and region, 2012*, WHO, Geneva, 2014.



FIGURE 3.9A

In seven countries in Latin America and the Caribbean, homicide is the leading cause of death among adolescent boys

Percentage distribution of deaths among boys aged 10 to 19 years in 2012, by cause, in the seven countries with the highest homicide rates worldwide among this population group

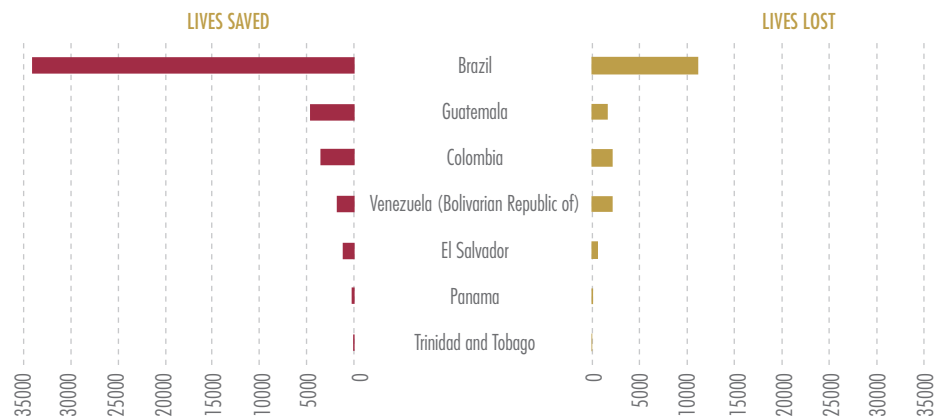


Source: World Health Organization, *Global Health Estimates (GHE) Summary Tables: Deaths by cause, age, sex and region, 2012*, WHO, Geneva, 2014.

FIGURE 3.9B

In some countries, advances in child survival have been offset by deaths due to homicide

Average number of children under age 5 whose lives were saved each year between 2000 and 2012 and number of homicide victims among children and adolescents aged 0 to 19 years in 2012, in the seven countries with the highest homicide rates worldwide among boys aged 10 to 19 years



Note: Figures in this chart have been rounded.

Source: For data on lives saved: UNICEF analysis based on the UN Inter-agency Group for Child Mortality Estimation (IGME) 2013. For data on lives lost: World Health Organization, *Global Health Estimates (GHE) Summary Tables: Deaths by cause, age, sex and region, 2012*, WHO, Geneva, 2014.



National per capita income is an important variable that may influence the homicide levels within a country, including among the youngest segment of the population. Other factors include economic or social inequalities, the availability of firearms, poor education standards, ineffective governance and rule of law, high levels of crime and the presence of gangs.²⁸ Among cultural factors that may have an effect on homicide rates are social norms that condone violence as an acceptable way to resolve conflicts, that give priority to parental rights over child welfare, and that sanction male dominance over women and children.²⁹

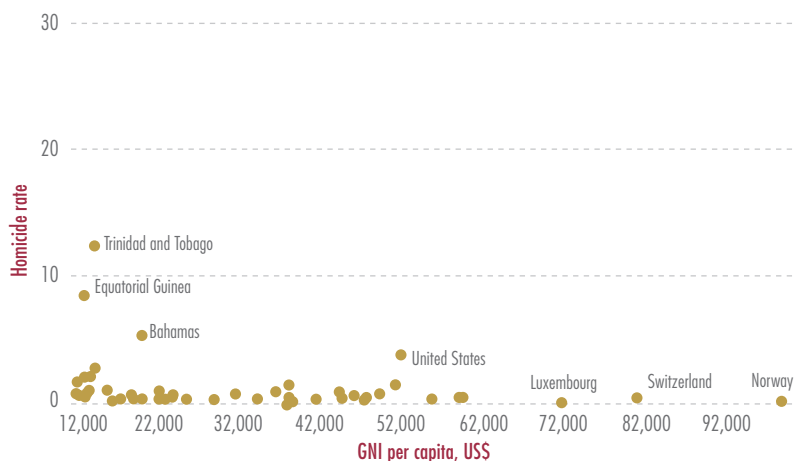
Available data show that the homicide rate among children and adolescents in high-income countries is very likely to be below 5 per 100,000 population. Notable exceptions include the Bahamas, Equatorial Guinea and Trinidad and Tobago (Figure 3.10A). However, in low- and middle-income countries, the relationship between income and homicide rates becomes murky and inconsistent: Some of these countries have very high rates and others very low (Figure 3.10B). Similar findings can be observed when homicide rates are analysed in conjunction with economic inequality. Lower rates of homicide can be observed in countries with lower levels of inequality, while significant variations in homicide rates are found among countries with higher levels of inequality (Figure 3.10C).

Most countries with high income levels and low inequality have low homicide rates

In low- and middle-income countries and those with higher levels of inequality, significant variations in homicide rates are found

FIGURE 3.10A

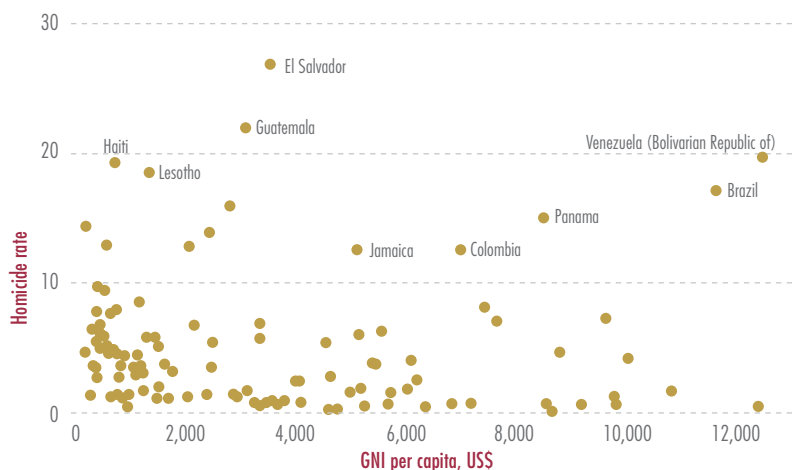
Number of homicide victims among children and adolescents aged 0 to 19 years per 100,000 population in 2012 and gross national income (GNI) per capita in US\$ in 2012, in **high-income countries**



Notes: Each dot represents a country. For the 2014 fiscal year, countries are classified as high-income by the World Bank if they have a GNI per capita, calculated using the World Bank Atlas method, of \$12,616 or more in 2012.
Source: Data on GNI per capita are from the World Bank, 2012 (available at: <<http://data.worldbank.org/indicator/NY.GNP.PCAP.PP.CD>>, accessed 5 June 2014). Data on homicides are from World Health Organization, *Global Health Estimates (GHE) Summary Tables: Deaths by cause, age, sex and region, 2012*, WHO, Geneva, 2014.

FIGURE 3.10B

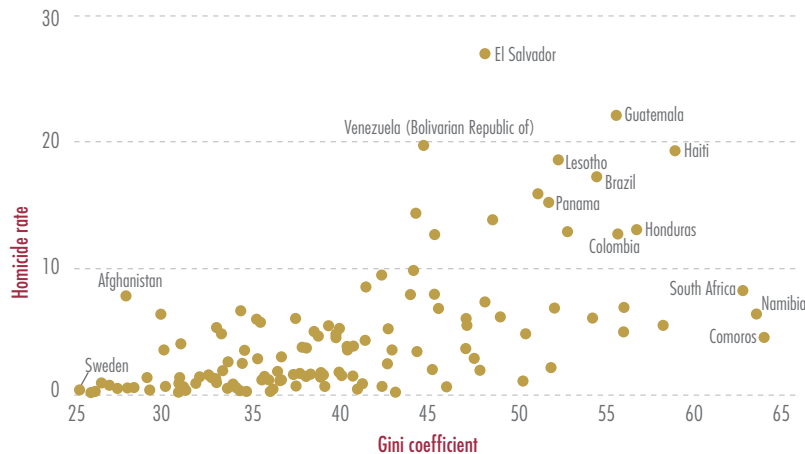
Number of homicide victims among children and adolescents aged 0 to 19 years per 100,000 population in 2012 and gross national income (GNI) per capita in US\$ in 2012, in **low- and middle-income countries**



Notes: Each dot represents a country. For the 2014 fiscal year, countries are classified as low- and middle-income by the World Bank if they have a GNI per capita, calculated using the World Bank Atlas method, of \$12,615 or less in 2012.
Source: Data on GNI per capita are from the World Bank, 2012 (available at: <<http://data.worldbank.org/indicator/NY.GNP.PCAP.PP.CD>>, accessed 5 June 2014). Data on homicides are from World Health Organization, *Global Health Estimates (GHE) Summary Tables: Deaths by cause, age, sex and region, 2012*, WHO, Geneva, 2014.

FIGURE 3.10C

Number of homicide victims among children and adolescents aged 0 to 19 years per 100,000 population in 2012 and Gini coefficient in 2012



Notes: Each dot represents a country. The Gini coefficient is a measure of the deviation of the distribution of income (or consumption) among individuals or households within a country from a perfectly equal distribution. A value of 0 represents absolute equality; a value of 100 indicates absolute inequality.

Source: Data on homicides are from World Health Organization, *Global Health Estimates (GHE) Summary Tables: Deaths by cause, age, sex and region, 2012*, WHO, Geneva, 2014. Data on the Gini coefficient are from World Bank, *World Development Indicators 2012*, Washington, DC, 2012, available at <<http://data.worldbank.org>>, accessed 5 June 2014.

IMPACT OF INTERPERSONAL VIOLENCE ON MORTALITY AND MORBIDITY

While the statistics on homicide are appalling in themselves, they capture only part of the story. The full impact of homicide on children reaches beyond the tragedy of individual deaths and can mean the loss of a parent or friend, thereby damaging the familial and social bonds that hold a child's world together. Moreover, children and adults who survive a homicide attempt may sustain serious injuries or suffer emotional trauma that lingers long after the immediate incident has passed.

To glean some understanding of how violence affects children, it is important to look at its impact in the broader context of how injuries and disease change the quality of their lives. From early to mid-childhood and into adolescence, there is a shift in both the overall levels of the disease burden as well as the major causes of mortality and morbidity. According to WHO, the 'disease burden' in this context is a measurement of the gap between current health status and an ideal situation where everyone lives into old age, free of disease and disability. As can be seen in Figures 3.11A to 3.11D, among all children and adolescents under age 20 the average global disease burden is highest among girls and boys under age 5; this translates into about 1,000 years of 'healthy' life lost per 1,000 children aged 0 to 4 years. This situation is largely driven by the fact that mortality rates are highest among the youngest children, particularly in the first few years of life. As children grow older, there is a noticeable shift in the leading

contributors to the disease burden. Among boys and girls between the ages of 5 and 9, non-communicable diseases as well as unintentional injuries grow in importance as causes of mortality and morbidity. Neuropsychiatric disorders and intentional injuries (especially homicide in certain regions) begin to play a more prominent role in early and late adolescence (between the ages of 10 and 19).

Even though violence affects children more as they move towards adolescence, the youngest children (those under age 5) are not immune to its impact. In fact, among the youngest boys and girls in all regions, the largest proportion of DALYs due to intentional injuries are attributable to homicides rather than other intentional injuries caused by either self-harm or collective violence. At this early stage of life, sex differences in disease burden are practically non-existent across all regions. In West and Central Africa, around 7 years of 'healthy' life are lost per 1,000 boys and girls under age 5 due to homicide as compared to 0 years of 'healthy' life lost per 1,000 boys and girls due to other intentional injuries. However, this region has the highest disease burden due to homicide among children aged 5 to 9 (5.72 DALYs per 1,000 boys and 6.96 DALYs per 1,000 girls). In the Middle East and North Africa, other intentional injuries caused by either self-harm or collective violence contribute more to the disease burden than homicides for children of both sexes aged 5 to 9, although DALY rates are higher among boys than girls.

Once children reach early adolescence (10 to 14 years old), the impact of homicide on mortality and morbidity, as well as related sex differences in the burden, begin to emerge, and these patterns become even more pronounced during late adolescence. Among children aged 10 to 14 in West and Central Africa and boys in Latin America and the Caribbean, the largest share of the disease burden due to intentional injuries is caused by homicide rather than other intentional injuries. For boys of this age in West

and Central Africa, for instance, around six years of 'healthy' life are lost per 1,000 boys due to homicide compared to about three years lost due to either self-harm or collective violence. On the other hand, in Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS), South Asia, and the Middle East and North Africa, DALY rates due to self-harm or collective violence are higher than DALY rates for homicides.

As children age, the increasing risk of homicide affects the number of healthy years they can expect to live

FIGURE 3.11A

Major causes of disease burden in disability-adjusted life years (DALYs) per 1,000 children aged 0 to 4 years, by sex and by region

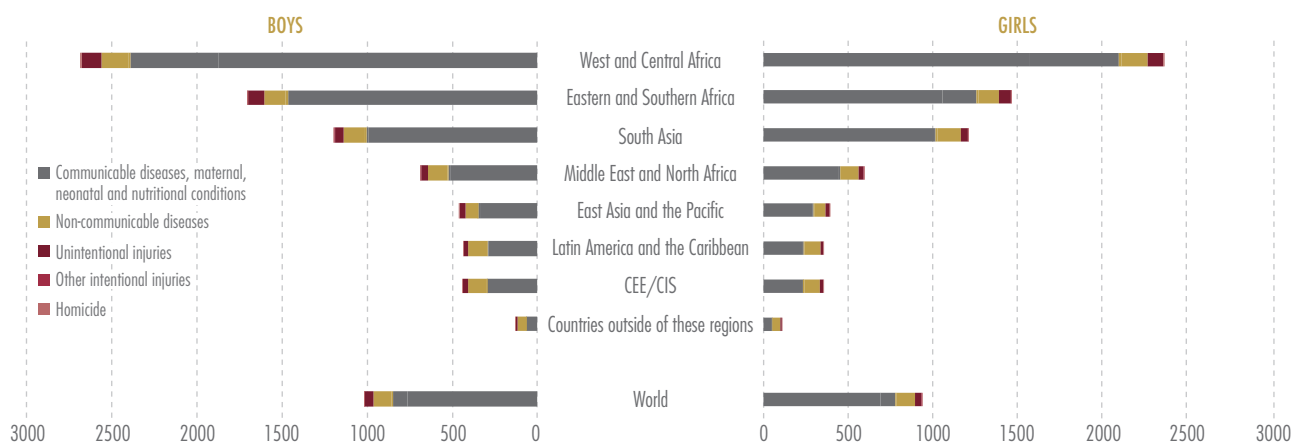
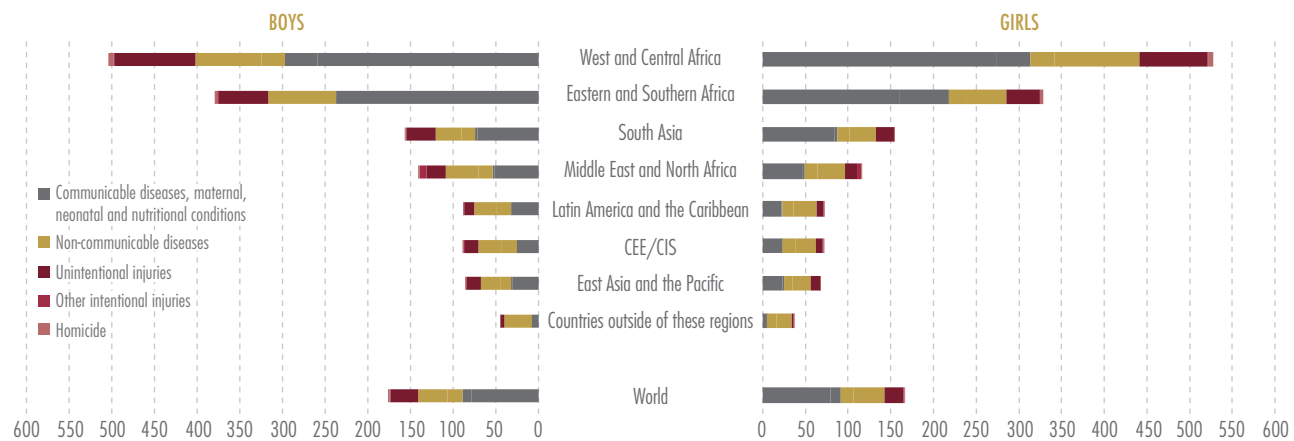


FIGURE 3.11B

Major causes of disease burden in disability-adjusted life years (DALYs) per 1,000 children aged 5 to 9 years, by sex and by region



This regional pattern continues among youth between the ages of 15 and 19, and the burden of disease due to both homicides and other intentional injuries is systematically higher among boys than girls in nearly every region. In CEE/CIS for example, DALY rates due to self-harm or collective violence are higher than those due to homicide for both boys and girls of this age, but the number of DALYs among boys for both causes are about double that of girls. The sex difference in disease burden due to homicide

among 15- to 19-year-olds is particularly striking in Latin America and the Caribbean. There, about 58 years of 'healthy' life are lost per 1,000 boys aged 15 to 19 due to intentional injuries, compared to about 9 years lost per 1,000 girls in the same age group. This difference is largely driven by the burden caused by homicide among boys in this region, where the DALY rate for this cause was 51 per 1,000 boys aged 15 to 19 compared to about 5 per 1,000 girls in the same age group.

FIGURE 3.11C

Major causes of disease burden in disability-adjusted life years (DALYs) per 1,000 children aged 10 to 14 years, by sex and by region

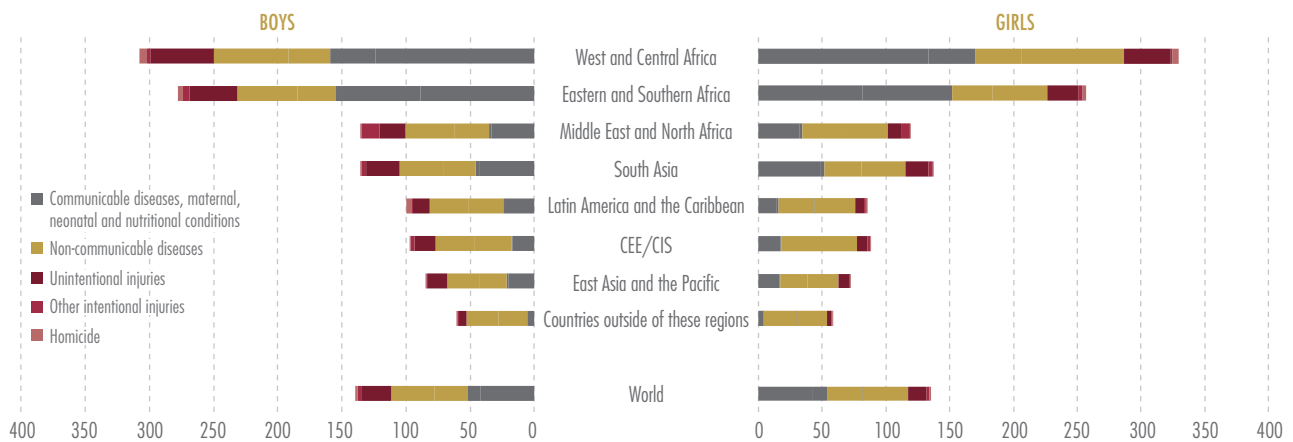
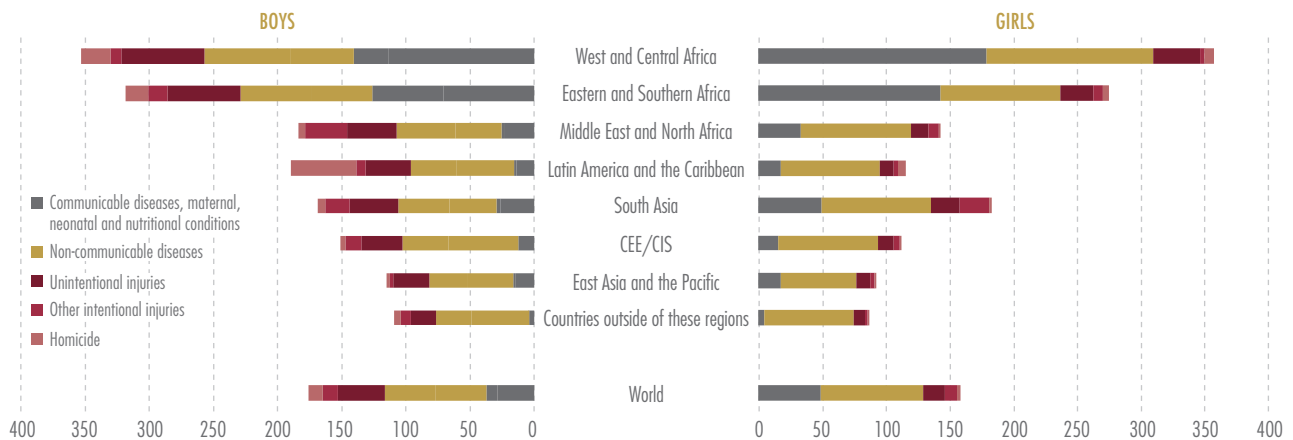


FIGURE 3.11D

Major causes of disease burden in disability-adjusted life years (DALYs) per 1,000 adolescents aged 15 to 19 years, by sex and by region



Notes: Disability-adjusted life years (DALYs) are a summary measure combining years of life lost due to premature mortality (YLLs) and years lost due to disability (YLDs) for incident cases of the disease or injury. One DALY represents the loss of the equivalent of one year of full health. The data have been recalculated according to UNICEF's regional classification.

Source for all figures on pages 44 and 45: World Health Organization, *Global Health Estimates (GHE) Summary Tables: Disability-Adjusted Life Years (DALYs) by cause, age, sex and region, 2012*, WHO, Geneva, 2014.

ADOLESCENT INVOLVEMENT IN GANG VIOLENCE

Gang violence weighs heavily on the lives of adolescents throughout the world. Gang members are typically in their teens or early twenties (between the ages of 12 and 24), although some members are older.³⁰ Early adolescence (13 years) is the average age for entry. It is relatively well-documented that girls are less likely to be involved in gangs than boys; some research has also indicated that older adolescents, particularly those aged 15 and above, are more likely to report gang membership than younger teens.³¹

Children join gangs for a variety of reasons. A substantial body of literature supports the notion that youth involvement in gang life results from a complex interplay of risk factors at the community, school, peer, family and individual levels.³² Community risk factors can include poverty, social exclusion, lack of jobs and educational opportunities, the instability of residential neighbourhoods and the availability of firearms and/or drugs.³³ In the absence of better alternatives and in extreme conditions of exclusion, joining a gang can be seen as a

life opportunity.³⁴ There may also be the perception that gang peers are like family, offering emotional support and protection. Some additional factors that have been found to increase a young person's risk of joining a gang include low levels of school commitment and academic achievement, association with delinquent peers and poor parental management practices, including limited supervision.³⁵ Children are often recruited into gangs by physical force, intimidation or threats, and once a member (regardless of the motive), there is usually no turning back.

Young people who become involved in gangs are substantially more likely to face negative health outcomes, including violent victimization and even death.³⁶ Some research has noted that girls are less likely than boys to experience serious gang victimization or to be killed in a gang-related homicide.³⁷ However, recent qualitative research in the UK has revealed that girls involved in gang life can be at particular risk of sexual violence and exploitation.³⁸ Being part of a gang has also

been shown to be associated with early initiation of antisocial and delinquent behaviour as well as alcohol and drug use.³⁹

Estimates of the numbers of gangs and gang members are limited and it is difficult to know the extent of youth involvement. Nevertheless, around 273,875 children (under age 18) were believed to be involved in 29,900 gangs in the United States in 2011.⁴⁰ In that country, organized crime/gang-related homicide rates have been quite stable at below 0.3 per 100,000 since 2007.⁴¹ In North, South and Central America and the Caribbean, considered some of the most violent regions in the world, about 3 in 10 homicides are related to organized criminal groups and gangs.⁴² Within the context of relatively high overall homicide levels in Central America and the Caribbean, countries such as the Bahamas, Belize, El Salvador and Honduras report an increasing trend since 2005 in the numbers of homicides linked to gangs and organized criminal groups.⁴³

TACKLING THE PROBLEM OF ADOLESCENT HOMICIDES IN BRAZIL

Violence and crime have increased dramatically in Brazil in recent decades, particularly in large urban centres.⁴⁴ Rising homicide rates have been attributed to growing inequality within the country, greater availability of firearms, increased drug use and a substantial growth in the youth population.⁴⁵ Adolescent boys of African descent face the greatest risk of homicide in Brazil. In 2010, there were roughly

12 times more homicides among adolescent boys than adolescent girls and three times more among adolescents of African descent than white teens.⁴⁶ Recent years, however, have also seen a troubling increase in the number of girl victims of homicide, particularly among those of African heritage. Between 1997 and 2007, homicides among girls aged 10 to 19 with African roots rose by 55 per cent.⁴⁷

As the availability of firearms in Brazil increases, youth are particularly vulnerable to homicides involving these lethal weapons. Roughly 90 per cent of homicides in males aged 15 to 44 involve firearms,⁴⁸ and adolescents are six times more likely to be killed by firearms than by any other means.⁴⁹ A 2012 study projected that 36,000 of the country's adolescents would likely be killed as a result of homicide by 2016

unless proper prevention measures are adopted.⁵⁰ These findings speak to the need to incorporate gender and race as critical components of prevention initiatives and the importance of gun-control policies.

In response to the alarming levels of youth violence, UNICEF Brazil is supporting a Programme for Reducing Lethal Violence (PRVL), together with the Favela Observatory, the Secretariat for Human Rights and the Violence Analysis Laboratory. The programme, which is operational in 16 metropolitan areas, has the goal of combating lethal violence against adolescents in large urban centres.⁵¹ In each metropolis, the PRVL prioritizes urban areas most affected by high rates of adolescent homicides, including slums and other impoverished communities and surrounding suburbs. Since its inception in 2007, the PRVL has had three main objectives: (1) to sensitize and mobilize civil society and the Government to address the issue of adolescent homicides, (2) to develop annual indicators that allow for systematic monitoring of adolescent homicide rates and the effectiveness of related policies, and (3) to disseminate methodologies to reduce killings of adolescents in Brazil. In each pillar of the programme, actions are carried out in a networked fashion, as described below.

Political advocacy, awareness-raising and social mobilization

The PRVL has focused on political advocacy at the highest levels of government to raise public awareness and to bring civil society and government together to address the issue of homicides among adolescents. One result is that the issue became part of the Multi-Year Government Action Plan. The programme has also encouraged the participation of young people themselves in developing local violence prevention policies and has strengthened the capacity of municipal governments to address lethal violence. Workshops with young people from 11 metropolitan areas were held to raise awareness of the problem of violence and to engage youth in

devising strategies to address it. Local and national seminars were also organized to bring public officials together with representatives of civil society organizations to exchange ideas and to further PRVL-initiated research on adolescent homicide.

Between 2011 and 2012, a guide was created to support municipalities in better understanding the local dynamics of lethal violence against young people, develop assessments of the problem and get prevention initiatives under way. *The Municipal Guide for Preventing Lethal Violence against Adolescents and Young People*,⁵² produced by UNICEF and partners, focuses on 238 municipalities, particularly those with high adolescent homicide rates.

Production of indicators

In addition to advocacy, the PRVL has developed a system for monitoring adolescent homicide rates, with the ultimate aim of supporting impact evaluations of lethal violence prevention policies. To achieve this goal, the programme devised an Adolescent Homicide Index, which has been published annually since 2009. The index measures trends in homicides among adolescents aged 12 to 18, focusing on Brazilian cities with populations over 100,000. For a group of 1,000 adolescents, estimates are calculated of the number of boys or girls above age 12 who are likely to be killed by homicide before age 19. The objective in publishing these figures is to keep Brazilian society abreast of the problem and its escalation and to prioritize the specific needs of children in this age group in policies and programmes designed to reduce the number of victims of urban violence in the country.

Methodologies for violence prevention

The third pillar of the PRVL strategy is identifying, analysing and disseminating local- and state-level policies for reducing lethal violence against adolescents and young people. An initial survey was conducted to analyse violence prevention efforts developed by state and local departments in 11 metropolitan areas,⁵³ covering 163

state departments and 44 municipal departments. It revealed that, despite the country's very high adolescent homicide rates, programmes concentrating specifically on reducing lethal violence are scarce.

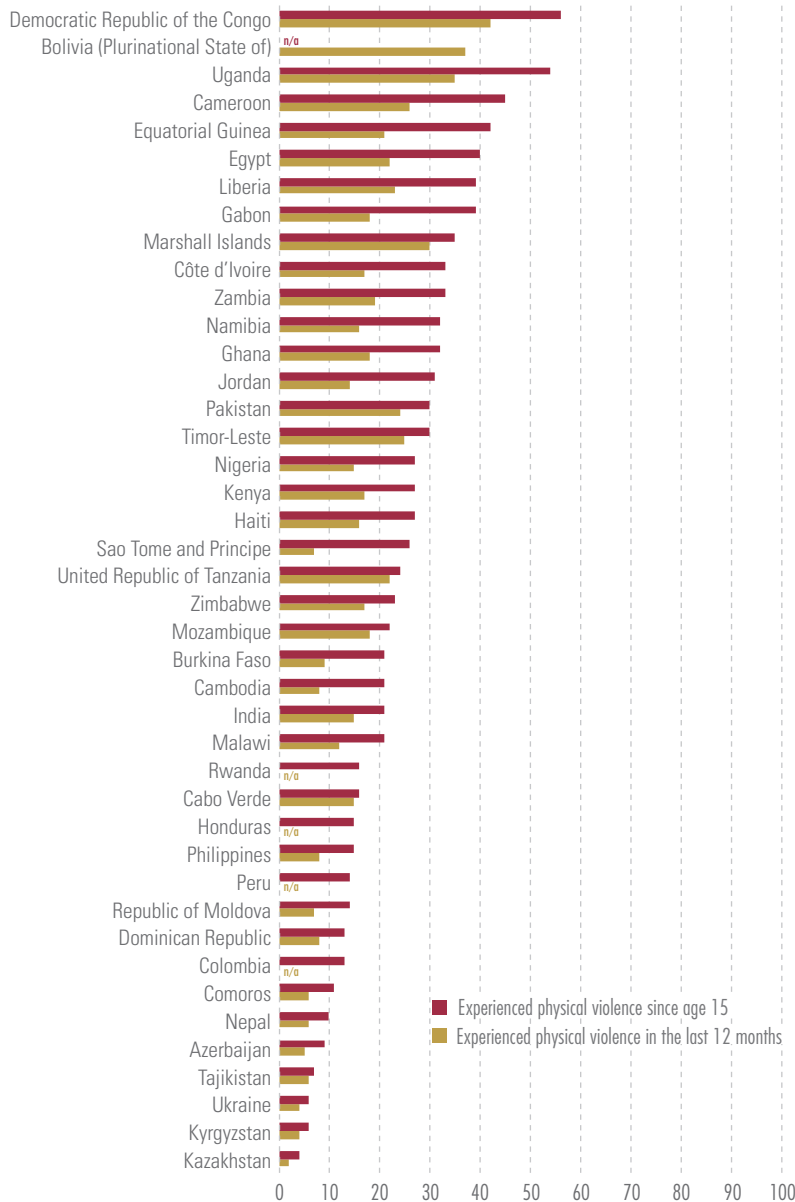
The PRVL is also supporting the development of national homicide prevention policies. In 2012, the Government launched the Youth Alive National Plan with the goal of reducing the exposure and vulnerability of adolescents and young people to violence in urban areas.⁵⁴ The plan includes actions ranging from creating opportunities for social inclusion and autonomy to supplying equipment, utilities and living spaces in areas with a high concentration of homicides and raising the awareness of public officials about the problem. UNICEF and partners contributed substantially to the drafting of the plan based on lessons learned through the PRVL. In addition, the methodologies and products generated by the PRVL – including the *Municipal Guide*, the annual reports of the Adolescent Homicide Index⁵⁵ and analyses of local experiences in preventing violence⁵⁶ – were incorporated into the national plan.⁵⁷ According to the National Secretariat for Youth, the plan is expected to benefit 132 municipalities that, up until 2010, accounted for 70 per cent of all homicides among adolescents of African descent.⁵⁸

In 2013, UNICEF also launched the fourth edition of the Municipal Seal of Approval initiative⁵⁹ and the second edition of the Platform for Urban Centres,⁶⁰ its two main mobilization strategies for promoting equity and reducing social disparities. Along with other measures of youth exposure to violence, homicide rates are now being used as impact indicators in these initiatives. The *Municipal Guide* is one of the main tools used for training managers in urban areas enrolled in the Municipal Seal of Approval initiative. Currently, it involves 611 municipalities in the Amazon region and 1,131 municipalities in the semi-arid Northeast region, representing 75 per cent of eligible municipalities in these two areas.

FIGURE 3.12

Over half of adolescent girls report incidents of physical violence since age 15 in the Democratic Republic of the Congo and Uganda

Percentage of girls aged 15 to 19 years who experienced any physical violence since age 15 and percentage of girls aged 15 to 19 years who experienced any physical violence in the last 12 months



Notes: Data on the proportions of adolescent girls who experienced any physical violence in the last 12 months are not available for Colombia, Honduras, Peru and Rwanda. Data for the Plurinational State of Bolivia, Cambodia, Egypt, Jordan and Pakistan refer to ever-married girls aged 15 to 19 years. Data on the proportion of adolescent girls who experienced any physical violence since age 15 are not available for the Plurinational State of Bolivia. Data for Colombia and Peru refer only to physical violence committed by someone other than the current or most recent spouse or partner. Data for the Marshall Islands are based on 25-49 unweighted cases. Data for Kazakhstan are from MICS 2010-2011, which used an adapted version of the DHS module on domestic violence.

Source: UNICEF global databases, 2014, based on DHS and MICS, 2005-2013.

NON-FATAL PHYSICAL VIOLENCE AMONG ADOLESCENT GIRLS

Comparable DHS data from 42 low- and middle-income countries reveal that physical violence is common in the lives of many adolescent girls. The proportion of adolescent girls who reported experiencing some form of physical violence since age 15 varies widely across countries, ranging from 4 per cent of girls aged 15 to 19 in Kazakhstan to over 50 per cent of girls of the same age in the Democratic Republic of the Congo and Uganda (Figure 3.12).

Substantial regional variations can also be observed. The proportions of adolescent girls who reported experiencing physical violence are highest in West and Central Africa, Eastern and Southern Africa, and East Asia and the Pacific. In these three regions, at least one in nine girls were reportedly subjected to physical violence since age 15 in every country for which data are available. In three countries in West and Central Africa (Cameroon, the Democratic Republic of the Congo and Equatorial Guinea), over 40 per cent of adolescent girls said they experienced physical violence since age 15. In Eastern and Southern Africa, the comparable share is over half in Uganda and one third in Zambia. In East Asia and the Pacific, over one third of adolescent girls reported being subjected to physical violence since age 15. In contrast, the prevalence of physical violence is lower among adolescent girls in

CEE/CIS, ranging from 4 per cent in Kazakhstan to 14 per cent in the Republic of Moldova.

When looking at recent victimization among adolescent girls, rates are alarmingly high in several countries. The highest rates of reported physical violence in the last year are found in sub-Saharan Africa. In Eastern and Southern Africa, at least 12 per cent of girls aged 15 to 19 reported incidents of physical violence in the past 12 months in all nine countries for which data are available, except Comoros. In Uganda and the United Republic of Tanzania, more than one in five adolescent girls reported past-year incidents of physical violence. In West and Central Africa, the proportion is at least 1 in 14 girls in each of the 11 countries with available data; the share reaches as high as 26 per cent in Cameroon and 42 per cent in the Democratic Republic of the Congo. Outside of sub-Saharan Africa, the countries with the highest reported prevalence of physical violence in the past 12 months include the Marshall Islands (30 per cent), Timor-Leste (25 per cent), Pakistan (24 per cent) and Egypt (22 per cent). Adolescent girls living in CEE/CIS reported the lowest rates of physical violence in the past year, ranging from 2 per cent in Kazakhstan to 7 per cent in the Republic of Moldova.

Information from other nationally representative surveys confirms that physical violence is widespread among adolescent girls. For instance, in a 2008-2009 survey conducted in Guatemala,⁶¹ about one in four adolescent girls aged 15 to 19 said they were beaten or physically mistreated before age 15. The same question was also asked in a 2006-2007 survey in Nicaragua,⁶² which found that about 8 per cent of adolescent girls were reportedly beaten or physically mistreated since age 15. A recent survey in Madagascar⁶³ showed that 15 per cent of girls aged 15 to 19 experienced at least one of the following acts of physical violence in the 12 months preceding the survey: kicked or punched; slapped or had their arm twisted; dragged on the ground; shaken or had something thrown at them; strangled or burned; threatened or attacked with a knife, gun or other weapon; or spat on. In a 2009 national survey in Vanuatu,⁶⁴ more than one third (37 per cent) of adolescent girls aged 15 to 19 reported incidents of being beaten or physically mistreated by someone other than a husband or partner since age 15. The

comparable proportion among girls and women aged 15 to 24 in Turkey was about 22 per cent (based on a 2008 survey).⁶⁵

The Violence Against Children Surveys (VACS) in Kenya,⁶⁶ Swaziland,⁶⁷ the United Republic of Tanzania⁶⁸ and Zimbabwe⁶⁹ also collected information on the prevalence of physical violence during childhood among adolescents and young adults aged 13 to 24. In the case of Swaziland, questions were limited to girls and women. While these surveys generally addressed many of the same forms of physical violence covered in the DHS, there were some variations. The surveys in Kenya and Zimbabwe asked respondents if parents, adult relatives or persons of authority (such as teachers and police) ever punched, kicked, whipped or beat them with an object or used or threatened to use a knife or other weapon against them. Additionally, questions were also asked about whether respondents were ever slapped, pushed, punched, kicked, beaten with an object or had a weapon used or threatened to be used against them by a current or previous romantic partner. The same questions were also asked in the United Republic of Tanzania, except that respondents there were not asked if they were beaten with an object by anyone and, in the case of romantic partners, they were also asked if they were whipped. In Swaziland, the survey asked girls and women if they were ever kicked, bitten, slapped, punched or threatened with a weapon by an adult during their childhood.

According to the survey results, 66 per cent of women aged 18 to 24 in Kenya and 64 per cent in Zimbabwe reported incidents of physical violence prior to age 18. The most common forms in both countries were being slapped, pushed, punched, kicked, whipped or beaten with an object. In the United Republic of Tanzania, 74 per cent of females aged 13 to 24 said they experienced physical violence before age 18 at the hands of a relative, authority figure or intimate partner.⁷⁰ Here, the most commonly reported forms of physical violence were being punched, whipped or kicked.⁷¹ In Swaziland, a quarter of 13- to 24-year-old females reported experiences of physical violence committed by an adult prior to age 18.

Perpetrators of physical violence against girls

In the DHS, girls who reported experiences of physical violence since age 15 were asked to identify the perpetrator, including both partners and non-partners. Parents (mothers or fathers) and other caregivers (stepmothers or stepfathers) were the most commonly reported perpetrators in the majority of the 36 countries with available data (*Table 3.3*).⁷² In Azerbaijan, Cambodia, Haiti, Kyrgyzstan and Timor-Leste, for instance, over half of girls named their mother or stepmother as perpetrators. In the Plurinational State of Bolivia, Egypt, Mozambique, Nepal, Pakistan and Zimbabwe, current husbands or partners were most often cited.

The identity of the most common perpetrator varied, however, by the marital status of the victim. Not surprisingly, among ever-married girls who experienced physical violence since age 15, a current or former partner was cited most often in all of the countries with available data (*results not shown*). The proportion is over 70 per cent in India, Mozambique, Nepal, Pakistan, the United Republic of Tanzania and Zambia (see Chapter 7 for an in-depth overview of intimate partner violence among adolescents). However, never-married girls were most likely to report physical violence at the hands of family members, friends/acquaintances and teachers. The most commonly reported perpetrator was the victim's mother or stepmother, with over half of single girls reporting this in Azerbaijan, Cambodia, Haiti, India, Liberia, Sao Tome and Principe, and Timor-Leste. Some exceptions to this pattern include the Democratic Republic of the Congo, Honduras and Peru, where the most commonly cited perpetrators were fathers or stepfathers. In four sub-Saharan African countries, teachers were the most commonly reported perpetrators among single girls: Ghana (34 per cent), Kenya (47 per cent), Uganda (58 per cent) and the United Republic of Tanzania (39 per cent). In Rwanda, neighbours or community members

were the main perpetrators at 31 per cent, while in Zimbabwe it was another relative (27 per cent).

Physical violence during pregnancy

For adolescent girls, pregnancy is a risky time. Pregnant girls must cope with the stress of transitioning to parenthood and may not be physically, mentally or emotionally ready to become mothers. Violence can be extremely damaging to the health and survival of both an adolescent mother and her child, resulting in miscarriage, stillbirth, premature labour or delivery, and low birth weight.⁷³ In extreme circumstances, violence can lead to maternal mortality.⁷⁴ For instance, a study in Uttar Pradesh, India found that infants born to women who experienced partner violence during pregnancy faced double the risks for perinatal and neonatal mortality than infants born to women who did not experience such violence. The authors of this study concluded that approximately one fifth of stillbirths and deaths during the first month of a newborn's life might possibly have been prevented if partner violence had not occurred during pregnancy.⁷⁵

Currently available DHS data from 30 countries⁷⁶ reveal the prevalence of physical violence against girls during pregnancy to range from 1 per cent in Cabo Verde to 17 per cent in Pakistan (*Figure 3.13*). More than 1 in 10 ever-pregnant girls experienced physical violence during pregnancy in six countries: Cameroon, the Democratic Republic of the Congo, Equatorial Guinea, Gabon, Haiti and Pakistan. Reported rates of violence during pregnancy are generally lower among adolescent girls than adult women. However, the opposite is true in several countries, including Haiti and Pakistan, where the rates of physical violence during pregnancy for adolescents are substantially higher than those among older women. In many cases, the violence is perpetrated by the victim's partner.⁷⁷

TABLE 3.3

In almost all countries, parents and other caregivers are the most commonly cited perpetrators of physical violence against adolescent girls

Percentage of girls aged 15 to 19 years who experienced any physical violence since age 15, by perpetrator

	Persons who committed physical violence against girls															
	Current husband/partner	Former husband/partner	Current/former boyfriend	Mother/stepmother	Father/stepfather	Daughter/son	Brother/sister	Other relative	Mother-in-law	Father-in-law	Other in-law	Friend/acquaintance	Teacher	Employer/someone at work	Police/soldier	Other
Azerbaijan	11	3	0	52	20	0	29	5	0	0	0	-	0	0	0	0
Bolivia (Plurinational State of)	55	6	-	3	0	4	1	1	-	4	3	0	-	-	-	1
Burkina Faso	7	2	3	36	34	0.1	8	24	0.3	0	2	4	3	0	-	16
Cambodia	7	0	-	63	30	1	29	1	0	0	3	0	3	0	0	5
Cameroon	20	5	7	26	22	0	24	9	0.1	0	1	1	16	0	0	11
Colombia	18	11	13	42	0	-	18	-	-	1	-	-	-	-	-	13
Comoros	5	3	5	30	14	0	33	15	2	0	2	-	12	0	0	8
Côte d'Ivoire	13	2	5	36	32	0	26	-	0	0	11	2	1	1	-	10
Democratic Republic of the Congo	23	3	9	37	35	1	45	0	2	0	0	14	11	0.2	1	12
Dominican Republic	26	18	-	24	23	0	7	6	0	0	-	13	0	0	-	5
Egypt	49	3	-	26	48	0	25	-	1	0	-	0	3	0	-	0
Gabon	16	4	13	28	26	0	26	21	0	0.4	0.1	-	3	0	0	5
Ghana	6	0	1	27	14	0	18	12	0	0	0.4	-	33	1	0	22
Haiti	13	2	4	52	40	0	17	16	0.1	1	0.2	-	11	0	0.2	4
Honduras	25	14	2	29	21	0	15	11	0	0	0	-	0	0.2	0	6
India	33	2	0.2	41	18	0.4	25	2	1	0.4	1	-	11	0	0	0.4
Jordan	(28)	(5)	-	(43)	(42)	(0)	(23)	-	(0)	(0)	-	(0)	(1)	(0)	(0)	(1)
Kenya	10	2	1	37	23	0	13	10	0.1	0.1	0.1	-	42	0	0.1	18
Kyrgyzstan	4	1	0	55	15	2	30	5	0	0	0	-	3	0	0	12
Liberia	17	6	12	46	39	0.2	12	13	0	0.1	1	-	8	0	2	4
Malawi	22	6	1	14	5	0	21	9	0	0	1	-	3	0	0	31
Mozambique	37	7	5	20	11	0.1	17	10	0	0	1	-	5	0.2	0	8
Nepal	44	0	0	17	22	0	18	7	0	0	0	-	4	0	0	1
Nigeria	9	2	4	41	32	1	30	18	0.2	0	1	7	32	1	0.1	1
Pakistan	(85)	(1)	-	(10)	(4)	(0)	(6)	(0)	(15)	(12)	(1)	-	(0)	(0)	(0)	(0)
Peru	22	6	-	33	34	0	22	9	0	0	2	2	0	0	-	7
Philippines	15	3	0	33	28	0	20	11	0	0	0.3	0	0	0.4	0	13
Republic of Moldova	9	6	9	17	38	0	11	6	0	0	0	-	0.3	3	0	13
Rwanda	7	4	3	11	13	0	16	-	0	0	5	3	12	0	2	36
Sao Tome and Principe	25	2	3	44	32	0	9	-	0	0	10	4	0	0	0	5
Tajikistan	13	0	1	47	12	3	30	7	0	0	0	-	4	0	0	1
Timor-Leste	7	0.3	0.3	63	51	2	28	8	0	0	0	-	12	0	0	1
Uganda	12	4	7	26	21	0	10	7	0	0	1	-	48	2	0	11
United Republic of Tanzania	23	4	5	17	3	0	18	13	0	0	0.2	-	28	3	0	12
Zambia	20	3	6	19	12	0	18	14	0	0	2	-	10	0	0	19
Zimbabwe	30	5	4	15	8	0	10	21	1	0	0.4	-	12	1	0	10

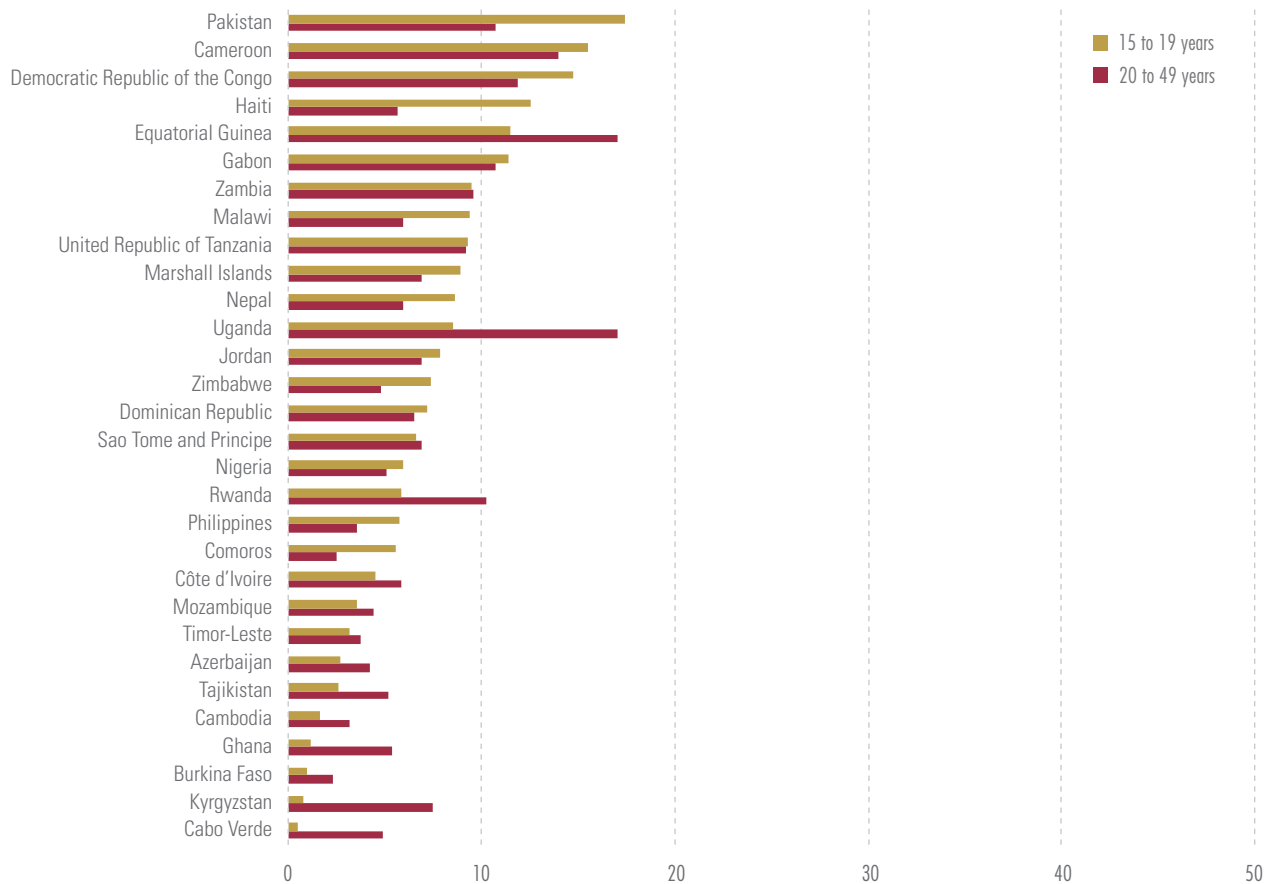
Notes: Data for the Plurinational State of Bolivia, Cambodia, Egypt, Jordan and Pakistan refer only to ever-married girls aged 15 to 19 years. Data for Jordan and Pakistan are based on 25-49 unweighted cases.

Source: UNICEF global databases, 2014, based on DHS and MICS, 2005-2013.

FIGURE 3.13

More than one in seven adolescent girls experienced physical violence during pregnancy in Cameroon, the Democratic Republic of the Congo and Pakistan

Percentage of ever-pregnant girls aged 15 to 19 years and percentage of ever-pregnant women aged 20 to 49 years who experienced physical violence during pregnancy



Notes: Data for Jordan and Pakistan refer to ever-married girls and women only. Data for the Marshall Islands and Rwanda are based on 25-49 unweighted cases. Data from the DHS 2005 are used for Rwanda since information on physical violence during pregnancy was not collected in the most recent DHS, conducted in 2010.

Source: UNICEF global databases, 2014, based on DHS, 2005-2013.

NON-FATAL PHYSICAL VIOLENCE AMONG ADOLESCENT BOYS

Data regarding adolescent boys' exposure to physical violence are limited in comparison to those for girls. In each of five low- and middle-income countries with comparable DHS data, at least one in four adolescent boys aged 15 to 19 said they experienced physical violence since age 15 (*Figure 3.14*). The reported prevalence exceeds 40 per cent in all but two of the countries (Ghana and Mozambique) for which data are available. The highest prevalence of

physical violence is found in Uganda, where over half (54 per cent) of adolescent boys reported incidents of physical violence since age 15, and over one third (34 per cent) also said they experienced such violence in the past 12 months. The country with the lowest reported prevalence of physical violence among adolescent boys is Mozambique. Even so, 28 per cent of adolescent boys in that country reported incidents of physical violence since age 15 and 13 per cent said they experienced such violence within the last year.

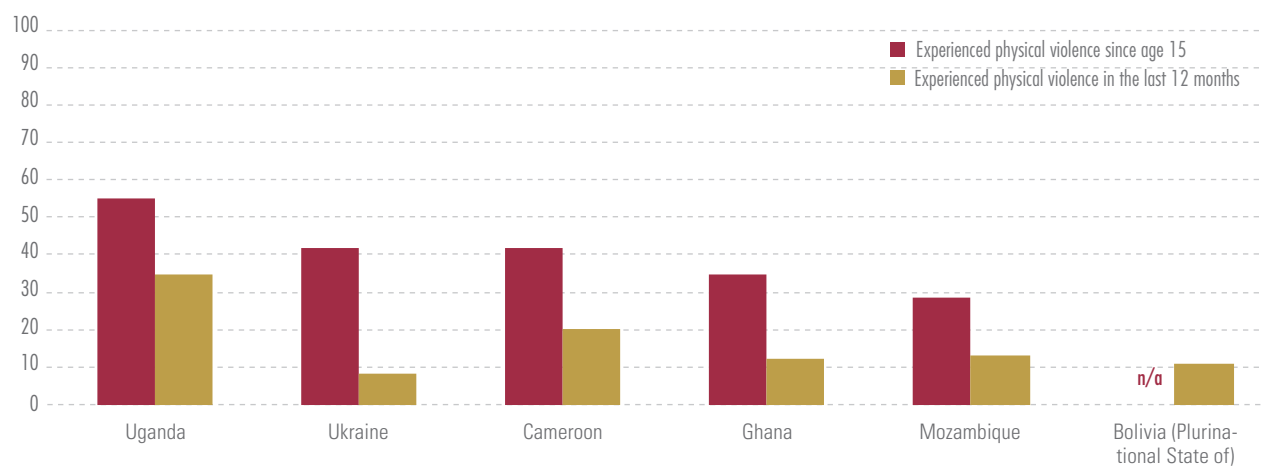


: © UNICEF/NYHO2012-0710/Holt

FIGURE 3.14

In five countries, at least one in four adolescent boys report incidents of physical violence since age 15

Percentage of boys aged 15 to 19 years who experienced any physical violence since age 15 and percentage of boys aged 15 to 19 who experienced any physical violence in the last 12 months



Notes: Data on the proportion of adolescent boys who experienced any physical violence since age 15 are not available for the Plurinational State of Bolivia. Data for Ukraine refer to any physical violence committed by someone other than the boys' current spouses or partners.

Source: UNICEF global databases, 2014, based on DHS, 2007-2011.

TABLE 3.4

The most common perpetrators of physical violence against boys are friends, teachers and 'other' perpetrators

Percentage of boys aged 15 to 19 years who experienced any physical violence since age 15, by perpetrator

	Persons who committed physical violence against boys															
	Current wife/partner	Former wife/partner	Current/former girlfriend	Mother/stepmother	Father/stepfather	Daughter/son	Brother/sister	Other relative	Mother-in-law	Father-in-law	Other in-law	Friend/acquaintance	Teacher	Employer/someone at work	Police/soldier	Other
Bolivia (Plurinational State of)	10	3	-	0	0	-	2	2	0	0	0	22	1	0	-	33
Cameroon	2	1	0.6	18	20	0	22	10	0	0	1	24	21	1	1	29
Ghana	0	0	2	10	11	0	16	17	0	0	0	43	19	0	0	7
Mozambique	0	1	6	18	27	0	27	7	0	0	8	-	29	1	3	13
Uganda	0.2	1	0	10	20	1	10	9	0	0	0	-	34	1	1	46

Note: Data for the Plurinational State of Bolivia refer to physical violence experienced by boys in the last 12 months.

Source: UNICEF global databases, 2014, based on DHS, 2007-2011.

Apart from DHS data, information on physical violence against boys is also available from the VACS in Kenya, the United Republic of Tanzania and Zimbabwe. In Kenya and Zimbabwe, 18- to 24-year-old men were asked about their experiences of physical violence prior to age 18, using the same definitions of physical violence referenced earlier for girls. In the United Republic of Tanzania, information on the prevalence of childhood physical violence against males aged 13 to 24 was reported using the same definition outlined previously.⁷⁸

In both Kenya and Zimbabwe, reported rates of physical violence during childhood among men are higher than those recorded for women. In Kenya, 73 per cent of men said they experienced physical violence prior to age 18 (compared to 66 per cent of women), with most reporting that they were slapped, pushed, punched, kicked, whipped or beaten with an object. In Zimbabwe, 76 per cent of men aged 18 to 24 were subjected to physical violence prior to age 18 (as opposed to 64 per cent of females of the same age). Again, men in Zimbabwe were most likely to say they were slapped, pushed, punched or hit with an object. In the United Republic of Tanzania, a slightly lower proportion of boys and men aged 13 to 24 reported incidents of physical violence before age 18 than girls and women of the same age (72 per cent and 74 per cent, respectively).

The experience of being punched, whipped or kicked was more commonly reported among males than being threatened with a weapon.

Perpetrators of physical violence against boys

As with girls, boys aged 15 to 19 who experienced physical violence since age 15 were asked to identify the perpetrator, which could include both partners and non-partners. The most commonly reported perpetrators varied across the five countries with available DHS data: friends or acquaintances (Ghana), teachers (Mozambique) and 'other' perpetrators (the Plurinational State of Bolivia, Cameroon and Uganda) (Table 3.4).

It was not possible to compare perpetrators based on the marital status of male respondents since the number of ever-married boys who reported experiencing physical violence since age 15 was too small to produce reliable estimates. However, among never-married boys in Mozambique, teachers, siblings and fathers/stepfathers were the most frequently cited offenders (at 28 per cent, 27 per cent and 25 per cent, respectively). A slightly different pattern emerges in Cameroon, where other perpetrators (29 per cent), friends (25 per cent), siblings (22 per cent) and teachers (21 per cent) were most often named by never-married boys. In



© UNICEF/NYHQ2011-2241/Dormino

HIDDEN IN PLAIN SIGHT

Uganda, other perpetrators were most commonly cited (47 per cent), followed by teachers (35 per cent). In Ghana, on the other hand, male friends were the most frequently reported perpetrators among never-married boys (43 per cent), followed by teachers (27 per cent).

Information on the identity of perpetrators of physical violence against boys and men in childhood was also collected through the VACS carried out in Kenya, the United Republic of Tanzania and Zimbabwe. Among men aged 18 to 24 in Kenya, more than half said they were punched, kicked, whipped or beaten with an object before turning 18 by a parent or other adult relative (57 per cent) or an authority figure (58 per cent). Among the former, the most commonly cited perpetrators were fathers and mothers, while among the latter, nearly all (96 per cent) reported it was a teacher. Less than 5 per cent of respondents said they were threatened or attacked with a weapon by either a parent/adult relative or other authority figure. Reports of physical violence prior to age 18 at the hands of a current or former intimate partner were infrequent among men in Kenya.

In the United Republic of Tanzania, boys and men aged 13 to 24 cited relatives as the most common perpetrators of childhood physical violence both among those living on the mainland (57 per cent) and Zanzibar (63 per cent). A significant proportion of males living in both areas of the country also reported incidents of childhood physical violence at the hands of a teacher (51 per cent from the mainland and 43 per cent from Zanzibar). Violence at the hands of intimate partners or authority figures other than teachers was relatively uncommon in both areas of the country.

In Zimbabwe, the largest proportions of men aged 18 to 24 who said they experienced physical violence before age 18 by a parent or other adult relative named their father (46 per cent) or mother (43 per cent) as perpetrators. The second most commonly reported family members to perpetrate physical violence against boys were uncles and brothers. Among those who cited authority figures, 95 per cent said they were victimized by teachers. Slightly less than 2 per cent of adult men reported being physically violated before age 18 by a current or former intimate partner.

EMOTIONAL VIOLENCE

Emotional violence, also referred to as psychological or mental abuse, includes scaring, terrorizing, threatening, exploiting, rejecting, isolating, ignoring, insulting, humiliating and ridiculing a child. Denying emotional responsiveness, neglecting the health or educational needs of a child, exposing a child to domestic violence, and psychological bullying and hazing are also classified as emotional violence. Extreme types of such violence include subjecting a child to solitary confinement or other degrading conditions of detention.¹ While distress or emotional harm often result from the experience of physical or sexual violence, children can also be specifically victimized by targeted acts of verbal or psychological aggression.

Emotional violence against children is most commonly perpetrated by people with whom they have a close personal relationship or attachment. In fact, parents and caretakers are frequently cited as the most common offenders.² According to the Fourth National Incidence Study of Child Abuse and Neglect in the United States, 73 per cent of all cases of child emotional abuse that were officially reported in that country from 2005 to 2006 were perpetrated by a biological parent.³ Although research on other perpetrators of emotional violence has historically been limited, a few studies in several other countries, including Botswana, Canada, Portugal, Sweden, the United Kingdom and Zimbabwe, have begun to explore such violence committed by teachers, peers and dating partners.⁴

Despite these examples, emotional violence remains an under-studied topic, and relevant statistics are sorely lacking. This can be attributed largely to the fact that it is difficult to conceptualize and operationalize all possible manifestations of emotional violence and to quantify its myriad ramifications.

Short- and long-term consequences

Unlike physical abuse, which causes injuries that can be seen on a child's body, emotional violence is more subtle and can be difficult for both the victim and outsiders to identify. Nonetheless, its consequences can be just as devastating.⁵ Children who experience recurrent episodes of emotional violence often grow up thinking they are deficient in some way. They may blame themselves for the abuse, internalizing the negative words and aggressive actions against them.⁶ Research has shown that childhood exposure to emotional abuse has a range of long-term effects that can persist well into adulthood, including depression, anxiety, post-traumatic stress, low self-esteem, isolation and estrangement from other people, insecure attachment and difficulty with relationships, among others.⁷ Moreover, one study revealed that the consequences of emotional violence vary according to the form it takes: Children who are repeatedly terrorized by their caregivers tend to develop anxiety and somatic complaints in adulthood, while those who are ignored and degraded may develop borderline personality disorders.⁸

Four studies from Africa

The Violence Against Children Surveys (VACS) carried out between 2007 and 2011 in Kenya, Swaziland, the United Republic of Tanzania and Zimbabwe asked young adults about their experiences of emotionally violent acts before the age of 18.⁹ However, there are differences in the ways in which such violence was measured across the countries and in the composition of the sample for which data are presented. In Kenya and Zimbabwe, emotional violence was defined as an adult saying or doing something on purpose to humiliate the child in front of others, making the child feel unwanted and/or threatening to abandon the child.

In both countries, data correspond to experiences of emotional violence before age 18 among young adult males and females aged 18 to 24. In the United Republic of Tanzania, emotional abuse was defined as being called bad names, being made to feel unwanted or being threatened with abandonment by an adult. Data from that country represent experiences of emotional violence prior to age 18 among males and females aged 13 to 24. In Swaziland, emotional violence was measured by asking respondents whether they had received emotional ill treatment such as name-calling or saying mean things that made them feel scared or "really bad". Research here was limited to females only, and data refer to emotional violence before age 18 among females aged 13 to 24.

Findings from these surveys suggest that the experience of emotional violence is slightly more common among males than females. In Zimbabwe, 38 per cent of young men reported incidents of emotional abuse in childhood versus 29 per cent of young women. Roughly 30 per cent of young men in both Kenya and the United Republic of Tanzania were also subjected to emotional violence as children versus 26 per cent and 24 per cent of young women, respectively. In Swaziland, 30 per cent of females reported experiences of emotional abuse prior to age 18.

Consistent patterns emerged across countries in regards to the types of violent acts most commonly reported by respondents. Among both males and females in Kenya and males in Zimbabwe, humiliation by an adult was cited most often. Roughly one quarter of men in both countries reported being humiliated by an adult, along with 18 per cent of women in Kenya and 13 per cent of women in Zimbabwe. In the United Republic of Tanzania, calling a child bad names was the most commonly reported form of emotional abuse, with about one in five males and

females reportedly victimized in this way. Many respondents of both sexes also reported feeling unwanted by an adult or other caretaker – including about 17 per cent in Zimbabwe, 15 per cent in Kenya and 8 per cent in the United Republic of Tanzania. Across all countries, threatening abandonment was the least reported form of emotional violence. Even so, 12 per cent of respondents were threatened in this way in Zimbabwe, along with 6 per cent and 9 per cent of female and male respondents in Kenya, respectively. A smaller proportion in the United Republic of Tanzania (5 per cent of males and 4 per cent of females) said they were threatened with abandonment as children.

While respondents in all four countries were subjected to emotional abuse from a wide range of caregivers and people in positions of authority, it is clear that many children are exposed to emotional violence in the family home. For example, in the United Republic of Tanzania, the most frequently reported perpetrator of emotional violence was overwhelmingly a relative (80 per cent

among females and 65 per cent among males). In Swaziland, non-parental relatives were the most frequently cited offenders: 29 per cent of girls and women said they experienced emotional abuse by a female relative other than a mother or stepmother (such as an aunt or grandmother), while 24 per cent were victimized by a male relative other than a father, stepfather or husband. While victimized within their own families, many young people were also subjected to emotional abuse by perpetrators outside the home. For instance, even though most respondents in the United Republic of Tanzania were emotionally abused by a relative, many said they were also victimized by neighbours, dating partners and other non-family authority figures. Among those aged 13 to 24 in this country, 34 per cent of males and 19 per cent of females who experienced emotional abuse reported that a neighbour was the perpetrator.

Perpetrators also varied according to the type of emotionally violent acts committed. In Kenya, for example, young adults were most likely to

say they had been humiliated by teachers and neighbours. Similarly, in Zimbabwe, humiliation by a teacher or uncle was most commonly reported by men, while aunts or mothers were most frequently cited among women. Among Zimbabweans who reported feeling unwanted, most (close to a third of both females and males) pointed to an aunt or uncle of the same sex as the source of those feelings. In Kenya, fathers were most likely to make respondents of both sexes feel unwanted (31 per cent of males and 24 per cent of females), while parents of both sexes and aunts were most likely to threaten abandonment.¹⁰ Males in Kenya were especially vulnerable to threats of abandonment by their fathers, with over half reporting this particular form of emotional abuse. Women in Zimbabwe most often reported threats of abandonment from their mothers, grandparents or uncles, while the most common perpetrators of this type of emotional abuse mentioned by men were fathers, uncles or mothers.

REFERENCES

- 1 United Nations Committee on the Rights of the Child, *General Comment No. 13 (2011): The right of the child to freedom from all forms of violence*, UN document CRC/C/GC/13, Office of the High Commissioner for Human Rights, Geneva, 18 April 2011.
- 2 Lamont, A., *Who Abuses Children?* Australian Institute of Family Studies, Melbourne, 2011.
- 3 Abuse included close confinement (for example, tying or binding), verbal assaults, threats of sexual abuse (without contact), threats of other maltreatment, terrorizing, administering prescribed substances and other unclassified abuse. See: Sedlak, A., et al., *Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress*, US Department of Health and Human Services, Administration for Children and Families, Washington, DC, 2010.
- 4 Leen, E., et al., 'Prevalence, Dynamic Risk Factors and the Efficacy of Primary Interventions for Adolescent Dating Violence: An international review', *Aggression and Violent Behavior*, vol. 18, no. 1, 2013, pp. 159-174; Theoklitou, D., N. Kabitsis and A. Kabitsi, 'Physical and Emotional Abuse of Primary School Children by Teachers', *Child Abuse & Neglect*, vol. 36, no. 1, 2012, pp. 164-170; Shumba, A., 'The Nature, Extent and Effects of Emotional Abuse on Primary School Pupils by Teachers in Zimbabwe', *Child Abuse & Neglect*, vol. 26, no. 8, 2002, pp. 783-791; Osei-Hwedie, K., and A. K. Hobona, 'Secondary School Teachers and the Emotional Abuse of Children: A study of three secondary schools in Gaborone, Botswana', *Journal of Social Development in Africa*, vol. 16, no. 1, 2001, pp. 143-163.
- 5 Norman, R. E., et al., 'The Long-term Health Consequences of Child Physical Abuse, Emotional Abuse, and Neglect: A systematic review and meta-analysis', *PLOS Medicine*, vol. 9, no. 11, 2012, p. e1001349.
- 6 Iwaniec, D., E. Larkin and S. Higgins, 'Research Review: Risk and resilience in cases of emotional abuse', *Child & Family Social Work*, vol. 11, no. 1, 2006, pp. 73-82.
- 7 Riggs, S. A., 'Childhood Emotional Abuse and the Attachment System across the Life Cycle: What theory and research tell us', *Journal of Aggression, Maltreatment and Trauma*, vol. 19, no. 1, 2010, pp. 5-51; Riggs, S. A., and P. Kaminski, 'Childhood Emotional Abuse, Adult Attachment, and Depression as Predictors of Relational Adjustment and Psychological Aggression', *Journal of Aggression, Maltreatment and Trauma*, vol. 19, no. 1, 2010, pp. 75-104; Chapman, D. P., et al., 'Adverse Childhood Experiences and the Risk of Depressive Disorders in Adulthood', *Journal of Affective Disorders*, vol. 82, no. 2, 2004, pp. 217-225; Spertus, I. L., et al., 'Childhood Emotional Abuse and Neglect as Predictors of Psychological and Physical Symptoms in Women Presenting to a Primary Care Practice', *Child Abuse & Neglect*, vol. 27, no. 11, 2003, pp. 1247-1258.
- 8 Allen, B., 'An Analysis of the Impact of Diverse Forms of Childhood Psychological Maltreatment on Emotional Adjustment in Early Adulthood', *Child Maltreatment*, vol. 13, no. 3, 2008, pp. 307-312.
- 9 United Nations Children's Fund Kenya Country Office, Division of Violence Prevention, National Center for Injury Prevention and Control, US Centers for Disease Control and Prevention, and the Kenya National Bureau of Statistics, *Violence against Children in Kenya: Findings from a 2010 national survey – Summary report on the prevalence of sexual, physical and emotional violence, context of sexual violence, and health and behavioral consequences of violence experienced in childhood*, Nairobi, 2012; United Nations Children's Fund, US Centers for Disease Control and Prevention and Muhimbili University of Health and Allied Sciences, *Violence against Children in Tanzania: Findings from a national survey 2009*, UNICEF Tanzania, Dar es Salaam, 2011; Zimbabwe National Statistics Agency, United Nations Children's Fund and Collaborating Centre for Operational Research and Evaluation, *National Baseline Survey on Life Experiences of Adolescents, 2011*, Harare, 2013; United Nations Children's Fund Swaziland, *A National Study on Violence against Children and Young Women in Swaziland*, UNICEF Swaziland, Mbabane, 2007.
- 10 In Swaziland and the United Republic of Tanzania, data on the specific perpetrator by type of emotional abuse are not available.

VIOLENCE AGAINST CHILDREN IN INSTITUTIONAL CARE: THE CASE OF KAZAKHSTAN¹

In countries around the world, public and private orphanages and other residential institutions have been established for the care of children without family support. Yet according to some studies, rates of violence against children in care institutions are six times higher than those of children living in family-based foster care.² Institutionalized children may be subjected to violence by their peers, particularly when conditions are poor and proper supervision is lacking, or even victimized by the very staff and officials charged with their safekeeping.

Central and Eastern Europe and the Commonwealth of Independent States has the highest prevalence of institutional care of children in the world, and Kazakhstan has one of the highest rates per capita. Historically, state-run institutions in that country encouraged families facing difficulties to give their children up to residential care – even if one or both parents were still alive. It was a solution deemed reasonable by all parties concerned, except perhaps the children themselves. As a result, the majority of children in Kazakhstan with physical or mental disabilities are in state-run institutions, often because of stigmatization or because parents lack the resources or capacity to care for them. In 2012, around 30,000 of the country's 5.3 million children were living in state and non-state institutions for orphans and children without parental care.

In 2011, a study carried out by the National Centre for Human Rights and UNICEF Kazakhstan revealed, for the first time, the extent of violence suffered by children in the country's state-run residential institutions. The study design employed multiple methods, including anonymous surveys of staff and institutionalized youth between

the ages of 7 and 19, structured interviews with institution directors, an observational checklist, and semi-structured interviews with graduates (ages 17 to 23) of state-run institutions. The study involved 30 institutions in three regions of the country, representing six different types of facilities.³ Although the findings do not claim to be representative of all state-run residential institutions for children in Kazakhstan, they do provide a general indication of the nature and prevalence of violence against children within such establishments. The study measured the following forms of violence: bullying, harsh verbal abuse, psychological abuse, physical violence and neglect (including lack of adequate food, clothing, medical care and supervision).⁴

- Of the 997 girls and boys surveyed in educational institutions for children with antisocial behaviour, orphanages and shelters, 14 per cent, 7 per cent and 5 per cent, respectively, said they were afraid of other children in the institution. Similarly, 13 per cent, 6 per cent and 7 per cent, respectively, said they were afraid of the staff. As many as one in two children in these institutions reportedly witnessed incidents of violence between child residents. In orphanages and educational institutions, more than one in three children witnessed staff using some form of violence against children; one in four witnessed incidents of severe violence by staff. Among the 997 children surveyed, 11 per cent said they had run away from their respective institutions at least once and 9 per cent said they had purposely hurt themselves because they were unhappy.

Some form of neglect was also reported by 26 per cent of those in edu-

cational institutions for children with antisocial behaviour, 21 per cent in orphanages and 16 per cent in shelters. About 19 per cent, 17 per cent and 13 per cent of children, respectively, said they wore dirty or torn clothes or clothing that was not appropriate for the weather or was wrongly sized. Medical neglect was particularly common among children in educational institutions, where 12 per cent of children said they did not receive adequate care when sick. Roughly 5 to 6 per cent of children indicated they did not receive enough food to eat in all three kinds of institutions. Lack of supervision was the least commonly reported form of neglect, with 2 per cent of children in each kind of institution reporting being locked in his or her room at night without adult supervision.

- Surveys of 284 staff working in infant homes (housing children under age 5) revealed that over 18 per cent were witnesses to staff members using moderate or severe physical violence on children. Moreover, 62 per cent of staff in infant homes said they did not know if their institutions had an official written document regulating the conduct of staff.
- Among 349 staff working in special correctional institutions or with disabled children, as many as one in three witnessed bullying and well over 50 per cent witnessed physical violence between child residents. Over 50 per cent of staff also observed staff members using different forms of violence against the children. In institutions for children with psycho-neurological and severe disabilities, nearly 23 per cent of staff reported witnessing incidents of harsh physical violence by staff

against residents; nearly 54 per cent of staff in these institutions held positive views regarding the use of corporal punishment.

Studies worldwide have consistently shown the negative impact of institutionalization on children, ranging from compromised physical health and attachment disorders to developmental delays and potentially irreversible psychological damage.⁵ Institutionalized

children tend to have higher rates of alcohol and drug use than non-institutionalized children and are more likely to come into conflict with the law.⁶ Both girls and boys who have resided in institutions are also more vulnerable to violence and exploitation, including intimate partner violence, sexual exploitation and human trafficking.⁷

The Convention on the Rights of the Child recognizes that children should

grow up in a family environment unless it is in the child's best interests to do otherwise. The increased risk of violence against children while in institutional care adds to the State's obligations to ensure that effective legislation and other measures are taken to protect these children. The Convention specifically addresses the rights of children with disabilities, saying that segregation and the institutionalization of such children cannot be justified.

REFERENCES

- 1 Unless otherwise noted, the source for the information in this box is: Haarr, R. N., *Violence against Children in State-run Residential Institutions in Kazakhstan: An assessment*, Commissioner for Human Rights in the Republic of Kazakhstan and the United Nations Children's Fund, Kazakhstan, 2011.
- 2 Barth, R. P., *Institutions vs Foster Homes: The empirical base for a century of action*, University of North Carolina School of Social Work, Jordan Institute for Families, Chapel Hill, 2002, cited in: Pinheiro, P. S., *World Report on Violence against Children*, UN Secretary-General's Study on Violence against Children, United Nations, Geneva, 2006, p. 183.
- 3 The types of facilities included infant homes, orphanages, shelters, specialized institutions of education for children with 'deviant' behaviour, institutions for children with psycho-neurological and severe disabilities, and youth homes.
- 4 Acts of psychological abuse included breaking or ruining a child's things on purpose, acting in a way that made a child afraid he or she might be physically hurt/injured, threatening to physically harm or hit a child, locking a child in a room or small place for a long time, tying a child up or chaining him/her, preventing a child from using the toilet and giving a child onerous tasks around the institution. Forms of harsh verbal abuse included swearing at, cursing or calling a child names and saying mean things to hurt a child's feelings. Acts of physical violence included twisting a child's ear or arm, pinching a child, shaking a child, slapping a child in the face or on the head, buttocks, back, leg or arm, throwing or knocking a child down, pushing or grabbing a child, hitting, kicking or physically injuring a child, hitting a child hard enough to create marks, hitting or attacking a child with a hard object or weapon and burning a child with hot items. Neglect covered four areas: clothing, medical care, nutrition and supervision. Clothing neglect included making a child wear dirty or torn clothes or clothing that was not appropriate for the weather or that was the wrong size. Medical neglect involved not taking care of a child when sick (such as not taking him or her to the doctor or not providing medicine). Nutritional neglect meant not giving a child enough food to eat so that she or he went hungry. Supervision neglect entailed locking a child in his or her room at night without adult supervision. Bullying referred to instances in which a child perpetrated repeated acts of harsh verbal abuse, psychological abuse and/or physical violence against other children. According to the study report, specific questions were not asked of children or staff about sexual abuse due to taboos surrounding the subject.
- 5 Zeanah, C., et al., 'Institutional Rearing and Psychiatric Disorders in Romanian Preschool Children', *American Journal of Psychiatry*, vol. 166, no. 7, 2009, pp. 777-785; Johnson, R., K. Browne and C. Hamilton-Giachritsis, 'Young Children in Institutional Care at Risk of Harm', *Trauma Violence & Abuse*, vol. 7, no. 1, 2006, pp. 34-60; Roy, P., M. Rutter and A. Pickles, 'Institutional Care: Associations between overactivity and lack of selectivity in social relationships', *Journal of Child Psychology and Psychiatry*, vol. 45, no. 4, 2004, pp. 866-873.
- 6 Browne, K., *The Risk of Harm to Young Children in Institutionalized Care*, Save the Children UK and Better Care Network, London, 2009; Ryan, J. P., et al., 'Juvenile Delinquency in Child Welfare: Investigating group home effects', *Children and Youth Services Review*, vol. 30, no. 9, 2008, pp. 1088-1099; Harwin, J., *Children of the Russian State: 1917-95*, Ashgate Publishing Company, Avebury, 1996.
- 7 Browne, op. cit.; Carter, R., *Family Matters: A study of institutional childcare in Central and Eastern Europe and the former Soviet Union*, EveryChild, London, 2005; Reilly, T., 'Transition from Care: Status and outcomes of youth who age out of foster care', *Child Welfare*, vol. 82, no. 6, 2003, pp. 727-746.

Chapter 4

SEXUAL VIOLENCE: NOT LIMITED TO GIRLS

Sexual violence is one of the most unsettling of children's rights violations. As such, it is the subject of dedicated international legal instruments aimed at protecting children against its multiple forms (see *Box 4.1*). Acts of sexual violence, which often occur together and with other forms of violence, range from direct physical contact to unwanted exposure to sexual language and images. Even when not accompanied by physical force or restraint, the sexual victimization of children resulting from emotional and psychological manipulation, intimidation and verbal threats, deception or entrapment can be equally intrusive and traumatic.¹

The experience of sexual violence encompasses situations in which a child is forced to perform a sexual act by a caregiver or neighbour, pressed to have unwanted sexual intercourse by a dating partner, exposed to sexual comments or advances by a peer or an adult, impelled to engage in sex in exchange for cash, gifts or favours, coerced to expose her or his sexual body parts, including in person or online, subjected to viewing sexual activities or sexual body parts without his or her consent, or raped by a group of persons as part of a ritual, a form of punishment or the cruelty of war.² Indeed, 'sexual violence' is often used as an umbrella term to cover all types of sexual victimization, including exploitative as well as non-exploitative forms.³ Sexual abuse becomes exploitative when money or other material or non-material gains are given or promised in exchange for sexual activities – irrespective of whether they occur with occasional partners or as part of a stable relationship.

INTERNATIONAL LEGAL FRAMEWORKS PROTECTING CHILDREN FROM SEXUAL ABUSE AND SEXUAL EXPLOITATION

Children have the right to be protected from all forms of violence, including sexual abuse and exploitation, under articles 19, 34, 35 and 39 of the Convention on the Rights of the Child (CRC). Article 34 of the CRC specifically protects children from sexual abuse and sexual exploitation, including the inducement or coercion of a child to engage in any unlawful sexual activity; the exploitative use of children in prostitution or other unlawful sexual practices; and the exploitative use of children in pornographic performances and materials. Additionally, article 35 provides protection against the abduction, sale or trafficking of children for any purpose or in any form, including sexual exploitation. Article 39 requires States Parties to take all appropriate measures to promote physical and psychological recovery and social reintegration

of a child victim of any form of neglect, exploitation or abuse, and stipulates that such recovery and reintegration shall take place in an environment that fosters the health, self-respect and dignity of the child.

The Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography was adopted in 2000 and entered into force in 2002.⁴ It further refines the protections offered under the CRC by providing detailed definitions of the sale of children, child prostitution and child pornography, and requires States Parties to criminalize these child rights violations as offences, and to provide adequate support services to child victims.

Other international conventions protecting children from sexual exploitation and abuse include the

International Labour Organization Convention 182 on the Worst Forms of Child Labour (1999); the Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime (2000); the African Charter on the Rights and Welfare of the Child (1990); and the Council of Europe Convention on Protection of Children against Sexual Exploitation and Sexual Abuse (2007). The latter, although a regional instrument, is open to accession by non-Member States of the Council of Europe. It is the first human rights treaty that provides a definition of sexual abuse and, among other things, protects children from being solicited for sexual purposes, a process more commonly known as 'grooming'.⁵

THE PARTICULAR VULNERABILITY OF CHILDREN

No one factor can adequately explain why children are at risk of sexual victimization, although it is clear they are more vulnerable to abuse due to their age.⁶ In general, children have less experience, knowledge, maturity and, in many cases, physical strength than adults, which puts them at increased risk of being perceived as easy targets. Although children of every age are vulnerable, the specific risks they may be exposed to are likely to vary across developmental stages. For instance, younger

children may be particularly vulnerable to abuse by adults or other caregivers they trust and on whom they depend – at home or in other care settings where they are likely to spend a majority of their time. Adolescents, on the other hand, may be more prone to victimization outside the home through exposure to both strangers and peers, the latter within the context of both friendship and intimate relationships.⁷

Children's perceptions of what constitutes abuse and their ability to comprehend the experience are also likely to be influenced by their age and evolving

capacities. For example, younger children may be especially susceptible to manipulation, coercion and 'grooming'⁸ by older peers and adults since they are probably unaware of perpetrators' motives or the nature of the acts experienced.⁹

THE FAR-REACHING CONSEQUENCES OF SEXUAL VIOLENCE

Experiences of sexual violence in childhood hinder all aspects of development: physical, psychological and social.¹⁰ Apart from the physical injuries that can result, exposure to HIV and other sexually transmitted infections, along with early pregnancy, are also possible outcomes.¹¹ Other physical consequences of sexual violence include a range of self-harming behaviours, such as the development of eating disorders, like bulimia and anorexia.¹² Children who have been abused are also more likely to attempt suicide; the more severe the violence, the greater the risk.¹³

Researchers have consistently found that the sexual abuse of children is associated with a wide array of mental health consequences, including symptoms of depression and panic disorder.¹⁴ Anxiety and nightmares are also commonly observed in younger children who have experienced such violence.¹⁵ The psychological impact of sexual violence can be severe due to the shame, secrecy and stigma that tend to accompany it, with child victims often having to find ways to cope in isolation.¹⁶ The risk of developing adverse mental health outcomes has been found to increase in relation to the frequency and severity of children's exposure to sexual violence and to exert a lasting impact.¹⁷

In addition to physical and psychological consequences, childhood experiences of sexual violence result in considerable social harm. Particularly when violated by a caregiver or trusted person, children may develop insecure or disorganized attachments to others and may face difficulty building and sustaining relationships later in life.¹⁸ Children who are subjected to sexual violence may experience heightened levels of fear and arousal and feel an intensified perception of threat or hostility from other people.¹⁹

Researchers have also found a connection between early experiences of sexual violence and adverse behavioural outcomes. Common coping strategies adopted by children, such as running away from home, skipping school, engaging in risky sex and taking drugs or alcohol, can isolate them socially and put them at further risk of future abuse or exploitation.²⁰ Children who have experienced sexual violence are also more likely to be arrested, including in adulthood.²¹ In addition, research has found that girls who have been sexually abused are at higher risk of experiencing intimate partner violence²² and of being involved, or exploited, in sex work later in life.²³ It is commonly thought that children who are sexually abused are more likely to become offenders themselves once they get older. However, most research suggests that only a small proportion of those children who are sexually abused go on to sexually violate others.²⁴

Children who are abused sexually are also at heightened risk of being re-victimized, both while they are still children and as adults.²⁵ Moreover, experiences of early sexual violence often increase the risk of being subjected to other types of violence²⁶ and diminish children's ability to resist unwanted sexual advances in the future.²⁷ Children who experience multiple forms of violence face the poorest outcomes, exhibiting heightened risk of complex traumatic stress disorders, higher levels of depression, lower self-esteem, higher involvement in life-threatening and risky behaviours, increases in suicidal thoughts and attempts, more frequent delinquent conduct and increased use of alcohol and drugs.²⁸

WHAT REMAINS HIDDEN IN MOST DATA COLLECTION EFFORTS

Although estimates can be found of the number of children who have experienced sexual violence, one of the biggest challenges in this field is underreporting, which stymies efforts to generate accurate statistics. In fact, some research has shown that between 30 and 80 per cent of victims do not disclose experiences of childhood sexual abuse until adulthood,²⁹ while many others (a number impossible to quantify) remain silent for their entire lives (*see Box 4.2*).

Some studies have suggested that boys are even less likely than girls to report incidents of sexual abuse.³⁰ It can be particularly difficult for boys to report and seek help for fear of being viewed as vulnerable or helpless, notions that run contrary to a common cultural definition of men as being strong and self-reliant.³¹ In addition, boys may be reluctant to admit they have been victims of sexual abuse, particularly if the offender is male, for fear of being labelled as homosexual.³²

Even when victims find the strength to accurately report what occurred, other challenges may affect the availability of comprehensive and reliable statistics. For example, figures obtained from child protection services and agency reports, or data gathered during humanitarian emergencies in designated sentinel sites or through rapid assessment exercises, rely on selected samples of informants that are successfully reached or that are independently able to contact available services.³³

Population-based surveys that rely on random samples and use properly designed and validated questionnaires are uncovering violence that is not officially reported. A recent and comprehensive meta-analysis conducted by Stoltenborgh and colleagues showed rates of sexual abuse to be more than 30 times higher in studies relying on self-reports than in official reports, such as those based on data from child protection services and the police.³⁴ That said, population surveys also face the risk of underreporting, depending on the approach used to gather data. For instance, substantial differences were found in levels of child sexual abuse when respondents were questioned about the issue in face-to-face interviews versus anonymous, self-administered questionnaires.³⁵ Similarly, dedicated surveys on violence that involve specialized training of interviewers and employ well-designed questionnaires that enable interviewers to establish a rapport with respondents have demonstrated better results in facilitating the disclosure of victimization experiences.³⁶ Finally, qualitative approaches based on non-structured interviews, particularly when administered in repeated sessions with trained personnel, have demonstrated an increased ability to capture victimization experiences not recorded through regular surveys.³⁷ Even in these cases,

however, certain experiences of violence are likely to evade any data collection efforts. For these reasons, any estimates at the global, regional and country level of the prevalence of sexual violence should be interpreted with extreme caution and assumed to be an underestimate of the actual number of children victimized.

The availability of reliable, comprehensive and comparable data on child sexual abuse also suffers from variations in definitions, study designs, samples and questions used to elicit information. A number of systematic reviews and meta-analyses of self-reported data from hundreds of surveys across several countries reveal a very mixed picture on the extent of the problem.³⁸ In their review of the prevalence of child sexual abuse in 55 studies from 24 countries, Barth and colleagues found figures ranging from 8 per cent to 31 per cent among females and from 3 per cent to 17 per cent among males.³⁹ Other studies found lifetime prevalence of sexual violence among girls and boys to range from 0 per cent to more than 50 per cent, even across studies from the same country or region;⁴⁰ higher rates were obtained in studies using more comprehensive definitions of violence and more detailed questionnaires.⁴¹

DATA SOURCES

Comparable data on specific forms of sexual violence are available for a number of low- and middle-income countries through Demographic and Health Surveys (DHS). Questions on experiences of sexual violence are posed to girls and women of reproductive age (15 to 49 years) and to boys and men aged 15 and older (depending on the survey, men up to the age of 49, 54, 59, 60 or 64 are included). To measure sexual violence committed by a partner, girls and women and boys and men are asked if their spouse/partner committed any of the following acts: physically forced her/him to have sexual intercourse when she/he did not want to; physically forced her/him to perform any other sexual acts when she/he did not want to; and forced her/him with threats or in any other way to perform sexual acts when she/he did not want to.⁴² This question is also asked in reference to experiences that occurred in the 12 months preceding the survey.

INTERVIEWING CHILDREN ABOUT SEXUAL VIOLENCE: ETHICAL AND METHODOLOGICAL CONSIDERATIONS

Gathering data on violence, particularly the most severe forms, always carries the risk of potential harm, and the overriding need is to protect respondents from unnecessary danger. While these concerns apply to reporting on all forms of violence, they are particularly relevant in cases of sexual abuse, given its highly sensitive nature. Moreover, the dynamics of sexual abuse among young children differ from those of adolescent and adult sexual abuse in ways that may affect the child's ability and willingness to disclose his/her experience during interviews.⁴³ For example, in cases of sexual abuse among young children, the perpetrator is often known to the child and is a trusted caregiver. Rather than using physical force, the perpetrator tends to exploit the child's trust and, over a period of time, cultivate a relationship that gradually becomes sexual and more aggressive.⁴⁴

Given the potential risks and some of the circumstances known to be associated with experiences of sexual abuse, a key issue is whether the involvement of young children is necessary or even appropriate in research on the subject. In other words, is it possible to obtain reliable information on violence in childhood by interviewing young adults about their past experiences?

One of the arguments used to justify the need for direct interviews with children revolves around the need

to collect recent information on the exposure to risks and on victims' access to services. The assumption is that interviewing adults (even young adults) on a situation that may have happened in the distant past might be less relevant since risk patterns can change over time. Additionally, the availability of services for referrals and follow-up are also likely to have changed.

While the need for recent data is certainly justifiable, there is little cross-cultural evidence on whether obtaining information from children on their experience of violence is more reliable than asking young adults retrospectively. The issue here relates both to reporting bias (that is, whether truthful disclosure is more likely among children or young adults) and recall bias (whether children are more likely to accurately remember and recount events that have happened in the recent past as opposed to young adults, who may have experienced the violence years before the interview).⁴⁵ Obvious limitations in interviewing younger children about situations of abuse are their ability to engage in conversation, comprehend what is being asked of them and respond appropriately.⁴⁶ And, even once they are able to report, children have been found to underreport or report with delays.⁴⁷

The literature suggests, for instance, that children who are victims of sexual abuse often do not disclose the incident immediately due to

fear of the perpetrator.⁴⁸ According to some studies, the typical chain of events is as follows: The child feels compelled to keep the sexual abuse a secret, often due to feelings of helplessness and fear of not being believed. If the child does disclose the incident(s), the failure of family members or professionals to protect and support him or her adds to the child's distress and may lead to retraction of the disclosure.⁴⁹ Research also suggests that children who are sexually abused by a close family member are particularly hesitant to reveal the abuse.⁵⁰ Finally, children who experience the most severe forms of sexual abuse and those who are subjected to repeated victimization over a longer period are the least likely to disclose their experience.⁵¹

For these reasons, the disclosure of child sexual abuse is better seen as a process rather than a single event,⁵² requiring the use of special age-sensitive questionnaires and interviewing techniques by trained personnel to facilitate disclosure.⁵³ Critical questions that arise include how to collect data on child sexual abuse within the context of general surveys based on structured interviews between children and generic interviewers and whether this research is truly in the best interests of the children participating. Further research is urgently needed to build a strong evidence base to support methodologies and choices related to these ethical issues.

Data from those who reported that they experienced various forms of sexual violence at the hands of their current or most recent spouse or partner are then combined with information collected from both ever-married and never-married girls and women/boys and men on whether, at any time in their lives (as children or adults), anyone ever forced them – physically or in any other way – to have sexual intercourse or to perform any other sexual acts against their will. This question is also asked in reference to experiences that occurred in the 12 months preceding the survey. Girls and women and boys and men who responded ‘yes’ to either of these questions are then asked how old they were the first time this happened and their relationship to the perpetrator (father/stepfather, friend, other relative, in-law, teacher, current/former partner, employer/co-worker, police/soldier, stranger, etc.). The violence may have been experienced either repeatedly or as an isolated event. The prevalence of any sexual violence, committed by anyone, is then reported for all girls and women and boys and men, regardless of their marital status.

While the same questionnaire is used in DHS to collect information on the experiences of sexual violence among both sexes, data for males are available for a significantly smaller number of countries. This paucity of data can be explained by the assumption that sexual violence against boys is relatively uncommon and may, in turn, have fuelled the erroneous perception that boys are immune from it. While it is fairly well recognized that, in most parts of the world, girls are at increased risk of sexual violence, boys are victimized as well – but their experiences of abuse remain largely undocumented.⁵⁴

Given current data availability, the information presented in this chapter covers a few specific forms of sexual violence: forced sexual intercourse (or rape) and other types of sexual activities in which a child has been forced to participate against her or his will, with an emphasis on girls’ experiences. Apart from the DHS, other sources of data used here include the Violence Against Children Surveys (VACS) in Kenya, Swaziland, the United Republic of Tanzania and Zimbabwe,⁵⁵ along with nationally

representative household surveys from several other countries, particularly from Latin America and the Caribbean and the Pacific. Additional findings from selected low- and middle-income with non-comparable data are provided at the end of the chapter (see Box 4.6).

Although the chapter focuses on low- and middle-income countries, this should in no way be interpreted to suggest that sexual violence is not also found in high-income nations. In fact, data on sexual violence against children is likely to exist for many high-income countries, since most of them routinely carry out national surveys of crime victimization (and typically have well-established and functioning systems for police-recorded incidents). However, the age groups covered, types of sexual violence measured and methodologies employed for data collection vary widely and render cross-country comparisons problematic. Data on sexual violence from a selection of high-income countries are also included at the end of the chapter (see Box 4.7).

Child sexual exploitation is minimally covered in this chapter since statistics are extremely limited. This is largely due to the fact that these activities, by their nature, are kept hidden, and it is therefore extremely difficult to capture the true magnitude of the problem (see Box 4.3). In addition, most available data are based on small-scale anecdotal studies and surveys that cannot be considered representative and that pose unique considerations with regards to both data collection and interpretation. Findings from selected surveys that have attempted to collect prevalence data on sexual exploitation are presented in the last section of this chapter.

SEXUAL VIOLENCE AGAINST GIRLS

Comparable data from 40 low- and middle-income countries confirm that exposure to certain forms of sexual violence is not uncommon in the lives of many girls. The proportion of those aged 15 to 19 who have ever experienced forced sexual intercourse or other sexual acts in their lifetime varies widely across countries, ranging from no reported experiences among adolescent girls in Kyrgyzstan to 22 per cent among such girls in Cameroon (Figure 4.1).

METHODOLOGICAL CHALLENGES IN COLLECTING DATA ON THE SEXUAL EXPLOITATION OF CHILDREN

Reliable statistics on the sexual exploitation of children are exceptionally difficult to obtain and are therefore extremely limited in coverage and scope. While global estimates on the prevalence of child sexual exploitation can be found, there is considerable uncertainty about how such estimates were calculated.⁵⁶ Many reports do not include a clear explanation of the underlying methodology and studies often differ in the definitions used, calling into question the comparability of the findings. Furthermore, available estimates often combine women and children in one category.⁵⁷

Collecting reliable data on child sexual exploitation is challenging for many reasons. Data on the issue are rarely captured in generic household surveys. Moreover, given the underground nature of certain forms of sexual exploitation, many children who are victims never have the opportunity to be identified. Children who are exploited in sexual activities for remuneration or any other form of compensation – whether in an established setting such as a brothel or in an informal context – often do so in conditions of secrecy and illegality. Many studies rely on data collected from service

providers, but while important in other respects, these data cannot be generalized to the broader population of sexually exploited children.⁵⁸

Creating a strong evidence base on child sexual exploitation will require conceptual clarity and consistency in the definition(s) used. It will also mean integrating validated questions into dedicated data collection efforts relying on sampling methods designed to capture hard-to-reach populations.

Significant regional variations can also be observed. In all of the countries of CEE/CIS with comparable data except the Republic of Moldova, less than 1 per cent of adolescent girls reported sexual abuse at some point in their lives. In 13 of the 18 countries in sub-Saharan Africa with available data, prevalence rates of 10 per cent or more are found. This includes both conflict and non-conflict countries (*see Box 4.4*). At least one in eight adolescent girls in all West and Central African countries except two (Nigeria and Sao Tome and Principe) with available data reported experiences of forced sexual intercourse or other sexual acts at some point during their lives. Prevalence rates of sexual violence are above 10 per cent in all countries of Eastern and Southern Africa with available data, except for Comoros and Mozambique.

When it comes to recent exposure to sexual violence, up to 12 per cent of adolescent girls aged 15 to 19 in all countries with available data

reported victimization in the last year. The highest rates of past-year victimization are found in the Democratic Republic of the Congo (10 per cent), Uganda (9 per cent) and Equatorial Guinea and Zambia (8 per cent each).

As mentioned earlier, there are many kinds of sexual victimization. These include forced penetration and other forced sexual acts, such as those covered in the DHS, as well as sexual touching or fondling. They also include non-contact sexual abuse, such as verbal or written sexual harassment or threats or online sexual victimization (*see Box 4.5*). Surveys that ask respondents whether they have experienced a diverse range of acts will naturally generate higher overall prevalence rates since they will be capturing a wider array of sexually violent acts. On the other hand, surveys that restrict questions to the most violent forms of sexual violence, such as forced intercourse, will produce lower prevalence rates since these are not likely to be reported as

often as other forms, such as sexual touching or unwanted sexual advances. In addition, some surveys only inquire about acts that have been completed while others might also ask about, and include in prevalence rates, situations in which a particular act was attempted but not completed. This would also affect overall prevalence levels.

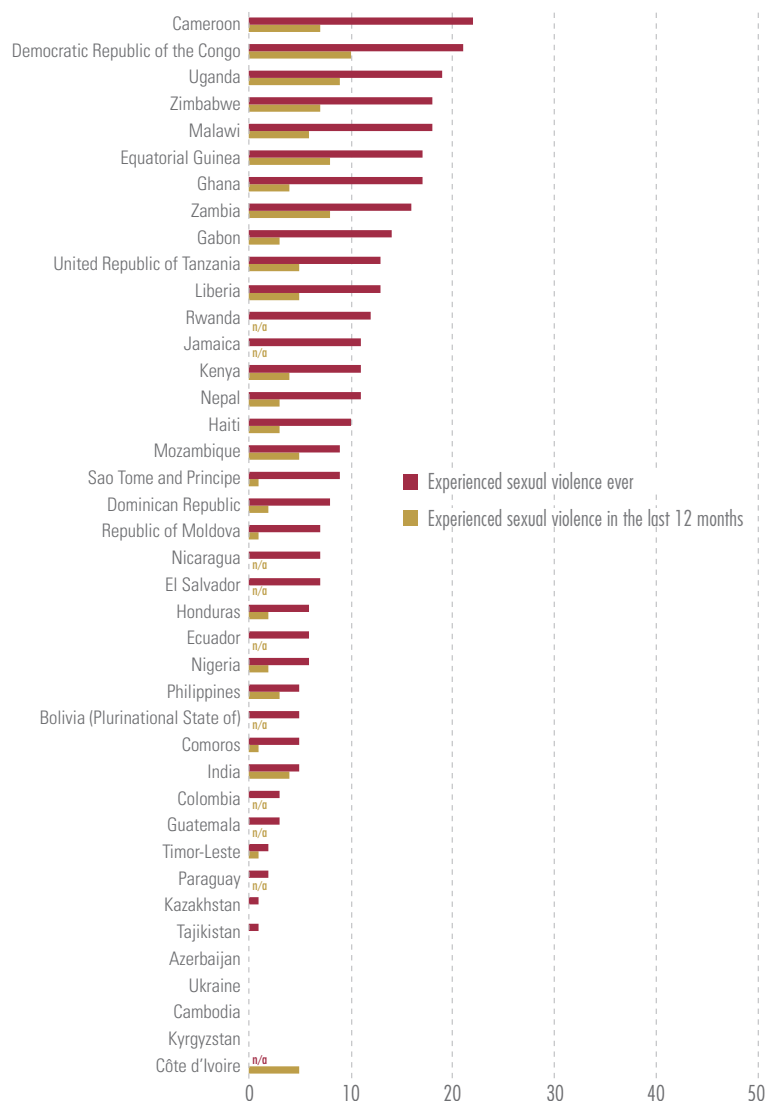
For instance, in the 2007 Violence Against Children Survey (VACS) carried out in Swaziland,⁵⁹ about one in three girls and women aged 13 to 24 reported experiencing at least one of the following incidents before age 18: unwanted sexual touching (such as kissing, grabbing or fondling), attempted unwanted intercourse and physically forced intercourse or coerced intercourse (in which a man or boy persuaded or pressured the respondent to have sexual intercourse against her will). Of these four forms of sexual violence, the most commonly reported was attempted unwanted intercourse.

In the 2010 DHS conducted in the United Republic of Tanzania, which was restricted to forced sex or other forced sexual acts, the prevalence rate in the previous 12 months was 5 per cent among girls aged 15 to 19. The 2009 VACS⁶⁰ gathered information on additional forms of sexual violence (such as attempted unwanted intercourse and unwanted sexual touching), which resulted in a higher proportion (14 per cent) of girls aged 13 to 17 who reported at least one incident in the year preceding the survey.⁶¹ Among the different types of sexual violence explored in the survey, the most commonly reported form was unwanted sexual touching.

FIGURE 4.1

Forced sexual intercourse and other forms of sexual coercion are not uncommon in the lives of many girls

Percentage of girls aged 15 to 19 years (or otherwise noted) who ever experienced forced sexual intercourse or any other forced sexual acts (including in childhood), and percentage of girls aged 15 to 19 years (or otherwise noted) who experienced forced sexual intercourse or any other forced sexual acts in the last 12 months



Notes: Data on the proportions of girls who experienced forced sexual intercourse or any other forced sexual acts in the last 12 months are only available for a selection of countries. Data for the Democratic Republic of the Congo refer to girls aged 18 to 19 years who experienced only forced sexual intercourse. Data for Côte d'Ivoire refer only to ever-married girls aged 15 to 19 years; there are no lifetime prevalence data available for the country. Data for the Plurinational State of Bolivia and Ecuador include only forced sexual intercourse. In El Salvador, Guatemala, Nicaragua and Paraguay, sexual violence committed by a spouse or partner among ever-married girls included forced sexual intercourse or agreeing to have sexual intercourse when they did not want to for fear of what their partner might do; sexual violence committed by anyone among all girls and women included only forced sexual intercourse. Data for Colombia include only girls raped by someone other than a spouse or partner. Data for Jamaica refer to girls and women aged 15 to 24 years who experienced only forced sexual intercourse. Zeroes appearing in the figure do not necessarily mean that there were no victims of sexual violence in these countries but rather that the estimates came to 0 after rounding.

Source: UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2004-2013.

Similarly, the 2008-2009 DHS in Kenya found that about 4 per cent of girls aged 15 to 19 experienced forced sex or other forced sexual acts in the last 12 months. In the 2010 VACS in Kenya,⁶² 11 per cent of girls aged 13 to 17 said they experienced forced or coerced sex, attempted sex or unwanted sexual touching at least once in the previous year. Again, unwanted sexual touching was most commonly reported.

Finally, the 2010-2011 DHS in Zimbabwe found that about 7 per cent of girls aged 15 to 19 experienced

certain forms of sexual violence in the 12 months prior to the survey. In the subsequent 2011 VACS,⁶³ 9 per cent of girls aged 13 to 17 reported forced or coerced sex, attempted unwanted sex or unwanted sexual touching at least once during the same time frame. As in Kenya and the United Republic of Tanzania, unwanted sexual touching was the most commonly reported form of sexual violence. These findings illustrate how prevalence rates of sexual violence are affected by both the diversity and number of specific sexual acts asked about in a questionnaire.

SEXUAL VIOLENCE IN EMERGENCIES

Representative and robust data on sexual violence against children in the context of emergencies are challenging to gather. Nevertheless, it is well documented that the risk of exposure to certain forms of sexual victimization intensifies during civil unrest and armed conflict.⁶⁴ In fact, rape has been used in some contexts as a weapon of war, with children and women most often the targets.⁶⁵ Adolescent girls are particularly vulnerable and, in some cases, are abducted and used for sexual purposes by armed groups.⁶⁶

During emergencies, children are also more likely to become separated from their families and caregivers, thus increasing their risk of certain forms of violence. Evidence suggests that unaccompanied and separated children, as well as internally displaced and refugee children, are particularly susceptible to sexual victimization, exploitation and trafficking.⁶⁷ Although camps can shelter children from several risks, they can also create conditions in which children become vulnerable to sexual violence by a different group of perpetrators since they are often over-

crowded and lack privacy as well as safe spaces for children.⁶⁸

In addition to conflict-specific victimization, certain forms of violence – such as intimate partner violence and other types of abuse against children (including abuse of a sexual nature) – can become more pronounced during times of war.⁶⁹ This is most likely the result of heightened stress, the breakdown of social structures and weakened judicial and law enforcement systems. A study conducted in eastern Democratic Republic of the Congo on a hospital-based cohort of care-seekers for alleged sexual violence reported cases of militarized rape of children and youth, with similar features of cruelty and extreme violence as the incidents reported among adults.⁷⁰ However, the study also indicated that the majority of perpetrators of child sexual abuse were described as civilians (81 per cent) and known to the family (74 per cent).⁷¹

Due to the increased risks of victimization by both civilians and military perpetrators, certain conflicts have been associated with large-scale incidents of sexual violence.⁷² Reports from the Democratic Republic of

the Congo on the extent of conflict-related sexual violence range from 18 per cent to 40 per cent among girls and women and 4 per cent to 24 per cent among boys and men, depending on the approach used to gather the data.⁷³

Prevalence rates on sexual violence during emergencies are not only affected by a number of methodological issues; they also differ due to the varying scope and nature of such violence in different conflicts and in the periods before, during and after an active conflict or crisis. Findings from a survey carried out in 2008 in selected rural communities of Côte d'Ivoire support this view.⁷⁴ The reported prevalence of being subjected to forced sex by someone other than an intimate partner since the age of 15 was higher before and during the active crisis than it was in the 12 months following the end of the conflict among both females and males aged 15 to 49. Furthermore, rates of forced sex by an intimate partner among ever-partnered girls and women and were higher (29 per cent) before and during the crisis. Rates were lower, although still high (15 per cent) even within a year afterwards.



ONLINE SEXUAL ABUSE AND EXPLOITATION OF CHILDREN

Worldwide, children are becoming increasingly avid users – and innovators – of the Internet, typically surpassing their parents and other adults in their knowledge and skills. While this exposure can provide novel opportunities for learning and social interaction, it also presents new dangers.

Research from a number of countries has found that young people frequently report feeling safer sharing private and sensitive information about themselves online than through other forms of communication.⁷⁵ Being behind a computer screen, often in one's own home, can provide a perceived level of safety.⁷⁶ However, children engaged in online conversations in chat rooms, social networking sites and other electronic forums may unknowingly expose themselves to a global audience. Once personal images and information are posted online, children may find out too late that they are unable to control how these are used.⁷⁷

Online sexual abuse of children can take many forms and ranges in its severity. Children may be contacted online by an adult or another young person for the purpose of creating and distributing images and videos of a sexual nature, including those documenting sexual abuse. Online

communication can also escalate into in-person sexual abuse and/or exploitation if children meet someone they have been communicating with online.⁷⁸ Below is an overview of a few common forms of child sexual abuse that can occur online.

Online grooming

Solicitation of children for sexual purposes, or grooming, is defined in article 23 of the Council of Europe Convention on Protection of Children against Sexual Exploitation and Sexual Abuse as “the intentional proposal, through information and communication technologies, of an adult to meet a child...for the purposes of [future sexual exploitation or abuse]”.⁷⁹ A long-standing body of research has documented that sexual offenders often groom children and adolescents over a period of time to lay the groundwork for future sexual advances.⁸⁰ Grooming is used by offenders to build a relationship of trust, or a friendship, with a child in order to gain access to her or him; this typically involves subtle behaviours that victims may not recognize as steps towards abuse.⁸¹ Online grooming can occur over periods varying from hours to months, based on the objectives of the offender and the response of the child. Some research has indicated that perpetrators may

keep an online connection with as many as 200 youths at a time, all of whom may be in different stages of the grooming process.⁸²

Evidence suggests that children, especially girls, are at the greatest risk of being groomed online.⁸³ Research has also shown that girls in their late adolescent years may be more likely than younger girls to engage in risky behaviour with people they meet on the Internet. One study, for example, found that 17- to 18-year-old girls were almost four times more likely to agree to meet a stranger they met online than 12- to 13-year-old girls.⁸⁴ Although several studies have found that children are generally aware that they should not meet or divulge personal information to people they do not know, they seem to make a distinction between ‘strangers’ and ‘virtual friends’. In many cases, children are aware that they are conversing with an adult online. And in some instances, when children meet their pursuer in person, they may view any sexual activities they engage in as consensual.⁸⁵

Child abuse images online

The sexual abuse and exploitation of children through images involves the representation of a child engaged in real or simulated sexual

activities or of his or her sexual body parts for a sexual purpose.⁸⁶ National and international legislation usually refers to such images as pornography. However, law enforcement and child protection agencies are increasingly using the term ‘child abuse images’, since it better connotes their exploitative and harmful nature.⁸⁷

Although the exact number is unknown, millions of child abuse images are estimated to be circulating on the Internet.⁸⁸ The exchange and sale of such images were occurring long before the emergence of the web. However, the Internet has removed some of the communication barriers and social sanctions regarding pornography and paedophilia.⁸⁹ In an instant, child abusers can gain access to thousands of exploitative images of children, including live videos.⁹⁰ Additionally, children themselves are now able to easily access pornographic images through the Internet, including those depicting other children.⁹¹

Many perpetrators are involved in the production, distribution, purchase and viewing of this form of online child sexual abuse. Some are also seeking access to children and adolescents, both online and offline, with the intention of creating sexually explicit images of them.⁹² Images of child abuse can have substantial commercial value, and the industry growing up around them is becoming more profitable.⁹³ However, such images are also trad-

ed and exchanged between paedophiles without sale⁹⁴ and some are distributed through their international online networks.⁹⁵ The ready access and assumed anonymity associated with the Internet may encourage sex offenders to seek such images of children online.⁹⁶

Research has established the long-term harm associated with being a victim of this type of online abuse. The impact, in fact, can mirror the effects seen in children who have experienced other forms of sexual violence. However, children whose images appear online face additional issues due to the documentation and public distribution of their abuse. When sexual images are distributed on the Internet, it is virtually impossible to destroy them or prevent them from continuing to be accessed – either online or offline in other places where they may also be stored. Children whose images have been used must carry the burden of not knowing whether these will continue to be used by their abuser and/or other offenders. Young people who experience this type of violence are often concerned that offenders will show their images to other children as a form of abuse. They may also be concerned that other people, including their friends, peers and parents, may become aware of the images. For some, the possibility of exposure can become a constant source of anxiety that persists well into adulthood.⁹⁷

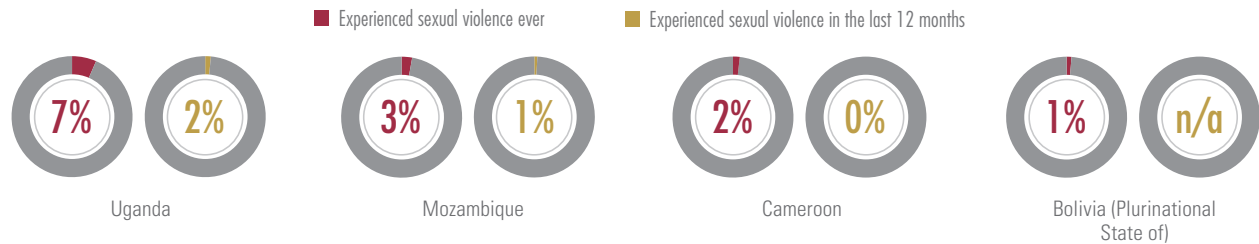
Sexual cyber-bullying

Sexual cyber-bullying involves the use of sexually loaded terms to insult someone, tease someone because of his or her sexual behaviour, make threats or jokes about sexual assault or rape, spread rumours about a person’s sexual behaviour or pressure someone to engage in sexual activities.⁹⁸ Sexual cyber-bullying also includes the distribution of sexually explicit photos and videos taken of other children for the purposes of shaming or causing emotional distress to the victim. Research has found that some of the most common methods of cyber-bullying include ‘sexting’ (that is, creating and sending sexually explicit images over mobile phones) and posting inappropriate photos or videos online.⁹⁹ Although forms of sexual bullying can also be committed offline, the speed and ease afforded by the Internet and mobile devices has the potential to intensify the severity of the consequences.

FIGURE 4.2

Boys also report experiences of sexual violence, but to a lesser extent than girls

Percentage of boys aged 15 to 19 years who ever experienced forced sexual intercourse or any other forced sexual acts (including in childhood), and percentage of boys aged 15 to 19 years who experienced forced sexual intercourse or any other forced sexual acts in the last 12 months



Notes: Data on the proportions of boys who experienced forced sexual intercourse or any other forced sexual acts in the last 12 months are not available for the Plurinational State of Bolivia; lifetime prevalence data for this country refer to forced sexual intercourse only.

Source: UNICEF global databases, 2014, based on DHS, 2007-2011.

SEXUAL VIOLENCE AGAINST BOYS

Comparable data on forced sexual intercourse and other forced sexual acts among boys are only available for four countries (*Figure 4.2*).¹⁰⁰ In Uganda, adolescent boys are nearly two times less likely than their female counterparts to report experiences of forced sexual intercourse or other forced sexual acts during their lifetimes. Similarly, in Mozambique, a much smaller proportion of adolescent boys than adolescent girls said they were the victims of sexual violence (3 per cent versus 9 per cent, respectively).

The VACS in Kenya, the United Republic of Tanzania and Zimbabwe included information on reported experiences of sexual violence among boys and men. In those surveys, sexual violence was defined as any sexual act perpetrated against one's will and included a range of offences, including physically forced or coerced intercourse, attempted unwanted intercourse and other forms of abusive sexual contact (such as unwanted touching of a sexual nature). Among men aged 18 to 24 in Kenya, around 18 per cent indicated that they were a victim of sexual violence prior to age 18; about 4 per cent of adolescent boys aged 13 to 17 reported having been the victim of sexual violence within the past 12 months. The most commonly reported forms of sexual violence against Kenyan boys were unwanted sexual touching and unwanted attempted

sex. In the United Republic of Tanzania, around one in seven boys and men aged 13 to 24 living on the mainland said they were sexually victimized before age 18, compared to about one in 10 of those living on the island of Zanzibar.¹⁰¹ Among adolescent boys aged 13 to 17 on the mainland and in Zanzibar, about 6 per cent and 4 per cent, respectively, said they experienced at least one form of sexual violence within the past year. The most commonly reported form of sexual violence against males in both areas of the country was unwanted sexual touching. In Zimbabwe, 9 per cent of men aged 18 to 24 said they were subjected to some form of sexual violence prior to age 18, while around 2 per cent of boys aged 13 to 17 said they were victims of sexual violence within the previous year. Again, the most prevalent form of sexual violence was unwanted sexual touching.

AGE AT FIRST EXPERIENCE OF SEXUAL VIOLENCE AMONG GIRLS

Comparable data are available for 21 countries on the percentage of adolescent girls (aged 15 to 19) who were subjected to sexual violence by the age at which they first experienced it.¹⁰² These data need to be interpreted with caution and bear some level of uncertainty since there are significant proportions of those who could not recall the exact age at which they first experienced sexual violence and of missing data in most countries.

As shown in Figure 4.3, in all of these countries except three (Gabon, Honduras and Uganda), the majority of girls reported that they were victimized for the first time between the ages of 15 and 19. However, a substantial proportion of adolescent girls experienced sexual violence for the first time at younger ages. In all of the countries except India, Liberia, the Republic of Moldova, Sao Tome and Principe, and Zimbabwe, at least one in five adolescent girls who reported sexual violence said it occurred for the first time between the ages of 10 and 14. In Comoros, Honduras and Uganda, the largest proportion of girls reported they experienced sexual violence for the first time between the ages of 10 and 14. Among adolescent girls in Gabon, 32 per cent were victimized before age 10.

An analysis of data from the entire sample of girls and women aged 15 to 49 confirms that a large

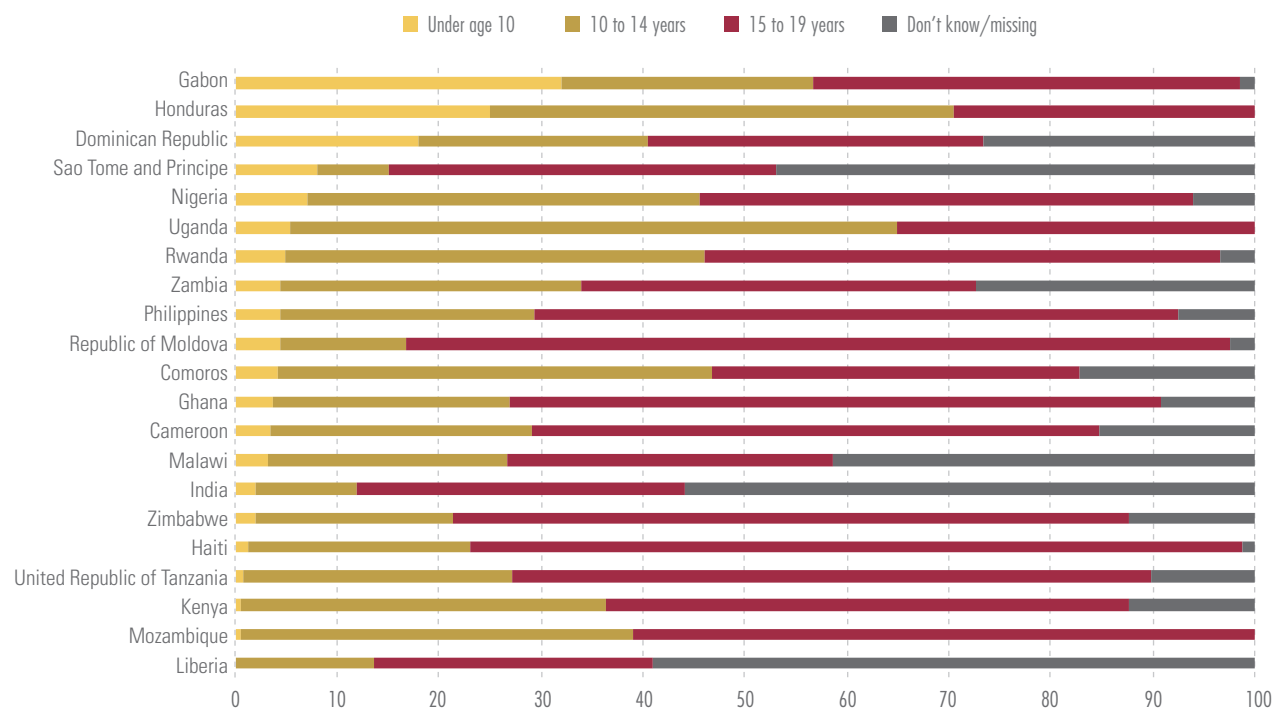
share of them experienced their first incident of sexual violence when they were adolescents. In fact, in most of the countries in which respondents were able to recall the age at which this occurred, it was most often between the ages of 15 and 19. In Ghana, for instance, half of the respondents said they were first victims of sexual violence at this age.

The same pattern is also observed in countries with nationally representative surveys other than DHS. This includes Paraguay,¹⁰³ where 41 per cent of girls and women aged 15 to 44 who experienced forced sex reported that it happened for the first time between the ages of 15 and 19. In Jamaica,¹⁰⁴ the proportion was the same: 41 per cent of girls and women aged 15 to 24 who were victims of forced sexual intercourse said it occurred for the first time when they were 15 to 19 years old.

FIGURE 4.3

A significant proportion of adolescent girls were first-time victims of sexual violence before age 15

Percentage distribution of girls aged 15 to 19 years who ever experienced forced sexual intercourse or any other forced sexual acts, by age at first incident of the violence



Note: Data for Comoros and Sao Tome and Principe are based on 25-49 unweighted cases.

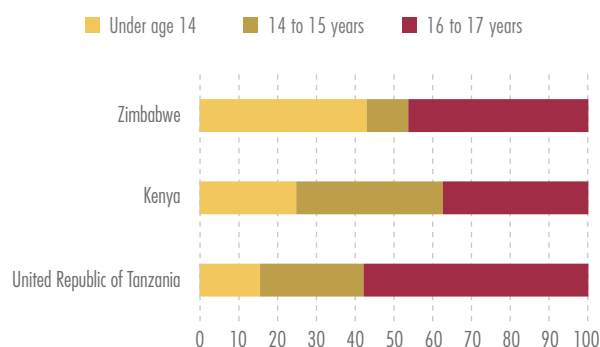
Source: UNICEF global databases, 2014, based on DHS, 2005-2013.

In a national survey conducted in Turkey,¹⁰⁵ a distinction was made between experiences of sexual violence before and after age 15. In that country, a larger share of young women (aged 15 to 24) reported having been forced to have sex or perform other sexual acts against their will by someone other than an intimate partner prior to the age of 15 than after that age (11 per cent versus 6 per cent). National surveys conducted in a number of Pacific island countries, including Kiribati,¹⁰⁶ Solomon Islands¹⁰⁷ and Vanuatu,¹⁰⁸ also confirm that the experience of sexual violence among girls and women is very likely to occur at young ages. In Kiribati and Solomon Islands, respectively, 19 per cent and 37 per cent of girls and women aged 15 to 49 reported that they were touched sexually or made to do something sexual that they did not want to do by someone other than a husband or partner before age 15. Among adolescent girls aged 15 to 19 in Vanuatu, nearly 3 in 10 (29 per cent) reported either being touched sexually or made to do something sexual they did not want to do by someone other than a husband or partner before age 15.

FIGURE 4.4

In Kenya and Zimbabwe, most men say their first incident of sexual violence took place before age 16

Percentage distribution of men aged 18 to 24 years who experienced physically forced intercourse or coerced intercourse, attempted unwanted intercourse or unwanted sexual touching, by age at first incident of the violence



Note: Data for the United Republic of Tanzania refer only to the mainland and do not include Zanzibar.

Source: UNICEF global databases, 2014, based on the VACS from Kenya (2010), the United Republic of Tanzania (2009) and Zimbabwe (2011).

AGE AT FIRST EXPERIENCE OF SEXUAL VIOLENCE AMONG BOYS

Comparable DHS data on the age at which adolescent boys (aged 15 to 19) first experienced sexual violence were only available for four countries. Moreover, the number of boys who reported experiences of sexual violence was not sufficient to produce reliable estimates. An analysis of the entire sample of boys and men aged 15 to 49 reveals that, like girls and women, their first experiences of sexual violence most often occurred between the ages of 15 and 19. In both Mozambique and Uganda, at least 4 in 10 boys and men said they were sexually victimized for the first time when they were 15 to 19 years old. In Cameroon, on the other hand, the largest share of boys and men reported being victimized for the first time after age 20 (*results not shown*).

The VACS also included questions on the age at which boys and men first experienced sexual victimization (that is, physically forced or coerced intercourse, attempted unwanted intercourse or unwanted sexual touching). As can be seen in Figure 4.4, 38 per cent of men aged 18 to 24 in Kenya experienced their first incident of sexual violence at ages 14 or 15; a slightly lower proportion (37 per cent) first experienced sexual violence at age 16 or 17. Around one in four men reported that the first incident occurred before age 14. In the survey conducted in the United Republic of Tanzania, nearly 6 in 10 men (58 per cent) aged 18 to 24 from the mainland who experienced sexual violence before age 18 said the first incident occurred when they were 16 or 17 years old; more than one in four (27 per cent) said it happened when they were 14 or 15. An additional 16 per cent reported that they were victims of sexual violence for the first time before age 14. Among adult men aged 18 to 24 in Zimbabwe who experienced some form of sexual violence prior to age 18, 46 per cent reported that the first incident occurred when they were 16 or 17 years old. A similarly high proportion (43 per cent) said they were victims of sexual violence for the first time when they were 13 or younger, with the remaining 11 per cent reporting their first incident at 14 or 15 years of age.

FORCED FIRST SEX AMONG GIRLS AND WOMEN

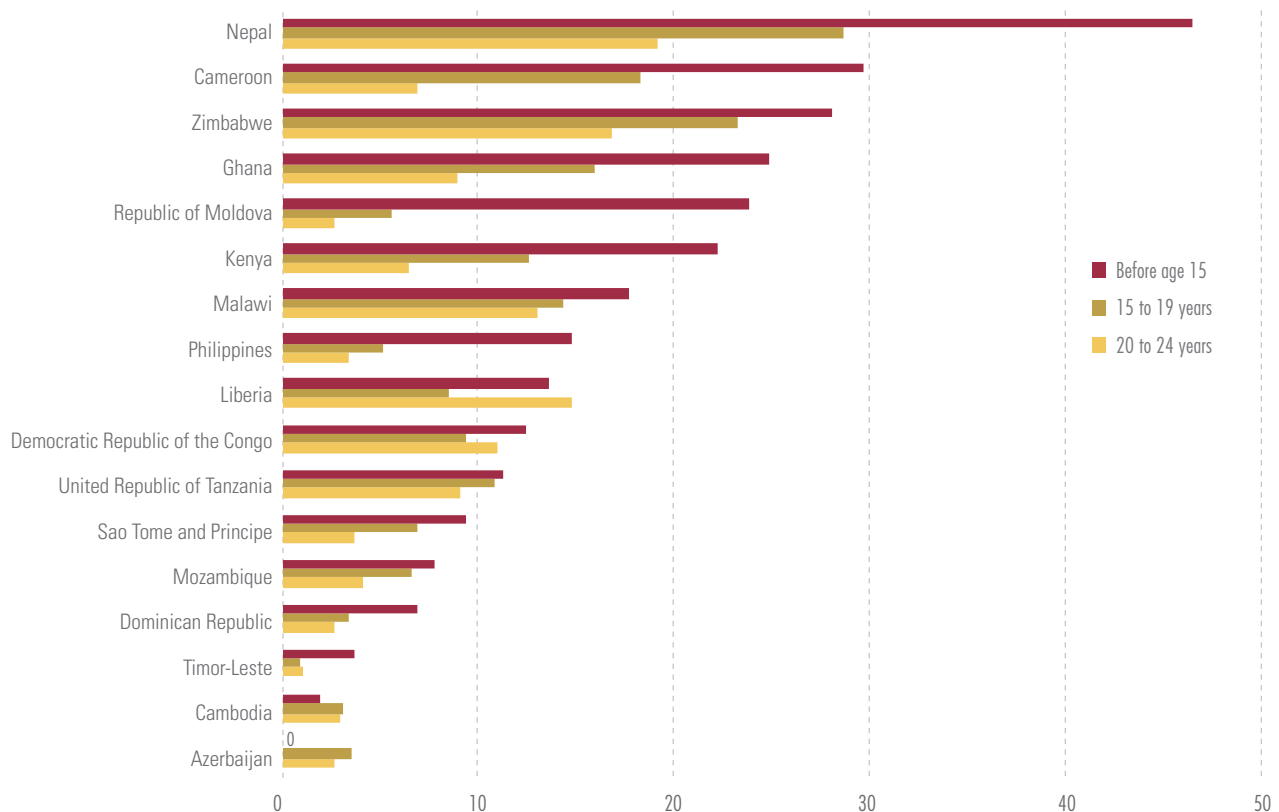
In 17 comparable surveys, girls and women who reported ever having sexual intercourse were asked whether their first experience of sex was forced (against their will).¹⁰⁹ Among girls and women aged 15 to 49, the percentage of those who reported forced sexual initiation ranges from 1 per cent in Timor-Leste to 29 per cent in Nepal (*results not shown*). The likelihood of being forced into sexual intercourse varies by age at first sex: In some countries, girls and women who first had intercourse before age 15 or between the ages of 15 and 19

were more likely to report that it was forced than girls and women who had sex for the first time at age 20 to 24 (*Figure 4.5*). In Nepal, for instance, nearly half (47 per cent) of girls and women aged 15 to 49 who had sex for the first time before age 15 said they were forced to do so; the proportion is 29 per cent for girls whose sexual debut was between the ages of 15 and 19, and 19 per cent for those whose first experience of sex was between the ages of 20 and 24. In a few countries, such as Cambodia, the Democratic Republic of the Congo and the United Republic of Tanzania, the proportion of girls and women reporting forced first sex is roughly the same across all three age groups.

FIGURE 4.5

Sexual initiation of girls and women is more likely to be forced if it occurs at younger ages

Percentage of girls and women aged 15 to 49 years who ever had sexual intercourse who say their first experience of intercourse was forced against their will, by age at first sexual intercourse



Note: Data for Azerbaijan and the Republic of Moldova on the proportions of girls and women who reported having sex for the first time before age 15 are based on 25-49 unweighted cases.

Source: UNICEF global databases, 2014, based on DHS, 2005-2011.

FORCED FIRST SEX AMONG BOYS AND MEN

DHS data on forced first sex among boys and men are only available for Mozambique, and less than 1 per cent overall reported their first experience of sex as being forced.¹¹⁰ However, information on this topic was also collected through the VACS in Kenya, the United Republic of Tanzania and Zimbabwe. Among men aged 18 to 24 in Kenya who first had sexual intercourse before age 18, 9 per cent reported that it happened unwillingly. Of those boys and men aged 13 to 24 who had sexual intercourse for the first time before age 18, 18 per cent from mainland United Republic of Tanzania and 13 per cent from Zanzibar reported that they were unwilling partners in their first sexual encounter (that is, they were either forced or coerced into sex). In Zimbabwe, 7 per cent of men aged 18 to 24 who had their sexual debut prior to age 18 said they were forced, pressured, tricked or threatened to engage in sexual intercourse. Among adolescent boys aged 13 to 17 in that country who had sexual intercourse for the first time in the 12 months preceding the survey, 5 per cent said the experience was unwanted.

In sexual and reproductive health surveys undertaken in four African countries in 2004, adolescent boys aged 12 to 19 who had sexual intercourse were asked if they engaged in it willingly.¹¹¹ Overall, 13 per cent of the boys in Ghana, 7 per cent in Malawi, 5 per cent in Burkina Faso and 4 per cent in Uganda said they were not willing partners. Moreover, younger boys (aged 12 to 14) were more likely than older boys (aged 15 to 19) to report that they did not willingly engage in their first experience of intercourse.

PERPETRATORS OF SEXUAL VIOLENCE AGAINST GIRLS

Girls and women who reported experiences of sexual victimization were asked to describe their relationship to the perpetrators, including both partners and non-partners. Table 4.1 presents this information for adolescent girls aged 15 to 19 in 25 countries with comparable data.¹¹² By far the most commonly reported perpetrators of violence against girls across all countries are intimate partners, defined as either a current or former husband, partner or boyfriend. Significant proportions of girls

in the Plurinational State of Bolivia, the Dominican Republic, Guatemala, Kenya, the Republic of Moldova, the United Republic of Tanzania and Uganda also reported being victimized by a friend or acquaintance. With the exception of Guatemala, relatively few girls reported being sexually violated by their father or stepfather. Other relatives were reported perpetrators in a significant number of instances in Colombia, Comoros, Gabon, Guatemala and Honduras. Reports of sexual victimization by an in-law, teacher, employer or someone else at work, priest or other religious leader, and police officers or soldiers are relatively uncommon across all countries. The prevalence of reported sexual violence by a stranger was highest in the Republic of Moldova (38 per cent), followed by Comoros (33 per cent), Nigeria and Zambia (both 27 per cent), the Dominican Republic (23 per cent), Rwanda (20 per cent), Uganda (19 per cent), and Colombia and Kenya (both 16 per cent). In countries including Kenya and Rwanda, a substantial proportion of teenage girls described the perpetrator of sexual violence against them as 'other'. In almost half of the cases in both Liberia and Sao Tome and Principe, information was not reported on the identity of the perpetrators.

The widespread perpetration of sexual violence by intimate partners is further confirmed in other surveys. In the Swaziland VACS, for instance, slightly more than one third (36 per cent) of girls and women aged 13 to 24 who experienced either physically forced or coerced sex, attempted unwanted sex or unwanted sexual touching before age 18 said it occurred at the hands of a husband or boyfriend. A 2006-2007 national survey in Nicaragua recorded that around one quarter of girls and women aged 15 to 24 experienced forced sex at some point in their lives by a current spouse or partner.¹¹³

PERPETRATORS OF SEXUAL VIOLENCE AGAINST BOYS

Comparable DHS data on perpetrators of forced sexual intercourse or other forced sexual acts on boys are only available for Uganda, where the most commonly reported perpetrators were identified as strangers.¹¹⁴

Reports of sexual violence by intimate partners of boys and men were most common in the VACS

TABLE 4.1

Among adolescent girls who have been subjected to sexual violence, the most likely perpetrator was an intimate partner

Percentage of girls aged 15 to 19 years who ever experienced forced sexual intercourse or any other forced sexual acts, by perpetrator

	Persons who committed sexual violence against girls																
	Current husband/partner	Current/former boyfriend	Former husband/partner	Father/stepfather	Brother/stepbrother	Other relative	In-law	Own friend/acquaintance	Family friend	Teacher	Employer/someone at work	Police/soldier	Priest/religious leader	Stranger	Neighbour/community member	Other	Missing
Bolivia (Plurinational State of)	14	-	17	3	-	9	1	26	-	0	1	-	-	14	-	4	3
Cameroon	26	21	7	0	-	5	0.3	14	7	0	1	0	0.2	-	-	7	9
Colombia	-	6	8	8	2	17	0.1	15	-	0	-	-	-	16	-	9	-
Comoros	(2)	(5)	(22)	(0)	(10)	(14)	(0)	(6)	(11)	(0)	(0)	(0)	(0)	(33)	-	(2)	(2)
Dominican Republic	7	12	8	1	-	5	0.4	31	4	0	0	0	0	23	-	5	7
Gabon	15	3	3	4	1	41	0.2	1	7	7	7	7	7	7	-	13	0
Ghana	10	43	3	0	-	5	1	11	6	5	0	0	0	10	-	0	10
Guatemala	19	14	3	19	-	13	-	27	-	-	-	-	-	9	-	1	-
Honduras	13	7	18	5	2	22	0	14	7	0	1	0	0.3	14	-	1	-
India	77	3	6	0.3	-	6	1	4	2	0	0.4	0	0	3	-	0.3	0
Jamaica	16	36	-	-	-	12	-	19	-	-	-	-	-	15	-	2	-
Kenya	7	29	6	0	-	4	1	23	1	0	0	0	0	16	-	14	3
Liberia	15	12	14	2	-	0	1	5	8	0	0	6	0	5	-	1	45
Malawi	27	20	5	1	-	5	1	5	2	2	0	0	0	11	-	4	26
Mozambique	44	25	14	4	-	1	0	11	2	0	0	0	0	9	-	0	0
Nepal	27	6	0.4	0	0	0	0	1	0	0	0	0	0	3	-	2	0
Nigeria	22	17	5	0	0.2	9	0.3	14	10	1	0.2	0	0	27	-	0	0
Philippines	25	40	7	6	-	2	0	6	2	0	3	0	0	1	3	0	3
Republic of Moldova	1	25	3	1	-	1	0	28	2	0	0	0	0	38	-	0	4
Rwanda	1	11	2	0	0	7	0	9	9	0	0.3	0	0	20	15	22	3
Sao Tome and Principe	(26)	(17)	(6)	(0)	-	(1)	(0)	(3)	(0)	(0)	(0)	(0)	(0)	(0)	-	(0)	(48)
United Republic of Tanzania	24	14	5	0	-	9	0	27	3	0	0	0	0	9	-	6	7
Uganda	29	3	10	1	1	8	4	21	3	2	0	0	0	19	-	5	1
Zambia	14	9	2	0	-	12	3	4	6	2	1	0	0	27	-	5	0.1
Zimbabwe	47	25	12	0	0	10	0	1	3	0	0	0	0	5	-	4	0

Notes: Data for Colombia include only girls who were raped by someone other than a current spouse or partner. In Guatemala, sexual violence committed by a spouse or partner among ever-married girls included forced sexual intercourse or agreeing to have sexual intercourse when they did not want to for fear of what their partner might do; sexual violence committed by anyone among all girls and women included only forced sexual intercourse. Data for Jamaica refer to girls and women aged 15 to 24 years who experienced only forced sexual intercourse. Data for Comoros and Sao Tome and Principe are based on 25-49 unweighted cases. For the Plurinational State of Bolivia, the category 'Father/stepfather' also includes 'Mother/stepmother'.

Source: UNICEF global databases, 2014, based on DHS and other nationally representative surveys, 2005-2012.

conducted in Kenya, the United Republic of Tanzania and Zimbabwe. Among men aged 18 to 24 in Kenya, nearly half (43 per cent) reported that the first incident of sexual violence prior to age 18 was perpetrated by a girlfriend or romantic partner, while about one in five (21 per cent) identified a neighbour. Almost half (49 per cent) said the perpetrator was about the same age as they were, while around 36 per cent reported the offender as 10 years older or more.

In the United Republic of Tanzania, dating partners (that is, current or former girlfriends) were the most frequently cited perpetrators of sexual violence before age 18 against boys and men aged 13 to 24; the rate was much higher among those living in Zanzibar (71 per cent) than those living on the mainland (48 per cent). A significant proportion of males living in both areas of the country reported that the sexual violence was committed by a stranger, neighbour or member of the community. Of those males aged 13 to 24 from the mainland who experienced sexual violence prior to age 18, a majority (58 per cent) reported that the perpetrator was about the same age as they were. Among males from Zanzibar, a higher proportion (51 per cent) reported that at least one of their experiences of childhood sexual violence was perpetrated by someone older, while about 39 per cent said the perpetrator had been about the same age.

In Zimbabwe, 27 per cent of men aged 18 to 24 said their first experience of sexual violence before age 18 was committed by a girlfriend. However, neighbours were the most commonly reported perpetrators (33 per cent). Among men aged 18 to 24, slightly more than one third (35 per cent) said the perpetrator of sexual violence against them prior to age 18 was at least 10 years older.

TYPICAL SETTINGS WHERE SEXUAL VIOLENCE OCCURS

Data from the VACS in Kenya, Swaziland, the United Republic of Tanzania and Zimbabwe show that adolescents are at risk of sexual violence in many locations they frequent on a day-to-day basis. In Kenya and Zimbabwe, respondents who reported at least one incident of sexual violence before age 18 were asked where it happened (or where the first

incident occurred if they experienced sexual violence more than once). In the United Republic of Tanzania, respondents were asked to report on the location of their first and most recent experience of sexual violence. In Swaziland, girls and women were asked where the first incident of sexual violence occurred.

In all four countries, most sexual violence took place at home – either the victim’s own home, the home of the perpetrator or the home of another person. In Kenya, 22 per cent of women and 32 per cent of men (aged 18 to 24) who reported experiences of sexual violence in childhood said the first incident occurred in their own homes; in Zimbabwe, the proportions were about 32 per cent for women and 31 per cent for men. In Swaziland, over half of girls and women aged 13 to 24 who experienced sexual violence before age 18 said it occurred in someone’s home; one third said it occurred in their own home and close to one quarter said it happened in another person’s home (that of a friend, relative or neighbour). In the United Republic of Tanzania, nearly half of both females and males aged 13 to 24 reported that at least one experience of sexual violence before age 18 took place in someone’s home. In Kenya and Zimbabwe, girls were significantly more likely than boys to experience sexual violence in the perpetrator’s home. About 26 per cent of women in Kenya and 31 per cent of women in Zimbabwe reported that their first experience of sexual violence before age 18 occurred in the perpetrator’s home, in contrast to less than 10 per cent of men in both countries.

Experiences of sexual violence also appear to be common at school or on the way to or from school. In Kenya, about one in five women and men (aged 18 to 24) who experienced sexual violence before age 18 reported that the first incident occurred at school. However, women were significantly more likely to say it happened while travelling on foot compared to men the same age (27 per cent and 14 per cent, respectively). Similar patterns are also found in Zimbabwe. There, women aged 18 to 24 were significantly more likely than their male peers to report that their first experiences of sexual violence before age 18 occurred on the way to or from school (19 per cent and 7 per cent, respectively). In the United Republic of Tanzania, experiences of at least

one incident of sexual violence during childhood while travelling to or from school were reported by 23 per cent of females and 15 per cent of males aged 13 to 24.

Although girls are generally more likely to experience sexual violence while travelling to and from school, both sexes are at risk in a range of locations outside the home and school. For example, about one in four males and females aged 13 to 24 in the United Republic of Tanzania reported that at least one incident

of sexual violence before age 18 occurred outside – in a field, the bush, river or roadway. In Swaziland, about one in five girls and women (aged 13 to 24) experienced sexual violence before age 18 in a public area, field or open area of land. In Zimbabwe, 19 per cent of men and 15 per cent of women (aged 18 to 24) reported that childhood sexual violence took place for the first time outdoors. In Kenya, less than 5 per cent of both women and men (aged 18 to 24) said their first encounter of sexual violence before age 18 occurred outdoors or in the bush.

BOX 4.6

ADDITIONAL FINDINGS ON SEXUAL VIOLENCE IN SELECTED LOW- AND MIDDLE-INCOME COUNTRIES WITH NON-COMPARABLE DATA

In the 2005 Global School-based Student Health Survey (GSHS) in **Lebanon**, 20 per cent of boys aged 13 to 15 said they were exposed to sexual comments, touched in a sexual way or the victim of an attempted forced sexual relationship at some point in their lives, compared to 15 per cent of girls the same age.

In a 2012-2013 national survey carried out in **Madagascar**,¹¹⁵ girls and women aged 15 to 49 were asked whether they experienced any of the following in the 12 months preceding the survey: non-consensual sexual intercourse, made to do other non-consensual sexual acts, had their intimate parts touched in a non-consensual way, made to have sexual intercourse with other people for money or other favours not granted, or made to live with or get married to someone without their consent. Around 14 per cent of girls aged 15 to 19 said they experienced one of the above forms of sexual violence in the previous year.

In the 2009 GSHS in **Maldives**, 18 per cent of adolescent boys in grades 8 to 10 said they were physically forced to have sex when they did not want to at some point in their lives, compared to 16 per cent of girls the same age.

Nearly equal proportions of male

and female students in grades 7 and above in **the former Yugoslav Republic of Macedonia** reported being physically forced to have sex when they did not want to at some point in their lives in the 2007 GSHS (6 per cent and 5 per cent, respectively).

South Africa is reported to have one of the highest rates of sexual violence in the world.¹¹⁶ Several small-scale studies have found that adolescent girls there are at particular risk for experiencing forced sex – with estimates ranging from 39 per cent to 66 per cent.¹¹⁷ Despite this, nationally representative data on the prevalence of sexual violence against children remain limited. Some indications of the extent of the problem are available, however. For example, an analysis of the 2010/2011 police records found that a total of 28,128 sexual offences against children under the age of 18 were reported to the police, representing just over half of all the reported crimes committed against children that year.¹¹⁸ An analysis by victims' age using the 2008/2009 police-recorded data reveals that around 6 in 10 of the reported sexual offences committed against children that year affected those below the age of 15 and that about one quarter of the child victims were under the age of 10.¹¹⁹ It is important to note,

however, that research has consistently found that most sexual assaults are not reported to the police, and even when they are, the age of the reported victim is often unknown.¹²⁰ Researchers are also unclear which kinds of sexual assault are the most likely to be underreported.¹²¹

Moving beyond police-reported statistics, a 2011-2012 nationally representative survey found that around 1 in 20 secondary school students (5 per cent) reported at least one act of unwanted sexual contact (regardless of whether penetration occurred or not) at school in the year preceding the survey.¹²² Girls were much more likely to report having been recently sexually violated at school than boys (8 per cent and 1 per cent, respectively). Another study conducted in the Eastern Cape and KwaZulu-Natal provinces found that 28 per cent of men reported previously raping a woman (whether alone or with accomplices).¹²³ Reports of rapes by multiple perpetrators were especially high, with 20 per cent of men reporting that they participated in a gang rape. However, only 5 per cent of men admitted that they had raped a child under the age of 15. Primary reasons cited for raping a girl below the age of 18 included boredom, fun and sexual entitlement.¹²⁴

SEXUAL VIOLENCE IN SELECTED HIGH-INCOME COUNTRIES

Germany¹²⁵

Data from a 2011 study in Germany on a nationally representative sample of individuals aged 16 to 40 found that about 6 per cent of women and 1 per cent of men reported incidents of sexual harassment in their youth. The definition used was “being forced to see intimate parts for the sexual arousal of someone else at least once before the age of 16”. An additional 7 per cent of girls and women and 1 per cent of boys and men said they were victims before the age of 16 of sexual violence with physical contact (defined as physical contact of intimate parts, vaginal or anal penetration or oral sex). Finally, about 2 per cent of girls and women and less than 1 per cent of boys and men reported that they were the victims of some other type of sexual violence before the age of 16. Findings also revealed variations by ethnic background: For example, women with roots in the Russian Federation were most likely to report sexual harassment, while those of German origin were most likely to report contact sexual violence. Girls and women of Turkish background registered the lowest reported prevalence rates of both sexual harassment and contact sexual violence.

The identity of the perpetrator was found to vary by the type of offence: For sexual harassment without physical contact, the highest proportion was reportedly perpetrated by male offenders unknown to the victim (47 per cent), followed by male family members (33 per cent) and other males known to the victim (27 per cent). For sexual violence with physical contact, male offenders known to the victim, including neighbours or friends, were the most commonly reported perpetrators (45 per cent), followed by male family members (41 per cent), strangers (23 per cent) and female offenders (4 per cent). For other types of sexual offences, the most commonly reported offenders were male family members (36 per cent), followed by males unknown to the victim (25 per cent), female offenders (9 per cent) and other males known to the victim (3 per cent).

Italy¹²⁶

A 2006 national survey collected data from girls and women aged 16 to 70 in Italy on their experiences of being touched sexually or forced to do any other sexual activity against their will. Around 7 per cent said they experienced sexual violence by a non-partner before age 16,

with the most commonly reported perpetrators being acquaintances, relatives and strangers.

Switzerland¹²⁷

The Optimus Study,¹²⁸ carried out in Switzerland in 2009, collected information from adolescent boys and girls (aged 15 to 17) on their experiences of sexual victimization. Around 40 per cent of girls and 20 per cent of boys reported incidents of sexual victimization that did not involve physical contact at some point in their lives. This included indecent exposure, verbal or written harassment (including online) and exposure to pornography. Of those who experienced non-contact sexual victimization at least once, more than one quarter (27 per cent) of girls and 14 per cent of boys said it occurred within the last year. The most common form of sexual violence among both sexes was cyber-victimization.

In terms of sexual victimization involving physical contact, including sexual touching, attempted or completed intercourse or other sexual acts, such as oral sex, a much higher proportion of adolescent girls (22 per cent) said they experienced at least one incident in their

lifetime than adolescent boys (8 per cent). Among those who experienced contact sexual victimization at some point, 14 per cent of girls reported an incident within the past year compared to 6 per cent of boys. Around 7 per cent of girls and 1 per cent of boys reported the most severe form of contact sexual victimization (attempted or completed penetration) at some point in their lives.

United Kingdom of Great Britain and Northern Ireland¹²⁹

A nationally representative survey of youth (aged 11 to 17) conducted in the United Kingdom in 2009 found that around 17 per cent experienced contact or non-contact sexual abuse by an adult or peer during their lifetime; 9 per cent experienced such victimization within the past year. The majority of perpetrators were found to be males who were typically known to the victim.

Around 7 per cent of girls and 3 per cent of boys revealed that they experienced some form of contact sexual abuse (as defined by criminal law) by an adult or peer at some point during their lives. Most reported the perpetrator to be another child (under age 18) rather than an adult inside or outside the home. Among the 11- to 17-year-olds reporting sexual aggression by adults, most said the offender was known to them (either a parent or guardian, neighbour or family friend).

United States of America¹³⁰

The second National Survey of Children's Exposure to Violence (NatSCEV II), carried out in 2011 in the United States, captured reports on both lifetime and past-year sexual victimization, including sexual harassment, indecent exposure, attempted or completed rape and other types of sexual offences involving physical contact. More than one third of adolescent girls (35 per cent) and one in five adolescent boys (20 per cent) aged 14 to 17 reported experiencing such forms of violence at some point in their lives. The proportions fell when reporting on sexual victimization during the past year: 23 per cent of girls and 10 per cent of boys reported at least one such incident in the previous 12 months.

Around 17 per cent of adolescent girls and 4 per cent of adolescent boys reported experiences of sexual assault at some point in their lives, defined as attempted or completed rape or other sexual offences involving physical contact. Sexual assault by a known adult was reported by 6 per cent of girls and less than 1 per cent of boys; sexual assault by a peer was reported by 11 per cent of girls and 4 per cent of boys. About 11 per cent of girls and 2 per cent of boys were the victims of a sexual assault within the last year. Sexual assault at the hands of peers within the previous year was reported by 7 per cent of girls and 2 per cent of

boys.

Around one in five adolescent girls (21 per cent) and 11 per cent of adolescent boys were found to have been sexually harassed at some point during their lives; the proportions declined to 14 per cent of girls and 5 per cent of boys when they reported on incidents during the last year. Lifetime prevalence rates of "unwanted Internet sex talk" were 21 per cent and 4 per cent for girls and boys, respectively; last-year victimization rates were 13 per cent and 3 per cent for girls and boys, respectively.



THE SEXUAL EXPLOITATION OF CHILDREN

Although it is widely acknowledged that sexual exploitation of children occurs in many parts of the world, population-based surveys pertaining to the subject have only been conducted in a small number of countries. Moreover, these surveys covered only some forms of sexual exploitation, using different questions to elicit children's experiences.

In the VACS carried out in Swaziland in 2007, in which only females were sampled, about 2 per cent of young women aged 13 to 24 said that a teacher or principal offered money, gifts, food, shelter or better grades in exchange for sex at some point in their lives; 8 per cent reported that the same was offered by someone other than a teacher or principal during their lives. A much smaller proportion of the respondents said they had sex with others because they "hoped to receive" money or goods. In the 2010 VACS conducted in Kenya, 7 per cent of

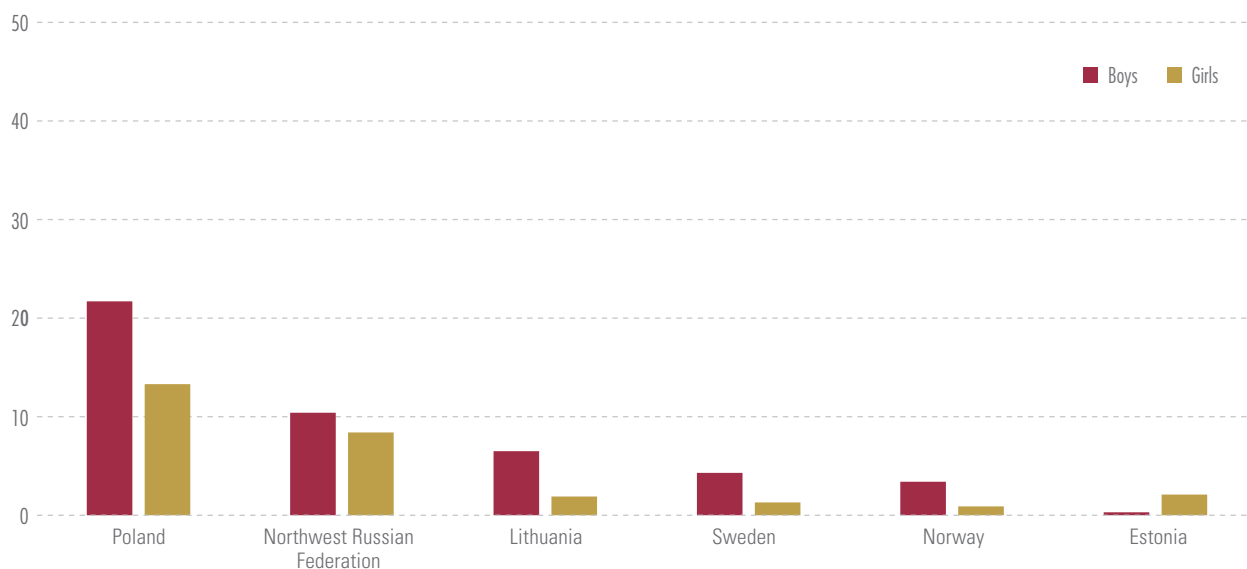
females and 6 per cent of males aged 18 to 24 who experienced sexual violence before age 18 reported receiving money for sex; 8 per cent of females and 4 per cent of males reported receiving gifts, food or favours in exchange for sex. In the VACS conducted on mainland United Republic of Tanzania in 2009, 4 per cent of girls aged 13 to 17 said they received money or goods in exchange for sex at least once in their lifetime (there were too few cases among boys to report a stable prevalence estimate). In the 2011 Zimbabwe survey, among both females and males aged 18 to 24 who reported physical, sexual or emotional violence prior to age 18, about 3 per cent said they received money, gifts, food or favours in exchange for sex.

In 2004, a series of nationally representative surveys on adolescent sexual and reproductive health were also carried out in Burkina Faso, Ghana, Malawi and Uganda.¹³¹ The surveys included a question

FIGURE 4.6

In Poland, about one in five boys report they offered sexual services for pay at least once

Percentage of 18-year-olds who reported that they offered sexual services for pay at least once, by sex



Source: Baltic Sea Regional Study on Adolescents' Sexuality, 2003-2004.

on whether adolescents aged 12 to 19 who had sexual intercourse within the previous 12 months received gifts or money from their last sex partner in exchange for sex.¹³² The question was only asked of girls who were not married at the time of the survey and who reported having sex more than once in the year preceding the survey.

In all four countries, a higher percentage of single adolescent girls than boys who had sex within the previous 12 months reported receiving gifts or money for sex from their last sexual partner. Among single girls aged 12 to 19, the proportions receiving gifts or money were 79 per cent in Malawi, 75 per cent in Uganda, 73 per cent in Ghana and 35 per cent in Burkina Faso. Among single boys, the proportions were 32 per cent in Uganda, 28 per cent in Ghana, 8 per cent in Malawi and 5 per cent in Burkina Faso. These findings should be interpreted with caution, however, since they are restricted to only those adolescents not currently married or in union and therefore do not represent the experiences of all

adolescents within this age group.

The Baltic Sea Regional Study on Adolescents' Sexuality, carried out between 2003 and 2004, also incorporated questions relating to sexual exploitation.¹³³ In this study, nationally representative samples of adolescents in secondary and vocational schools in Estonia, Lithuania and Poland and representative samples from large cities in Norway, Sweden and Northwest Russian Federation¹³⁴ were asked whether or not they ever offered sexual services for pay.¹³⁵ Figure 4.6 presents the percentage of 18-year-old girls and boys who reported that they exchanged sexual services for pay at least once. The highest proportions among both sexes were in Poland, where about one in five boys and one in eight girls (both aged 18) reported that they offered sexual services for pay at least once. Rates were somewhat similar for both boys and girls in Northwest Russian Federation (between 8 per cent and 10 per cent, respectively).

WHEN DIFFERENT FORMS OF VIOLENCE OVERLAP (POLY-VICTIMIZATION)

Poly-victimization among adolescent girls

It is well documented in the literature that adolescent girls are more likely to experience physical violence than sexual violence. This is confirmed by Demographic and Health Survey (DHS) data from 25 countries.¹ In every country with available data, the prevalence of physical violence among girls aged 15 to 19 exceeds that of sexual violence. In Timor-Leste, for example, about 30 per cent of adolescent girls reported incidents of physical violence, in contrast to 2 per cent of girls reporting sexual violence. Similarly, in Côte d'Ivoire, Gabon, Equatorial Guinea and Uganda, reports of physical violence

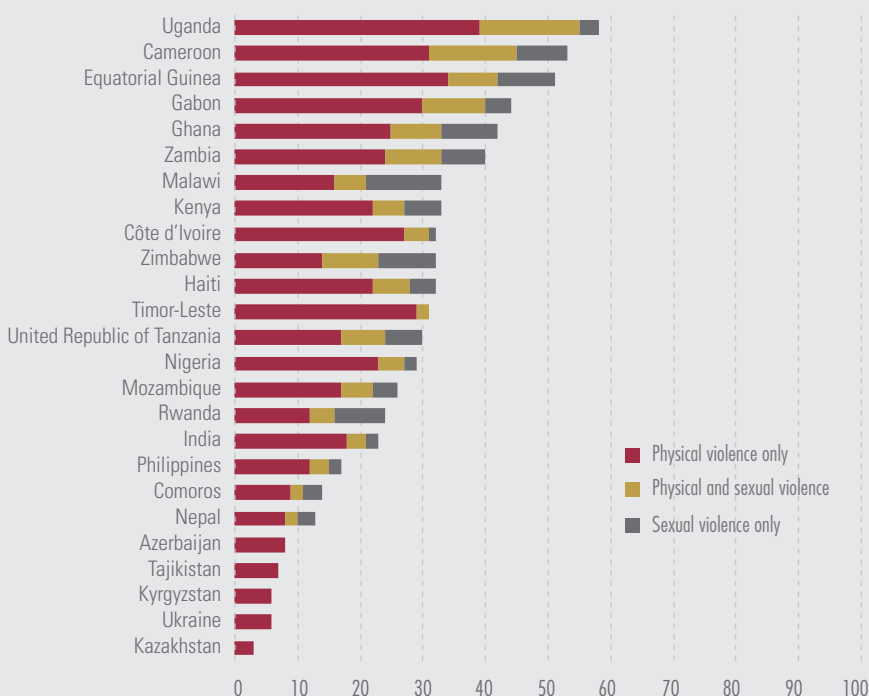
far outweigh those of sexual violence. In some countries, however, physical violence is only slightly more common than sexual violence among adolescent girls. In Malawi, for example, 21 per cent and 18 per cent of adolescent girls reported incidents of physical and sexual violence, respectively.

The data also show that most girls who are subjected to physical violence experience this type of violence in isolation. However while physical violence is rarely accompanied by violence of a sexual nature, many adolescent girls who are sexually violated also report accounts of physical abuse. In most of the 25 countries for which data are available, it is more common

for adolescent girls to experience a combination of sexual and physical violence than sexual violence alone. In Côte d'Ivoire, Timor-Leste, Uganda and Ukraine, for example, over three quarters of adolescent girls who were subjected to sexual violence also reported experiences of physical violence. In Uganda, 16 per cent of girls reported both sexual and physical violence, while 3 per cent reported sexual violence only. The prevalence of poly-victimization was especially high in a handful of countries in sub-Saharan Africa. In Cameroon, Gabon, Uganda, Zambia and Zimbabwe, more than 1 in 12 adolescent girls reported incidents of both physical and sexual violence.

Most adolescent girls who are victims of sexual violence also report physical abuse

Percentage of girls aged 15 to 19 years who experienced physical violence only (since age 15), sexual violence only (including in childhood), or both physical and sexual violence

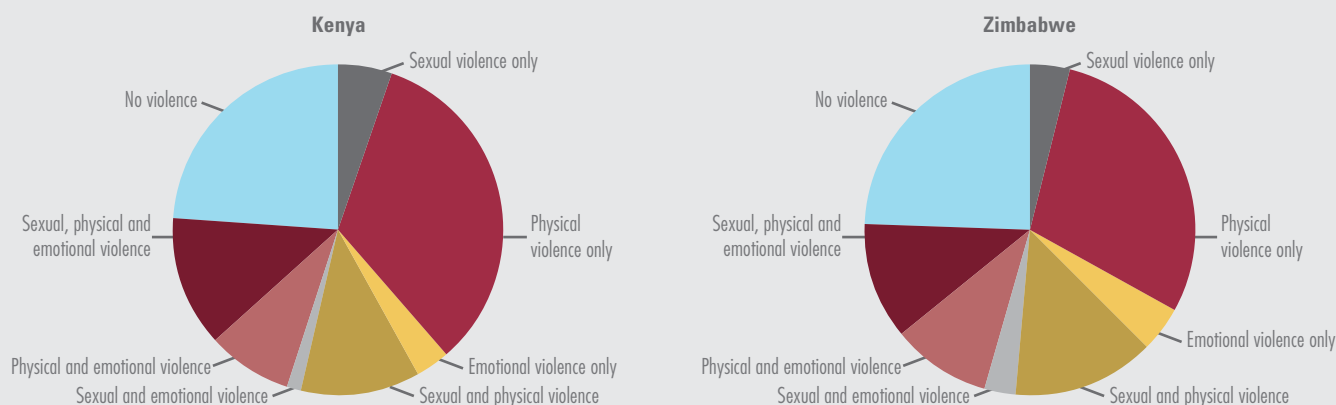


Source: UNICEF global databases, 2014, based on DHS, 2005-2012.

Data on the overlap of various forms of physical, sexual and emotional violence are also available through the Violence Against Children Surveys (VACS) in Kenya, the United Republic of Tanzania² and Zimbabwe.³ In both Kenya and Zimbabwe, 76 per cent of adult women aged 18 to 24 reported some form of violence (physical, sexual or emotional) during childhood. Among them, the largest proportion reported physical violence only prior to age 18. In Kenya, a combination of all three forms of violence was reported second most often (13 per cent). In Zimbabwe, a combination of physical and sexual violence was reported second most often (14 per cent). In both countries, sexual violence among girls during childhood rarely occurred in isolation, with less than 6 per cent reporting incidents of sexual abuse only. The same pattern was found in the United Republic of Tanzania, where about 84 per cent of girls and women between the ages of 13 and 24 who experienced sexual violence in childhood also reported incidents of physical violence. In addition, nearly 43 per cent of females who said they were victims of sexual violence in childhood also experienced emotional abuse.

Among women in Kenya and Zimbabwe, the most common experience of violence during childhood was physical, often in combination with emotional or sexual violence

Percentage distribution of women aged 18 to 24 years, by type of violence experienced before age 18



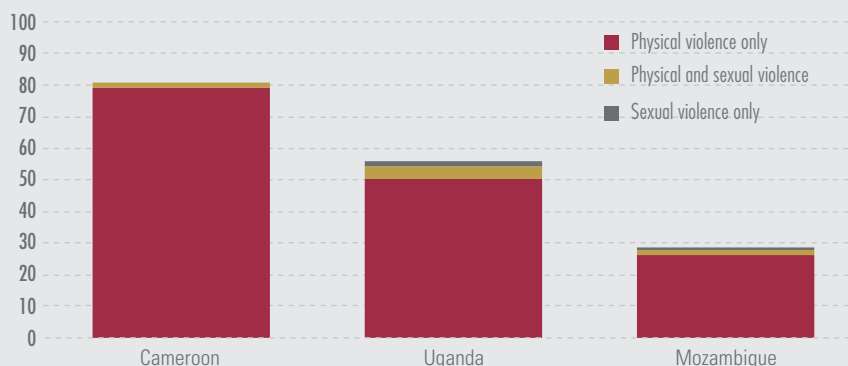
Source: UNICEF global databases, 2014, based on the VACS from Kenya (2010) and Zimbabwe (2011).

Poly-victimization among adolescent boys

Considerably less data are available on physical and sexual violence among adolescent boys.⁴ DHS data from Cameroon, Mozambique and Uganda reveal that adolescent boys are also far more likely to experience physical violence than sexual violence. In Cameroon, around 80 per cent of adolescent boys aged 15 to 19 said they had experienced physical violence since age 15 while about 2 per cent reported experiences of sexual violence at some point in their lives. In Uganda, over half of boys aged 15 to 19 reported incidents of physical abuse since age 15, while 6 per cent recounted experiences of sexual violence. Similarly, in Mozambique, the prevalence of physical violence significantly exceeded that of sexual violence among adolescent boys, with about one quarter reporting physical violence and 3 per cent reporting sexual violence. As with girls, most boys did not experience sexual violence in isolation. In all three countries, over half of boys who were subjected to sexual violence also reported physical abuse. Still, the combination of both sexual and physical violence is rare – experienced by less than 5 per cent of boys in each country.

In Cameroon, Mozambique and Uganda, adolescent boys are far more likely to experience physical than sexual violence

Percentage of boys aged 15 to 19 years who experienced physical violence only (since age 15), sexual violence only (including in childhood), or both physical and sexual violence



Source: UNICEF global databases, 2014, based on DHS, 2011.

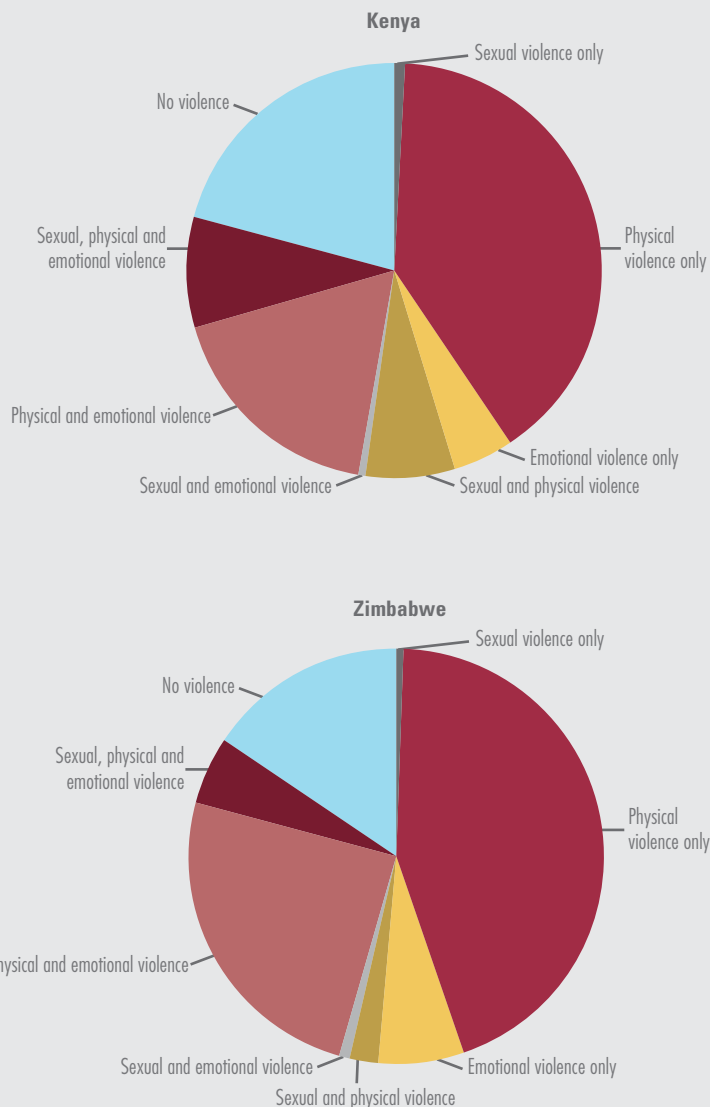
Data on the overlapping of various forms of violence are also available for males through the VACS in Kenya, the United Republic of Tanzania and Zimbabwe. In Kenya and Zimbabwe, respectively, 79 per cent and 84 per cent of all men aged 18 to 24 reported some form of violence (either physical, sexual or emotional) at some point during their childhood. Among them, the largest proportion experienced physical violence only prior to age 18. A combination of physical and emotional violence was reported second most often in both countries. Few men reported all three forms of violence – emotional, physical and

sexual – during childhood (9 per cent in Kenya and 5 per cent in Zimbabwe). In both countries, sexual violence among men before age 18 rarely occurred in isolation: Less than 1 per cent in both countries reported the experience of sexual violence only. The same pattern was found in the United Republic of Tanzania, where about 83 per cent of boys and men between the ages of 13 and 24 who experienced sexual violence before age 18 also related incidents of physical abuse. In addition, about half (51 per cent) of males who reported sexual violence also said they been the victims of emotional violence.

IN SOME COUNTRIES, BOYS ARE MORE LIKELY TO REPORT EXPERIENCES OF PHYSICAL VIOLENCE WHILE GIRLS MORE OFTEN REPORT SEXUAL VIOLENCE IN COMBINATION WITH PHYSICAL ABUSE

Among men in Kenya and Zimbabwe, the most common form of violence experienced during childhood was physical, usually in combination with emotional violence

Percentage distribution of men aged 18 to 24 years, by type of violence experienced before age 18



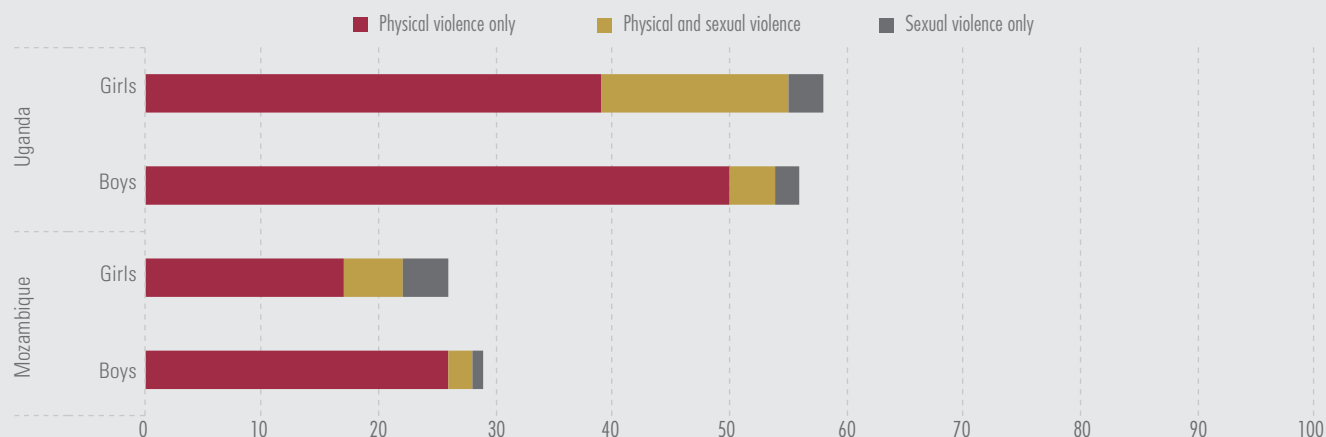
Source: UNICEF global databases, 2014, based on the VACS from Kenya (2010) and Zimbabwe (2011).

Poly-victimization and sex differences

In the two countries for which comparable DHS data are available for both sexes (Mozambique and Uganda), overall prevalence rates for violence are similar for girls and boys. However, the most common forms of violence experienced are different. Boys are more likely to be physically violated than girls, while girls overall are more likely to experience sexual violence, usually in combination with physical violence. In Uganda, for example, half of boys reported incidents of physical violence only, compared to 39 per cent of girls. Among girls, 19 per cent related incidents of sexual abuse as opposed to 6 per cent of boys; of these, similar proportions reported experiencing sexual violence in isolation. However, 16 per cent of girls and 4 per cent of boys in Uganda experienced both physical and sexual violence. This pattern was also confirmed by findings from the VACS in Kenya and Zimbabwe: Men reported higher rates of physical violence only during childhood, while women were more likely to report sexual violence only or a combination of sexual and physical violence.⁵ Findings from these two countries also show that physical violence tends to overlap with emotional violence in boys to a greater extent than it does in girls. However, it is not possible to know to what extent these differences between the sexes can be explained by the relatively well-documented pattern that males are less likely to report experiences of violence. The findings therefore need to be interpreted with some degree of caution.

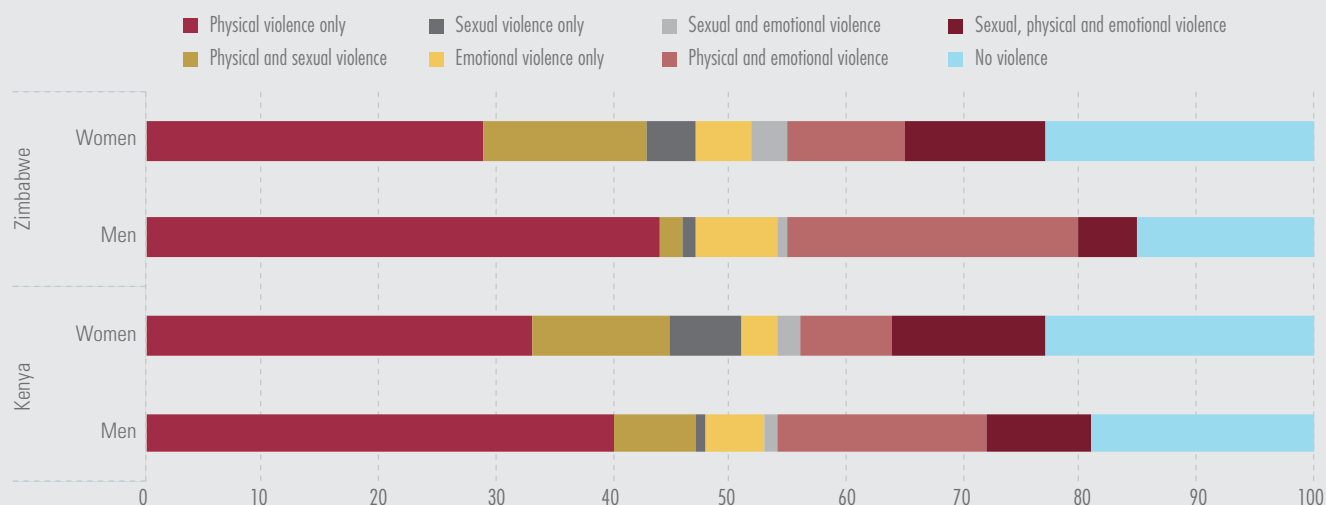
Girls are more likely than boys to be victims of sexual violence, often in combination with physical abuse

Percentage of girls and boys aged 15 to 19 years who experienced physical violence only (since age 15), sexual violence only (including in childhood), or both physical and sexual violence



Source: UNICEF global databases, 2014, based on DHS, 2011.

Percentage distribution of women and men aged 18 to 24 years, by types of violence experienced before age 18



Source: UNICEF global databases, 2014, based on the VACS from Kenya (2010) and Zimbabwe (2011).

REFERENCES

- 1 Data were collected in other countries that conducted a DHS but are either not presented in the final DHS reports or results are based on fewer than 25 unweighted cases and therefore are not included here.
- 2 Data on the overlap of various forms of violence are presented differently in the United Republic of Tanzania survey report.
- 3 United Nations Children's Fund Kenya Country Office, Division of Violence Prevention, National Center for Injury Prevention and Control, US Centers for Disease Control and Prevention and Kenya National Bureau of Statistics, *Violence against Children in Kenya: Findings from a 2010 National Survey – Summary report on the prevalence of sexual, physical and emotional violence, context of sexual violence, and health and behavioral consequences of violence experienced in childhood*, Nairobi, 2012; United Nations Children's Fund, US Centers for Disease Control and Prevention and Muhimbili University of Health and Allied Sciences, *Violence against Children in Tanzania: Findings from a national survey 2009*, UNICEF Tanzania, Dar es Salaam, 2011; Zimbabwe National Statistics Agency, United Nations Children's Fund and Collaborating Centre for Operational Research and Evaluation, *National Baseline Survey on Life Experiences of Adolescents*, 2011, Harare, 2013.
- 4 Data were collected in other countries that conducted a DHS but are either not presented in the final DHS reports or results are based on fewer than 25 unweighted cases and therefore are not included here.
- 5 Findings from the DHS are not directly comparable with those from the Kenya and Zimbabwe surveys, since the specific acts of violence covered differ somewhat between the two sets of surveys.

DISCLOSING EXPERIENCES OF VIOLENCE AND SEEKING HELP

Research consistently shows that most child victims of violence delay disclosing their abuse – sometimes for relatively long periods of time. Many children never tell anyone, nor do they seek help to cope with the experience or to protect themselves from further victimization.¹ One reason may be the fear of retaliation. Children may also feel guilty, ashamed or confused. Some children may lack confidence in the ability or willingness of others to help them or be unaware of services available for victims.

Cultural and social norms can also play a role in whether or not children

seek help. In societies that sanction male dominance over women, children may witness gender-based violence on a regular basis and see its occurrence as an integral part of interpersonal dynamics between the sexes. The perception that some forms of violence, such as corporal punishment by parents or physical fights with peers, are just an ordinary part of growing up can make children less likely to consider their victimization worth mentioning or to think of themselves as in need of help. Moreover, in some places, cultural norms dictate to whom a victim is expected to turn for assistance. For instance, victims of partner violence

may, in some communities, be expected to seek help from their or their partner's family; typically, the ultimate goal of an intervention is to bring about reconciliation in the relationship rather than protection for the victim. Additionally, those who experience violence at the hands of their intimate partners may be reluctant to come forward because of economic dependence on their partners or fear of reprisal.² To make matters worse, formal support services for victims of violence are lacking in many communities, creating even more obstacles for those who consider seeking help.³

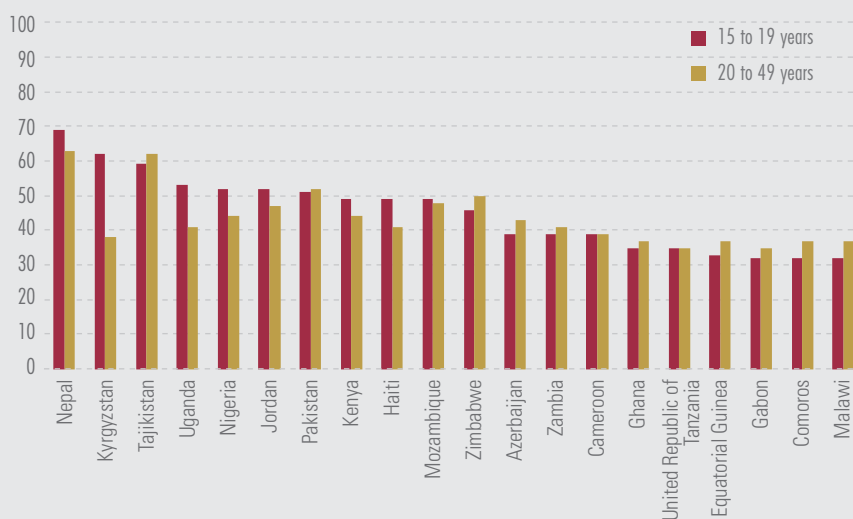
THE PERCEPTION THAT SOME FORMS OF VIOLENCE ARE AN ORDINARY PART OF GROWING UP CAN MAKE CHILD VICTIMS LESS LIKELY TO THINK OF THEMSELVES AS IN NEED OF HELP

Disclosing episodes of violence

In the Demographic and Health Surveys (DHS), girls and women who reported incidents of physical and/or sexual violence during their lifetimes were asked whether they ever told anyone about the abuse. Available data from 20 low- and middle-income countries confirm that many girls and women never disclose their experience.⁴ In Jordan, Kyrgyzstan, Nepal, Nigeria, Pakistan, Tajikistan and Uganda, more than half of adolescent girls aged 15 to 19 who suffered from physical and/or sexual violence said they never told anyone. In most of the countries, adolescent girls were found to be as likely as adult women (aged 20 to 49) to keep their experiences of violence secret. Exceptions include Kyrgyzstan, where adolescent girls were significantly less likely than their older counterparts to have confided in someone about the abuse.

Significant proportions of girls and women who experience physical and/or sexual violence never tell anyone about the abuse

Percentage of girls aged 15 to 19 years and women aged 20 to 49 years who ever experienced physical and/or sexual violence and never told anyone about it



Notes: Data for Jordan refer to ever-married girls and women. Data for Pakistan refer to ever-married girls and women who have ever experienced physical violence. Data on adolescent girls aged 15 to 19 years for Jordan and Pakistan are based on 25-49 unweighted cases.

Source: UNICEF global databases, 2014, based on DHS, 2006-2013.

When it comes to disclosure of different types of violence, female victims of sexual violence only were least likely to disclose the abuse as opposed to those who experienced either physical violence only or both physical and sexual violence.⁵ This discrepancy was particularly pronounced in Zimbabwe. In that country, 72 per cent of girls and women aged 15 to 49 who experienced only sexual violence never told anyone, in contrast to 48 per cent of those who experienced only physical violence and 41 per cent who experienced both physical and sexual violence. In a few cases, disclosure was least likely among those who experienced only physical violence. In Azerbaijan, for example, nearly half (47 per cent) of girls and women who ever experienced physical violence only never told anyone about the incident(s), compared to 15 per cent of those who experienced sexual violence only.

In the Violence Against Children Surveys (VACS) carried out in three countries in Eastern and Southern Africa, female victims of child sexual abuse who disclosed the incident(s) were asked whom they told.⁶ In the United Republic of Tanzania, girls and women aged 13 to 24 who experienced sexual violence prior to

age 18 usually confided in their mother or father (41 per cent) or a friend (36 per cent). Among women aged 18 to 24 in Kenya and Zimbabwe, most told a relative or friend.

Among boys aged 15 to 19 in Mozambique who experienced physical and/or sexual violence, 51 per cent said they never told anyone, according to DHS data.⁷ In Ghana, 40 per cent of adolescent boys aged 15 to 19 who experienced only physical violence chose not to disclose the abuse. As with girls, younger boys in both countries were about as likely as adult men (aged 20 to 49) to never disclose their experience of violence. Another similarity with girls is the reported rate of disclosure by type of violence: Rates were lowest among boys and men reporting sexual violence only and were about the same for those subjected to either physical violence only or to both physical and sexual violence.

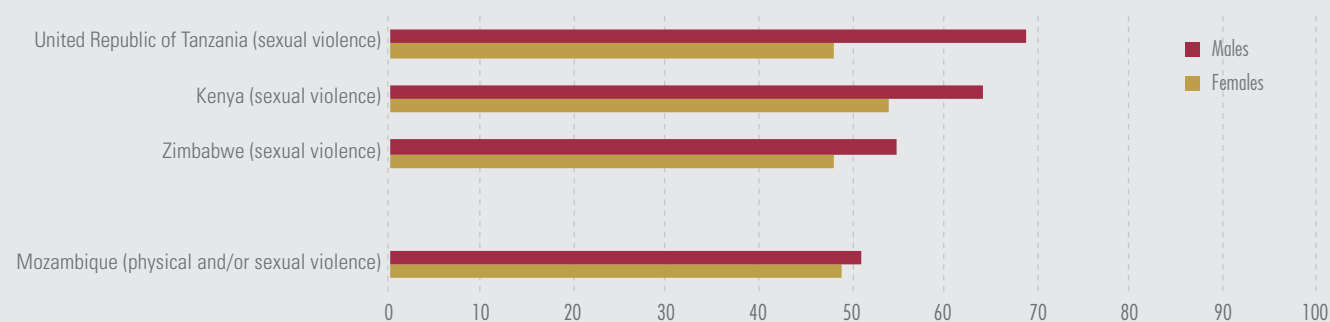
Disclosure of sexual violence among males was also assessed in the VACS. In the United Republic of Tanzania, 31 per cent of boys and men aged 13 to 24 who experienced childhood sexual violence told someone about the incident(s), most often talking about it with friends. In Kenya, the proportion was 36 per cent among adult men

aged 18 to 24, and here again men were most likely to say that they had told a friend about the incident(s). In Zimbabwe, the proportion was 45 per cent and about equal numbers of men said they told a friend or relative.

A comparison of data from countries with information on both sexes indicates that boys are about as likely as girls to keep their victimization to themselves. When confidence intervals are taken into account, the only difference in the data by sex is observed in the United Republic of Tanzania, where 69 per cent of males aged 13 to 24 said they did not disclose an incident(s) of sexual violence, versus 48 per cent of females the same age. In some countries, however, significant differences between the sexes did emerge in terms of whom the victims told. In Kenya, for instance, women aged 18 to 24 who were victims of sexual violence before age 18 were more likely to have told a relative than men of the same age (70 per cent versus 22 per cent). On the other hand, in the United Republic of Tanzania, males aged 13 to 24 were more likely than females of the same age to disclose childhood experiences of sexual abuse to a friend (71 per cent versus 36 per cent).

Generally, girls and boys are equally likely to keep secret their experience of violence

Percentage of females and males of different ages (see notes) who ever experienced physical and/or sexual violence and never told anyone about it



Notes: Data for Mozambique refer to girls and boys aged 15 to 19 years who ever experienced physical and/or sexual violence. Data for the United Republic of Tanzania refer to girls and women and boys and men aged 13 to 24 years who experienced sexual violence before age 18. Data for Kenya and Zimbabwe refer to women and men aged 18 to 24 years who experienced sexual violence before age 18.

Source: UNICEF global databases, 2014, based on DHS, 2008-2011 and the VACS from Kenya (2010), the United Republic of Tanzania (2009) and Zimbabwe (2011).

Seeking help or services

The DHS also asked girls and women whether they sought help from any source to end the violence and, if so, from whom. Findings from 30 countries confirm that most adolescent girls who experience violence do not seek help.⁸ In all 30 countries, more than half of girls aged 15 to 19 who experienced physical and/or sexual violence said they did not ask anyone for assistance. Help was least sought by adolescent girls in the Plurinational State of Bolivia, Colombia, Kyrgyzstan, the Philippines, and Timor-Leste. In those countries, less than 20 per cent of girls aged 15 to 19 who suffered violence reportedly

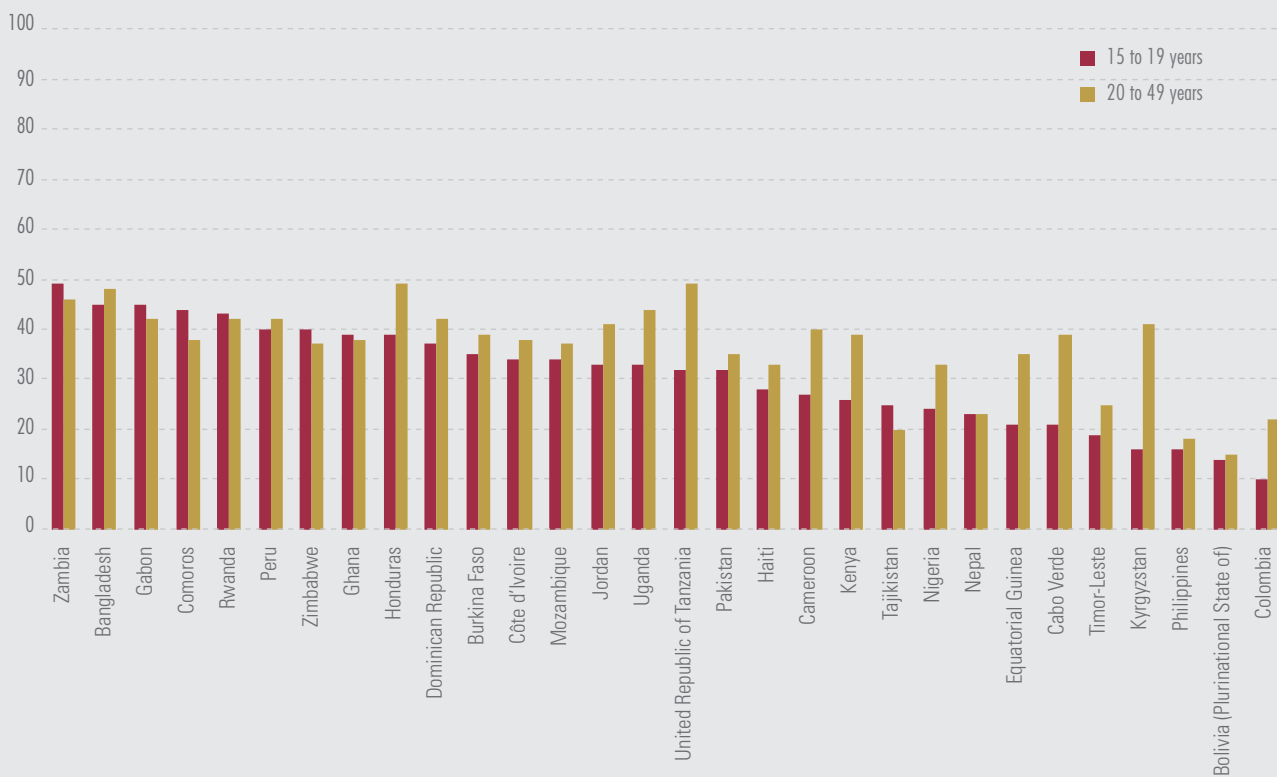
asked for help. In general, adolescent girls are less likely than adult women to seek help in the face of abuse. In 8 of the 30 countries, reported rates of help-seeking among adult women aged 20 to 49 exceeded those of adolescent girls by more than 10 percentage points. The discrepancy was particularly high in Kyrgyzstan, where adult women were 2.5 times more likely to ask for help in stopping the violence than adolescent girls. In Cabo Verde, Colombia and Equatorial Guinea, reported rates of help-seeking among women were about twice as high as those among girls.

In the overwhelming majority of

countries with available data, girls and women were most likely to seek help when they experienced both physical and sexual violence as opposed to one or the other.⁹ With a handful of exceptions, reported rates of help-seeking were higher among those who experienced physical violence only than among those who experienced sexual violence only. This discrepancy was particularly high in the United Republic of Tanzania, where 45 per cent of girls and women aged 15 to 49 who experienced only physical violence said they sought help from others to stop the abuse, versus 18 per cent of those who experienced only sexual violence.

In some countries, adolescent girls who have been victims of violence are less likely to seek help than adult women

Percentage of girls aged 15 to 19 years and women aged 20 to 49 years who ever experienced physical and/or sexual violence and sought help from any source to stop the violence



Notes: Data for Bangladesh refer to currently married girls and women who experienced physical violence in the last 12 months and received assistance from others. Data for Colombia refer to ever-married girls and women who experienced physical violence committed by their husband or partner, suffered an injury and visited a medical centre for assistance. Data for Honduras refer to ever-married girls and women who experienced physical or sexual violence committed by their husband or partner in the last 12 months. Data for Jordan refer to ever-married girls and women. Data for Pakistan refer to ever-married girls and women who ever experienced physical violence. Data for Peru refer to girls and women who sought help from someone close to them (rather than an institution). Data for the Plurinational State of Bolivia refer to ever-married girls and women who ever experienced any form of violence committed by their husband or partner and sought help from someone close to them (rather than an institution). Data for Cabo Verde, Jordan and Pakistan on adolescent girls aged 15 to 19 years are based on 25-49 unweighted cases.

Source: UNICEF global databases, 2014, based on DHS, 2005-2013.

When female victims of violence seek help, most look to their own families for assistance, according to DHS data from 29 countries.¹⁰ This was the case in all countries except Rwanda, where friends or neighbours were more commonly turned to for aid. In India, Jordan, Kyrgyzstan, Nigeria, Pakistan and Tajikistan, over 70 per cent of girls and women who sought help reported that they looked to their own families. After the victim's own family, in-laws and/or family members of the victim's husband or partner were the second most commonly reported source of support. This was the case for more than one third of female victims in Kenya, Tajikistan, Ukraine, the United Republic of Tanzania, Zambia and Zimbabwe. Many girl and women victims also reported going to friends and neighbours for help; in Haiti and Nepal, the proportion was over 40 per cent.

WHEN FEMALE VICTIMS OF VIOLENCE SEEK HELP, MOST LOOK TO THEIR OWN FAMILIES FOR ASSISTANCE

Overall, victims are much more likely to turn to individuals they know personally for support rather than to institutions such as the police department, medical facilities, legal aid, religious groups and/or social services. It could be argued that many girls and women do not seek professional services because they are unaware of places that offer help. Data from the VACS in Kenya indicate that among women aged 18 to 24 who experienced emotional, physical or sexual violence as children, 24 per cent, 16 per cent and 25 per cent, respectively, reported knowing a place to go for professional help. Of these women, less than 10 per cent

said they actually tried to seek help for their victimization. In Zimbabwe, among women aged 18 to 24 who experienced emotional, physical or sexual violence as children, 33 per cent, 39 per cent and 38 per cent, respectively, reportedly knew where to go for help; here again, however, less than 10 per cent of them actually sought assistance.

DHS data on help-seeking behaviour are also available for Ghanaian boys aged 15 to 19 who experienced physical violence and for boys the same age in Mozambique who were subjected to physical and/or sexual violence.¹¹ In both countries, less than a third of these boys sought help. In Ghana, the proportion was around 30 per cent, and this was roughly the same for older men who sought help for physical abuse. In Mozambique, 21 per cent of boys sought help, compared to 37 per cent of men aged 20 to 49. As was the case for girls, reported rates of help-seeking among boys and men were lowest among those reporting sexual violence only.

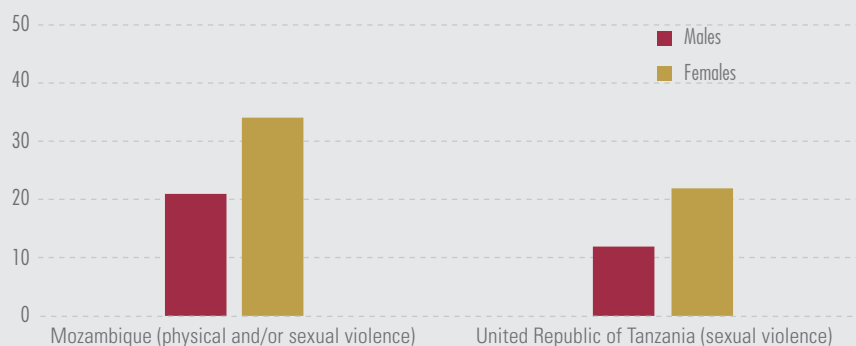
Findings from the VACS in the United Republic of Tanzania showed that 12 per cent of boys and men aged 13

to 24 who experienced childhood sexual violence sought professional services. Even among males who knew where to find professional help, rates of help-seeking were low. In Kenya, among men aged 18 to 24 who experienced emotional, physical or sexual violence as children, 27 per cent, 20 per cent and 13 per cent, respectively, reported knowing a place to seek professional assistance. Of these men, fewer than 1 in 9 said they actually tried to seek help. In Zimbabwe, the proportions were 38 per cent, 38 per cent and 35 per cent, respectively, with less than 10 per cent seeking professional support.

A comparison of data for the two sexes shows that boys are less likely than girls to seek help. In the United Republic of Tanzania, for example, female victims (aged 13 to 24) of sexual violence in childhood were almost twice as likely as male victims of the same age to seek help (22 per cent versus 12 per cent). Data for Kenya and Zimbabwe indicate that only a very small proportion of both boys and girls who knew of a place to go for professional help actually sought support (*results not shown*).

In Mozambique and the United Republic of Tanzania, boys are less likely to seek help than girls

Percentage of females and males of different ages (see notes) who ever experienced physical and/or sexual violence and sought help from any source to stop the violence (Mozambique) or sought services (the United Republic of Tanzania)



Notes: Data for Mozambique refer to girls and boys aged 15 to 19 years who ever experienced physical and/or sexual violence. Data for the United Republic of Tanzania refer to girls and women and boys and men aged 13 to 24 years who experienced sexual violence before age 18.

Source: UNICEF global databases, 2014, based on DHS, 2011 and the VACS from the United Republic of Tanzania (2009).

Why children may not seek help

The four surveys in sub-Saharan Africa sought answers as to why some victims chose not to seek assistance as a result of violence. The surveys included females aged 13 to 24 in Swaziland and both sexes of this age in the United Republic of Tanzania who experienced sexual violence before age 18 but did not tell anyone about it. In Kenya and Zimbabwe, the surveys included male and female respondents between the ages of 18 and 24 who experienced physical, sexual and/or emotional violence prior to turning 18, knew of a place to get professional help but did not seek services.

Findings from the United Republic of Tanzania show that 34 per cent of girls and women who were sexually violated in childhood did not tell anyone for fear of being abandoned by, or separated from, their families. In Swaziland, 23 per cent of females did not come forward for fear of abandonment. About one third of women in Kenya and one in five women in Zimbabwe who experienced childhood sexual abuse did not seek services because they did not want to embarrass themselves or their family.

Fear of getting into trouble and/or getting the perpetrator into trouble was another commonly cited reason for not seeking professional help. This was the case for about 15 per cent of women respondents in Kenya who were subjected to sexual abuse before age 18. In Swaziland, around one in seven female victims did not disclose their abuse for fear of getting the perpetrator into trouble, and the same reason was given by about one in four respondents in Zimbabwe. Fear of causing trouble was less commonly reported by those who endured physical violence.

It was also clear from the surveys that many young victims do not disclose their experiences or seek help because they do not realize that

what they experienced was a form of violence or do not see their abuse as a problem. This was the reason given by 57 per cent of women in Zimbabwe who were subjected to physical violence, 32 per cent who experienced sexual violence and 31 per cent who suffered emotional violence before age 18. In Swaziland, slightly more than 20 per cent of girls and women aged 13 to 24 who suffered sexual violence as children did not disclose the incident(s) because they were “not aware that it was abuse”. In Kenya, one quarter of women who were subjected to physical violence, 17 per cent who were victimized emotionally and 15 per cent who were victimized sexually as children said they did not seek services because they did not view the abuse as a problem. This was also the response offered by around one in nine girls and women aged 13 to 24 in the United Republic of Tanzania who experienced sexual violence in childhood.

MANY VICTIMS DO NOT REALIZE THAT WHAT THEY EXPERIENCED WAS A FORM OF VIOLENCE OR DO NOT SEE THE ABUSE AS A PROBLEM

In Zimbabwe, just over 25 per cent of women aged 18 to 24 who experienced physical violence as children reported that they did not seek help because they did not feel they needed or wanted it. This was a much less common response among those experiencing sexual or emotional violence. In Kenya, however, 18 per cent of victims of physical violence and 16 per cent of those subjected to sexual violence did not seek help because they did not want or feel they needed it.

MOST BOYS REMAIN SILENT ABOUT THEIR EXPERIENCES OF VIOLENCE, REGARDLESS OF THE TYPE, BECAUSE THEY DO NOT VIEW IT AS A PROBLEM

Among boys and men aged 13 to 24 in the United Republic of Tanzania who experienced sexual violence as children, the majority (58 per cent) cited personal reasons for not telling anyone, primarily because they did not think it was a problem. Slightly more than one third (36 per cent) cited family or community reasons for remaining silent. Among Kenyan men aged 18 to 24 who were victims of childhood physical abuse, most failed to seek help because they did not consider it a problem. An additional 36 per cent of these young men said it was because they were afraid of getting into trouble. Among adult men of the same age who reported experiences of emotional violence before age 18, the largest proportion (34 per cent) said they did not seek help because they did not think it was a problem; an additional 28 per cent were afraid of getting into trouble. In Zimbabwe, the most commonly cited reason for not seeking services among men aged 18 to 24 who suffered physical, sexual and/or emotional abuse prior to age 18 was because they did not think it was a problem. Fear of getting into trouble was the second most commonly cited response among those who had been victims of physical and/or emotional violence. Among those who suffered sexual violence only, the second most common reason given was to avoid embarrassment to themselves or their families.



REFERENCES

- 1 Paine, M. L., and D. J. Hansen, *Factors Influencing Children to Self-disclose Sexual Abuse*, Faculty Publications, Department of Psychology, Paper 59, University of Nebraska-Lincoln, Lincoln, 2002.
- 2 McCleary-Sills, J., et al., *Help-seeking Pathways and Barriers for Survivors of Gender-based Violence in Tanzania: Results from a study in Dar es Salaam, Mbeya, and Iringa regions*, Engender Health/Champion, Dar es Salaam, 2013; Kim, J., and K. A. Gray, 'Leave or Stay? Battered women's decision after intimate partner violence', *Journal of Interpersonal Violence*, vol. 23, no. 10, 2008, pp. 1465-1482.
- 3 McCleary-Sills et al., op. cit.
- 4 Data were collected in other countries that conducted a DHS but are either not presented in the final DHS reports or results are based on less than 25 unweighted cases and therefore are not included here.
- 5 Although these data are based on all girls and women between the ages of 15 and 49 years, the general patterns are expected to hold for adolescent girls.
- 6 United Nations Children's Fund Kenya Country Office, Division of Violence Prevention, National Center for Injury Prevention and Control, US Centers for Disease Control and Prevention and Kenya National Bureau of Statistics, *Violence against Children in Kenya: Findings from a 2010 National Survey – Summary report on the prevalence of sexual, physical and emotional violence, context of sexual violence, and health and behavioral consequences of violence experienced in childhood*, Nairobi, 2012; United Nations Children's Fund, US Centers for Disease Control and Prevention and Muhimbili University of Health and Allied Sciences, *Violence against Children in Tanzania: Findings from a national survey 2009*, UNICEF Tanzania, Dar es Salaam, 2011; Zimbabwe National Statistics Agency, United Nations Children's Fund and Collaborating Centre for Operational Research and Evaluation, *National Baseline Survey on Life Experiences of Adolescents*, 2011, Harare, 2013; United Nations Children's Fund Swaziland, *A National Study on Violence against Children and Young Women in Swaziland*, UNICEF Swaziland, Mbabane, 2007.
- 7 Data were collected in other countries that conducted a DHS but are either not presented in the final DHS reports or results are based on less than 25 unweighted cases and therefore are not included here.
- 8 Data were collected in other countries that conducted a DHS but are not presented in the final DHS reports and therefore are not included here.
- 9 Although these data are based on all girls and women between the ages of 15 and 49 years, the general patterns are expected to hold for adolescent girls.
- 10 Data were collected in other countries that conducted a DHS but are not presented in the final DHS reports and therefore are not included here.
- 11 Data were collected in other countries that conducted a DHS but are either not presented in the final DHS reports or results are based on less than 25 unweighted cases and therefore are not included here.

THE MOST COMMON FORM OF VIOLENCE AGAINST CHILDREN

Teaching children self-control and acceptable behaviour is an integral part of child discipline in all cultures. Positive parenting practices involve guidance on how to handle emotions or conflicts in a manner that encourages sound judgement and responsibility and preserves children's self-esteem, dignity and physical and psychological integrity. All too often, however, children are raised using methods that rely on physical force or verbal intimidation to punish unwanted behaviours and encourage desired ones. In many cases, rather than being a deliberate disciplinary choice, such violent methods are used as a result of parents' anger and frustration, or lack of knowledge of non-violent responses.

Physical discipline, also known as corporal punishment, refers to "any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light".¹ It includes acts such as kicking, pinching, spanking, shaking or throwing children, hitting them with a hand or implement (such as a whip, stick, belt, shoe or wooden spoon) or forcing them to ingest something. Violent psychological discipline involves the use of verbal aggression, threats, intimidation, denigration, ridicule, guilt, humiliation, withdrawal of love or emotional manipulation to control children.

Both types of violent discipline are violations of children's rights (see Box 5.1). Physical discipline and



psychological aggression tend to overlap and frequently occur together, exacerbating the short- and long-term harm they inflict. Studies have found that exposing children to violent discipline has negative consequences that vary according to the nature, extent and severity of the exposure.² These range from immediate impacts to long-term harm that children carry into adult life. Injuries inflicted by a caregiver on a child can result in death or serious damage, including cognitive and physical impairments. In addition, exposure to severe, unpredictable or prolonged toxic stress can physiologically alter brain

development during infancy and childhood and affect the child's physical, cognitive, emotional and social growth.³ Repeated exposure to violent discipline increases the proclivity for delinquency and adult criminal behaviour.⁴ And children raised by authoritarian parents who regularly employ harsh and punitive disciplinary methods tend to have reduced self-esteem and lower academic success, are more hostile and aggressive and less popular with peers, and are less independent than children who have not suffered in this way; such children also engage in more substance abuse as adolescents.⁵

BOX 5.1

VIOLENT DISCIPLINE AND THE CONVENTION ON THE RIGHTS OF THE CHILD

Violent discipline is a violation of a child's right to protection from all forms of violence while in the care of their parents or other caregivers, as set forth in the Convention on the Rights of the Child.⁶ A fundamental principle of the Convention, contained in its preamble, is that the family is the natural environment for the growth and well-being of all of its members, particularly children. Thus, the Convention recognizes the pivotal role of the family in protecting children and looking after their physical and emotional welfare. Article 5 of the Convention clearly acknowledges the responsibilities, rights and duties of parents and other caregivers in providing appropriate direction and guidance in the process of children's development: "States Parties shall respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child, to provide, in a manner consistent with the evolving capacities

of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the present Convention."

In addition, article 18 emphasizes that parents have the primary responsibility for the upbringing and development of the child and that States Parties shall render appropriate support to parents in the performance of their child-rearing responsibilities:

"1. States Parties shall use their best efforts to ensure recognition of the principle that both parents have common responsibilities for the upbringing and development of the child. Parents or, as the case may be, legal guardians have the primary responsibility for the upbringing and development of the child. The best interest of the child will be their basic concern.

"2. For the purpose of guaranteeing and promoting the rights set forth in the present Convention, States Parties shall render appropriate assistance to parents and legal guardians

in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children."

While the Convention recognizes and respects the responsibility of parents and other caregivers to provide "direction and guidance" to children, there is an explicit understanding that such guidance should not involve any form of violence. The Committee on the Rights of the Child in its General Comment No. 8 has stated that the "interpretation of 'appropriate' direction and guidance must be consistent with the whole Convention and leaves no room for justification of violent or other cruel or degrading forms of discipline".⁷ The Convention also mandates that children should be protected from violent discipline while at school. According to article 28(2): "States Parties shall take all appropriate measures to ensure that school discipline is administered in a manner consistent with the child's human dignity and in conformity with the present Convention."

USE OF DISCIPLINARY METHODS

Despite their detrimental and long-lasting impact, violent forms of discipline are extremely common. Comparable data from 62 countries or areas show that households use violent disciplinary practices with the overwhelming majority of children: On average, about four in five children between the ages of 2 and 14 are subjected to some kind of violent discipline in the home, with percentages ranging from a low of 45 per cent in Panama to a high of almost 95 per cent in Yemen (*Figure 5.1*).

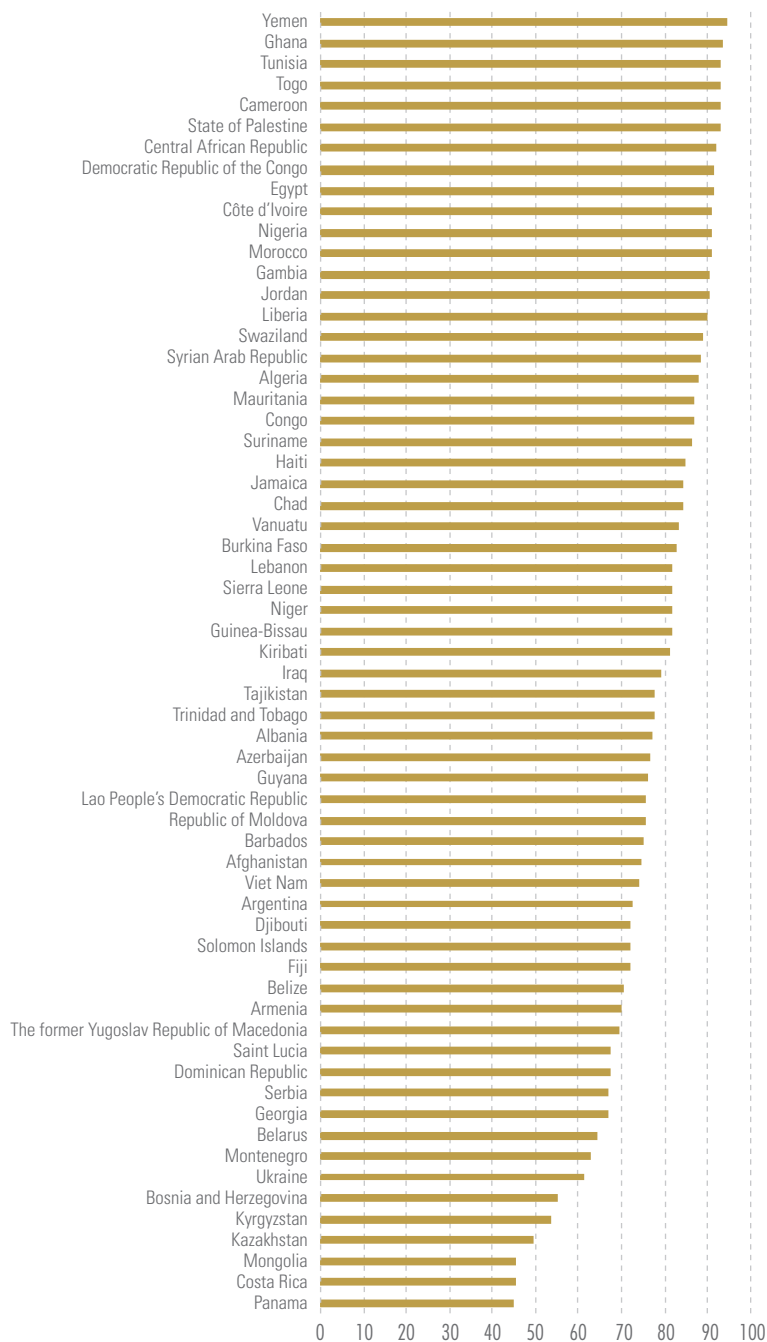
Because of its pervasive nature, children in all regions of the world are at risk of being exposed to violent discipline at home.⁹ For example, in all of the countries with available data in both sub-Saharan Africa and the Middle East and North Africa, more than 7 in 10 children aged 2 to 14 years are disciplined in a violent manner. In all but two (Costa Rica and Panama) of the 12 countries with available data in Latin America and the Caribbean, more than half of children experience violent discipline. The prevalence of violent discipline in Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS) is greater than 50 per cent in all countries except Kazakhstan (at 49 per cent). These estimates are comparable to the levels found in other countries, including some high-income countries (*see Box 5.2*).

Psychological aggression is slightly more common than physical punishment, although both forms of violent discipline are widespread.

FIGURE 5.1

The use of violent discipline in the home is widespread

Percentage of children aged 2 to 14 years who experienced any violent discipline (psychological aggression and/or physical punishment) in the past month



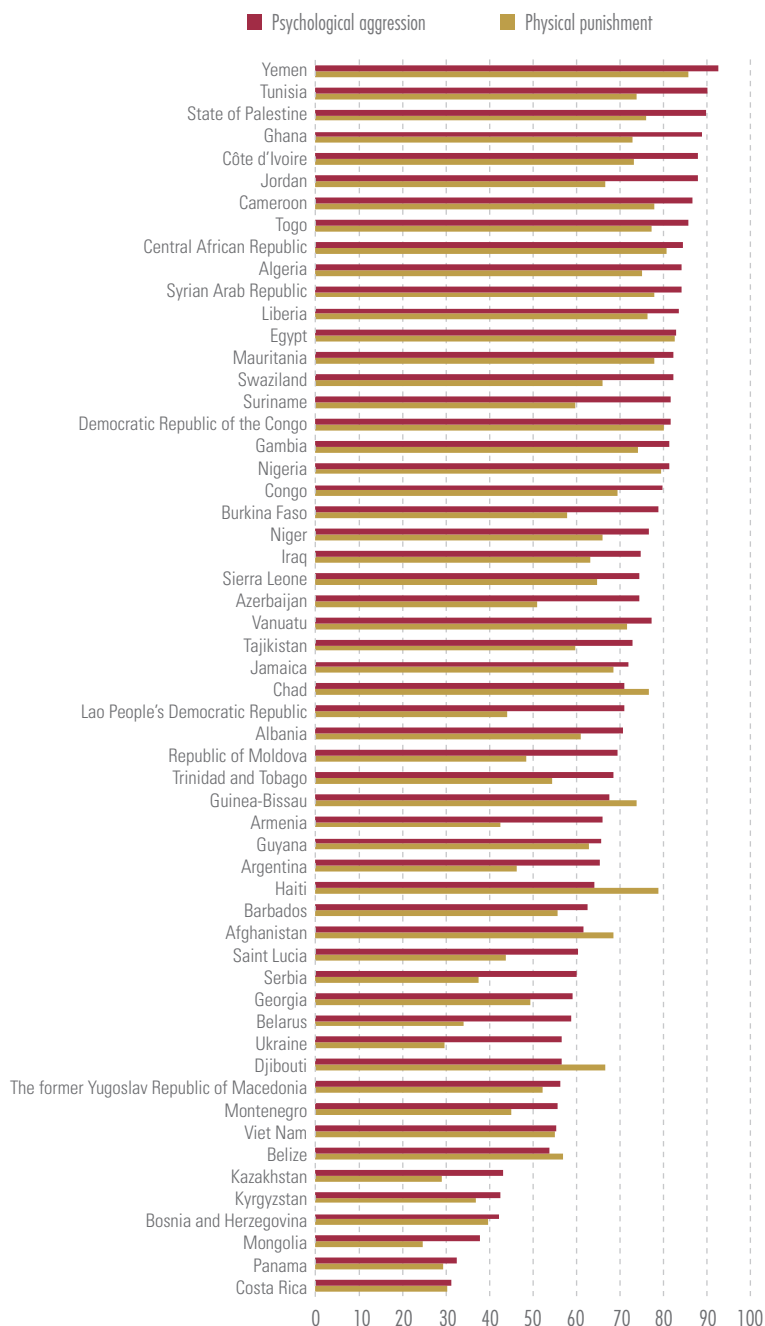
Notes: Data for Belarus differ from the standard definition. Data for Fiji, Kiribati and Solomon Islands refer to adult reports of whether they have used physical discipline on their children. Data for Kyrgyzstan refer to children aged 3 to 14 years. Data for Panama refer to children aged 1 to 14 years. For Argentina, the sample was national and urban (municipalities with a population of more than 5,000), since the country's rural population is scattered and accounts for less than 10 per cent of the total.

Source: UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2005-2013.

FIGURE 5.2

Physical punishment and psychological aggression are both pervasive

Percentage of children aged 2 to 14 years who experienced psychological aggression and percentage of children aged 2 to 14 years who experienced physical punishment in the past month



Notes: Data for Belarus differ from the standard definition. Data for Kyrgyzstan refer to children aged 3 to 14 years. Data for Panama refer to children aged 1 to 14 years. For Argentina, the sample was national and urban (municipalities with a population of more than 5,000), since the country's rural population is scattered and accounts for less than 10 per cent of the total.

Source: UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2005-2013.

On average, around 7 in 10 children experience psychological aggression while 6 in 10 experience physical punishment. The rate of psychological aggression is highest in Yemen, where it exceeds 90 per cent, while the highest rates of physical punishment are found in the Central African Republic, Egypt and Yemen, where more than 80 per cent of children are reportedly subjected to such practice (*Figure 5.2*). In only a few countries, including Afghanistan, Djibouti and Haiti, are children slightly more likely to be disciplined using physical rather than psychological methods.

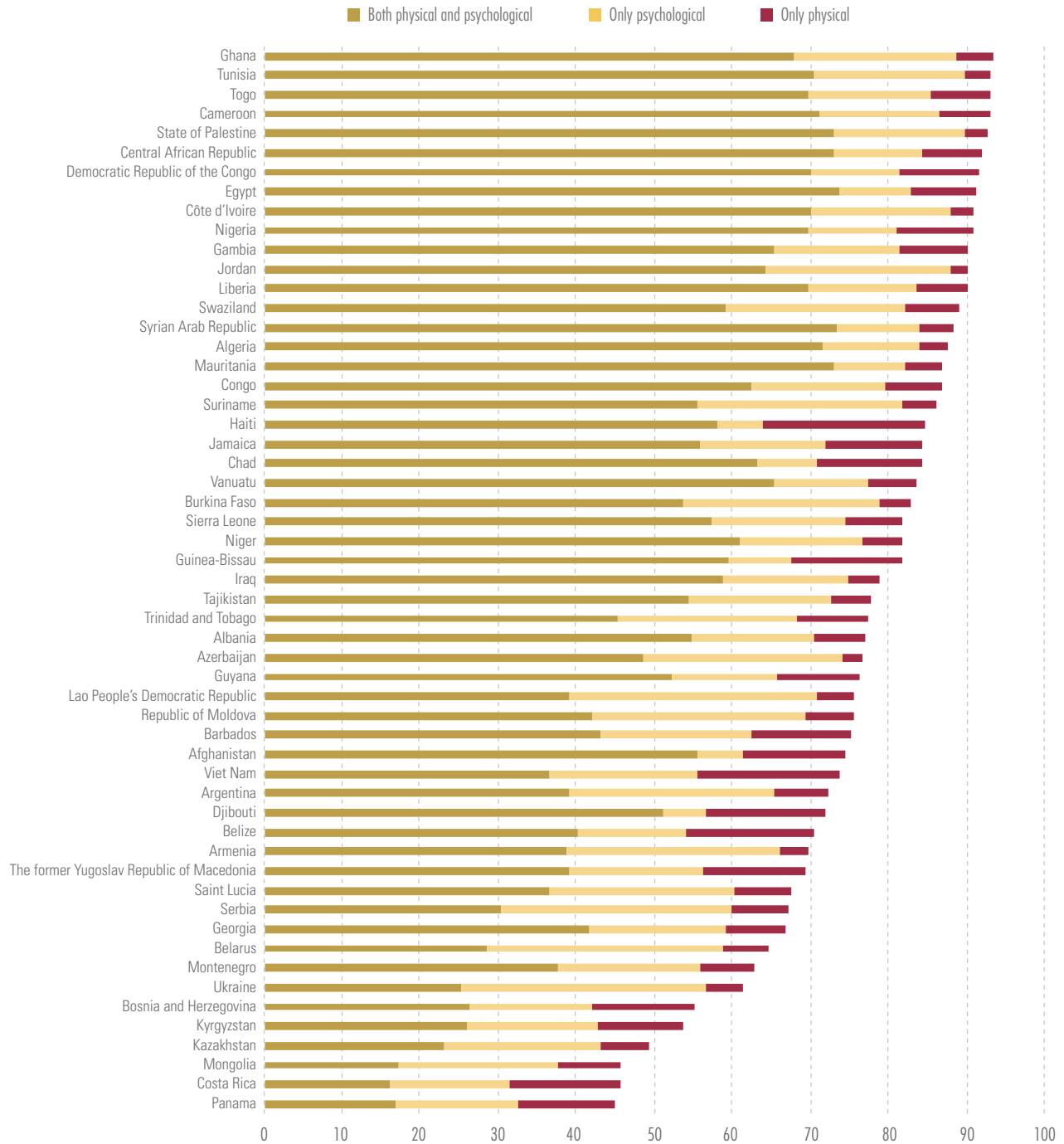
For the most part, households employ a combination of violent disciplinary practices. As shown in *Figure 5.3*, most children in a majority of countries or areas are exposed to both psychological as well as physical means of punishment. This confirms that these two forms of violence often overlap and frequently occur together within the context of discipline. Such exposure to multiple types of violence may exacerbate the potential harm to a child in both the short and long term.⁹

The most severe forms of physical punishment (hitting the child on the head, ears or face or hitting the child hard and repeatedly) are less common overall: About 17 per cent of children, on average, are subjected to these practices. In 23 countries or areas, however, severe forms of corporal punishment are widespread, with more than one in five children subjected to them (*Figure 5.4*). Extremely harsh corporal punishment is particularly common in a few countries, such

FIGURE 5.3

Most children experience a combination of violent disciplinary methods

Percentage of children aged 2 to 14 years who experienced both physical punishment and psychological aggression, percentage of children aged 2 to 14 years who experienced only physical punishment and percentage of children aged 2 to 14 years who experienced only psychological aggression in the past month



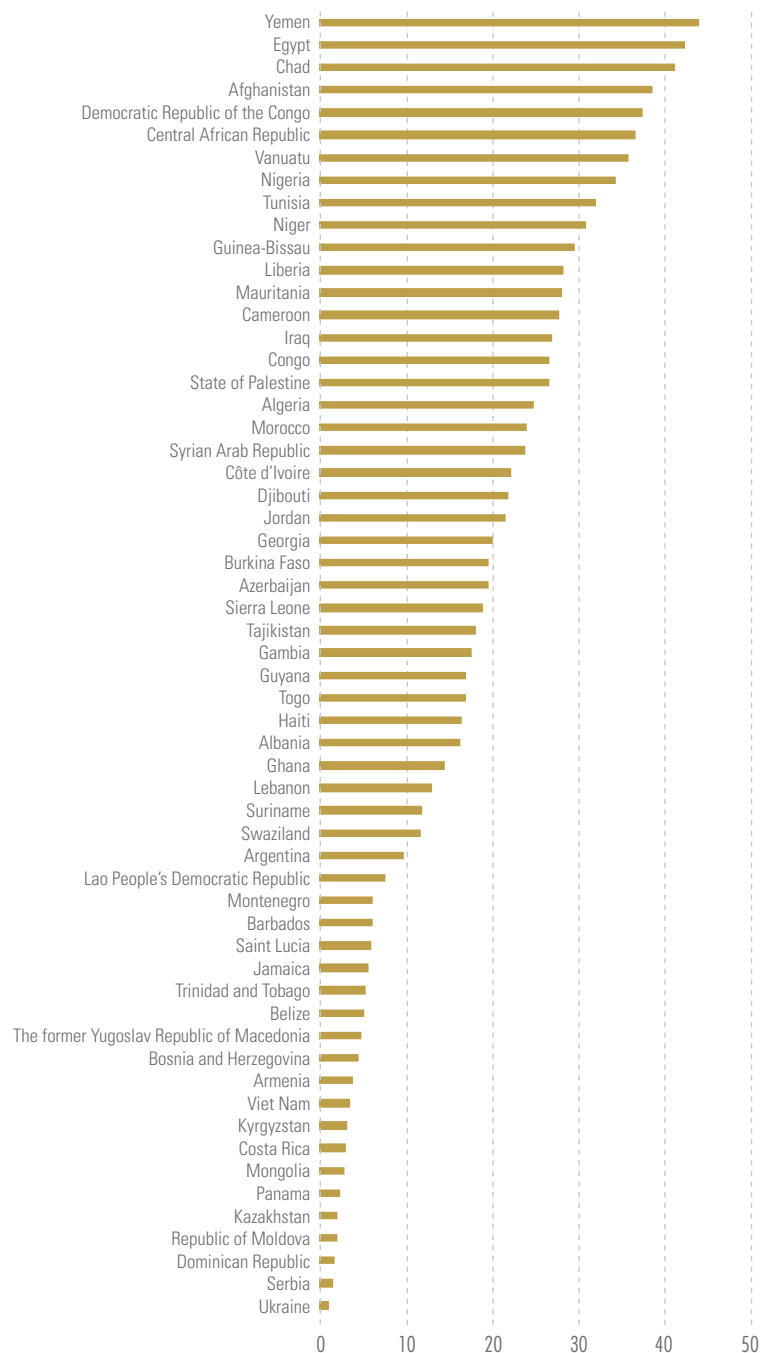
Notes: Data for Belarus differ from the standard definition. Data for Kyrgyzstan refer to children aged 3 to 14 years. Data for Panama refer to children aged 1 to 14 years. For Argentina, the sample was national and urban (municipalities with a population of more than 5,000), since the country's rural population is scattered and accounts for less than 10 per cent of the total.

Source: UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2005-2013.

FIGURE 5.4

Over 40 per cent of children experience severe physical punishment in Chad, Egypt and Yemen

Percentage of children aged 2 to 14 years who experienced severe physical punishment in the past month



Notes: Data for Kyrgyzstan refer to children aged 3 to 14 years. Data for Panama refer to children aged 1 to 14 years. For Argentina, the sample was national and urban (municipalities with a population of more than 5,000), since the country's rural population is scattered and accounts for less than 10 per cent of the total.

Source: UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2005-2013.

as Afghanistan, the Central African Republic, Chad, the Democratic Republic of the Congo, Egypt, Nigeria, Vanuatu and Yemen, where more than one in three children are affected.

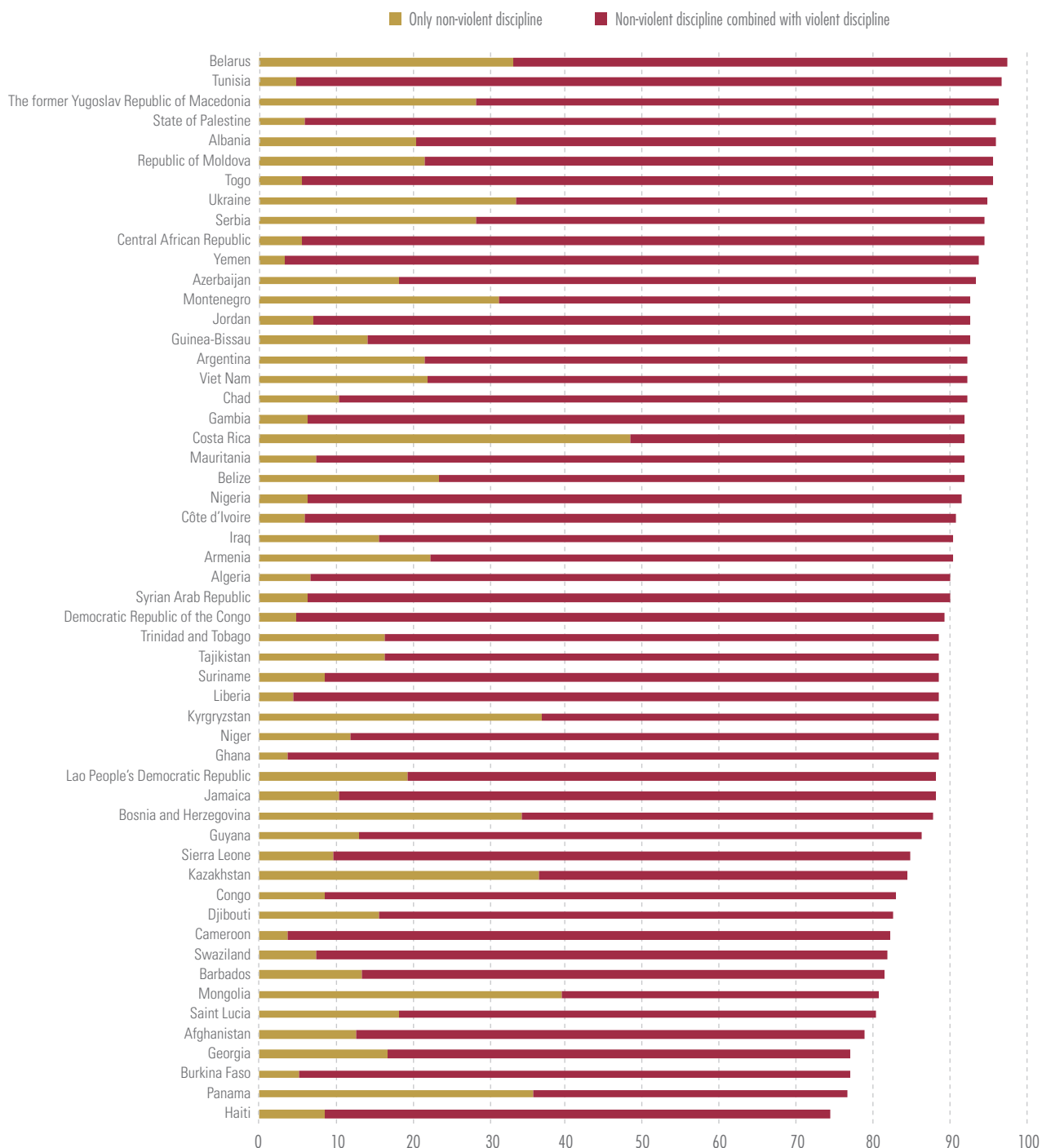
Regional variations can be found. Countries or areas with the highest levels of severe physical punishment are generally concentrated in sub-Saharan Africa and the Middle East and North Africa. In 16 of the 29 countries or areas in these regions with available data, more than one in four children aged 2 to 14 years have been subjected to a harsh form of corporal punishment in the past month. All the countries in which less than 10 per cent of children were subjected to the most severe forms of corporal punishment are found in CEE/CIS, East Asia and the Pacific, and Latin America and the Caribbean.

Reliance on violent discipline does not mean that caregivers do not also use non-violent methods. The latter include practices such as explaining why a behaviour is wrong, taking away some of a child's privileges and distracting a child by giving him or her something else to do. In reality, most children are disciplined using a combination of non-violent and violent means, but very few experience non-violent discipline exclusively. The proportion of children receiving only non-violent discipline ranges from 4 per cent in Cameroon, Ghana and Yemen to 48 per cent in Costa Rica (Figure 5.5). However, in only eight countries do at least one third of children experience non-violent methods exclusively.

FIGURE 5.5

Children who experience only non-violent forms of discipline are in the minority

Percentage of children aged 2 to 14 years who experienced only non-violent discipline or non-violent discipline combined with violent discipline (psychological aggression and/or physical punishment) in the past month



Notes: Data for Belarus differ from the standard definition. Data for Kyrgyzstan refer to children aged 3 to 14 years. Data for Panama refer to children aged 1 to 14 years. For Argentina, the sample was national and urban (municipalities with a population of more than 5,000), since the country's rural population is scattered and accounts for less than 10 per cent of the total.

Source: UNICEF global databases, 2014, based on DHS and MICS, 2005-2013.

A closer analysis of the specific methods used with children indicates that certain disciplinary actions are far more common than others (Figure 5.6). On average, 81 per cent of children receive an explanation of why their behaviour was wrong and 48 per cent have privileges taken away. Fewer experience the other non-violent form (distracting the child with something else to do). Among violent methods measured, shouting, yelling or screaming is the most widely used form, with

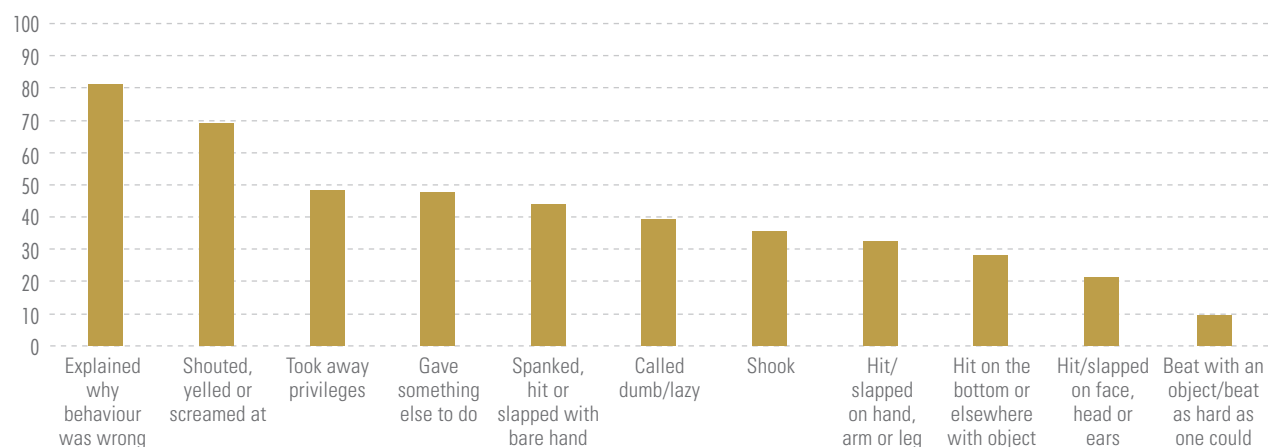
almost 7 in 10 children exposed to this. Spanking and hitting the child with a bare hand is the most common form of physical punishment, used on 44 per cent of children.

Additional data from selected countries show that other violent methods are used as well: In Haiti, more than half of children are punished by making them kneel on the floor, while in the Congo, one in three have had their ears pulled (Table 5.1).

FIGURE 5.6

Certain disciplinary actions are far more common than others

Percentage of children aged 2 to 14 years who experienced any discipline in the past month, by type



Note: This is a weighted average based on comparable data for 54 countries or areas.

Source: UNICEF global databases, 2014, based on DHS and MICS, 2005-2013.

TABLE 5.1

In Haiti, more than half of children are punished by making them kneel on the floor

Percentage of children aged 2 to 14 years who experienced any violent discipline in the past month, by type, in selected countries

	Isolated/not talked to/ ignored	Refused/deprived food/ meal	Burned with fire or hot instrument	Made to sleep outside	Bit	Pulled ears	Made to kneel
Cameroon	22	9	-	-	-	-	-
Congo	-	12	-	-	-	35	-
Côte d'Ivoire	-	11	0.4	2	-	-	-
Ghana	11	-	-	-	-	-	-
Haiti	-	2	-	-	-	15	52
Iraq	-	-	1	-	3	-	-
Jamaica	13	-	-	-	-	-	-

Source: UNICEF global databases, 2014, based on DHS and MICS, 2006-2013.

VIOLENT DISCIPLINARY PRACTICES AND CHILDREN'S CHARACTERISTICS

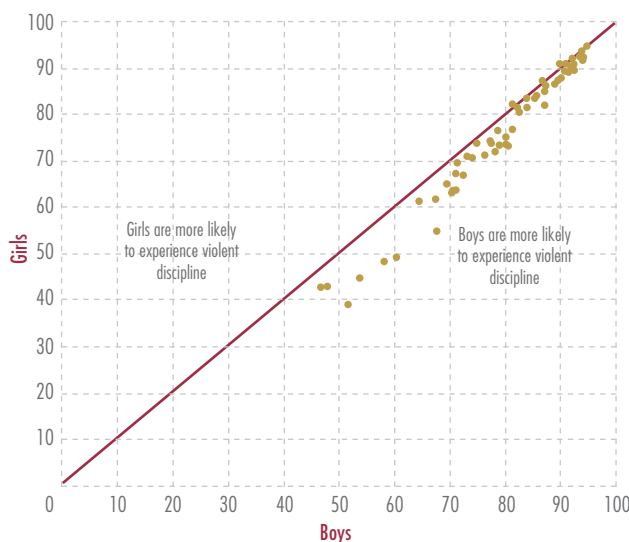
Research has found that boys tend to experience violent discipline to a greater extent than girls.¹⁰ Available figures from comparable surveys partially support this claim. In just under one third of the countries or areas with data, boys are slightly more likely to be subjected to violent disciplinary practices, including in Bosnia and Herzegovina, Costa Rica, Kazakhstan, Kyrgyzstan and Ukraine (*Figure 5.7*). In the remaining countries or areas, however, no difference is found in the prevalence of violent discipline between the sexes. The prevalence of corporal punishment is also similar for girls and boys, although more pronounced sex differences in the experience of this form of violent discipline show up in a few countries or areas, including both Costa Rica and Ukraine, where boys are around one and a half times more likely to be subjected to any physical punishment than girls (*Figure 5.8*).

Findings show that violent discipline is more commonly used on younger children, particularly during middle childhood, than on adolescents.¹¹ Indeed, comparable data confirm that, overall, violent discipline peaks among children aged 5 to 9 years and falls among older children aged 10 to 14 years (*Table 5.2*).

FIGURE 5.7

In most countries, boys and girls are at about equal risk of experiencing violent discipline

Percentage of children aged 2 to 14 years who experienced any violent discipline (psychological aggression and/or physical punishment) in the past month, by sex of the child



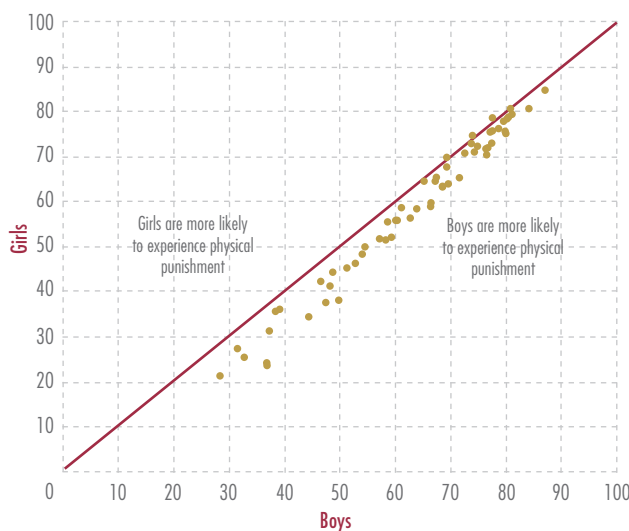
Note: Each dot represents a country.

Source: UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2005-2013.

FIGURE 5.8

In most countries, corporal punishment is also used on boys and girls to a similar extent

Percentage of children aged 2 to 14 years who experienced any physical punishment in the past month, by sex of the child



Note: Each dot represents a country.

Source: UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2005-2013.

TABLE 5.2

Overall, middle childhood (ages 5 to 9) is the period when children are most likely to be disciplined in a violent manner

Percentage of children aged 2 to 14 years who experienced any violent discipline (psychological aggression and/or physical punishment) in the past month, by age of the child

	2 to 4 years old	5 to 9 years old	10 to 14 years old		2 to 4 years old	5 to 9 years old	10 to 14 years old
Afghanistan	63	78	78	Jordan	90	93	88
Albania	72	81	75	Kazakhstan	48	53	47
Algeria	85	90	87	Kyrgyzstan	49	53	55
Argentina	73	75	69	Lao People's Democratic Republic	69	80	76
Armenia	67	73	69	Lebanon	85	85	78
Azerbaijan	75	80	75	Liberia	86	93	89
Barbados	78	76	72	Mauritania	85	89	86
Belarus	68	66	60	Mongolia	45	48	44
Belize	71	72	69	Montenegro	65	66	59
Bosnia and Herzegovina	55	59	53	Morocco	89	93	90
Burkina Faso	77	87	81	Niger	79	84	81
Cameroon	92	94	93	Nigeria	89	92	91
Central African Republic	90	94	92	Panama	45	46	44
Chad	79	86	87	Republic of Moldova	76	78	73
Congo	88	89	83	Saint Lucia	69	66	68
Costa Rica	56	46	38	Serbia	70	70	62
Côte d'Ivoire	89	91	92	Sierra Leone	74	83	85
Democratic Republic of the Congo	91	94	90	State of Palestine	92	94	91
Djibouti	65	74	74	Suriname	87	87	85
Dominican Republic	70	70	64	Swaziland	90	92	86
Egypt	88	94	91	Syrian Arab Republic	84	91	88
Gambia	86	92	92	Tajikistan	69	81	79
Georgia	69	73	62	The former Yugoslav Republic of Macedonia	69	73	66
Ghana	94	95	91	Togo	91	95	92
Guinea-Bissau	75	84	83	Trinidad and Tobago	83	79	74
Guyana	76	79	74	Tunisia	95	95	91
Haiti	86	89	80	Ukraine	53	63	66
Iraq	76	82	78	Vanuatu	86	86	79
Jamaica	85	86	83	Viet Nam	74	76	72
				Yemen	91	97	95

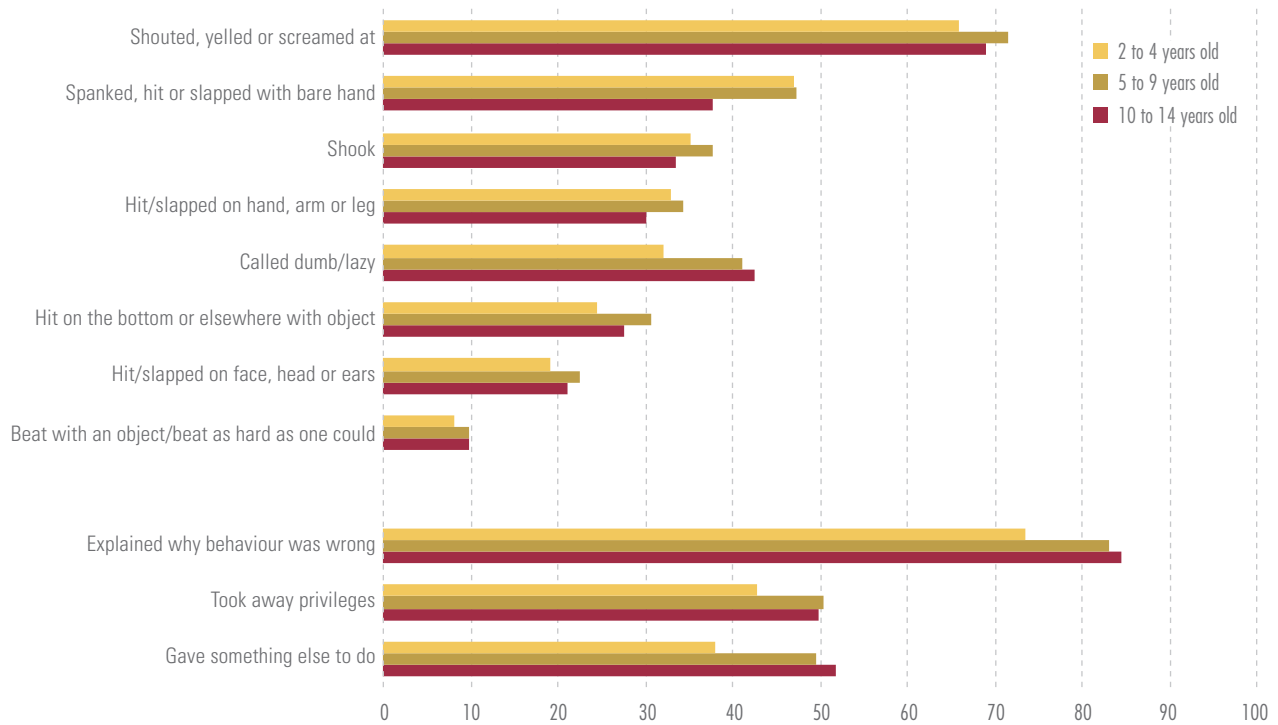
Notes: Data for Belarus differ from the standard definition. Data for Kyrgyzstan refer to children aged 3 to 14 years. Data for Panama refer to children aged 1 to 14 years. For Argentina, the sample was national and urban (municipalities with a population of more than 5,000), since the country's rural population is scattered and accounts for less than 10 per cent of the total.

Source: UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2005-2013.

FIGURE 5.9

The youngest children are as likely as older children to be exposed to physical violence

Percentage of children aged 2 to 14 years who experienced any discipline in the past month, by type and by age of the child

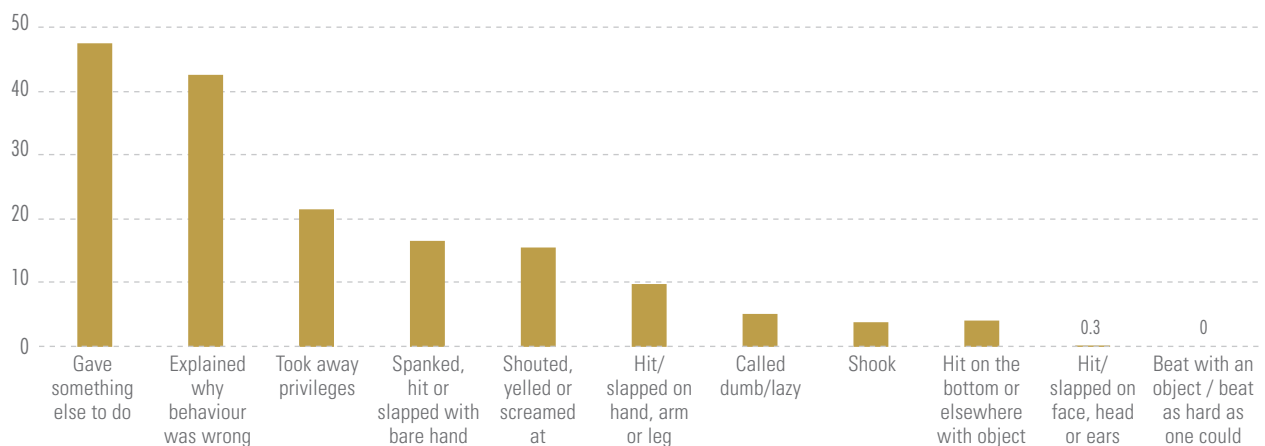


Note: This is a weighted average based on comparable data for 54 countries or areas.
Source: UNICEF global databases, 2014, based on DHS and MICS, 2005-2013.

FIGURE 5.10

In Panama, the use of violent discipline is not uncommon even among children as young as 1 year of age

Percentage of children aged 1 year who experienced any discipline in the past month, by type, in Panama



Source: MICS, 2013.

The choice to use particular disciplinary methods may be influenced by a child's age and stage of development. For instance, with older children caregivers may choose to use non-violent techniques that rely on communication, such as explaining why a behaviour is wrong or revoking a child's privileges, because they may perceive such practices to be more appropriate at later ages. Caregivers may also rely more on direct physical means to control or correct children's behaviour at younger ages because they cannot think of alternative non-violent methods. In reality, research suggests that non-violent methods are suitable even with young children and can be used effectively to achieve desired behaviours and teach children life-long skills.¹² Violent forms of discipline experienced at a young age can be particularly harmful, given the increased potential for physical injuries as well as children's inability to understand the violence and adopt coping strategies to alleviate their distress.

Overall, the data indicate that the methods used vary only slightly depending on children's age. The youngest children are as likely as older children to be exposed to all forms of physical violence, including harsh forms of corporal punishment (*Figure 5.9*), while non-violent methods of discipline are somewhat less commonly used. In Panama, where data on discipline were collected for children as young as 1 year of age, the use of corporal punishment is not unusual, even among the youngest children: One in six Panamanian infants were spanked or hit with a bare hand and an almost equal proportion were exposed to yelling and screaming (*Figure 5.10*).

VIOLENT DISCIPLINE AND THE ECONOMIC AND SOCIAL STATUS OF HOUSEHOLDS

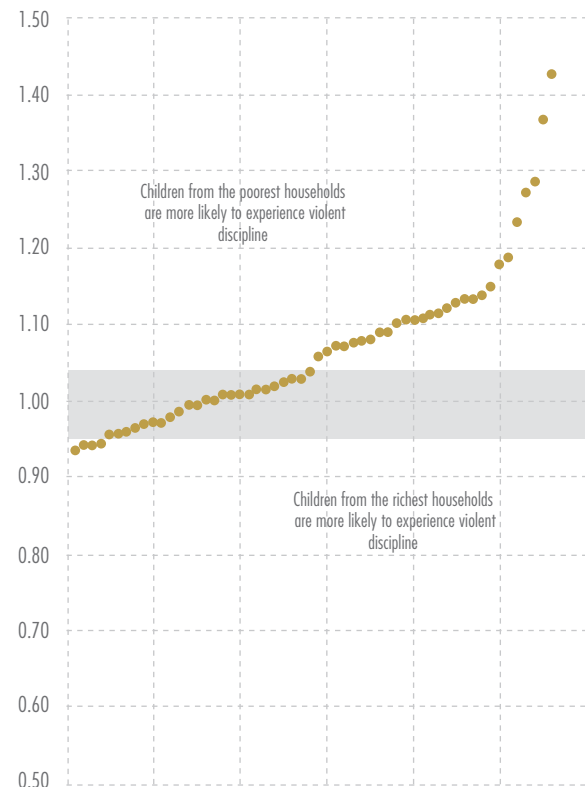
Research has revealed an association between family wealth and parenting practices in certain contexts.¹³ However, comparable data from a range of countries or areas indicate that the use of violent disciplinary practices is not systematically associated with lower economic and social status (*Figure 5.11*). In approximately half of countries with available data, children from wealthier households are equally likely to experience violent discipline

as children from poorer households. In the rest of the countries, the poorest children are more likely to experience violent discipline than their richest peers, although differences overall are quite small. However, in countries including Albania, Costa Rica, Montenegro and Viet Nam, such differences are more pronounced. Exceptions to this general pattern include Burkina Faso, Liberia, Mongolia and Yemen, where slightly more rich households report use of violent disciplinary methods than the poorest households.

FIGURE 5.11

Children from both rich and poor households experience violent forms of discipline

Ratio of children aged 2 to 14 years who experienced any violent discipline (psychological aggression and/or physical punishment) in the past month, by wealth quintiles (poorest over richest)



Notes: Each dot represents a country. A ratio of 1.0 (0.95-1.04, grey band) indicates that violent discipline levels in the two groups (poorest children/richest children) are equal.
Source: UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2005-2013.

REPORTS OF VIOLENT PUNISHMENT FROM OTHER SELECTED COUNTRIES

Below are key findings on the prevalence of violent discipline in selected countries. The information presented is not meant to be exhaustive but is intended to illustrate what is known about corporal punishment and other forms of violent discipline in a selection of additional countries.

China, Colombia, Italy, Kenya, the Philippines and Thailand

Through the 2008-2009 Parenting across Cultures Project, mothers and fathers representing a total of 1,417 families were asked about their use of corporal punishment on children aged 7 to 10.¹⁴ Drawing on items from the Parent-Child Conflict Tactics Scale, parents were asked whether, in the past month, they had used any of six forms of corporal punishment, classified as either mild or severe. Mild physical punishment included spanking, hitting or slapping a child with a bare hand; hitting or slapping on the hand, arm or leg; shaking; and/or hitting the child with an object. Severe physical punishment included hitting or

slapping the child on the face, head or ears and/or beating the child repeatedly with an implement.

Across the overall sample, more than half of all children were reportedly subjected to mild physical punishment by at least one parent in the past month – including 54 per cent of girls and 58 per cent of boys. The use of severe corporal punishment was reported less often. Across the entire sample, about one in seven children experienced severe corporal punishment at the hands of at least one parent in the last month. Rates varied among countries. Reported use of both mild and severe punishment was highest in Kenya, where almost all children received a mild form of physical discipline while nearly two thirds were subjected to severe corporal punishment. As shown in the table below, boys were more likely to experience corporal punishment than girls in most countries, but statistically significant sex differences were only found in China and Kenya (for mild punishment) and Italy (for severe punishment).

Canada

The 2008 Canadian Incidence Study of Reported Child Abuse and Neglect¹⁵ is the third national study in that country to examine the incidence of reported child maltreatment and the characteristics of children and families investigated by child welfare authorities. According to the study, an estimated 18,688 cases of physical abuse were substantiated in 2008, representing a rate of 3.1 cases per 1,000 children. In the vast majority of these cases (17,212), physical abuse was the primary form of maltreatment. Investigating child protection workers concluded that almost three quarters of these cases resulted from attempts to punish a child. Case workers also estimated that over one quarter of substantiated emotional abuse incidents were initiated within the context of punishment.¹⁶

Austria, France, Germany and Spain

In 2007, a multi-country study gathered data on the rates of corporal punishment in Western Europe. Study participants included a random sample of 1,000 parents from each nation. Comparisons across countries revealed considerably higher rates of corporal punishment in France, where 87 per cent of parents reported giving a child a slap on the bottom, 72 per cent reported giving a child a 'mild' slap on the face, and 51 per cent reported spanking their child's bottom with their hand.¹⁷

Percentage of boys and girls aged 7 to 10 years who experienced mild or severe corporal punishment in the past month

	Mild corporal punishment		Severe corporal punishment	
	Girls	Boys	Girls	Boys
China	48	60	10	15
Colombia	68	63	15	4
Italy	61	66	12	23
Kenya	82	97	61	62
Philippines	71	77	9	8
Thailand	58	72	5	3

Percentage of parents aged 25 and older who have ever used corporal punishment on at least one child under age 18¹⁸

	Mild slap on face	Slap on bottom	Spanking bottom with hand	Resounding slap on face	Beating with object	Severe beating
Austria	50	62	16	18	4	6
Germany	43	68	17	13	5	9
France	72	87	51	32	5	12
Spain	55	80	54	31	7	4

United Kingdom of Great Britain and Northern Ireland

Child Abuse and Neglect in the UK Today¹⁹ is a nationally representative survey conducted in 2009 with 2,160 parents or guardians of children under age 11 and 2,275 young people aged 11 to 17 and their parents or guardians. Information on physical punishment was collected from the main caregiver of children under 18 years of age. The survey included two questions on the use of physical punishment – smacking the child’s hand or hitting the child with a belt, a wooden implement (such as a stick or wooden spoon) or other object – within the last year. Nearly 42 per cent of parents or guardians in the study reported that they used physical punishment on their child within the last year.

A sample of 1,897 young adults aged 18 to 24 was also included to collect retrospective information on childhood experiences of both non-violent and violent discipline. In comparing the 2009 sample of young adults with those who were interviewed in an earlier wave of the study (n = 2,869) conducted in 1998-1999, little or no difference was found in the reported rates of non-violent discipline.²⁰ Relatively high proportions of respondents in each study said they experienced non-violent forms of discipline during their childhoods.

Many forms of verbal aggression²¹ were reported as common experiences by the young adults in both waves of the study. However, this type of violent discipline was reported significantly less often in the 2009 survey than in the 1998-1999 survey, with the exception of being humiliated or embarrassed. Respondents who reported one or more experiences of verbal aggression were asked whether it had taken place regularly during their childhood. The survey found that regular and prolonged verbal aggression declined significantly over time – from around 15 per cent in 1998-1999 to 6 per cent in 2009.

When it came to the use of physical punishment, being smacked on the bottom, hands, arms or legs was commonly reported by young adults in both waves of the study; however, only a minority in each study reported these as regular occurrences during childhood. Again, the young adults in 2009 were considerably less likely to report physical punishment as a regular experience than those in the earlier study.

United States of America

Several studies on violent discipline have been conducted in the United States to measure the use of violent discipline across a variety of settings and children’s ages.

Findings from the 2008-2009 Parenting across Cultures Project seem to confirm that corporal punishment is relatively common.²² Around one in three children aged 7 to 10 (38 per cent of girls and 36 per cent of boys) were reportedly subjected to mild corporal punishment (defined as spanking, hitting or slapping a child with a bare hand, hitting or slapping on the hand, arm or leg, shaking and/or hitting the child with an object). The use of severe forms of physical violence (including hitting or slapping the child on the face, head or ears) was reportedly used on 4 per cent of girls and 5 per cent of boys.

Similar levels of corporal punishment were found with younger children. For instance, a survey conducted in 2007-2008 collected representative data on the use of spanking from a sample of 2,946 North Carolina mothers of children under 2 years of age. Data were collected using selected questions from the Parent-Child Conflict Tactics Scale. In the survey, nearly one third (30 per cent) of mothers reportedly spanked their child within the last year and, of these, one in nine (11 per cent) admitted spanking their child more than 20 times. The use of spanking increased with the child’s age, and mothers of boys were slightly more likely to report using spanking than mothers of girls (32 per cent and 28 per cent, respectively).²³

New Zealand

The 2006/2007 New Zealand Health Survey²⁴ used a multi-stage, stratified, probability-proportionate-to-size sample design, with over-sampling of some ethnic groups. The sampling design ensured that strong national estimates for key health behaviours and outcomes were generated and that the survey included

sufficient numbers of population groups of interest (particularly Maori, Pacific and Asian populations) to be able to generate accurate estimates for all groups. Parents were asked about the use of various forms of child discipline with children up to age 14 in the preceding four weeks.

The survey found that physical punishment was one of the least used forms of discipline in the country. One in 10 children under age 14 had experienced physical punishment by their primary caregiver in the last four weeks. After adjusting for age, Pacific boys were almost twice as likely to have been physically punished compared to boys in the total population.

Overall, children aged 2 to 4 years were the most likely to experience physical punishment – 19 per cent of children in this age group had experienced physical punishment by their primary caregiver in the previous four weeks. One in 14 children (7 per cent) under 2 years of age experienced such methods.

Sweden

Sweden became the first country to prohibit corporal punishment of children when it added the following provision to its Parenthood and Guardianship Code in 1979: “Children are entitled to care, security and a good upbringing. Children are to be treated with respect for their person and individuality and may not be subjected to corporal punishment or any other humiliating treatment.”²⁵ The law – which was intended to be primarily educational rather than punitive in nature – was followed by a large-scale media campaign. A few studies have tried to assess the effectiveness of these initiatives in reducing the use of violent methods.²⁶

Findings from the 2008-2009 Parenting across Cultures Project appear to confirm that corporal punishment is relatively uncommon in Sweden.²⁷ Less than 10 per cent of children aged 7 to 10 (9 per cent of girls and 6 per cent of boys) were reportedly subjected in the past month to mild corporal punishment (defined as spanking, hitting or slapping a child with a bare hand, hitting or slapping on the hand, arm or leg, shaking and/or hitting the child with an object), and no parents in Sweden reported the use of severe forms of physical violence (including hitting or slapping the child on the face, head or ears and/or beating the child repeatedly with an implement).

Low levels of violent discipline were confirmed by the 2007 study conducted in Western Europe, discussed above.²⁸ Comparisons across the five countries surveyed showed significantly lower rates of corporal punishment in Sweden than in any of the other four nations. About 17 per cent of Swedish parents reported giving a child a slap on the bottom, 14 per cent reported giving a child a ‘mild’ slap on the face and 4 per cent reported spanking their child’s bottom with their hand. The use of more severe forms of corporal punishment (including severe beating, a ‘resounding’ slap on the face and beating the child with an implement) was reported by less than 5 per cent of parents.

Denmark


The Danish Youth Health Survey, conducted in 2008 by the National Institute of Public Health, University of Southern Denmark, was based on a nationally representative sample of ninth-grade students in the country’s mandatory school system.²⁹ The study’s findings showed that 38 per cent of Danish adolescents

reported experiences of psychological aggression from either their mother or father within the last year. Girls were significantly more likely to experience psychological aggression than boys (43 per cent versus 33 per cent, respectively). The rates of mild physical violence (6 per cent) were considerably lower than rates of psychological aggression, with no significant differences due to the sex of the parent. However, girls were significantly more likely than boys to suffer from mild physical punishment (8 per cent compared to 4 per cent, respectively). The rates of severe physical violence were similar for boys and girls: 2 per cent of adolescents of both sexes reported experiences of severe physical violence at the hands of a parent.

Finland

The Finnish Child Victim Survey³⁰ was conducted in 2008 by the Police College of Finland. The approach to sampling used was a stratified cluster sample based on “county, the quality of the municipality, and the size of the school.” The original sample included ninth-graders in 184 schools; of these, 161 schools participated (88 per cent) with a total of 5,807 respondents. The representative nature of the final data was checked by comparing basic social and economic factors with other representative studies in the country.

According to this survey, 51 per cent of Finnish girls experienced psychological aggression by a parent in the past 12 months compared to 25 per cent of boys. Twelve per cent of girls experienced mild physical violence and 2 per cent of girls were subjected to severe physical violence by a parent compared to 5 per cent and 1 per cent of boys, respectively.

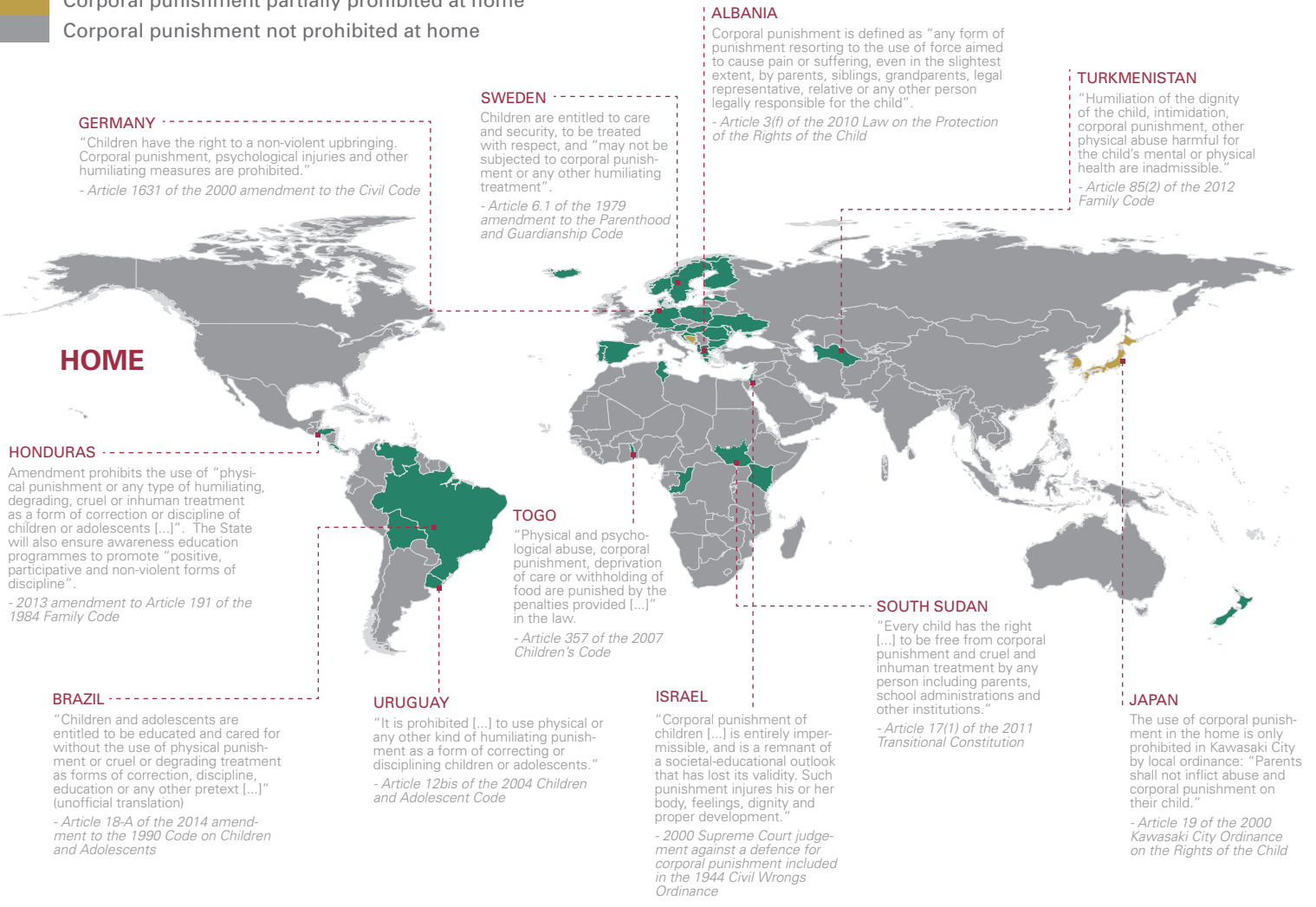


“ ... There is no ambiguity: ‘All forms of physical or mental violence’ does not leave room for any level of legalized violence against children. Corporal punishment and other cruel or degrading forms of punishment are forms of violence and the State must take all appropriate legislative, administrative, social and educational measures to eliminate them.”

United Nations Committee on the Rights of the Child, General Comment No. 8 on the Convention on the Rights of the Child

ONLY 8% OF CHILDREN WORLDWIDE PROHIBITED CORPORAL PUNISHMENT IN ALL 2 BILLION CHILDREN WITHOUT

- Corporal punishment fully prohibited at home
- Corporal punishment partially prohibited at home
- Corporal punishment not prohibited at home



MOST CORPORAL PUNISHMENT OCCURS AT **HOME** – THE SETTING WHERE IT IS LEAST LIKELY TO BE PROHIBITED BY LAW



ONLY 39 COUNTRIES HAVE PROHIBITED CORPORAL PUNISHMENT IN ALL SETTINGS, INCLUDING THE HOME

LIVE IN COUNTRIES THAT HAVE FULLY PROHIBITED SETTINGS, LEAVING SLIGHTLY MORE THAN FULL LEGAL PROTECTION

Corporal punishment fully prohibited in all other settings
 Corporal punishment fully or partially prohibited in at least one other setting
 Corporal punishment not prohibited in any other settings



OTHER SETTINGS

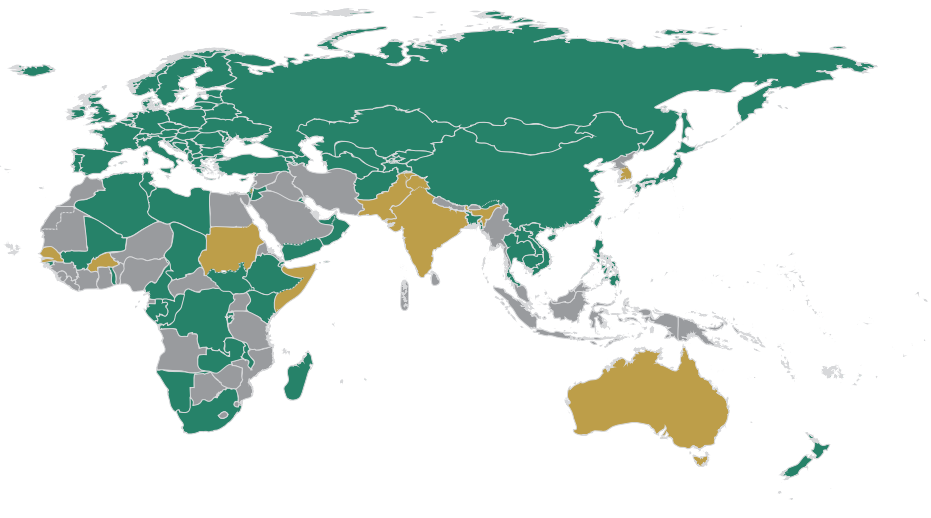
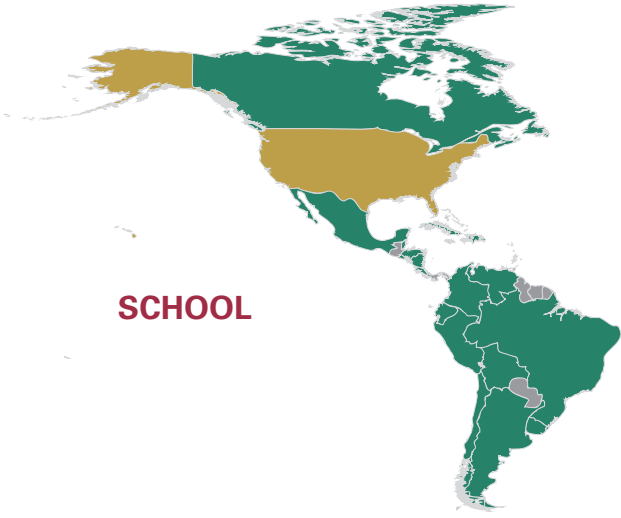
(alternative care, day care, penal institutions and sentences for crime)



Corporal punishment fully prohibited at school
 Corporal punishment partially prohibited at school
 Corporal punishment not prohibited at school



SCHOOL



Notes: These maps are stylized and not to scale. They do not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. The final boundary between the Sudan and South Sudan has not yet been determined. The final status of the Abyei area has not yet been determined.

Source: Global Initiative to End All Corporal Punishment of Children <www.endcorporalpunishment.org>



WHEN CHILDREN HURT ONE ANOTHER

Friendship is an important component of a child's social life at every age.¹ Adolescents in particular often rely more heavily on peers than parents for support and interaction.² In fact, some researchers have estimated that teenagers spend about one third of their waking hours with friends.³ Not surprisingly, research also indicates that having friends contributes to a child's sense of well-being, greater social competence and self-esteem.⁴

The quality of peer relations is also important since it seems that having problematic friendships is more detrimental to well-being than the absence of supportive ones.⁵ In general, research has shown that having quality friendships that offer support and intimacy can contribute to better outcomes in school involvement and achievement and in overall adjustment during adolescence.⁶ On the other hand, friends who are antisocial or who have behavioural problems might provide each other with support, but the interactions among them may not be positive. Studies have shown, for example, that exposure to depressed peers increases adolescents' reports of depressive symptoms in themselves,⁷ and that adolescents with antisocial friends show comparable levels of depression to adolescents without friends.⁸ Furthermore, several studies have found that adolescents with antisocial peers are more likely to engage in delinquent behaviour and are at higher risk for conduct disorders than those without antisocial peers.⁹ Evidence also suggests that friendships with aggressive peers can heighten children's aggressive behaviour towards other children.¹⁰ Children who are victimized by their peers are at heightened risk for a wide range of emotional problems, including depression, loneliness, social anxiety, diminished self-worth and increased risk of suicide.¹¹

Although peer interaction takes place in a variety of settings, school is the predominant site in which most children form friendships and establish peer groups.¹² Schools, therefore, are typically the settings for peer violence, along with routes to and from school. Peer violence can take many forms, including physical attacks, fighting and bullying. Children can experience such violence directly, as either victims and/or perpetrators, or indirectly, as witnesses.

PHYSICAL ATTACKS

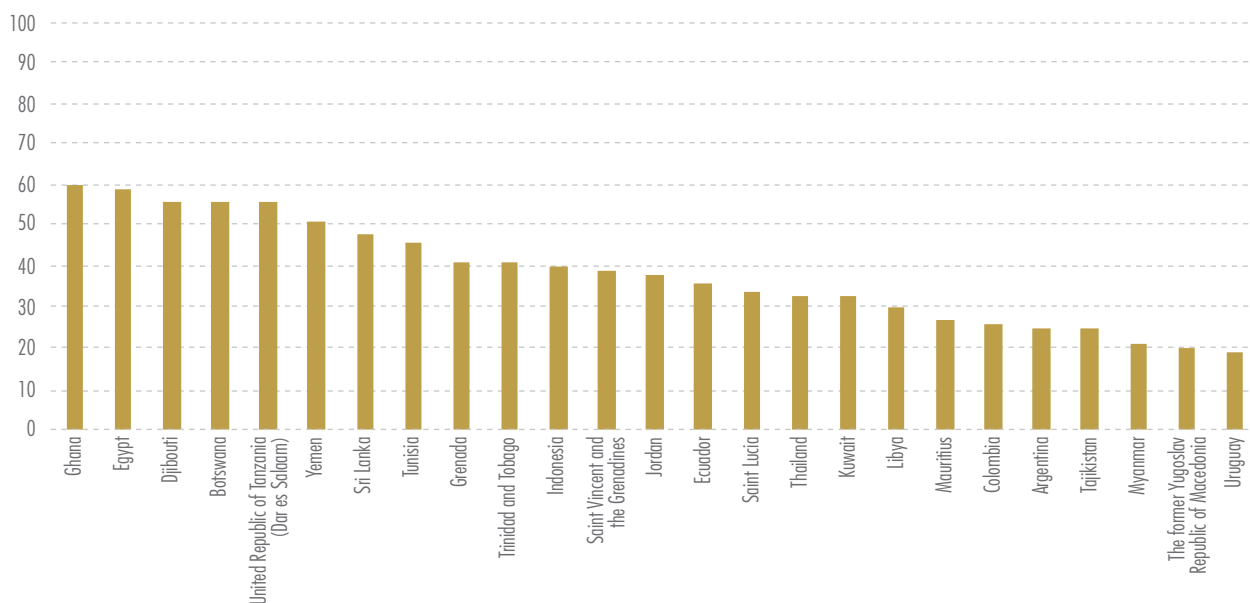
Because adolescence tends to be a time of intense emotions, both positive and negative, teenagers' feelings of anger, jealousy, frustration or humiliation may drive them to physically attack their peers. A physical attack is characterized by the use of force against a passive recipient. In some cases, an attack may be provoked by something that was said or done by the victim; in others, it could be unprompted. Such attacks can be carried out by an individual or a group, with or without the use of weapons (see *Box 6.1*).

Reports of physical attacks among students aged 13 to 15 are relatively common in the 25 countries with comparable data from the Global School-based Student Health Survey (GSHS), ranging from around 20 per cent in the former Yugoslav Republic of Macedonia and Uruguay to over 50 per cent in Botswana, Djibouti, Egypt, Ghana, the United Republic of Tanzania (Dar es Salaam) and Yemen (*Figure 6.1*).¹³ In most countries, boys are significantly more likely than girls to report having been the victim of a physical attack at least once in the past year. In Libya, Tunisia and Yemen, boys are more than twice as likely as girls to report a physical attack. That said, the proportions of physical attacks among both boys and girls are relatively high for all countries (*Figure 6.2*). In Botswana, Egypt, Ghana and the United Republic of Tanzania (Dar es Salaam), the proportions of students who have been physically attacked are above 50 per cent for both sexes.

FIGURE 6.1

Many adolescents report being victims of physical attacks

Percentage of students aged 13 to 15 years who reported being physically attacked one or more times in the past 12 months



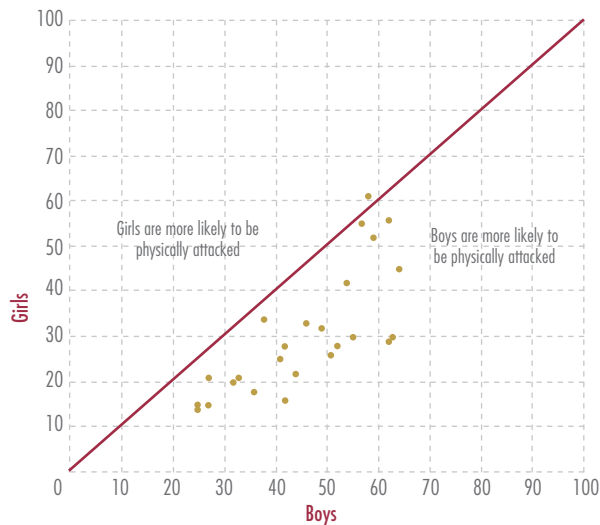
Notes: Data for Colombia and Ecuador are not national but have been recalculated on the basis of subnational surveys that took place in selected cities in each country. Data for the United Republic of Tanzania are not national but represent only the city of Dar es Salaam.

Source: GSHS, 2005-2011.

FIGURE 6.2

In almost all countries, boys are significantly more likely to report being physically attacked than girls

Percentage of students aged 13 to 15 years who reported being physically attacked one or more times in the past 12 months, by sex



Note: Each dot represents a country.
Source: GSHS, 2005-2011.

In a 2012 nationally representative survey of secondary school students in South Africa,¹⁴ around 6 per cent of respondents reported having been physically attacked or hurt at school by someone (using any kind of weapon or their hands) in the past year as compared to about 4 per cent who reported a physical attack at school in a comparable 2008 survey.¹⁵ There was no significant difference in the 2012 reported rates of physical attacks between male and female secondary school students (7 per cent and 6 per cent, respectively).

Data from the United States also confirm the widespread exposure of children to physical attacks. The second wave of the National Survey of Children's Exposure to Violence (NatSCEV II),¹⁶ conducted in 2011, revealed that more than one in four children (28 per cent) under age 17 reported having been physically assaulted¹⁷ at some point in their lives by a non-sibling peer; 18 per cent reported having been victimized in the last year.¹⁸ The likelihood of physical assaults by peers within the past year increased

with age, peaking at 24 per cent around ages 10 to 13. By the time children reached mid-adolescence (ages 14 to 17), around 4 in 10 reported having been physically assaulted by a peer during their lifetime. As was the case in low- and middle-income countries, male children were more likely to report being physically assaulted by a peer in the past year than their female counterparts (23 per cent and 13 per cent, respectively). There were no statistically significant changes in either the lifetime or last year exposure to peer assaults between the two waves of the NatSCEV study (2008 and 2011), suggesting that the likelihood of experiencing peer violence has remained relatively unchanged over a three-year period in the United States.

FIGHTING

In contrast to physical attacks, fighting generally involves conflict between two or more persons in which the distinction between perpetrators and victims is not always clear-cut.¹⁹ In some instances, both parties may have instigated or chosen to participate in the fight, while in others, one person may be fighting back in self-defence.

The literature on the subject suggests that children who are involved in fighting are more likely than those who are not to report a lack of perceived parental support in relation to school. They also report greater difficulties establishing close peer relationships, poor emotional health, less parental supervision, feelings of alienation from school and low academic success.²⁰

Available data from a large cross-section of countries reveals that fighting among adolescents is a common occurrence (*Map 6.1*).²¹ Anywhere from 14 per cent of adolescents aged 13 to 15 in Cambodia to 68 per cent in Samoa reported engaging in a physical fight in the past 12 months. In a majority of countries with available data, between 30 and 40 per cent of adolescents aged 13 to 15 reported having been involved in a physical fight. This includes a mixture of both low- and middle-income countries, including Iraq, Pakistan, Peru and Thailand, and high-income countries, such as Canada, France and the United States.²² More than half of adolescents reported involvement in a physical fight in countries as diverse as Djibouti, Mauritania, Samoa and Yemen.

CARRYING WEAPONS

Findings from a few national surveys suggest that it is not at all uncommon for adolescents to have access to weapons and to feel a need to arm themselves.

In a 2012 survey conducted in New Zealand, around 3 per cent of secondary school students admitted to carrying a weapon within the last 12 months with the thought of harming someone. Boys were significantly more likely to admit to weapon carrying than girls (5 per cent and 2 per cent, respectively).²³

In the 2007 GSHS conducted in the

former Yugoslav Republic of Macedonia, students aged 13 to 15 were asked about the frequency with which they carried a weapon such as a gun, knife or club within the past 30 days. Five per cent of the respondents reported weapon carrying during the past month, with a higher percentage among male children (9 per cent) than their female counterparts (1 per cent).

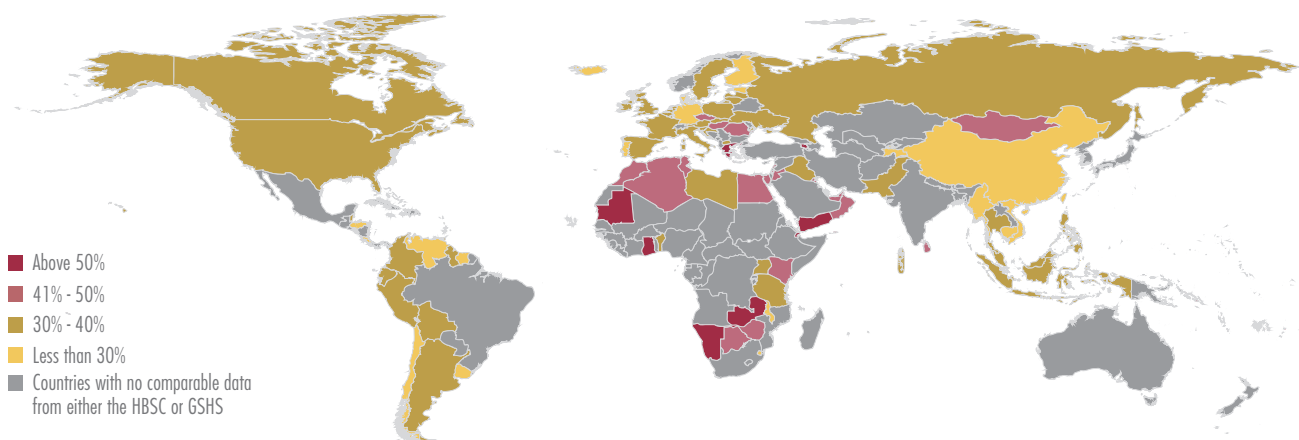
A nationwide survey conducted in the United States in 2013 revealed that around one in six students (18 per cent) in grades 9 through 12 reported having carried a weapon

such as a gun, knife or club at least once in the month preceding the survey. The rates of weapon carrying were higher among males (28 per cent) than females (8 per cent). The same survey found that 5 per cent of students (8 per cent of boys and 3 per cent of girls) reported having carried a weapon on school property in the previous month. The prevalence of having carried a weapon on school property decreased from 12 per cent in 1993 to 6 per cent in 2003 but has not changed significantly since that time.²⁴

MAP 6.1

Physical fighting is a common occurrence among adolescents in many countries

Percentage of adolescents aged 13 to 15 years who reported being in a physical fight one or more times during the past 12 months, by country



Notes: This map is stylized and not to scale. It does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. The final boundary between the Sudan and South Sudan has not yet been determined. The final status of the Abyei area has not yet been determined. Data from the HBSC were recalculated as weighted averages for 13- to 15-year-olds to allow for comparison with data collected in the GSHS. Data for China, Colombia, Ecuador, State of Palestine, the Bolivarian Republic of Venezuela and Zimbabwe are not national but have been recalculated on the basis of subnational surveys that took place in selected cities in each country or area. Data for Belgium are a weighted average of the Flemish and French samples. Data for Ghana refer to students in junior high school only. Data for the United Kingdom are a weighted average of the samples in England, Scotland and Wales. Data for the United Republic of Tanzania are not national but represent only the city of Dar es Salaam.

Source: HBSC, 2009/2010 and GSHS, 2004-2013.

Significant rates of involvement in serious physical fights have also been recorded in surveys conducted in additional countries. According to the 2012 New Zealand Youth Survey,²⁵ 14 per cent of secondary school students reported involvement in a serious physical fight in the 12 months preceding the survey. This represents a decline from the rate of physical fighting reported in the 2001 (21 per cent) and 2007 (20 per cent) surveys.²⁶

A number of studies of sex differences in aggression have led to the well-documented finding that males tend to be more physically aggressive than females.²⁷ Some researchers emphasize biological or evolutionary reasons for this,²⁸ while others suggest the importance of considering how social, cultural and environmental factors influence aggression.²⁹

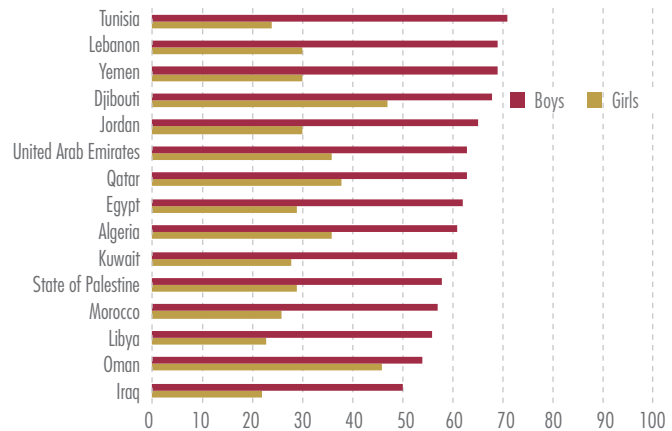
While a more traditional viewpoint might expect boys to engage more in fighting as they seek to live up to male stereotypes of being powerful and strong, the importance of environmental factors in understanding a male propensity for aggression and violence has also been underscored. Some of the literature suggests, in fact, that the use of violence by males may serve both a survival and status function, particularly for young men in certain cultural or low-income settings.³⁰

When it comes to fighting and differences between the sexes, available data confirm that adolescent boys engage more in physical fighting than girls in low-, middle- and high-income countries. In all the countries in the Middle East and North Africa and Latin America and the Caribbean with available data from the GSHS, boys are significantly more likely to report

Across all regions, boys engage in fighting to a far greater extent than girls

FIGURE 6.3A

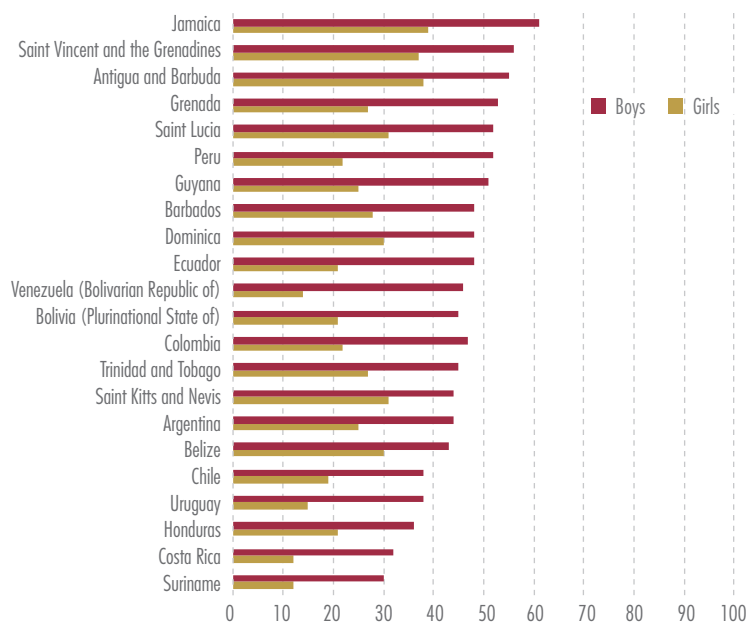
Percentage of students aged 13 to 15 years who reported being in a physical fight one or more times during the past 12 months, by sex, in countries or areas in the **Middle East and North Africa**



Note: Data for the State of Palestine are not national but have been recalculated on the basis of subnational surveys that took place in selected cities.
Source: GSHS, 2007-2012.

FIGURE 6.3B

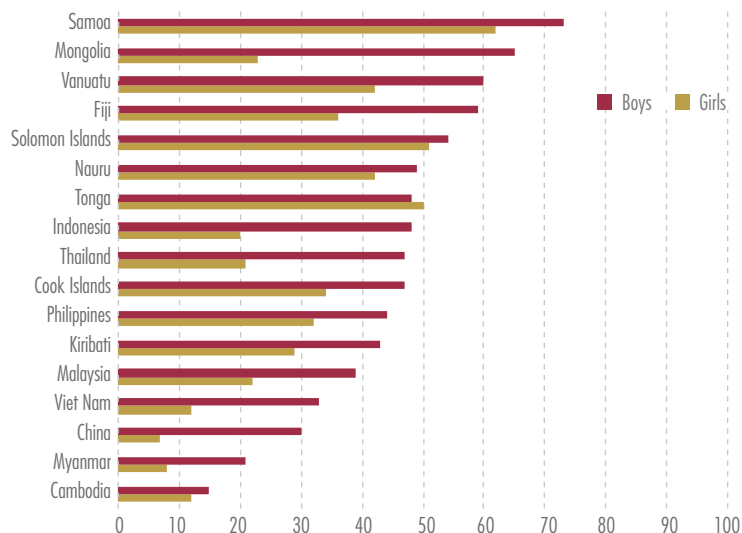
Percentage of students aged 13 to 15 years who reported being in a physical fight one or more times during the past 12 months, by sex, in countries in **Latin America and the Caribbean**



Note: Data for Colombia, Ecuador and the Bolivarian Republic of Venezuela are not national but have been recalculated on the basis of subnational surveys that took place in selected cities in each country.
Source: GSHS, 2003-2013.

FIGURE 6.3C

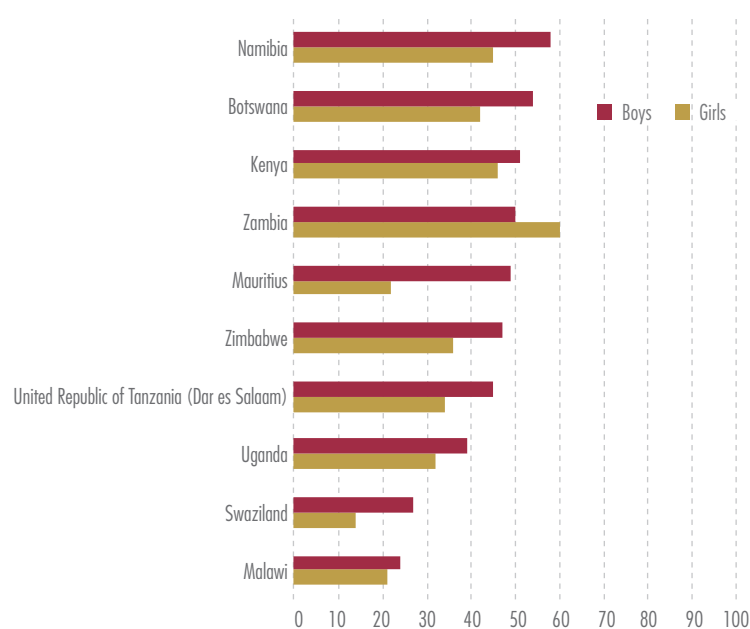
Percentage of students aged 13 to 15 years who reported being in a physical fight one or more times during the past 12 months, by sex, in countries in East Asia and the Pacific



Note: Data for China are not national but have been recalculated on the basis of subnational surveys that took place in selected cities.
Source: GSHS, 2003-2012.

FIGURE 6.3D

Percentage of students aged 13 to 15 years who reported being in a physical fight one or more times during the past 12 months, by sex, in countries in Eastern and Southern Africa



Notes: Data for Zimbabwe are not national but have been recalculated on the basis of subnational surveys that took place in selected cities. Data for the United Republic of Tanzania are not national but represent only the city of Dar es Salaam.
Source: GSHS, 2007-2012.



© UNICEF/BANA2013-01066/Kiron

fighting than girls, a pattern that generally holds true across other regions (Figures 6.3A-6.3D). That said, girls still engage in physical fights to a noticeably high extent. In both Djibouti and Oman, over 40 per cent of girls aged 13 to 15 reported involvement in a physical fight at least once in the last year (Figure 6.3A). In some Caribbean countries, including Antigua and Barbuda, Jamaica, and Saint Vincent and the Grenadines, close to 4 in 10 adolescent girls

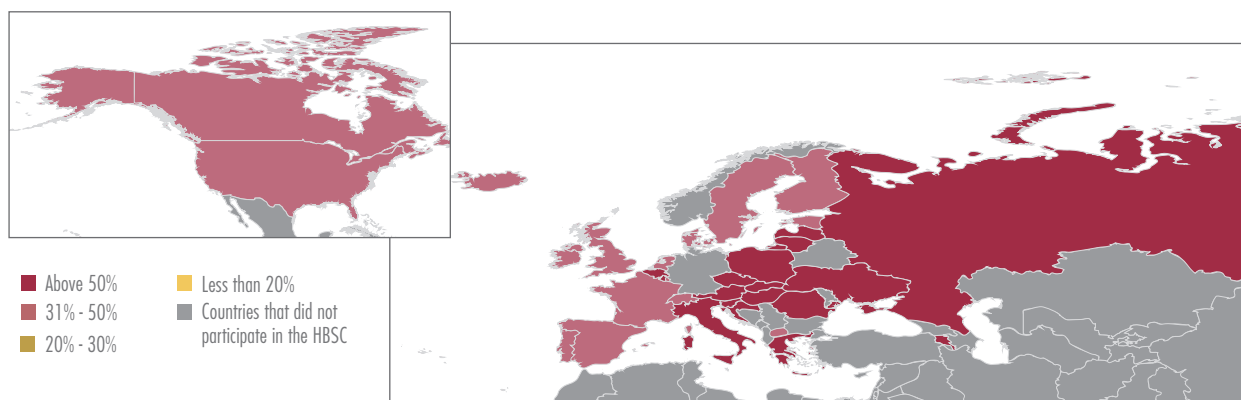
were reportedly involved in physical fights in the past year (Figure 6.3B).

Physical fighting is also far more common among adolescent boys than girls in European countries, Canada, the Russian Federation and the United States (Maps 6.2A and 6.2B). Girls of all ages (11, 13 and 15) surveyed in the latest HBSC were significantly less likely than boys to report fighting in nearly all of

Physical fighting is also far more common among boys than girls in European countries, Canada, the Russian Federation and the United States

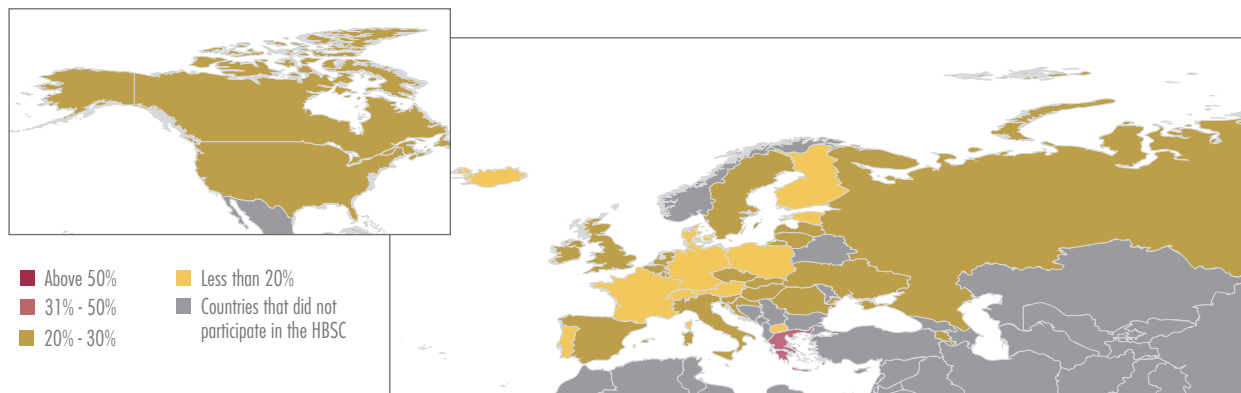
MAP 6.2A

Percentage of **boys** aged 13 to 15 years who reported being in a physical fight one or more times during the past 12 months in European countries, Canada, the Russian Federation and the United States



MAP 6.2B

Percentage of **girls** aged 13 to 15 years who reported being in a physical fight one or more times during the past 12 months in European countries, Canada, the Russian Federation and the United States



Notes: These maps are stylized and not to scale. They do not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontier. Data were recalculated as weighted averages for 13- to 15-year-olds. Data for Belgium are a weighted average of the Flemish and French samples. Data for the United Kingdom are a weighted average of the samples in England, Scotland and Wales.

Source: HBSC, 2009/2010.

the 37 countries with available data. Among 13- to 15-year-olds, the prevalence of fighting ranges from a low of 31 per cent for boys and 11 per cent for girls in Germany to highs of 80 per cent for boys in Armenia and 34 per cent for girls in Greece. The highest rates of physical fighting among boys were found in Armenia, the Czech Republic and Greece, where the proportions are above 60 per cent. Rates of involvement in physical fights among girls are highest in Greece, Hungary, Slovakia and the United States, where at least one in four adolescent girls were involved in a fight within the past year.

In the 2012 New Zealand Youth Survey, physical fights were found to be more common among boys than girls in secondary school, with nearly one in five boys compared to one in 10 girls reporting engagement in serious physical fights in the past year.³¹

In approximately one third of countries with available data, the prevalence of fighting appears to decline with age. Results from the HBSC found that fighting declined between ages 11 and 15 in most of the 37

TABLE 6.1

In some countries, involvement in physical fights tends to decline with age

Percentage of adolescents aged 11, 13 and 15 years who reported being in a physical fight one or more times during the past 12 months in countries where there is a difference of at least 10 percentage points in the prevalence of physical fights between 11- and 15-year-olds

	11-year-olds	13-year-olds	15-year-olds
Belgium	48	39	36
Czech Republic	49	48	39
Denmark	38	31	22
Estonia	35	30	25
France	40	36	30
Germany	28	23	18
Hungary	48	47	36
Iceland	40	33	22
Latvia	53	43	35
Poland	44	34	30
Slovenia	46	47	34

Source: HBSC, 2009/2010.

countries with available data for boys and in a few countries for girls, although differences between the age groups were relatively small (*Table 6.1*).³² Among students in the United States, the 2013 Youth Risk Behavior Survey (YRBS) suggested that the proportions of those involved in physical fighting were higher among children in the 9th and 10th grades (28 per cent and 26 per cent, respectively) than among those in the 11th and 12th grades (24 per cent and 19 per cent, respectively).³³ Finally, in New Zealand, reported rates of engagement in serious physical fights were found to be significantly higher among 14- and 15-year-old students than older adolescents (those aged 17 and above).³⁴

BULLYING

Bullying refers to the use of aggression to assert power over another person.³⁵ More specifically, it has been defined by researchers as actions, either physical or verbal, that have a hostile intent, are repeated over time, cause distress for the victim and involve a power imbalance between the perpetrator and victim.³⁶ As social dynamics have shifted over time, and with the growing use of information and communication technologies such as the Internet and cell phones, children are increasingly exposed to new forms of bullying (*see Box 6.2*).³⁷

A growing body of literature examines the prevalence, risk factors and impact of bullying on both victims and perpetrators. However, much of the available evidence is derived from research conducted in the Western world.³⁸

While research into the individual risk factors that lead to bullying has highlighted a variety of possible causes, a few factors have consistently been found to predict the likelihood that an adolescent or younger child will bully others: Those who have been maltreated by caregivers are significantly more likely to bully others, particularly those who have experienced physical or sexual abuse.³⁹ Witnessing parental physical abuse or domestic violence has also been documented as a strong risk factor for bullying.⁴⁰ In addition, research has identified hyperactivity-impulsiveness, low self-control and attention deficit hyperactivity disorder as strong predictors of bullying. Children who bully tend to have weak inhibitions against aggression and are

significantly more likely than victims of bullying to exhibit anger.⁴¹

Some research suggests that boys are more likely to bully others than girls⁴² and are more likely to use physical violence and threats.⁴³ Girls, on the other hand, seem more prone to psychological/relational forms of bullying, which involve actions such as excluding others or spreading rumours.⁴⁴ For instance, in a national survey in Malta, researchers found that 61 per cent of boy bullies reported bullying others with physical violence, compared to 30 per cent of girl bullies. In contrast, 43 per cent of girl bullies reported isolating others (not talking to them), compared to 26 per cent of boy bullies.⁴⁵

Many individual risk factors for being bullied have also been identified. Children who are bullied are often marginalized by their peers for a wide variety of reasons. Risk factors include not having many friends (particularly those who can be trusted) and loneliness.⁴⁶ Particular groups of children, such as ethnic minorities and those with disabilities, can be especially vulnerable to bullying.⁴⁷ Teenagers may also be targeted because of their sexual orientation (see *Box 6.4*). For example, one study in the United Kingdom found that between 30 and 50 per cent of adolescents in secondary schools who were attracted to the same sex experienced homophobic bullying.⁴⁸

Research highlights a wide range of negative long-term outcomes of bullying on both victims and perpetrators.⁴⁹ Children who are bullied are likely to experience a range of negative psychological outcomes, including depression, anxiety, thoughts of suicide and low life satisfaction.⁵⁰ Across multiple ethnic groups, being bullied by peers has also been connected to a heightened risk of eating disorders and to social and relationship difficulties, such as loneliness and being socially withdrawn.⁵¹ Furthermore, students who are bullied are more likely to experience academic difficulties, including underachievement, lower attendance and dropping out, among others.⁵² The social, emotional and psychological effects of bullying can be severe and can persist throughout childhood into adulthood.⁵³

On the other hand, numerous studies have also found a strong relationship between bullying others, increased depressive symptoms and thoughts of suicide.⁵⁴ Bullying has been linked to future engagement in juvenile delinquency, including theft and robberies, vandalism, arson, physical attacks, gang involvement and the selling of drugs.⁵⁵ Children who bully others also report increased rates of risky behaviours, including smoking and drinking,⁵⁶ fighting, being injured in physical fights and carrying weapons.⁵⁷

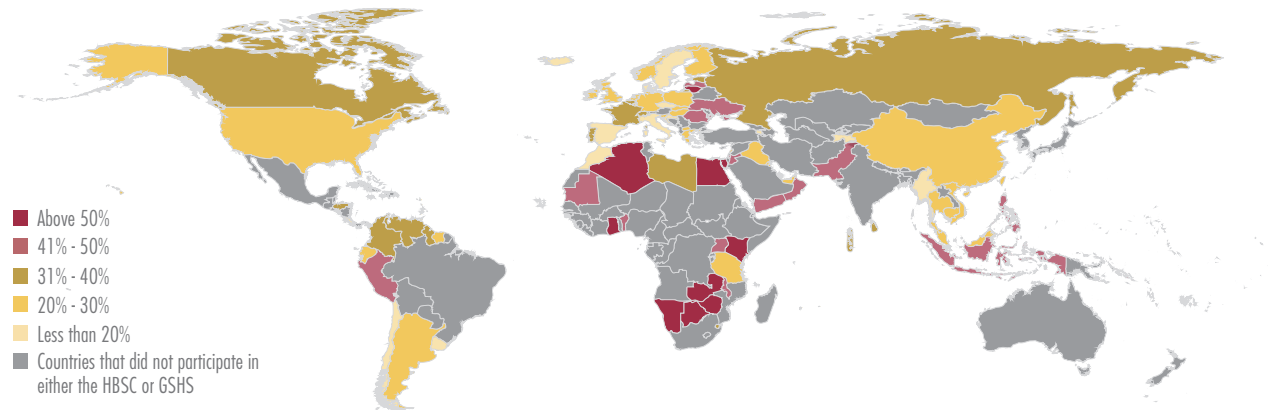
Bullying is a problem worldwide. It exists at some level and in some form in every country. Available data from 106 countries collected through the HBSC and GSHS show that the proportions of adolescents aged 13 to 15 who say they have recently experienced bullying ranges from 7 per cent in Tajikistan to 74 per cent in Samoa (*Map 6.3*). Among the high-income countries with available data, proportions of reported bullying range from 9 per cent in Italy to 52 per cent in Lithuania. In 14 of the 67 low- and middle-income countries with available data, more than half of the student population said they recently experienced bullying. These adolescents come from diverse parts of the world, from small Pacific islands such as Vanuatu to large African nations including Kenya. On the flip side, a significant proportion (31 per cent) of teens in Europe and North America admitted to having bullied others, with prevalence ranging from around one in seven (14 per cent) in the Czech Republic and Sweden to nearly 6 in 10 (59 per cent) in Latvia and Romania (*Figure 6.4*).

Data from other nationally representative surveys confirm that bullying is common in some other high-income countries as well. For instance, the Australian Covert Bullying Prevalence Study (ACBPS), a 2007 national survey of students in grades 4 to 9 (around ages 9 to 15) from primary and secondary high schools across the country, found high rates of frequent peer bullying. Students were asked how often during the current school term they bullied another student or group of students “again and again” and/or how often they were bullied by students “again and again”. A total of 27 per cent of Australian students reported experiencing frequent bullying while only around 9 per cent admitted to frequently bullying others.⁵⁸

MAP 6.3

Bullying is a problem worldwide, experienced by a large proportion of teens in many countries

Percentage of adolescents aged 13 to 15 years who reported being bullied at least once in the past couple of months, by country



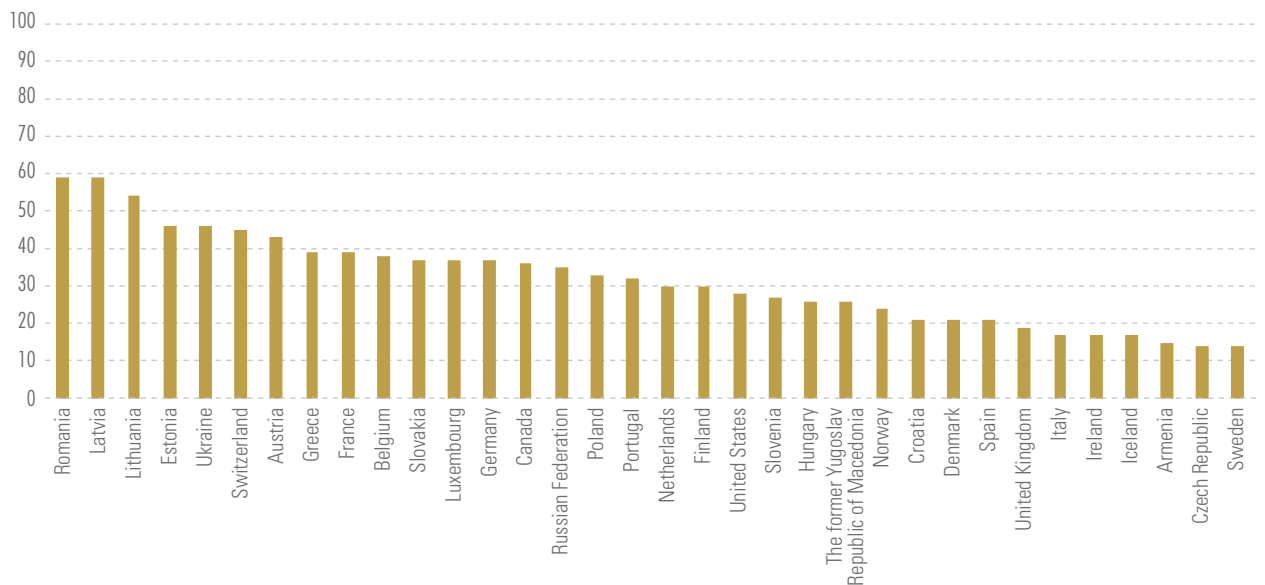
Notes: This map is stylized and not to scale. It does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. The final boundary between the Sudan and South Sudan has not yet been determined. The final status of the Abyei area has not yet been determined. Data from the HBSC were recalculated as weighted averages for 13- to 15-year-olds to allow for comparison with data collected in the GSHS. Reference periods for the two surveys differ slightly. Data for China, Colombia, Ecuador, State of Palestine, the Bolivarian Republic of Venezuela and Zimbabwe are not national but have been recalculated on the basis of subnational surveys that took place in selected cities in each country or area. Data for Belgium are a weighted average of the Flemish and French samples. Data for Ghana refer to students in junior high school only. Data for the United Kingdom are a weighted average of the samples in England, Scotland and Wales. Data for the United Republic of Tanzania are not national but represent only the city of Dar es Salaam.

Source: HBSC, 2009/2010 and GSHS, 2003-2013.

FIGURE 6.4

Significant proportions of teens admit to having bullied others

Percentage of adolescents aged 11 to 15 years who reported bullying others at school at least once in the past couple of months



Notes: Data for Belgium are a weighted average of the Flemish and French samples. Data for the United Kingdom are a weighted average of the samples in England, Scotland and Wales.

Source: HBSC, 2009/2010.

A NEW AGE OF BULLYING

Although the wide variety of today's information and communication technologies and social media outlets afford many benefits and conveniences, they are not without risk. The emergence of cyber- (or online) bullying is one such risk. The Cyberbullying Research Center in the United States defines cyberbullying as "Willful and repeated harm inflicted through the use of computers, cell phones, and other electronic devices".⁵⁹ It can include threats, intimidation or harassment via email, online chat rooms, instant messaging, texting and social media websites. It can also encompass acts such as defamation, exclusion or peer rejection, impersonation, unauthorized publication of private information or images and manipulation.⁶⁰ As described in Chapter 4, cyber-bullying can have a sexual connotation, involving for instance the use of sexually loaded terms to insult someone or the distribution of sexually explicit photos and videos for the purpose of shaming or causing emotional distress to the victim. While cyber-bullying can occur without other forms of peer violence, many children who report being victimized online also recount experiences of bullying through traditional means.⁶¹ Cyber-bullying can take place between friends and peers as well as within the context of teen dating relationships, and the two can overlap.

A unique aspect of cyber-bullying is that it allows perpetrators to remain anonymous.⁶² Children have been found to be the most common perpetrators.⁶³

Most of the available data on the prevalence of cyber-bullying comes from surveys conducted in the Western world since access to the types of technologies used for online bullying are widely accessible there. A brief overview of data from representative surveys in selected countries and regions follows.

Australia⁶⁴

In the 2007 Australian Covert Bullying Prevalence Study, around 7 per cent of students in grades 4 to 9 (roughly ages 9 to 15) reported experiences of cyber-bullying, with rates for girls and boys being relatively similar (8 per cent and 5 per cent, respectively). On the other hand, only about 4 per cent of the students admitted having bullied others online, with no differences in the rates reported by boys and girls. Both experiences of being victimized and perpetrating cyber-bullying increased with grade levels. Moreover, Internet-based bullying through, for example, social networking sites was reportedly more common than bullying via mobile phones, especially as students got older.

Canada⁶⁵

A secondary analysis of the Canadian data from the 2006/2007 wave of the HBSC included 1,972 high school students. The analysis found that about 14 per cent of students said they were bullied through the computer, e-mail messages/pictures or mobile phones within the two months preceding the survey. Rates of cyber-bullying were especially high for girls, with 18 per cent reporting they were victimized compared to 8 per cent of boys. On the other hand, about 12 per cent of the students surveyed said they bullied another student(s) in the last two months using either a computer, e-mail or mobile phone. Boys and girls were equally likely to admit to cyber-bullying others.

Europe⁶⁶

Between 2009 and 2011, the EU Kids Online Survey collected data on children's Internet use and experiences online from a representative sample of over 25,000 children aged 9 to 16 in 25 European countries.⁶⁷ The survey included questions on whether or not children had ever been treated, or treated others, in a hurtful or mean way on the Internet, whether as a single or repeated episode. Across the 25 countries, 6 per cent of these Internet users reported being bullied online, while 3 per cent admitted to having bullied

others online. However, children were more likely to report that they had been bullied in person, with almost one fifth stating that they had experienced bullying offline. There was also considerable overlap between those who are bullied online and offline, with around half of online victims of bullying reporting that they had also been bullied in person. A similar proportion of online bullies stated that they had also bullied others in person. Additionally, those who reported bullying others online were also found to commonly report being bullied by others online: Half of children who were cyber-bullies reported that they had also been a victim of cyber-bullying.

Among those who were bullied online, children varied considerably in the level of harm they reported in response. Over half of children indicated that they were either “very upset” or “fairly upset” by being bullied online; 15 per cent reported not being upset at all. Girls were more likely to report being upset than boys, with 37 per cent stating they were “very upset” compared to 23 per cent of boys. Slightly more than three out of four children reported having told someone about their experiences of being bullied (most often a friend or parent), nearly half blocked the person from contacting them online, and about one third said they tried to fix the problem.

South Africa⁶⁸

The 2012 National School Violence Study collected information on reported experiences of a number of forms of cyber-bullying among a nationally representative sample of secondary school students. In total, around one in five (21 per cent) of the students said they experienced one of the following acts of cyber-bullying within the last year: an online fight with someone, where rude or angry language was sent in a chat room; rude or insulting messages were sent about them via computer or mobile phone; messages were sent or posted that were hurtful, with the intention of damaging their reputation; someone shared secrets or embarrassing pictures or information online without their permission; someone used their account and pretended to be them by sending messages and trying to damage their reputation; they were threatened with harm or intimidated by someone online; or someone sent sexually explicit images or messages about them using a phone or computer. Of these various forms, online fighting was most commonly reported; sexual cyber-bullying was the least common. The most frequently cited perpetrators of online fights, public sharing of secrets or information, account theft, and sending sexually explicit images or messages were friends of the victim. Students reported that mobile phones were the most common medium used to per-

petrate cyber-bullying through the distribution of picture or video clips (35 per cent), followed by instant messaging systems such as WhatsApp or BlackBerry Messenger (27 per cent). When it came to students’ self-reported acts of online aggression, 6 per cent admitted to having ever sent a text about someone to make them angry or make fun of them while 4 per cent said they ever posted something hurtful about others online.

United States of America^{69,70}

Around one in six adolescents (15 per cent) in grades 9 through 12 were bullied electronically through emails, chat rooms, instant messaging, websites or texting in the past year according to the 2013 YRBS. Girls were more than twice as likely to report having been victims of cyber-bullying than boys (21 per cent and 9 per cent, respectively). In the 2011 NatSCEV II, the lifetime victimization rate for Internet/cell phone harassment was 9 per cent among children aged 5 to 17. The highest rate was reported among 14- to 17-year-olds, with one in five (20 per cent) stating that they experienced Internet/cell phone harassment at some point in their lives. Last-year victimization among this age group was similar to that recorded in the 2013 YRBS, with around 14 per cent saying they were cyber-bullied during this period.

A CLOSER LOOK AT **BULLYING** IN THE **AMERICAS**

United States of America

Several nationally representative surveys of crime and risky behaviours in the United States have included questions on bullying. The rate recorded by the 2009/2010 HBSC of 26 per cent among 13- to 15-year-olds (*see Map 6.3*) is consistent with these other sources. For example, the 2011 US School Crime Supplement (SCS) to the National Crime Victimization Survey found that 28 per cent of students aged 12 to 18 reported being bullied at school at some point during the school year.⁷¹ A somewhat lower rate (20 per cent) of having been bullied on school property within the last year was recorded among students in grades 9 to 12 in the 2013 national YRBS.

Results are somewhat mixed when it comes to differences between the sexes. Data from the 2011 SCS show that around 30 per cent of female students between the ages of 12 and 18 reported being bullied at school; the proportion of bullied male students of the same age was slightly lower at 25 per cent. According to the 2013 YRBS, the prevalence of being bullied on school property among boys and girls was 16 per cent and 24 per cent, respectively.

Latin America and the Caribbean

Brazil's 2012 National Survey of School Health (Pesquisa Nacional de Saúde do Escolar) was based on

a nationally representative sample of over 100,000 students in their 9th year of elementary school (around ages 13 to 16).⁷² Students were asked about the frequency with which they felt hurt, bothered, annoyed, offended or humiliated because they were taunted, mocked or bullied by their classmates within the last 30 days preceding the survey. Slightly more than one quarter (28 per cent) of students reported that they "rarely or sometimes" felt hurt by things their classmates said or did; a further 7 per cent reported the frequency of such feelings to be "almost always or always". On the other hand, slightly more than one in five (21 per cent) of the adolescents reported that they bullied their classmates in the previous month, with boys being significantly more likely to report bullying others than girls (26 versus 16 per cent, respectively).

Information on bullying was collected in the Second Regional Comparative and Explanatory Study (SERCE) conducted by the United Nations Educational, Scientific and Cultural Organization (UNESCO) between 2006 and 2007 in 16 countries in Latin America and the Caribbean.⁷³ Data were collected from a sample of over 91,000 sixth-grade students (ages 10 to 14), representing approximately 10 million sixth-graders in the region.⁷⁴ Students were asked about their experiences of having

been bullied in the past month at school in the following ways: robbed, insulted or threatened, or physically struck or mistreated.

Just over half of the students (51 per cent) in the region reported experiencing some type of bullying within the past month. The rates of bullying varied across countries from a high of 63 per cent in Colombia to a low of 13 per cent in Cuba. In 8 of the 16 countries with available data, at least half of the children said they were bullied in the last month.

Across all countries, the most commonly reported form of bullying was being robbed. Nearly 4 in 10 sixth-graders in the region said they were the victim of robbery at school in the past month. Here again, the highest reported rates were found in Colombia (55 per cent) and the lowest in Cuba (11 per cent). After being robbed, reports of being insulted or threatened were second most common among the students at around 27 per cent for the region overall. Children in Argentina reported the highest rate (37 per cent) of this form of bullying, while Cuban children reported the lowest (7 per cent). Finally, experiences of physical bullying were reported by 16 per cent of the sixth-graders in the region. In Argentina, Costa Rica, the Dominican Republic, Ecuador and Nicaragua, at least one in five children reported being a victim of physical bullying within the past month.

Percentage of sixth-grade students who were robbed, insulted or threatened, or physically bullied in the past month, and percentage of sixth-grade students who reported having suffered some type of bullying at school in the past month

	Robbed	Insulted or threatened	Physically bullied	Any bullying incident
Argentina	42	37	23	59
Brazil	35	25	13	48
Colombia	55	24	19	63
Chile	33	22	12	43
Cuba	11	7	4	13
Costa Rica	47	33	21	60
Dominican Republic	46	29	22	60
Ecuador	48	29	22	56
El Salvador	33	19	16	43
Guatemala	36	21	15	39
Mexico	40	25	17	44
Nicaragua	48	29	21	51
Panama	37	24	16	57
Paraguay	32	24	17	46
Peru	45	34	19	45
Uruguay	32	31	10	50
Total for Latin America and the Caribbean	39	27	16	51

Note: Results for Latin America and the Caribbean as a whole were calculated by weighting the results for each country.

Source: Román, M., and F. J. Murillo, 'Latin America: School bullying and academic achievement', *Cepal Review*, vol. 104, 2011, pp. 37-53.



On the question of victimization by bullying and differences between the sexes, available data suggest that both sexes are at equal risk. In about half of the countries with available data, girls and boys were equally likely to report being bullied in recent months (*Figure 6.5A*). In the few countries with a recorded difference between the sexes, boys were more likely than girls to be victims of bullying. In countries including Kuwait and Lebanon, boys were twice as likely as girls to report being bullied.

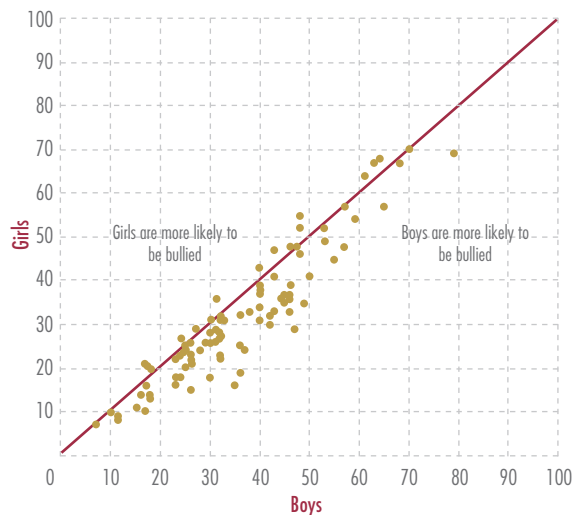
On the other hand, boys were significantly more likely than girls to report having bullied others at least once in the past couple of months – a clear difference between the sexes that emerged in the findings from the HBSC in almost all countries and among all age groups. In Armenia, for example, boys aged 13 to 15 were about three times more likely to report bullying others than girls, while in Iceland, Ireland and Norway boys were around twice as likely to admit bullying others than girls (*Figure 6.5B*). Some caution is warranted when interpreting these findings, however, since it is not clear how much of the difference might have been caused by reporting biases (that is, that girls were just less likely to want to confess to bullying behaviour than boys).

In Australia, similar results were obtained from the 2007 ACBPS: Sex differences in children's experience of being bullied were negligible, but rates of bullying others were found to be slightly higher among male students (11 per cent) in grades 4 to 9 than

When differences between the sexes are found, boys are more likely than girls to be victims of bullying and to admit bullying others

FIGURE 6.5A

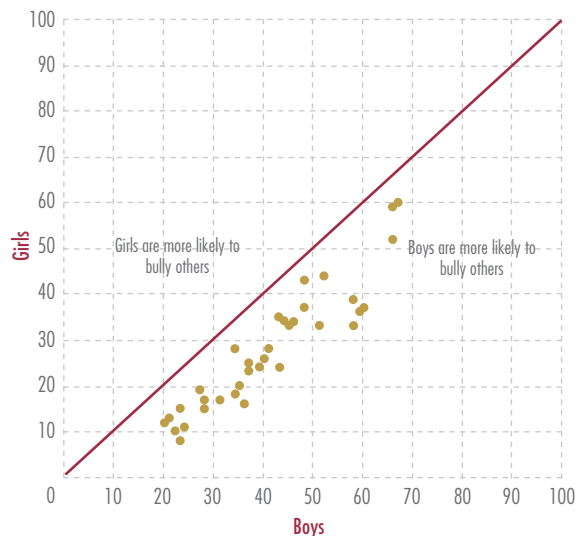
Percentage of adolescents aged 13 to 15 years who reported being bullied at least once in the past couple of months, by sex



Notes: Each dot represents a country. Data from the HBSC were recalculated as weighted averages for 13- to 15-year-olds to allow for comparison with data collected in the GSHS. Reference periods for the two surveys differ slightly.
Source: HBSC, 2009/2010 and GSHS, 2003-2013.

FIGURE 6.5B

Percentage of adolescents aged 13 to 15 years who reported bullying others at school at least once in the past couple of months, by sex

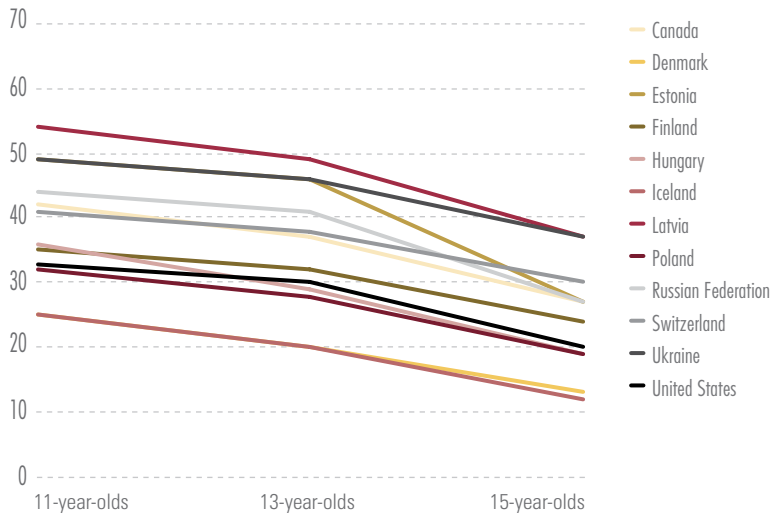


Note: Each dot represents a country. Data from the HBSC were recalculated as weighted averages for 13- to 15-year-olds.
Source: HBSC, 2009/2010.

Victimization by bullying tends to decline with age in some countries...

FIGURE 6.6

Percentage of adolescents aged 11, 13 and 15 years who reported being bullied at least once in the past couple of months, in countries with a difference of more than 10 percentage points in prevalence of victimization by bullying between 11- and 15-year-olds

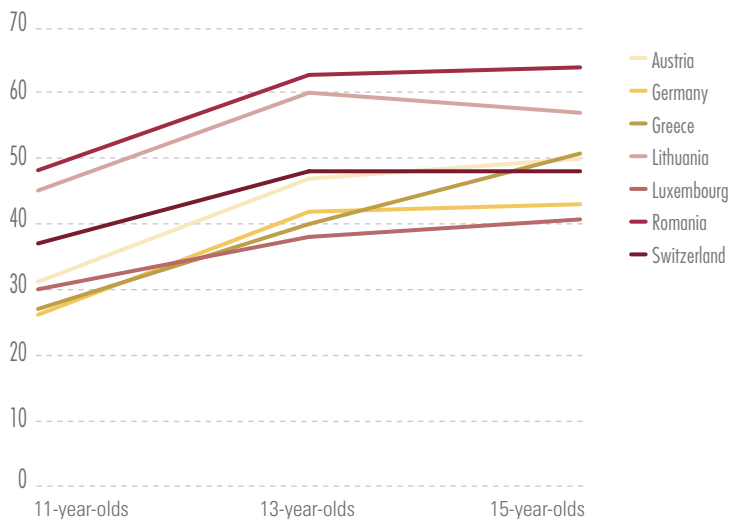


Source: HBSC, 2009/2010.

...while bullying others increases with age

FIGURE 6.7

Percentage of adolescents aged 11, 13 and 15 years who reported bullying others at school at least once in the past couple of months, in countries with a difference of more than 10 percentage points in prevalence of bullying others between 11- and 15-year-olds



Source: HBSC, 2009/2010.

among their female counterparts (7 per cent).⁷⁵

Do children experience less bullying as they get older? Because data from the HBSC were collected for three separate ages (11, 13 and 15), it is possible to explore whether the prevalence of victimization by bullying declines with age. In some of the countries with available data, prevalence is found to decline between the ages of 11 and 15 and in some cases the difference is quite significant. In 12 countries, the survey found more than a 10-percentage-point difference between ages 11 and 15 (*Figure 6.6*). Among these countries, the differences are greatest in Estonia, Hungary, Latvia and the Russian Federation. Results found in the 2007 ACBPS in Australia also confirmed this pattern. In that survey, experiences of frequent school bullying were highest (32 per cent) among fifth-graders (aged 10 to 11) and lowest (24 per cent) among ninth-graders (aged 14 to 15).

On the other hand, reported prevalence of bullying others generally increased from age 11 to age 15 in the majority of countries with available data from the HBSC. The increase is particularly sharp in Greece, where the prevalence of bullying behaviour in the last couple of months jumped from 27 per cent among 11-year-olds to 51 per cent among 15-year-olds (*Figure 6.7*). In countries including Austria and Germany, 15-year-olds were more than one and a half times more likely than 11-year-olds to report having recently bullied others.

Some of the GSHS included an additional question on the ways in which students were bullied most frequently in the past 30 days. A few of the available country reports include information on the proportion of students aged 13 to 15 who were most often bullied in the last month by being hit, kicked, pushed, shoved around or locked indoors. Available data from 14 countries show that more than one in five students in Djibouti, Tajikistan, Thailand, Tonga, Uganda and Zambia most often experienced physical acts of bullying (*Figure 6.8*). In 6 of the 14 countries, significant differences between the sexes are evident, with boys more likely than girls to report physical bullying. In Libya, boys were nearly three times more likely to report being physically bullied than girls.

The NatSCEV II conducted in the United States in 2011 includes findings on the proportions of children aged 2 to 17 who experienced physical intimidation⁷⁶ and those who experienced relational aggression,⁷⁷ both within the past year and at any point in their lives. Overall, the reported prevalence of relational aggression was higher

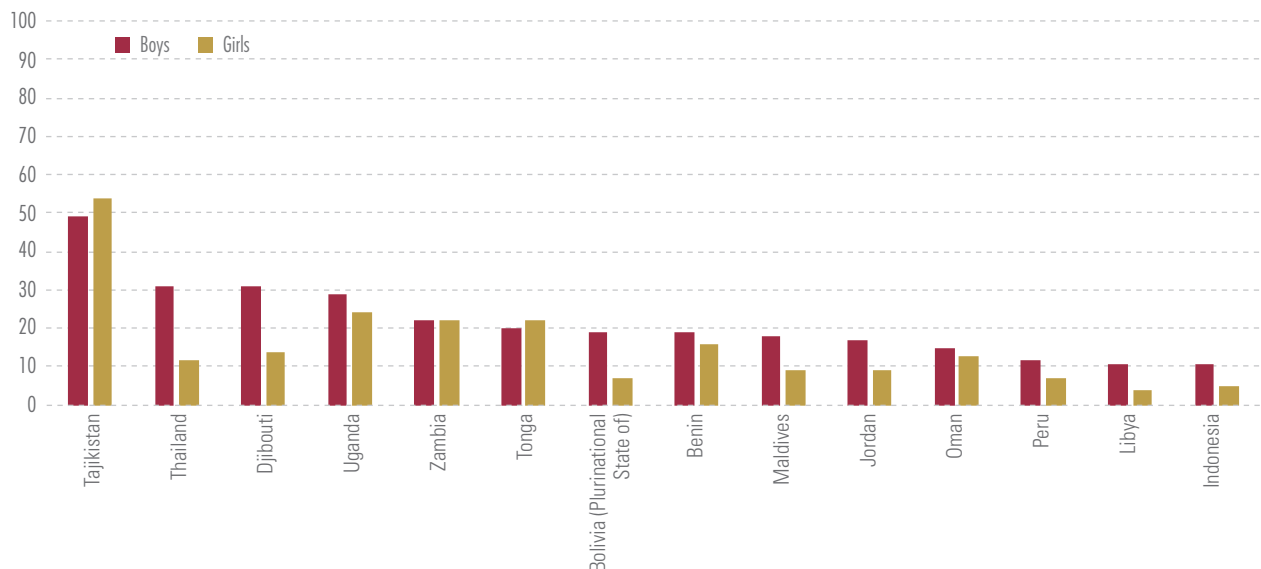
than physical intimidation, both in terms of past-year (37 per cent and 14 per cent, respectively) and lifetime victimization (52 per cent and 25 per cent, respectively). Data from the 2011 US School Crime Supplement confirm the prominence of relational aggression, since being the subject of rumours and being made fun of, called names or insulted were the bullying behaviours with the highest reported prevalence among students aged 12 to 18.⁷⁸

The NatSCEV II also found that 41 per cent of girls reported being a victim of relational aggression within the last year compared to 32 per cent of boys. The levels of physical intimidation were roughly the same for boys and girls for both past-year and lifetime victimization. The rates of physical intimidation were highest among children younger than 10 years, but relational aggression was highest among the 10- to 13-year-old age group. By mid-adolescence (ages 14 to 17), around one in three teens reportedly experienced physical intimidation at some point in their lives, while nearly three quarters of them were victims of relational aggression.⁷⁹

FIGURE 6.8

In Tajikistan, one in two students experience physical acts of bullying

Percentage of students aged 13 to 15 years who reported being bullied most often in the past 30 days by being hit, kicked, pushed, shoved around or locked indoors, by sex



Source: GSHS, 2003-2012.

VIOLENCE AGAINST CHILDREN DUE TO THEIR SEXUAL ORIENTATION

An important aspect of the transition from childhood to adulthood is the stronger emergence of one's sexual identity. A key component of this process entails the establishment of a sexual orientation, which has been defined as "a person's physical, romantic and/or emotional attraction towards other people [...] Homosexual people are attracted to individuals of the same sex as themselves. Heterosexual people are attracted to individuals of a different sex from themselves. Bisexual people may be attracted to individuals of the same or different sex."⁸⁰ Another element, sometimes but not always linked to sexual orientation, is the way in which a person identifies as, or feels a sense of being masculine and/or feminine. This is referred to as 'gender identity'. While a person's gender identity is typically consistent with the sex they were born with (based on the presenting genitals), this is not always the case. Transgender people have a sense of their own gender that is in contradiction to the sex they were given at birth.⁸¹

Children who develop a non-traditional sexual orientation and/or gender identity can find adolescence challenging. Boys, in particular, may have a difficult time both resolving and expressing a non-traditional sexual orientation and/or gender identity because of societal and cultural ideas of masculinity. While many children worldwide who are lesbian, gay, bisexual or transgender (LGBT)⁸² thrive in ways no different than their peers, others find themselves the victims of targeted acts of violence as a result of their real, or perceived, sexual orientation. Negative societal attitudes towards those who are LGBT are often a contributing factor leading to such victimization. Children can also suffer from abuse and discrimination when their parents are LGBT.⁸³

Research has documented that, compared to same-age heterosexual peers, LGBT children are at increased risk of interpersonal violence, including forms of bullying and harassment, particularly within the school environment. In the 2011 National School Climate Survey conducted in the United States, 82 per cent of LGBT children and adolescents aged 13 to 20 said they had been verbally harassed, such as being called names or threatened, at school in the past year because of their sexual orientation; over one third reported that such abuse occurred frequently.⁸⁴ Almost two out of three students said they were verbally harassed within the last year because of their 'gender expression', with around one in four reporting that such harassment occurred frequently. With regards to physical harassment, such as being shoved or pushed, 38 per cent of LGBT students reported such victimization at school within the last year as a result of their sexual orientation and 27 per cent due to their gender expression. Relatively fewer students reported incidents of physical assault, such as being punched, kicked or injured with a weapon; still, such experiences were not altogether uncommon among this group. About two out of three LGBT students said they experienced some form of sexual harassment (such as unwanted sexual touching or sexual remarks) at school in the past year, and nearly one in five reported that such events occurred frequently. Finally, the vast majority (90 per cent) of LGBT students surveyed said they felt deliberately excluded or 'left out' by other students; about half experienced this feeling frequently. When it came to reporting incidents of assault or harassment in school, 60 per cent of LGBT students said they never reported their experiences to school staff and 56 per cent never told a family member. The most commonly cited reasons given

for not having told school personnel about their experiences were doubts that the staff would effectively address the situation and fear that reporting would somehow make the situation worse.

Research also confirms that LGBT children are at increased risk of self-inflicted forms of violence, including suicide, often as a consequence of the isolation and harassment experienced. One such study pooled results from representative samples of students in grades 9 to 12 collected in the Youth Risk Behavior Surveys carried out from 2001 to 2009 in five major cities in the United States. The study found that lesbian, gay and bisexual children were significantly more likely to think about, plan and attempt suicide than their heterosexual counterparts, even after controlling for other risk factors (such as experiences of interpersonal violence) and demographic variables.⁸⁵ The association between identifying as LGBT in adolescence and increased risk of attempted suicide has also been found in studies conducted outside the United States.⁸⁶

As with other children, exposure to violence has been found to exert a negative impact on the health and well-being of children who identify as LGBT. Research has shown that the stresses faced by LGBT children and adolescents can put them at risk of both physical and mental health problems and substance use.⁸⁷ Changing attitudes and promoting positive social norms that welcome and embrace diversity in cultures around the world are critical steps in acknowledging and protecting the rights of all children. Schools and parents also play a crucial role in creating environments that are accepting and supportive of children to fully express themselves without fear.

VIOLENT UNIONS AMONG ADOLESCENTS

Intimate partner violence includes any physical, sexual or emotional abuse perpetrated by a current or former partner within the context of marriage, cohabitation or any other formal or informal union. Although both girls and boys can be victims of intimate partner violence, girls are at greater risk. In fact, violence directed at girls and women by an intimate partner is the most common form of gender-based violence.¹ In societies that sanction male dominance over women, violence between intimate partners may be perceived as an ordinary component of interpersonal dynamics between the sexes, particularly in the context of marriage or other formal unions.

In many cultures, girls reaching puberty are expected to assume gender roles associated with womanhood. These include entering into a union and becoming a wife and mother. Parents may pursue marriage for their adolescent daughters in an attempt to secure a better economic future for them. In turn, adolescent girls may consent to the arrangement due to family pressures without fully understanding – and being prepared for – the responsibilities, risks and considerable complexity of navigating the roles of wife, mother and daughter-in-law.²

Marriage before the age of 18 is a fundamental violation of human rights. Although child marriage is often against the law (along with other harmful practices, such as female genital mutilation/cutting), it persists because it is a deeply embedded social norm associated with perceptions of femininity and masculinity and is considered critical to upholding societal values.³ Child marriage typically results in the abandonment of school and in early pregnancy.⁴

Globally, nearly one in five adolescent girls aged 15 to 19 are currently married or in union. South Asia has the highest proportion of married adolescent girls (29 per cent), followed by West and Central Africa (25 per cent), Eastern and Southern Africa (21 per cent) and Latin America and the Caribbean (19 per cent). The rates of early marriage are particularly high in the Central African Republic and Niger, where more than half of girls between the ages of 15 and 19 are currently married or in union.⁵ Girls who marry or enter into union at an early age often end up with considerably older men. Available data from more than 60 low- and middle-income countries indicate that an estimated 20 per cent of married or cohabiting girls aged 15 to 19 are with a man who is at least 10 years older. The age gap between spouses is particularly high in Mauritania and Nigeria, where 60 per cent and 52 per cent, respectively, of married or cohabiting adolescent girls are with a man who is at least 10 years older than they are.

A girl who marries early may find herself in a vulnerable position vis-à-vis her husband and his family. She may also be cut off from her own family, friends and other sources of social support⁶ and be more economically dependent than same-age peers who are not married.⁷ Furthermore, in societies where girls and women are believed to hold a lower status than boys and men, they may be socialized into thinking that certain forms of violence against them are justifiable, carrying this set of expectations into their marriage at a young age. Research confirms that girls who marry in childhood are at greater risk for intimate partner violence than same-age peers who marry later.⁸ For example, a research study in India and Nepal found that women who married before age 18 experienced increased risk of both current and lifetime physical and sexual violence by a partner compared to those who married after age 18.⁹ Similarly, a study in Bangladesh found that women who married before age 18 were more likely than those who married later to be subjected to physical violence by their partners.¹⁰ A study involving a nationally representative sample of youths aged 14 to 25 in Viet Nam found that marriage before age 18 placed young women at nearly twice the lifetime risk of exposure to intimate partner violence in comparison to young women who married at the

age of 18 or older.¹¹ Data from a population-based survey in seven Ethiopian regions also revealed that early marriage was associated with a heightened risk of partner violence – including both physical violence and forced first marital sex.¹²

Adolescents who are involved in informal relationships can be equally vulnerable to intimate partner violence. Dating violence refers to a pattern of controlling or violent behaviours by a current or former dating partner. Like intimate partner violence in formal unions, this can include various forms of physical, emotional and sexual violence. Dating violence can occur in person or online and includes such acts as texting or posting sexually explicit photographs on the Internet (*see Box 4.5 on page 70*).¹³ Adolescents, who are often new to romantic liaisons, may have difficulty coping with feelings associated with intimate relationships and may lash out at their partners when they lack constructive ways to deal with their frustrations.¹⁴ Many adolescents do not tell anyone about the abuse they experience because they feel embarrassed or afraid or do not understand that the way they are being treated is inappropriate. Dating violence can, however, escalate into very serious forms of physical, emotional or sexual abuse. It can also set the stage for lifelong involvement in unhealthy intimate relationships.¹⁵

Dating violence can affect adolescents of any social and demographic background. Reports of physical victimization in dating relationships are common among adolescents of both sexes. However, girls are more likely to engage in physical force in self-defence and are more likely to be seriously injured in dating violence than boys.¹⁶ They are also far more likely to be victims of sexual violence in dating relationships.¹⁷ Adolescents who witness or experience violence in the home, who have friends involved in violent intimate relationships or who have been socialized into believing that violence is acceptable behaviour are at heightened risk for perpetrating dating violence.¹⁸

LIFELONG – SOMETIMES INTERGENERATIONAL – CONSEQUENCES

Partner violence can have devastating consequences for adolescents' health, well-being and overall

development. It can lead to homicide, suicide, physical injuries, disability and reduced physical functioning.¹⁹ It can also damage the mental health of adolescents, resulting in depression, anxiety and post-traumatic stress disorder, among other conditions.²⁰ Furthermore, research has shown that the experience of intimate partner violence is often associated with high-risk and antisocial behaviours, including substance use and aggression.²¹ Partner violence can also be detrimental to the reproductive and sexual health of adolescents, with consequences including unwanted pregnancies, abortions and sexually transmitted infections, including HIV.²²

Since many girls who enter unions early become mothers at a young age, partner violence holds significant intergenerational consequences. Exposure to domestic violence among children is highly detrimental to their emotional, psychological, cognitive and social development.²³ And children who witness domestic violence are themselves at heightened risk of experiencing abuse within the home.²⁴ Moreover, these children are likely to develop aggressive behaviours and become the perpetrators of violence against their siblings or peers.²⁵ Finally, children who grow up witnessing domestic violence are prone to carry violence into adulthood, as either victims or perpetrators.²⁶ For instance, girls and boys who have experienced violence within the family are more likely to encounter partner violence in their own unions.²⁷ Furthermore, exposure to domestic violence between their parents may influence children's own attitudes about the acceptability of violence, which may be passed down to their own children in the future.

PREVALENCE OF PARTNER VIOLENCE AGAINST EVER-MARRIED ADOLESCENT GIRLS

Comparable data from 43 low- and middle-income countries (see Box 7.1) show that prevalence rates for partner violence against ever-married adolescent girls range from 2 per cent in Ukraine to 73 per cent in Equatorial Guinea (Figure 7.1).²⁸ More than one in three ever-married adolescent girls between the ages of 15 and 19 have experienced some form of physical, sexual or emotional violence at the hands of their partners in half of these countries. Widespread levels of intimate partner violence

are also found in other low- and middle-income countries with available data (see Box 7.2).

Rates of partner violence are particularly high in many areas of Africa. In Eastern and Southern Africa, more than one third of adolescent girls who have ever been married or in union reported experiences of partner violence in each of the nine countries for which data are available, with the exception of Comoros. In this region, the prevalence of partner violence approaches or exceeds 50 per cent in Uganda, the United Republic of Tanzania and Zimbabwe. In West and Central Africa, the prevalence of partner violence is more varied – ranging from 8 per cent in Burkina Faso to 70 per cent or more in the Democratic Republic of the Congo and Equatorial Guinea.

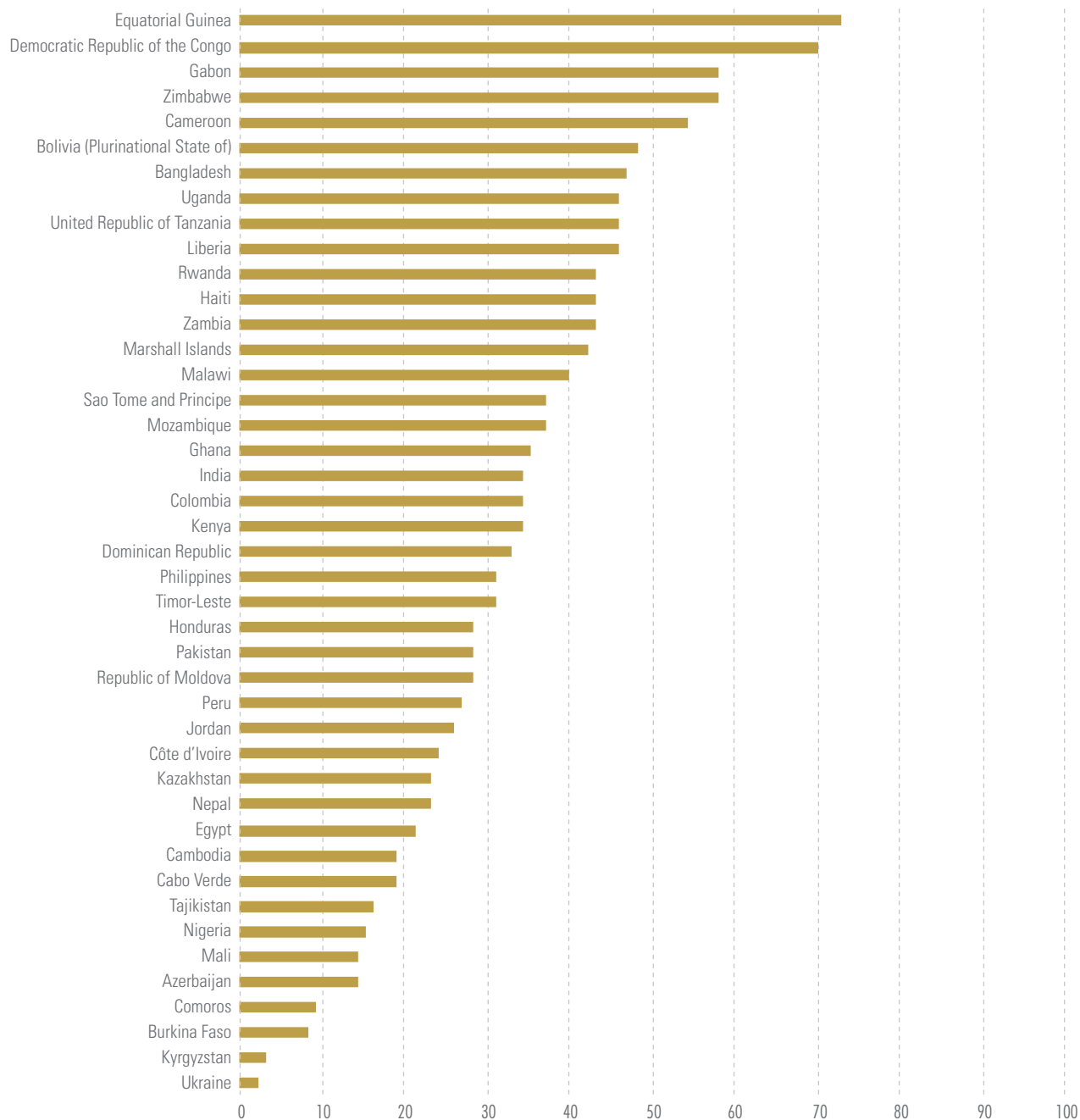
Partner violence is also pervasive in South Asia, where at least one in five girls who have ever been married or in union experienced partner violence in each of the four countries with available data. In this region, the prevalence of partner violence is particularly high in Bangladesh (47 per cent) and India (34 per cent). Latin America and the Caribbean shows similarly high levels of partner violence among adolescents, with more than one in four girls who have ever been in a formal union reporting such violence in all six countries with data. The prevalence is especially high in the Plurinational State of Bolivia and Haiti, exceeding 40 per cent.

In East Asia and the Pacific, more than one in six ever-married or partnered girls experienced violence at the hands of their partners in all of the four countries with available data. Overall, the prevalence of partner violence is lowest in Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS), ranging from 2 per cent in Ukraine to 14 per cent in Azerbaijan and 16 per cent in Tajikistan. In this region, the prevalence of partner violence exceeds 20 per cent in two countries – Kazakhstan and the Republic of Moldova. DHS data on this topic from the Middle East and North Africa are extremely limited. In both countries represented in this region (Egypt and Jordan), more than one in five girls who have ever been married or in a formal union reported one or more incidents of partner violence.

FIGURE 7.1

More than half of ever-married girls have experienced partner violence in Cameroon, the Democratic Republic of the Congo, Equatorial Guinea, Gabon and Zimbabwe

Percentage of ever-married girls aged 15 to 19 years who ever experienced any physical, sexual or emotional violence committed by their husbands or partners



Notes: Data for the Plurinational State of Bolivia and Honduras refer to girls who experienced any physical, sexual or emotional partner violence in the last 12 months. Data for Côte d'Ivoire refer only to adolescent girls who are currently married or in union. Data for Kazakhstan are from MICS 2010-2011, which used an adapted version of the DHS module on domestic violence. Data for Pakistan refer only to physical or emotional violence. Data for the Philippines refer to physical, sexual, emotional or other forms of violence, including economic violence. Data for Bangladesh, Colombia, Peru and Rwanda refer to physical or sexual violence only. Data for Cabo Verde, Equatorial Guinea, Marshall Islands and Ukraine are based on 25-49 unweighted cases.

Source: UNICEF global databases, 2014, based on DHS and MICS, 2005-2013.

DATA SOURCES ON INTIMATE PARTNER VIOLENCE

Definitions of partner or spousal violence vary considerably across data sources. For instance, some surveys incorporate questions on physical, sexual and emotional violence whereas others include only one or two of these forms. Some surveys capture additional forms of partner violence, such as economic violence. Diverse age groups of adolescents are also included within different surveys, further complicating comparisons across sources.

While intimate partner violence has been widely researched in many high-income countries – for example, Australia, Canada, the United Kingdom and the United States – the data have largely been collected from the adult population (that is, women and men over the age of 18). This is mostly due to the fact that relatively few adolescents in such countries can be found in marriages or other formal unions before that age. The focus of this chapter is therefore on low- and middle-income countries. However, data on dating violence among adolescents in a number of selected high-income countries are presented in the final section of the chapter.

This chapter relies primarily on nationally representative data from Demographic and Health Surveys (DHS). The use of DHS data confers numerous advantages since standardized definitions and measures allow for comparisons across countries. Questions on intimate partner violence included in the DHS module on domestic violence are based on a modified version of the Conflict Tactics Scale (CTS). Originally developed by sociologist Murray Straus in the 1970s, the CTS is the most widely used research tool for measuring intimate partner violence. There are numerous benefits associated with its use, particularly when conducting cross-cultural research, because it questions participants about their

experiences of specific acts rather than leaving it up to participants to define what constitutes violence. The modified version of the CTS used in the DHS standard module includes questions on specific acts of physical, emotional and sexual violence perpetrated by a respondent's current or former husband or partner. The DHS module asks all girls and women aged 15 to 49 whether (1) they are currently married or living with a man as if married, or (2) they have ever been married or ever lived with a man as if married. The questions on intimate partner violence are then asked only to respondents who answer 'yes' to either scenario. Some DHS also use the domestic violence module with ever-married²⁹ boys and men aged 15 to 49 (or an expanded age range, typically to ages 54, 59 or 64).

The three forms of violence measured are as follows:

Partner physical violence: To measure this form of violence, respondents are asked whether their spouse/partner ever:

- Pushed her/him, shook her/him or threw something at her/him
- Twisted her/his arm, pulled her/his hair or slapped her/him
- Punched her/him with his/her fist or with something that could hurt her/him
- Kicked her/him, dragged her/him or beat her/him up
- Tried to choke her/him or burn her/him
- Threatened or attacked her/him with a knife, gun or other type of weapon.

Partner emotional violence: Partner emotional violence is assessed by asking respondents whether their spouse/partner ever:

- Said or did something to humiliate her/him in front of others
- Threatened to hurt or harm her/

him or someone close to her/him

- Insulted her/him or made her/him feel bad about herself/himself.

Partner sexual violence: Sexual violence is measured by asking respondents whether their spouse/partner ever:

- Physically forced her/him to have sexual intercourse with him/her even when she/he did not want to
- Physically forced her/him to perform any other sexual acts she/he did not want to
- Forced her/him with threats or in any other way to perform sexual acts when she/he did not want to.

In the DHS, adolescents are classified as having experienced partner violence if they were subjected to any of the above-mentioned acts.

The DHS domestic violence module also collects information on the degree of marital control exercised by husbands or wives by asking whether he/she exhibits any of the following behaviours: is jealous or angry if the respondent talks to other men/women; frequently accuses her/him of being unfaithful; does not permit meetings with female/male friends; tries to limit her/his contact with her/his family; and insists on knowing where she/he is at all times (older DHS also asked whether he/she does not trust her/him with any money).

Respondents are also asked when partner violence first began to occur in the relationship, any physical injuries that resulted from physical or sexual violence, and whether their partner consumes alcohol and, if so, the frequency with which he/she gets drunk ("often", "sometimes" or "never"). Finally, they are asked whether they have ever hit, slapped, kicked or done anything to physically hurt their partner when he/she was not already beating or physically hurting her/him.



Partner physical violence

Available data indicate that physical violence and emotional violence are the most commonly reported forms of partner violence perpetrated against adolescent girls. In 33 out of 43 countries, at least 1 in 10 adolescent girls (aged 15 to 19) who have ever been married or in union reported incidents of physical violence against them at the hands of their partners. The rates of physical violence among these girls vary considerably across countries – ranging from 2 per cent in Ukraine to 71 per cent in Equatorial Guinea.

As shown in Figures 7.2A-7.2F, the prevalence of partner physical violence also varies across regions. It is most widespread in West and Central Africa, Eastern and Southern Africa, and South Asia. In West and Central Africa, at least one in five girls reported partner physical violence in around half of the countries with available data. Rates exceed 30 per cent in Cameroon and Liberia, 40 per cent in the Democratic Republic of the Congo and 50 per cent in Equatorial Guinea and Gabon. In Eastern and Southern Africa, at least one in five adolescent girls reported partner physical violence in each of the nine countries with available data (except Comoros), with rates reaching as high as 41 per cent in Rwanda.

In three out of four South Asian countries with

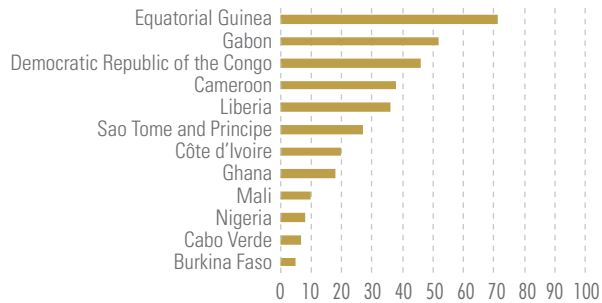
available data, at least one in five adolescent girls reported incidents of physical violence by a partner. Nepal has the lowest prevalence (16 per cent) and Bangladesh the highest (40 per cent). Rates of partner physical violence are lower in East Asia and the Pacific, with the Marshall Islands exhibiting the highest rate (30 per cent) and Cambodia the lowest (6 per cent).

In Latin America and the Caribbean, at least 1 in 10 girls reported partner physical violence in all six countries in the region with comparable data. In the Plurinational State of Bolivia, Colombia, Haiti and Peru, more than one quarter of girls who were ever married or partnered reported incidents of physical abuse by a husband or live-in partner. Among all regions, the lowest reported rates of partner physical violence among adolescent girls are found in CEE/CIS. In that region, rates are below 10 per cent in Kyrgyzstan, Tajikistan and Ukraine. The highest prevalence level is found in the Republic of Moldova, where roughly one in five adolescent girls reported ever experiencing this kind of abuse. In the two countries with comparable data from the Middle East and North Africa, close to one in five ever-married adolescent girls in Egypt and around 1 in 10 in Jordan said they experienced some form of physical violence at the hands of their husbands or partners at some point in their lives (*results not shown*).

The prevalence of partner physical violence among adolescent girls is particularly widespread in sub-Saharan Africa and South Asia

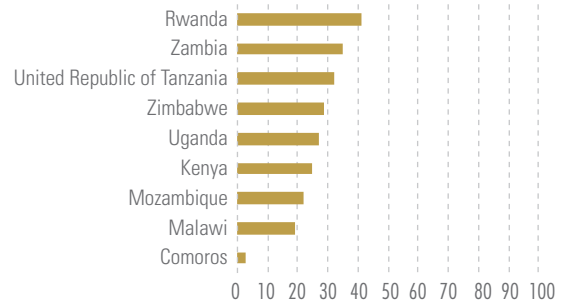
Percentage of ever-married girls aged 15 to 19 years who ever experienced any physical violence committed by their husbands or partners

FIGURE 7.2A West and Central Africa



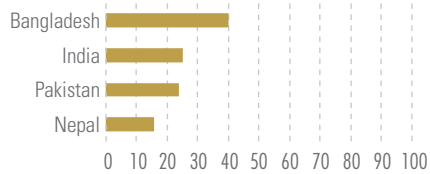
Source: UNICEF global databases, 2014, based on DHS, 2006-2012.

FIGURE 7.2B Eastern and Southern Africa



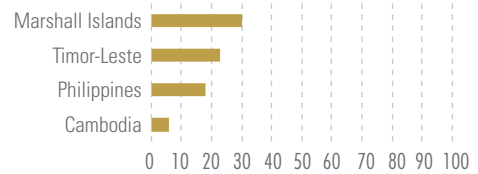
Source: UNICEF global databases, 2014, based on DHS, 2007-2011.

FIGURE 7.2C South Asia



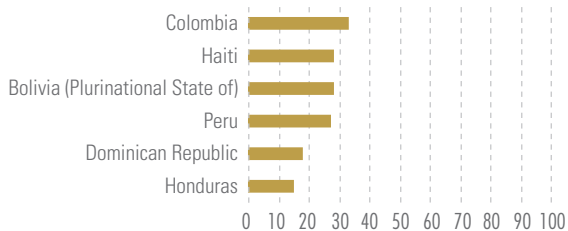
Source: UNICEF global databases, 2014, based on DHS, 2005-2013.

FIGURE 7.2D East Asia and the Pacific



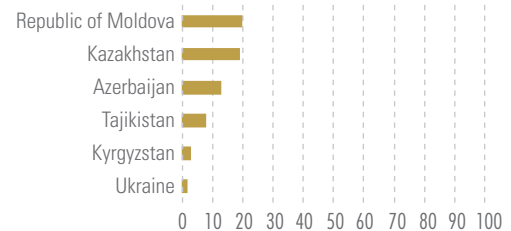
Source: UNICEF global databases, 2014, based on DHS, 2005-2010.

FIGURE 7.2E Latin America and the Caribbean



Source: UNICEF global databases, 2014, based on DHS, 2007-2012.

FIGURE 7.2F Central and Eastern Europe and the Commonwealth of Independent States



Source: UNICEF global databases, 2014, based on DHS and MICS, 2005-2012.

Notes for all figures on this page: In the Plurinational State of Bolivia, physical violence includes being pushed, beaten with hands or hard objects, and choked or burned and refers to experiences in the last 12 months. In Colombia, physical violence also includes being bitten. Data for Côte d'Ivoire refer to adolescent girls who are currently married or in union. Data for Honduras refer to girls who experienced any partner physical violence in the last 12 months. Data for Kazakhstan are from MICS 2010-2011, which used an adapted version of the DHS module on domestic violence. Data for Cabo Verde, Equatorial Guinea, the Marshall Islands and Ukraine are based on 25-49 unweighted cases.

Partner emotional violence

In 33 out of 42 countries with comparable data, overall rates of emotional violence inflicted by a partner are similar to those of partner physical violence, affecting more than 1 in 10 adolescent girls who have ever been married or in union.³⁰ Rates of emotional violence vary substantially across regions and countries, ranging from 0 per cent in Ukraine to 57 per cent in Equatorial Guinea (*Figures 7.3A-7.3F*).

While rates of partner physical violence are generally lower than average in most Latin American and Caribbean countries, that region has the highest levels of emotional violence: At least one quarter of ever-partnered girls in all six countries with available data recounted incidents of emotional abuse by their husbands or partners. The Plurinational State of Bolivia has the highest rate at 33 per cent.

Rates of partner emotional violence are particularly high in West and Central Africa, as was the case for physical violence. In this region, over one quarter of adolescent girls who have ever been married or in union reported experiences of partner emotional violence in half of the 12 countries with comparable data. Prevalence is also very high in Eastern and Southern Africa, as with physical violence. In this region, at least one in nine adolescent girls reported emotional violence by a partner in each of the nine countries except Comoros. Rates approach 30 per cent in Mozambique, Uganda and Zimbabwe.

While the prevalence of partner emotional violence is lower on average in CEE/CIS, this region demonstrates the highest level of variability among countries, ranging from about 0 per cent in Ukraine to 19 per cent in the Republic of Moldova. Comparable DHS data from South Asia, East Asia and the Pacific, and the Middle East and North Africa are very limited. Within these three regions, Jordan, Pakistan and the Philippines exhibit the highest rates of partner emotional violence.

Partner sexual violence

In general, sexual violence by a spouse or partner is less commonly reported than physical or emotional violence in all 42 countries with comparable data.³¹ One notable exception to this pattern is Zimbabwe, where the prevalence of partner sexual violence exceeds that of partner physical violence. As was the case for physical abuse, the three regions that reported the highest rates of sexual violence among ever-partnered adolescent girls are Eastern and Southern Africa, West and Central Africa, and South Asia (*Figures 7.4A-7.4F*).

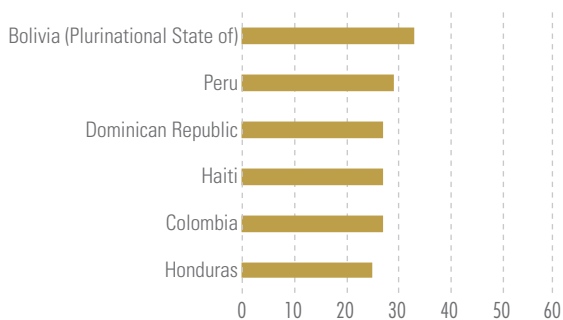
In Eastern and Southern Africa, at least 1 in 15 girls reported experiences of partner sexual violence in all nine countries (except Comoros) for which data are available. Zimbabwe has the highest rate in this region (over one third). In West and Central Africa, prevalence rates are more than 10 per cent in 5 of the 12 countries with available data. The prevalence of partner sexual violence is particularly high in the Democratic Republic of the Congo (36 per cent) and Cameroon (24 per cent). In South Asia, more than 1 in 10 adolescent girls surveyed in Bangladesh, India and Nepal reported partner sexual violence. In this region, this type of abuse is most common in Bangladesh, where it was reported by about one in five ever-partnered girls between the ages of 15 and 19.

East Asia and the Pacific shows the highest level of variability among countries in a region, ranging from about 2 per cent in Cambodia to 13 per cent in the Marshall Islands. CEE/CIS and Latin America and the Caribbean reported the lowest rates of partner sexual violence overall. In these two regions, prevalence is under 10 per cent in all of the countries with available data except Haiti, where roughly one in four girls reported experiences of sexual violence in their relationships with their partners during their lifetimes. In the Middle East and North Africa, rates of partner sexual violence are higher in Jordan (13 per cent) than in Egypt (3 per cent) (*results not shown*).

Partner emotional violence among adolescent girls varies across regions but appears to be most prevalent in Latin America and the Caribbean

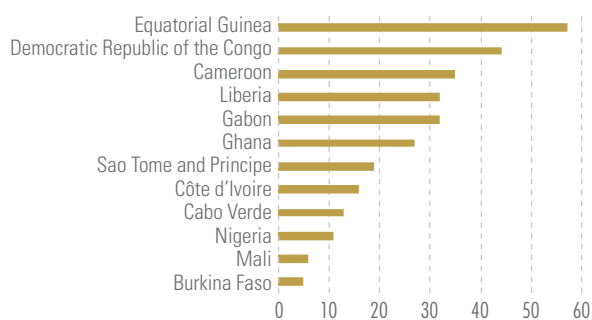
Percentage of ever-married girls aged 15 to 19 years who ever experienced any emotional violence committed by their husbands or partners

FIGURE 7.3A Latin America and the Caribbean



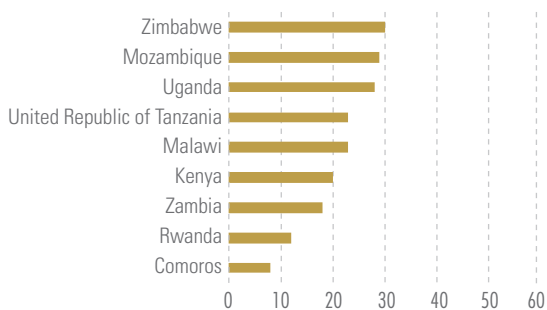
Source: UNICEF global databases, 2014, based on DHS, 2007-2012.

FIGURE 7.3B West and Central Africa



Source: UNICEF global databases, 2014, based on DHS, 2005-2012.

FIGURE 7.3C Eastern and Southern Africa



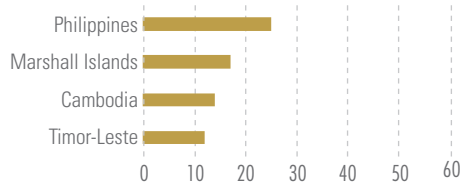
Source: UNICEF global databases, 2014, based on DHS, 2007-2011.

FIGURE 7.3D Central and Eastern Europe and the Commonwealth of Independent States



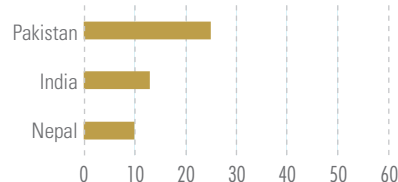
Source: UNICEF global databases, 2014, based on DHS and MICS, 2005-2012.

FIGURE 7.3E East Asia and the Pacific



Source: UNICEF global databases, 2014, based on DHS, 2005-2010.

FIGURE 7.3F South Asia



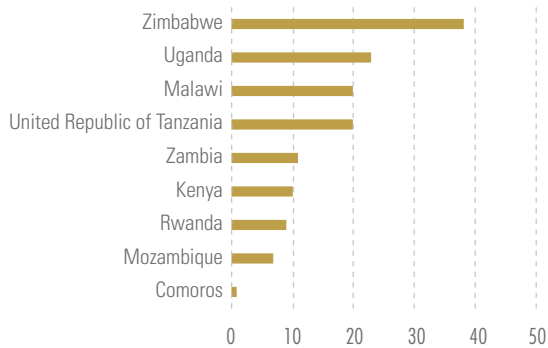
Source: UNICEF global databases, 2014, based on DHS, 2005-2013.

Notes for all figures on this page: In the Plurinational State of Bolivia, emotional violence includes the partner humiliating or insulting her, accusing her of being unfaithful, attempting to limit contact with her family, threatening to leave her, and threatening to take away the child(ren) or financial support and refers to experiences in the last 12 months. In Colombia, emotional violence includes the partner threatening to abandon her, take away the child(ren) and take away financial support. Data for Côte d'Ivoire refer to adolescent girls who are currently married or in union. Data for Honduras refer to girls who experienced any partner emotional violence in the last 12 months. Data for Kazakhstan are from MICS 2010-2011, which used an adapted version of the DHS module on domestic violence. In Peru, emotional violence includes humiliating her in front of others, threatening to harm her or those close to her, and threatening to leave the house and take away financial support or the child(ren). In the Philippines, emotional violence also includes not allowing her to engage in legitimate work or practise a profession; controlling her money or property or forcing her to work; destroying her personal property, pets or belongings or threatening to harm her pets; and having other intimate relationships. Data for Rwanda are based on 25-49 unweighted cases and are from the 2005 DHS (questions on emotional violence were not asked in the 2010 DHS). Data for Cabo Verde, Equatorial Guinea, the Marshall Islands and Ukraine are based on 25-49 unweighted cases.

In Zimbabwe and the Democratic Republic of the Congo, more than one in three adolescent girls reported incidents of sexual violence at the hands of an intimate partner

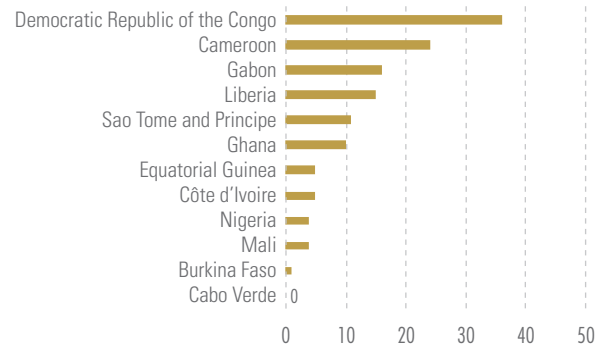
Percentage of ever-married girls aged 15 to 19 years who ever experienced any sexual violence committed by their husbands or partners

FIGURE 7.4A Eastern and Southern Africa



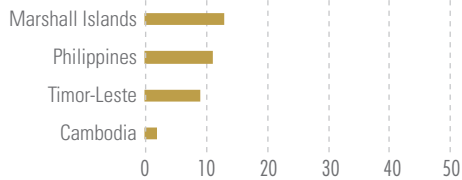
Source: UNICEF global databases, 2014, based on DHS, 2007-2011.

FIGURE 7.4B West and Central Africa



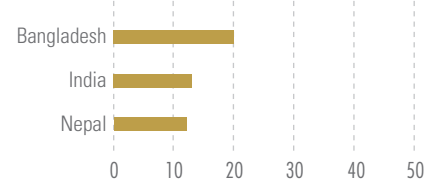
Source: UNICEF global databases, 2014, based on DHS, 2006-2012.

FIGURE 7.4C East Asia and the Pacific



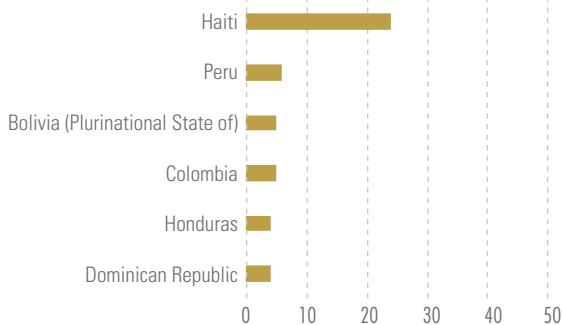
Source: UNICEF global databases, 2014, based on DHS, 2005-2010.

FIGURE 7.4D South Asia



Source: UNICEF global databases, 2014, based on DHS, 2006-2013.

FIGURE 7.4E Latin America and the Caribbean



Source: UNICEF global databases, 2014, based on DHS, 2007-2012.

FIGURE 7.4F Central and Eastern Europe and the Commonwealth of Independent States



Source: UNICEF global databases, 2014, based on DHS and MICS, 2005-2012.

Notes for all figures on this page: Data for the Plurinational State of Bolivia refer to girls who experienced forced sexual intercourse in the last 12 months. Data for Côte d'Ivoire refer to adolescent girls who are currently married or in union. Data for Honduras refer to girls who experienced any partner sexual violence in the last 12 months. Data for Kazakhstan are from MICS 2010-2011, which used an adapted version of the DHS module on domestic violence. In the Philippines, sexual violence includes the partner trying or attempting to force sexual intercourse or any other sexual acts against her will. In Comoros, Gabon, Haiti, Kyrgyzstan, Nigeria, Tajikistan and Uganda, sexual violence includes being forced with threats or in some other way to perform unwanted sexual acts. Data for Cabo Verde, Equatorial Guinea, the Marshall Islands and Ukraine are based on 25-49 unweighted cases.

ADDITIONAL DATA ON INTIMATE PARTNER VIOLENCE FROM FIVE REGIONS

Additional statistics on the prevalence of intimate partner violence in low- and middle-income countries or areas are provided here because the sources of data are not fully comparable with those cited in the main text. The information presented is not exhaustive but is intended to illustrate what is known about intimate partner violence in a selection of other countries with nationally representative data. Many of the surveys relied on a modified version of the Conflict Tactics Scale.

Latin America and the Caribbean

In Latin America and the Caribbean, additional data on intimate partner violence among ever-married adolescent girls aged 15 to 19 are available for Ecuador (2004),³² El Salvador (2008),³³ Guatemala (2008-2009),³⁴ Nicaragua (2011-2012)³⁵ and Paraguay (2008),³⁶ for ever-married girls and women aged 15 to 24 in Jamaica (2008),³⁷ and for all girls aged 15 to 17 in Mexico (2011).^{38,39}

In El Salvador and Guatemala, 33 per cent and 38 per cent of adolescent girls aged 15 to 19, respectively, reported ever experiencing


physical, sexual or emotional violence at the hands of a husband or partner. In both countries, the most commonly reported form of partner violence was emotional abuse, followed by physical and then sexual violence. In Nicaragua, 17 per cent of adolescent girls reported experiencing either physical or sexual violence committed by a partner, with physical abuse being more commonly reported. An additional 29 per cent of girls aged 15 to 19 said they experienced emotional abuse by a partner at some point in their lives. In Jamaica, 30 per cent of girls and women aged 15 to 24 said they were a victim of emotional, physical or sexual partner violence at some point during their lives. In Mexico, 30 per cent of girls aged 15 to 17 reported experiences of physical, emotional, economic or sexual violence in the last 12 months committed by a partner or ex-partner, including 28 per cent who reported emotional violence, 4 per cent economic violence, 3 per cent physical violence and 2 per cent sexual violence. In Ecuador, 27 per cent, 22 per cent and 4 per cent of girls aged 15 to 19 reported emotional,

physical and sexual violence by a partner, respectively. Reported rates of emotional, physical and sexual violence ever committed by a husband or partner in Paraguay among girls aged 15 to 19 were 30 per cent, 12 per cent and 4 per cent, respectively.

Central and Eastern Europe and the Commonwealth of Independent States

In CEE/CIS, information on violence committed by a partner of ever-married girls (aged 15 to 19) is available from Reproductive Health Surveys in Albania (2004),⁴⁰ Georgia (2010)⁴¹ and Romania (2004).^{42,43} The rates of partner physical violence and emotional violence among adolescent girls were 11 per cent and 25 per cent in Albania, 5 per cent and 8 per cent in Georgia, and 16 per cent and 32 per cent in Romania, respectively. Less than 5 per cent of adolescent girls in all three countries reported physically forced sexual intercourse by a husband or partner.

A nationally representative survey on domestic violence conducted in Turkey in 2008 measured experiences



of physical, sexual and emotional violence committed by partners of ever-married girls and women aged 15 to 59.⁴⁴ Among girls and women aged 15 to 24, 35 per cent reported experiences of physical or sexual violence committed by a husband or partner at some point in their lives, including 32 per cent who said they were physically victimized and 14 per cent who said they were sexually violated. An additional 37 per cent of girls and women in this age group said they experienced some form of partner emotional violence during their lifetimes.

Asia and the Pacific

In Asia and the Pacific, nationally representative surveys that included questions on girls' and women's experiences of domestic violence by an intimate partner were conducted in the Maldives (2006),⁴⁵ Samoa (2000),⁴⁶ Vanuatu (2009)⁴⁷ and Viet Nam (2009-2010).^{48,49} In the Maldives, Samoa and Vanuatu, data are available on experiences of physical, sexual and emotional violence committed by partners of ever-married girls aged 15 to 19.

Among ever-married adolescent girls in the Maldives, about 1 in 10 reported some form of partner physical, sexual or emotional violence in their lifetimes. In Samoa,

around half said they were a victim of physical, sexual or emotional violence by a partner. In Vanuatu, 62 per cent of adolescent girls reported ever having experienced physical and/or sexual violence by a partner, with 44 per cent reporting physical violence and 52 per cent reporting sexual violence.⁵⁰ Finally, in Viet Nam, around one in four married girls and women aged 14 to 25 reported some form of physical, sexual or emotional violence at the hands of their spouse: 6 per cent said they were hit, 3 per cent were forced to have sexual intercourse and 23 per cent were yelled at or cursed.

Sub-Saharan Africa

Two recent Multiple Indicator Cluster Surveys (MICS) from Chad (2010) and Swaziland (2010) included selected questions on domestic violence among girls and women. In Chad, physical violence included the following acts: bumps into you, shakes you or throws something against you; slaps or twists your arm; kicks you or pushes you to ground; tries to strangle or burn you; threatens you with a knife or gun; and attacks you with a knife, pistol or other weapon. Around 12 per cent of ever-married girls aged 15 to 19 said they experienced at least one of these forms of physical

violence committed by a husband or partner at some point in their lives. Further, 5 per cent of girls said they were physically forced by a husband or partner either to have sexual intercourse or to perform other sexual acts when they did not want to. Psychological violence included humiliating her in front of others or threatening her or someone close to her; 6 per cent of adolescent girls reported experiencing one of these forms of partner psychological violence. In Swaziland, 24 per cent of currently married or partnered girls aged 15 to 19 said their husbands or partners ever hit or beat them for having annoyed or angered them; 10 per cent said this happened in the last 12 months.

Middle East and North Africa

A 2011 survey conducted in the State of Palestine included questions on several forms of domestic violence (physical, sexual, psychological, social and economic) experienced by ever-married girls and women aged 15 to 24 at some point in their lives and also within the last 12 months.⁵¹ In total, about one third said they ever experienced one of the five forms of spousal violence, including physical (30 per cent), sexual (16 per cent), psychological (58 per cent), social (30 per cent) and economic (31 per cent) violence.

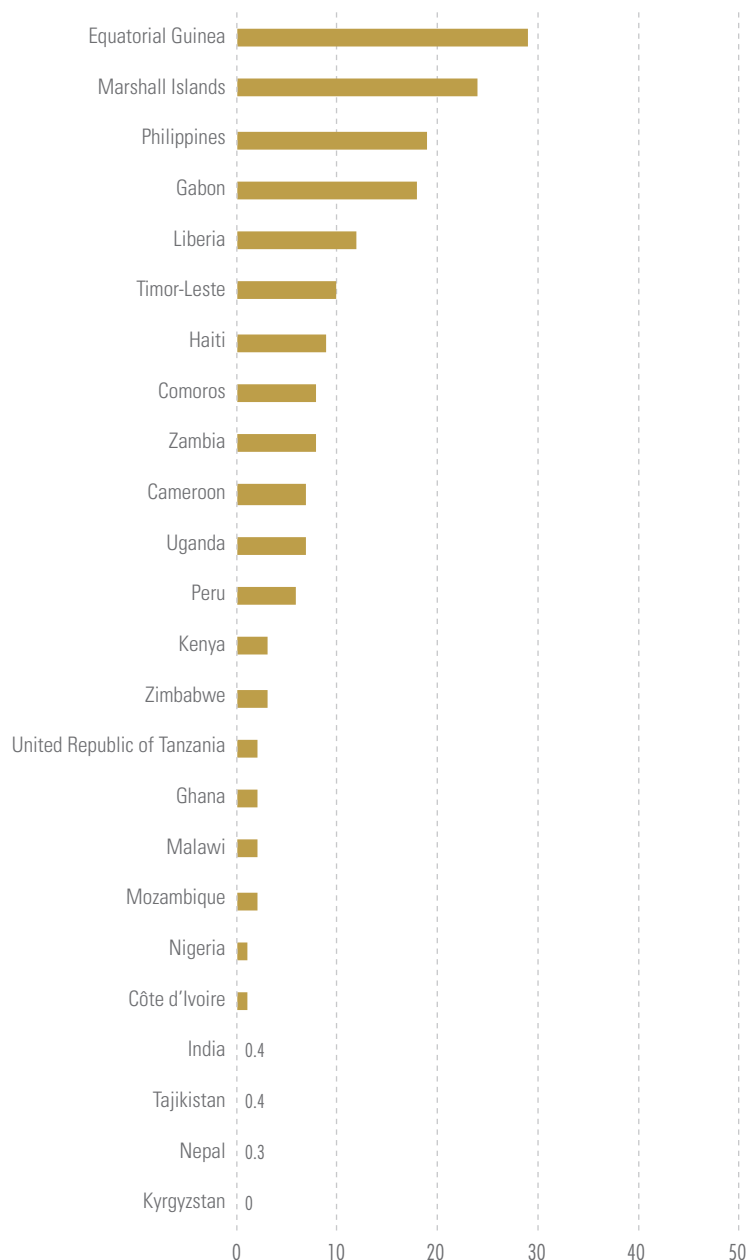
PARTNER VIOLENCE INITIATED BY ADOLESCENT GIRLS

Girls and women are also perpetrators of violence against their husbands and partners. To explore this issue, the DHS included a question on whether ever-married females had ever hit, slapped, kicked or done anything else to physically hurt their husbands or partners when the men were not already beating or physically hurting them. Adolescent girls' self-reported rates of perpetrating physical violence against their partners are generally low across the 24 countries for which data are available (*Figure 7.5*).⁵² However, more than 1 in 10 ever-married girls aged 15 to 19 admitted to having initiated physical violence against their husbands or partners in five countries: Equatorial Guinea, Gabon, Liberia, the Marshall Islands and the Philippines. It is important to note that such questioning is likely to result in some underreporting, since many respondents may have been reluctant to admit such acts of violence. The available data also reveal that the likelihood of a girl or woman initiating violence against her partner is directly associated with her partner's violent behaviour towards her. In all 24 countries, girls and women aged 15 to 49 who experienced partner physical violence themselves were much more likely to say they were physically violent towards their partner than girls and women who were never the victims of spousal physical abuse (*results not shown*).⁵³

FIGURE 7.5

In a few countries, a significant share of adolescent girls admit to having initiated physical violence against their partners

Percentage of ever-married girls aged 15 to 19 years who reported ever committing physical violence against their husbands or partners when the men were not already beating or physically hurting them



Notes: Data for Côte d'Ivoire refer to adolescent girls who are currently married or in union. Data for Equatorial Guinea and the Marshall Islands are based on 25-49 unweighted cases.

Source: UNICEF global databases, 2014, based on DHS, 2005-2012.

PREVALENCE OF PARTNER VIOLENCE AGAINST EVER-MARRIED ADOLESCENT BOYS

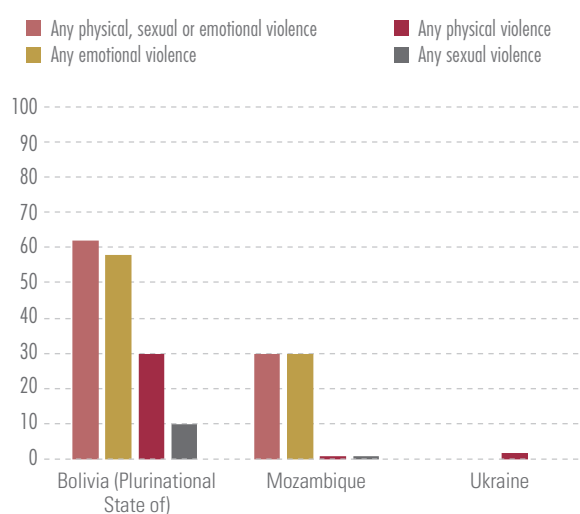
Comparable data on intimate partner violence experienced by adolescent boys who were ever married or in union were collected in five countries that conducted a DHS. Data from three of these countries are shown in Figure 7.6.⁵⁴ In the Plurinational State of Bolivia and Mozambique, emotional abuse is the most commonly reported form of intimate partner violence experienced by boys. In the former, a higher proportion of adolescent boys than girls (aged 15 to 19) reported experiences of emotional, physical or sexual violence perpetrated by their partner in the 12 months preceding the survey (62 per cent versus 48 per cent, respectively). While rates of recent emotional and sexual violence by a partner among adolescent boys were higher than those reported by adolescent girls, rates of partner physical abuse were roughly the same for both sexes. In Mozambique, adolescent boys are only slightly less likely than girls to experience any of the three types of partner violence (30 per cent and 37 per cent, respectively). Reported rates of partner emotional violence there are about the same for both sexes (30 per cent for boys and 29 per cent for girls), but adolescent girls are far more likely than adolescent boys to report experiences of physical or sexual violence committed by their partners. Finally, in Ukraine, 2 per cent of boys and men aged 15 to 24 reported being the victims of physical violence committed by a partner; this proportion was 7 per cent among girls and women of the same age.

A national survey conducted in urban areas of Brazil in 2005 (the Sexual Behaviour and Perceptions of the Brazilian Population Concerning HIV/AIDS)⁵⁵ also collected information on experiences of partner sexual violence among adolescents (aged 16 to 19). In that survey, sexual violence was defined as physically forced sexual intercourse, having sexual intercourse when a person did not want to because he or she was afraid of what the partner might do, and being forced to do something sexual that was degrading or humiliating. The rates of partner sexual violence reported by adolescent boys were only slightly lower than those reported by girls (3

FIGURE 7.6

In the Plurinational State of Bolivia, about 60 per cent of adolescent boys report experiencing some form of intimate partner violence

Percentage of ever-married boys aged 15 to 19 years who ever experienced any physical, sexual or emotional violence committed by their wives or partners in the Plurinational State of Bolivia and Mozambique and percentage of ever-married boys and men aged 15 to 24 years who ever experienced any physical violence committed by their wives or partners in Ukraine



Notes: Data for the Plurinational State of Bolivia are based on 25-49 unweighted cases and refer to boys who experienced any physical, sexual or emotional partner violence in the last 12 months; emotional violence includes the wife or partner humiliating or insulting him, accusing him of being unfaithful, attempting to limit contact with his family and threatening to leave him or to take away the child(ren); physical violence includes being pushed, beaten with hands or hard objects and choked or burned; sexual violence includes only forced sexual intercourse. Data for Ukraine refer to boys and men who were ever hit, slapped, kicked or physically hurt in another way by their wives or partners when they were not already beating or physically hurting them; data on partner emotional and sexual violence are not available for Ukraine.

Source: UNICEF global databases, 2014, based on DHS, 2007-2012.

per cent and 5 per cent, respectively). Around 2 per cent of adolescent boys reported being physically forced by a partner to have sex, 2 per cent said they had sexual intercourse when they did not want to because they were afraid of what their partner might do, and less than 1 per cent said they were forced to do something sexual that they found humiliating or degrading.

In a 2011-2012 national survey carried out in Nicaragua,⁵⁶ experiences of partner violence were collected from ever-married boys and men aged 15 to 49. Physical violence included the same acts

as those included in the DHS module on domestic violence, while emotional violence also included doing things on purpose to frighten or intimidate him in addition to the forms of emotional violence covered in the DHS module (*see Box 7.1*). The definition of sexual violence used was: being physically forced to have sexual intercourse, forced to perform other sexual acts, and agreeing to have sexual intercourse for fear of what the partner might do. Around one in six (16 per cent) adolescent boys aged 15 to 19 reported experiencing physical and/or sexual violence at some point by a partner, including 15 per cent who said they were physically abused and 2 per cent who said they were sexually abused. An additional 28 per cent of boys said they were subjected to emotional abuse by their partners.

In a few DHS, ever-married boys and men were also asked whether they ever initiated partner violence against their wife or partner.⁵⁷ In Mozambique, 13 per cent of adolescent boys aged 15 to 19 admitted to having ever hit, slapped, kicked or done something else to physically hurt their wives or partners when they were not already being beaten or physically hurt by them. In Cameroon, fully half (52 per cent) of ever-married adolescent boys aged 15 to 19 reported committing emotional, physical

or sexual violence against their wife or partner at some point (*results not shown*).⁵⁸

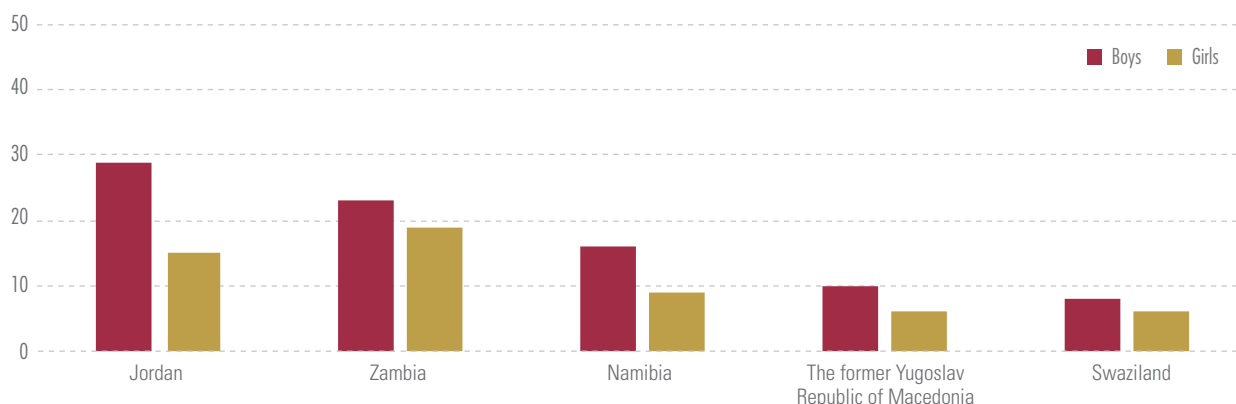
DATING VIOLENCE

In some Global School-based Student Health Surveys (GSHS), students aged 13 to 15 were asked if they had a boyfriend or girlfriend in the past 12 months and, if so, whether their partner hit, slapped or physically hurt them on purpose during that time (*Figure 7.7*). In the 2004 survey in Zambia, 21 per cent of students reported dating violence of a physical nature in the previous 12 months, including 23 per cent of boys and 19 per cent of girls. According to the 2004 GSHS, dating violence is also widespread in Jordan, where 29 per cent of boys and 15 per cent of girls reported physical violence in the context of dating. Comparable data from the 2003 survey in Swaziland and 2004 survey in Namibia show lower prevalence of physical dating violence: In those countries, 8 per cent of boys and 6 per cent of girls in Swaziland and 16 per cent of boys and 9 per cent of girls in Namibia reported recent physical abuse at the hands of a boyfriend or girlfriend. Of those teens who reported dating in the 2007 GSHS survey in the former Yugoslav Republic of Macedonia, 10 per cent of boys and 6 per cent

FIGURE 7.7

In some countries, a significant proportion of adolescents report incidents of violence in their dating relationships

Among those students aged 13 to 15 years who had a boyfriend or girlfriend, the percentage who were hit, slapped or physically hurt by their boyfriend or girlfriend in the past 12 months, by sex



Source: GSHS, 2004-2007.

of girls said they were hit, slapped or physically hurt in the context of a relationship during the previous year.

More recent data from the United States show a similar incidence of dating violence. In 2013, 10 per cent of high school students in grades 9 to 12 who had dated or went out with someone in the 12 months preceding the survey reported being hit, slammed into something or injured with an object or weapon on purpose one or more times by their boyfriend or girlfriend in the past year. Girls were more likely to report physical dating violence than boys (13 per cent and 7 per cent, respectively). Reported dating violence of a physical nature was slightly higher among students in grade 12 (12 per cent) than among those in grade 9 (9 per cent). An additional 10 per cent of the students reported being kissed, touched or physically forced to have sexual intercourse when they did not want to one or more times in the previous 12 months by someone they were dating. Again, the reported prevalence of sexual dating violence was higher among female than male students (14 per cent and 6 per cent, respectively).⁵⁹

According to 2008 administrative data from Canada, police-reported rates of dating violence (including physical assault, sexual assault and threats as well as harassment) among unmarried adolescent teens aged 15 to 19 were higher for girls than boys at a margin of nearly 10 to 1 (395 per 100,000 unmarried girls and 42 per 100,000 unmarried boys).⁶⁰ Younger adolescents aged 12 to 14 accounted for less than 2 per cent of victims of dating violence reported to the police, with nearly all of these victims being female. The most common acts of dating violence perpetrated against adolescent victims aged 12 to 14 were sexual assault and related offences such as sexual interference.⁶¹ These forms of violence comprised 45 per cent of all dating violence incidents reported to the police for the 12- to 14-year-old age group, in comparison to 3 per cent for those above the age of 15. It is important to keep in mind, however, that these data only reflect incidents of dating violence reported to the police and are therefore likely to be an underestimate of the true extent of the problem.

A representative survey of around 1,600 high school students aged 14 to 16 from one city in Italy (Lucca) and two cities in Canada (Kingston and Toronto) included items to assess perpetration of physical dating violence.⁶² Data were collected from the Canadian sample in 2001 and from the Italian sample in 2002. Physical violence included the following acts (taken from the Conflict Tactics Scale): pushing, grabbing or shoving; spitting on; pulling hair or scratching; slapping, kicking or biting; physically twisting their arm; throwing, smashing, hitting or kicking an object; slamming or holding against a wall; hitting or trying to hit with an object; and choking, punching or beating. In both countries, around 30 per cent of adolescents reported perpetrating at least one act of physical partner violence “rarely, sometimes, often or always” within their current or past dating relationship(s). However, certain differences between the sexes were found, with boys in Canada significantly more likely than girls to report perpetrating physical dating violence. Pushing, grabbing or shoving were the most commonly reported forms of physical dating violence in Canada (19 per cent), while throwing, smashing, hitting or kicking an object were most often cited among adolescents in Italy (14 per cent). Slapping, kicking and biting were also common, with 11 per cent of adolescents in both countries reporting that they perpetrated this form of dating violence.

EXPLORING ATTITUDES AND SOCIAL NORMS

Although violence against children is found worldwide, the reasons it occurs and persists may vary in different cultures. Understanding the norms that govern a society can provide clues to the underlying causes of such violence and how it can be prevented.

Social norms are the standards of conduct that regulate a society. They are the unspoken rules that govern what is and what is not acceptable behaviour and how individuals and groups should interact. When social norms are internalized, they influence individual attitudes and beliefs as well as the ways in which people behave. For example, norms that support violence can be used to justify violent behaviour and practices, excuse perpetrators' actions and blame victims for events while trivializing or minimizing their suffering. Cultural factors, therefore, can play a key role both in the perpetration of violent behaviour at individual and community levels and in shaping the responses of both victims and institutions.

Different social norms can help explain the widespread use of violence against children. In certain cultures, for example, violence may be perceived as a normal and acceptable way to resolve conflict. Children may be considered to have a low status in society and within the family, which might be viewed as a justification for adults to use power to exercise control and coercion. Girls, in particular, may maintain this low status as they grow older and enter into relationships and early marriage. Boys, on the other hand, may feel constrained to live up to a male stereotype of being powerful and strong and/or the pressure of having to be the main provider for the family, and this may play a role in their propensity for aggression and violence.

While societal-level beliefs and norms certainly exist for every form of violence, this chapter focuses on perceptions and attitudes towards three specific types for which comparable data for a large cross-section of countries are available: wife-beating, corporal punishment of children and child sexual abuse. Data on attitudes towards wife-beating offer clues on how girls and women are perceived within a given society. Such information may also help explain why intimate partner violence against adolescent girls persists in many countries. The fact that some girls and women can justify violence as a means to 'correcting' or controlling socially undesirable behaviour may also impact their own children's exposure to violence within the home. Examining attitudes towards corporal punishment sheds light on cultural views regarding child-rearing and offers relevant insights for the development of strategies aimed at promoting positive parenting practices. In a similar vein, perceptions and opinions about child sexual abuse are an indication of both the status afforded to children within a given society, the level of knowledge commonly held about the issue and the public's willingness and motivation to address it.

ATTITUDES TOWARDS WIFE-BEATING

Violence against girls and women persists for many reasons. One contributing factor may be the widely held view that girls and women have low status in society and are expected to comply with, and conform to, certain defined gender roles of devoted mothers and wives. Several studies have demonstrated that rates of violence against girls and women are higher in societies characterized by unequal gender roles, where 'manhood' is defined in terms of dominance and 'womanhood' is constrained by the fulfilment of certain rigid codes of conduct.¹ When such roles are not fulfilled, partner violence may be seen as a justified form of punishment in certain contexts.

One illustration of this can be found in the Violence Against Children Surveys (VACS) in Kenya² and Zimbabwe,³ which included a question on whether respondents felt that women should tolerate violence in order to keep the family together. In Kenya, between 30 and 40 per cent of women aged 18 to 24 agreed with this statement, as did

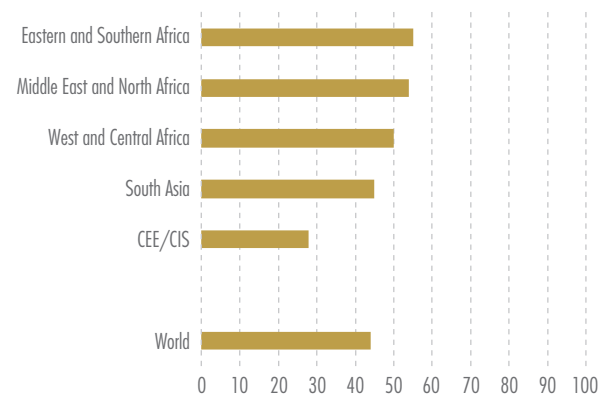
40 to 50 per cent of men the same age. Among younger respondents (aged 13 to 17), around one third of girls and 40 per cent of boys also agreed with the statement. In Zimbabwe, the opinion that women should tolerate violence for the sake of their family was widespread among both adults and adolescents of both sexes. Women aged 18 to 24 were more likely than men to support this notion (78 per cent and 69 per cent, respectively). Among adolescents aged 13 to 17, girls were also slightly more likely to endorse the statement than boys (78 per cent and 74 per cent, respectively).

Globally, nearly half (44 per cent) of adolescent girls aged 15 to 19 think a husband or partner is justified in hitting or beating his wife or partner under certain circumstances – if the wife argues with her husband, goes out without telling him, neglects the children, refuses to have sexual relations with him or burns the food (*Figure 8.1*).⁴ In sub-Saharan Africa and the Middle East and North Africa, this proportion rises to more than half. In Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS), it drops down to 28 per cent.

FIGURE 8.1

Nearly half of adolescent girls worldwide say wife-beating can be justified under certain circumstances

Percentage of girls aged 15 to 19 years who think that a husband/partner is justified in hitting or beating his wife or partner under certain circumstances, by region



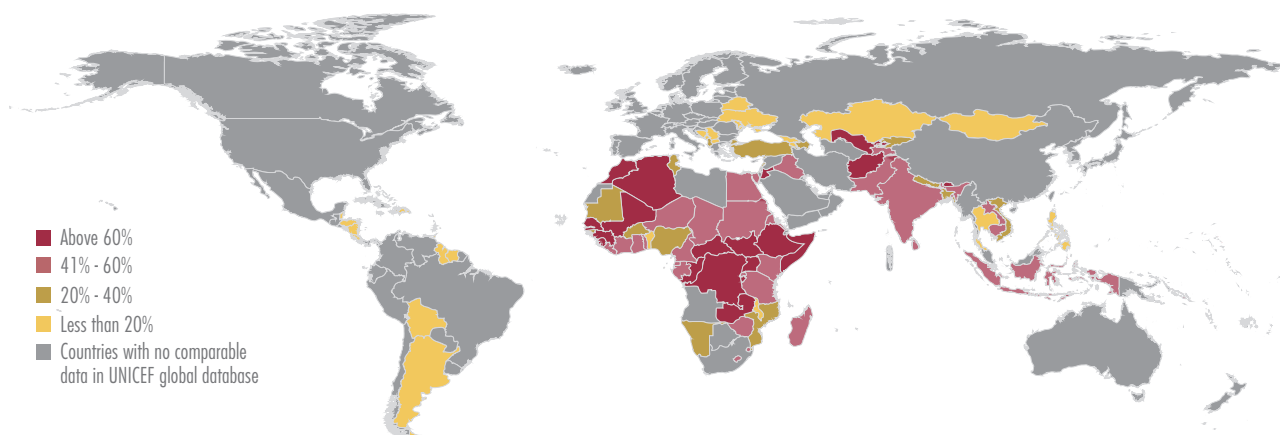
Notes: The world estimate is based on a subset of 102 countries covering 59 per cent of the population of girls aged 15 to 19 years worldwide. Regional estimates represent data covering at least 50 per cent of the regional population. Data coverage was insufficient to calculate regional estimates for East Asia and the Pacific and Latin America and the Caribbean.

Source: UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2002-2013.

MAP 8.1

In a majority of countries, more than 4 in 10 girls think wife-beating is sometimes justifiable

Percentage of girls aged 15 to 19 years who think that a husband/partner is justified in hitting or beating his wife or partner under certain circumstances, by country



Notes: This map is stylized and not to scale. It does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. The final boundary between the Sudan and South Sudan has not yet been determined. The final status of the Abyei area has not yet been determined. For Argentina, the sample was national and urban (municipalities with a population of more than 5,000), since the country's rural population is scattered and accounts for less than 10 per cent of the total. Data for Lebanon refer to currently married girls. Data for Bangladesh, Egypt, Jordan, Maldives, Pakistan, Somalia and Sri Lanka refer to ever-married girls. Data for the Congo, Guinea-Bissau, Jordan, Nicaragua and Turkey differ from the standard definition.

Source: UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2002-2013.

At the country level, more than half of girls aged 15 to 19 believe that wife-beating is sometimes justified in 40 of 102 countries; in an additional 23 countries, more than one third of girls agree with the statement. Overall, agreement with wife-beating under certain circumstances ranges from over 80 per cent of girls in Afghanistan, Guinea, Jordan, Mali and Timor-Leste to less than 5 per cent in Argentina, Barbados, Belarus, Bosnia and Herzegovina, Costa Rica, Georgia, Serbia and Ukraine (*Map 8.1*). The largest variations can be found among countries in CEE/CIS, where the percentage of girls who think a husband is sometimes justified in hitting/beat his wife ranges from 1 per cent in Bosnia and Herzegovina to 63 per cent in Uzbekistan.

Supportive attitudes towards wife-beating are also widespread among adolescent boys. In both Eastern and Southern Africa and South Asia, close to 50 per cent of boys aged 15 to 19 think a husband is justified in hitting his wife under certain circumstances; in West and Central Africa, the share is slightly more than one third.⁵ At the country level, more than half of boys believe wife-

beating is sometimes justified in 21 of 63 countries with data; in over half of the countries, more than one third of them can justify wife-beating (*results not shown*). Agreement with wife-beating among boys is highest in Tuvalu (83 per cent) and lowest in Ukraine (2 per cent).

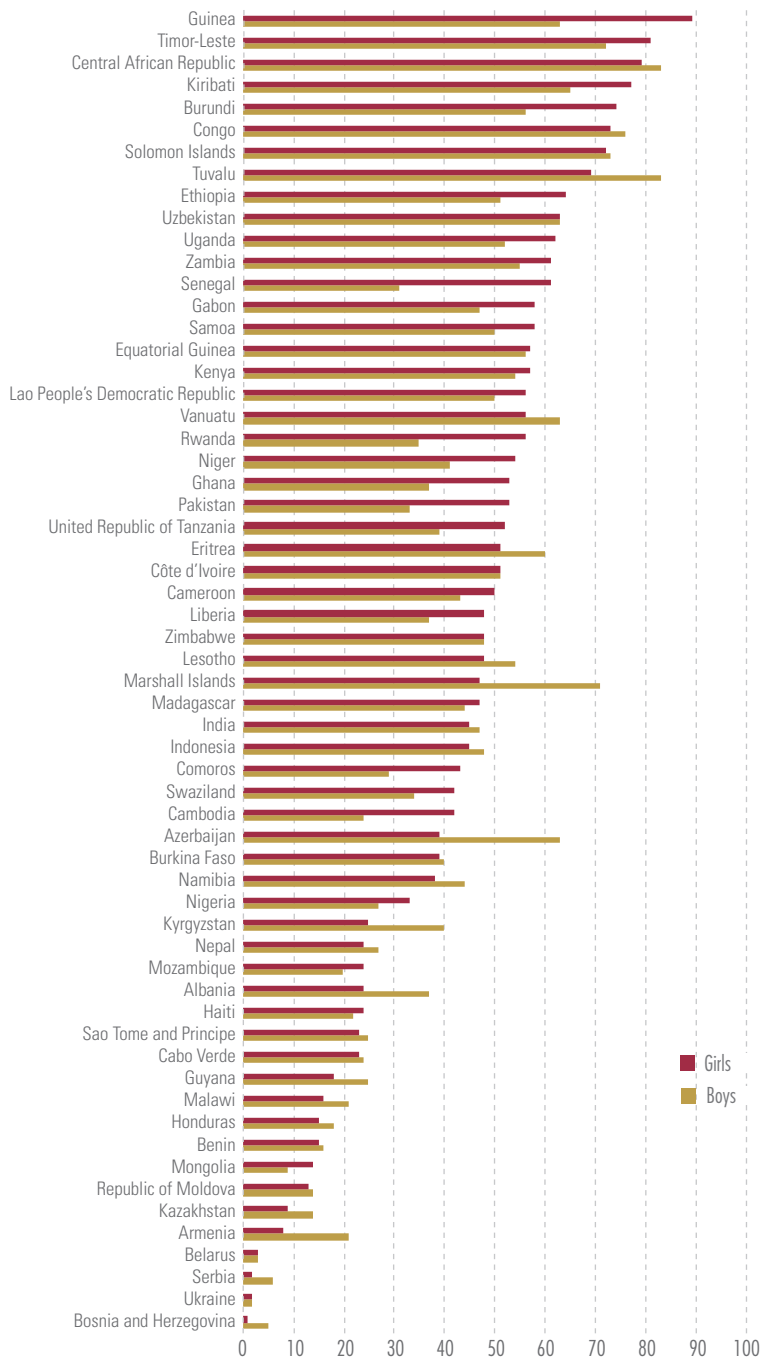
Comparing attitudes between the sexes

As noted above, the justification of violence against girls and women can be viewed as a manifestation of patriarchal oppression when girls and women do not fulfil expected gender roles. If this is true, it might be expected that stated support for wife-beating would be higher among males than females. However, the available data show that this is not the case in most countries, which may suggest that girls are more thoroughly socialized than boys to gender norms that assign wives a lower status than their husbands.⁶ In 28 of 60 countries with data on both sexes, a larger proportion of girls than boys believe that wife-beating is sometimes justified; in 14 of these countries, the gap between the two sexes exceeds 10 percentage points (*Figure 8.2*). This pattern is more common in South Asia,

FIGURE 8.2

In most countries, girls are more likely to justify wife-beating than boys

Percentage of girls aged 15 to 19 years and boys aged 15 to 19 years who think that a husband/partner is justified in hitting or beating his wife or partner under certain circumstances



Notes: Data for the Congo differ from the standard definition. Data for Indonesia refer to currently married boys. Data for Pakistan refer to ever-married girls and boys and are based on 25-49 unweighted cases for boys.

Source: UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2002-2013.

sub-Saharan Africa, and East Asia and the Pacific than in other regions. In Cambodia, Mongolia, Pakistan, Rwanda and Senegal, girls are around twice as likely as boys to think a husband is sometimes justified in hitting his wife. The opposite is true in Armenia, Bosnia and Herzegovina, and Serbia. It is interesting to note that justification of wife-beating has been found to be more common among female victims of partner violence.⁷ It is reasonable to assume that this may be due to girls' and women's efforts to rationalize and cope with the violence against them and against other females in their families or communities.⁸

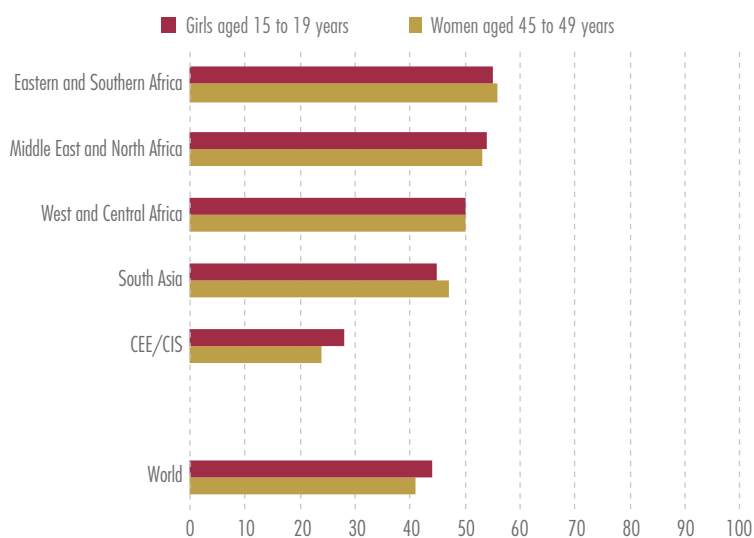
Variations by socio-demographic characteristics

When examining data by age groups, it is reasonable to expect that older generations might hold more traditional views of the roles of women and men. If this is true, it is likely that they would be more inclined to think that wife-beating is justifiable if women do not live up to certain gender role expectations. In fact, available data show that adolescents are equally likely as older women and men to justify wife-beating under certain circumstances (*Figures 8.3A and 8.3B*). They show, for instance, that the percentage of females who hold this view remains virtually the same across all regions regardless of whether those surveyed are older or younger. In other words, girls aged 15 to 19 have the same opinion as women aged 45 to 49. The same pattern can also be observed among boys and men, although it is less pronounced.

Adolescents are as likely to justify wife-beating as older women and men

FIGURE 8.3A

Percentage of girls aged 15 to 19 years and women aged 45 to 49 years who think that a husband/partner is justified in hitting or beating his wife or partner under certain circumstances, by region

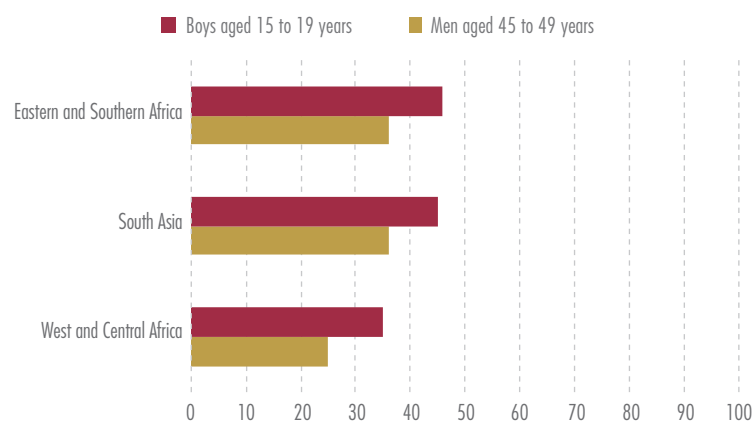


Notes: The world estimate is based on a subset of 102 countries covering 59 per cent of the population of girls aged 15 to 19 years and 51 per cent of the population of women aged 45 to 49 years worldwide. Regional estimates represent data covering at least 50 per cent of the regional population. Data coverage was insufficient to calculate regional estimates for East Asia and the Pacific, and Latin America and the Caribbean.

Source: UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2002-2013.

FIGURE 8.3B

Percentage of boys aged 15 to 19 years and men aged 45 to 49 years who think that a husband/partner is justified in hitting or beating his wife or partner under certain circumstances, by region



Notes: Regional estimates represent data covering at least 50 per cent of the regional population. Data coverage was insufficient to calculate a global estimate and regional estimates for CEE/CIS, East Asia and the Pacific, Latin America and the Caribbean, and the Middle East and North Africa.

Source: UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2002-2013.

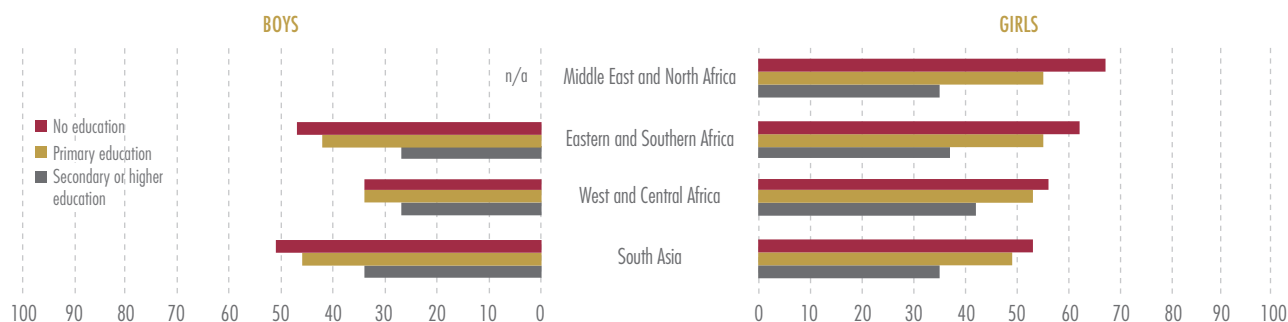
Agreement that wife-beating is sometimes justifiable varies significantly by level of education. In fact, more than any other variable, little or no education appears to be strongly associated with justification for wife-beating among both females and males. The data illustrated in Figure 8.4 support this point. Significant differences are found in the level of justification for wife-beating between girls and boys with little or no education and those with a secondary or higher education. Less educated girls and boys are much more likely overall to report that a husband is justified in hitting or beating his wife for at least one of the reasons previously mentioned. Among girls, this gap is most pronounced in the Middle East and North Africa, where 67 per cent of girls with no education think a husband is sometimes justified in beating his wife compared to 35 per cent of those with higher levels of education. Among boys, differences are most marked in Eastern and Southern Africa, where those with no education are more than one and a half times as likely to justify wife-beating under certain circumstances as those with secondary or higher education.

While this general pattern tends to hold true at the country level among both adolescent girls and boys, there are also large variations in the level of stated justification even within the same educational level. Exceptions to this pattern can also be found in some countries where a girl's or boy's level of education does not appear to influence their views on the acceptability of wife-beating.

FIGURE 8.4

Uneducated girls and boys are more likely to justify wife-beating than their more educated peers

Percentage of girls aged 15 to 19 years and boys aged 15 to 19 years who think that a husband/partner is justified in hitting or beating his wife or partner under certain circumstances, by level of education and by region



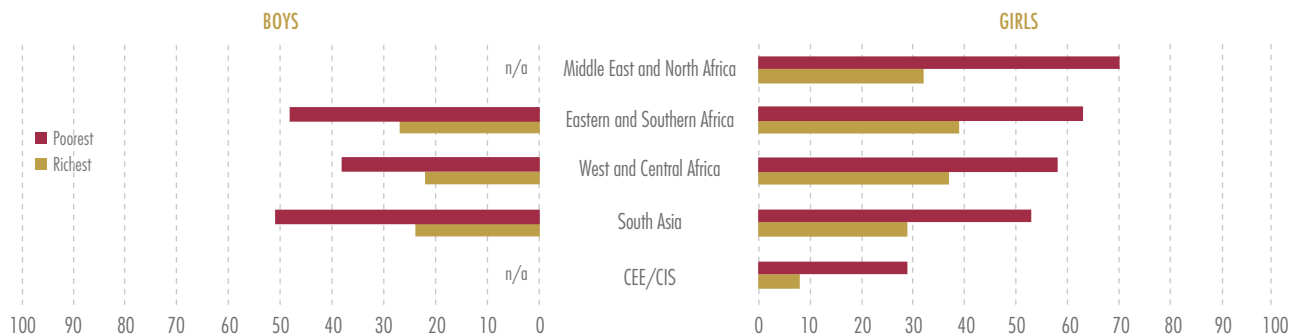
Notes: Regional estimates represent data covering at least 50 per cent of the regional population. Data coverage was insufficient to calculate global and regional estimates for girls and boys for CEE/CIS, East Asia and the Pacific, and Latin America and the Caribbean and for boys for the Middle East and North Africa.

Source: UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2002-2013.

FIGURE 8.5

Across all regions, wealthier girls and boys are less likely to justify wife-beating under certain circumstances than poorer girls and boys

Percentage of girls aged 15 to 19 years and boys aged 15 to 19 years who think that a husband/partner is justified in hitting or beating his wife or partner under certain circumstances, by wealth quintiles and by region



Notes: Regional estimates represent data covering at least 50 per cent of the regional population. Data coverage was insufficient to calculate global and regional estimates for girls and boys for East Asia and the Pacific, and Latin America and the Caribbean and for boys for the Middle East and North Africa and CEE/CIS.

Source: UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2002-2013.

As with education, household wealth appears to be strongly associated with the justification of wife-beating among both girls and boys. Across all regions, and for both sexes, those from the poorest 20 per cent (quintile) of the population are more likely than those from the wealthiest quintile to agree that husbands are justified in hitting or beating their wives for at least one of the reasons specified (Figure 8.5). This gap is particularly striking in CEE/CIS for girls, where the poorest girls are nearly four times as likely as the richest girls to think that wife-

beating is sometimes justifiable. For adolescent boys, the difference is most pronounced in South Asia, where 51 per cent of the poorest boys justify wife-beating under certain conditions compared to 24 per cent of the richest boys.

While variations in opinion range widely across countries, in almost all of the countries with available data both girls and boys from the poorest quintile are more likely than those from the richest quintile to accept justifications for wife-beating.

Although males and females may differ with respect to the extent of their support for wife-beating, opinions seem to converge on the main circumstances under which this form of violence can be justified. Neglecting the children is the most commonly cited reason for justifying wife-beating among both female and male adolescent respondents (*Tables 8.1A and 8.1B*).

ATTITUDES TOWARDS CORPORAL PUNISHMENT OF CHILDREN

In some contexts, any form of physical aggression against children is perceived as a form of abuse and laws have been established to prevent it. In other

cultures, occasional slaps or spankings are viewed as a 'normal' method of controlling an 'unruly' child. Understanding caregivers' beliefs about the best way to bring up a child provides valuable insights to inform the development of appropriate policy responses to violence in the home.

Available data from 59 countries or areas suggest that physical punishment is not commonly considered a necessary disciplinary practice (*Figure 8.6*).⁹ The proportion of adults who think that physical punishment is necessary to properly raise or educate children ranges from a low of 3 per cent in Armenia and the former Yugoslav Republic of Macedonia to a high of 82 per cent in Swaziland.

Neglecting the children is the most commonly cited reason for justifying wife-beating among girls and boys across almost all regions

TABLE 8.1A

Percentage of **girls** aged 15 to 19 years who think that a husband/partner is justified in hitting or beating his wife or partner under certain circumstances, by reason and by region

	If she goes out without telling him	If she neglects the children	If she argues with him	If she refuses sex with him	If she burns the food
CEE/CIS	20	19	17	6	7
Eastern and Southern Africa	32	40	31	24	24
Middle East and North Africa	40	40	29	28	17
South Asia	27	32	30	15	18
West and Central Africa	33	35	33	26	20
World	27	32	26	16	16

Notes: The world estimate is based on a subset of 102 countries covering 59 per cent of the population of girls aged 15 to 19 years worldwide. Regional estimates represent data covering at least 50 per cent of the regional population. Data coverage was insufficient to calculate regional estimates for East Asia and the Pacific, and Latin America and the Caribbean.

Source: UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2002-2013.

TABLE 8.1B

Percentage of **boys** aged 15 to 19 years who think that a husband/partner is justified in hitting or beating his wife or partner under certain circumstances, by reason and by region

	If she goes out without telling him	If she neglects the children	If she argues with him	If she refuses sex with him	If she burns the food
Eastern and Southern Africa	25	31	24	17	15
South Asia	26	31	30	12	15
West and Central Africa	19	22	21	14	12

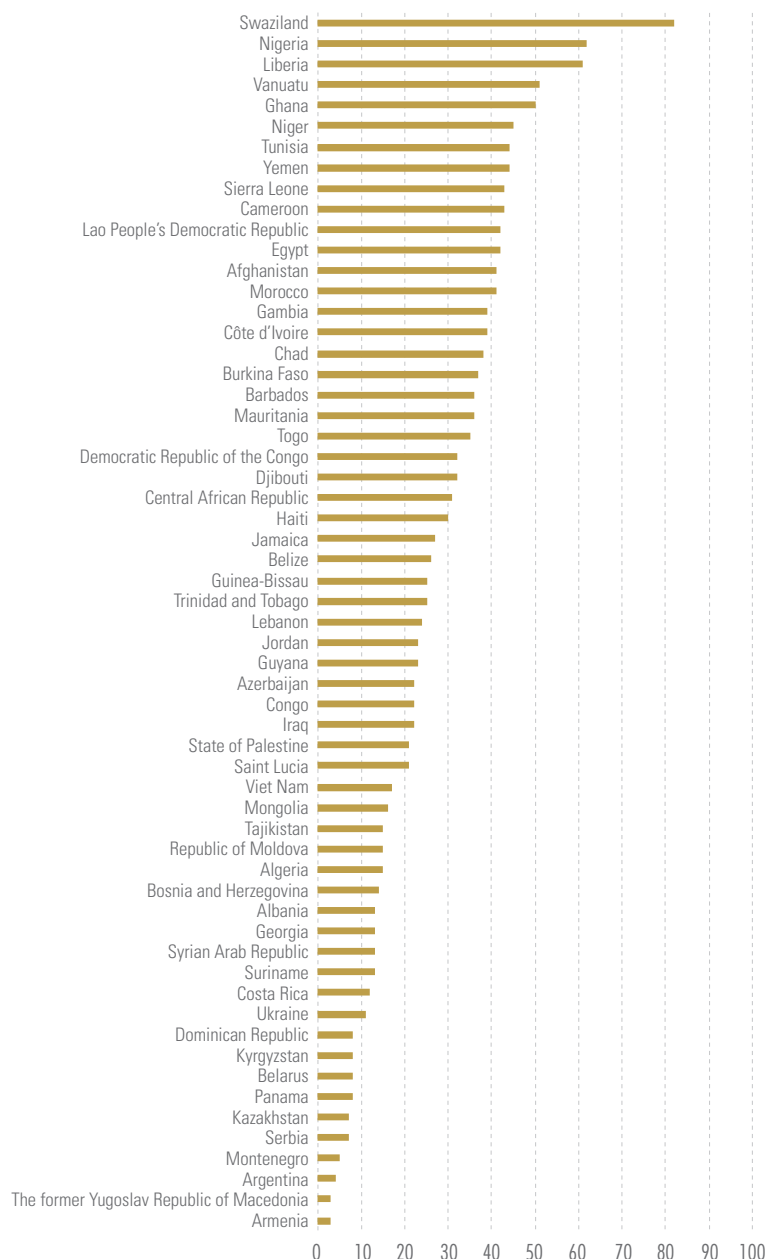
Notes: Regional estimates represent data covering at least 50 per cent of the regional population. Data coverage was insufficient to calculate a global estimate and regional estimates for CEE/CIS, East Asia and the Pacific, Latin America and the Caribbean, and the Middle East and North Africa.

Source: UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2002-2013.

FIGURE 8.6

Only a minority of adults in most countries or areas think physical punishment is a necessary form of discipline

Percentage of adults who think that physical punishment is necessary to raise/educate children



Notes: For Argentina, the sample was national and urban (municipalities with a population of more than 5,000), since the country's rural population is scattered and accounts for less than 10 per cent of the total. Data for Algeria, Azerbaijan, Burkina Faso, Cameroon, Côte d'Ivoire, Djibouti, Egypt, Georgia, Guinea-Bissau, Guyana, Jordan, Kyrgyzstan, Montenegro, the Syrian Arab Republic, Tajikistan, Trinidad and Tobago, Vanuatu and Yemen refer to mothers/primary caregivers. Data for the Dominican Republic, Lebanon and Morocco refer to children aged 2 to 14 years whose mother/primary caregiver thinks that physical punishment is necessary to raise/educate children. Data for all other countries refer to any adult household member who responded to questions about child discipline.

Source: UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2005-2013.

Only in four countries – Liberia, Nigeria, Swaziland and Vanuatu – do a majority of adults believe that physical punishment is a necessary part of child discipline. Countries in sub-Saharan Africa show the highest levels of support for corporal punishment. In 16 of the 18 countries with data in that region, more than one in four respondents think that physical punishment is needed to raise a child. Countries in CEE/CIS are on the opposite side of the spectrum: In all countries there with available data, fewer than one in four respondents think that physical punishment is needed to educate a child.

Discrepancies between attitudes and practice

Although physical punishment is not usually regarded as an appropriate form of discipline, data reveal that it is widely practised, as was shown in Chapter 5. In all but one country (Swaziland), the percentage of adults who think physical punishment is necessary is consistently lower than the percentage of children aged 2 to 14 who are subjected to this form of discipline (*Figure 8.7*). This suggests that many households practise physical punishment even when they do not consider it necessary. The reasons behind this are likely to be interlinked and complex. Part of the reason may be that the respondent (mother/primary caregiver or other adult household member) may not be the only person in the household responsible for disciplining children. In fact, she or he may not be responsible for discipline at all. In other words, children may be subjected to physical punishment

by others living in the household even if the respondent does not support the practice. Even in situations where the respondent does use physical force, individual preferences or beliefs may not be enough to influence practices if societal norms on child-rearing encourage the use of physical punishment as a necessary or prevailing disciplinary method.

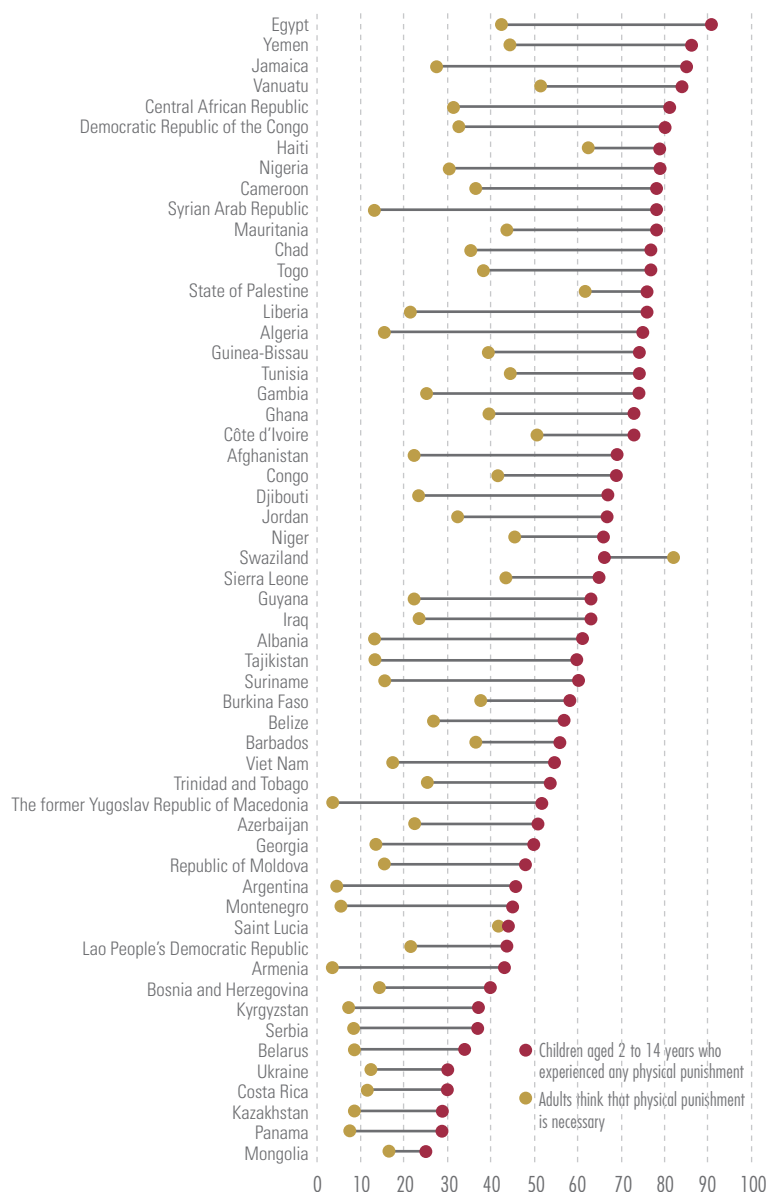
Variations by socio-demographic characteristics

Another possible reason why many children experience physical punishment at home (whether or not adults in the household believe it is necessary) may be a perceived absence – or lack of knowledge – of alternative, non-violent methods. Available data confirm that adults with no or little education are more likely to find physical punishment a necessary method of educating or raising children in most countries (Figure 8.8). In Burkina Faso, for example, 39 per cent of mothers/primary caregivers with no formal education believe physically punishing a child is necessary compared to 24 per cent of those with secondary or higher education. In Yemen, this association is even more pronounced: In that country, 51 per cent of mothers/primary caregivers with no formal education believe physically punishing a child is necessary compared to 24 per cent of those with secondary or higher education. In Yemen, this association is even more pronounced: In that country, 51 per cent of mothers/primary caregivers with no formal education believe physically punishing a child is necessary compared to 24 per cent of those with secondary or higher education. Such differences persist even in countries with relatively low support at the national level. In Bosnia and Herzegovina, where around 14 per cent of adults overall are supportive of physical punishment of children, those who

FIGURE 8.7

Many children are subjected to physical punishment even when adults in the household do not think it is a necessary form of discipline

Percentage of adults who think that physical punishment is necessary to raise/educate children and the percentage of children aged 2 to 14 years who experienced any physical punishment in the previous month



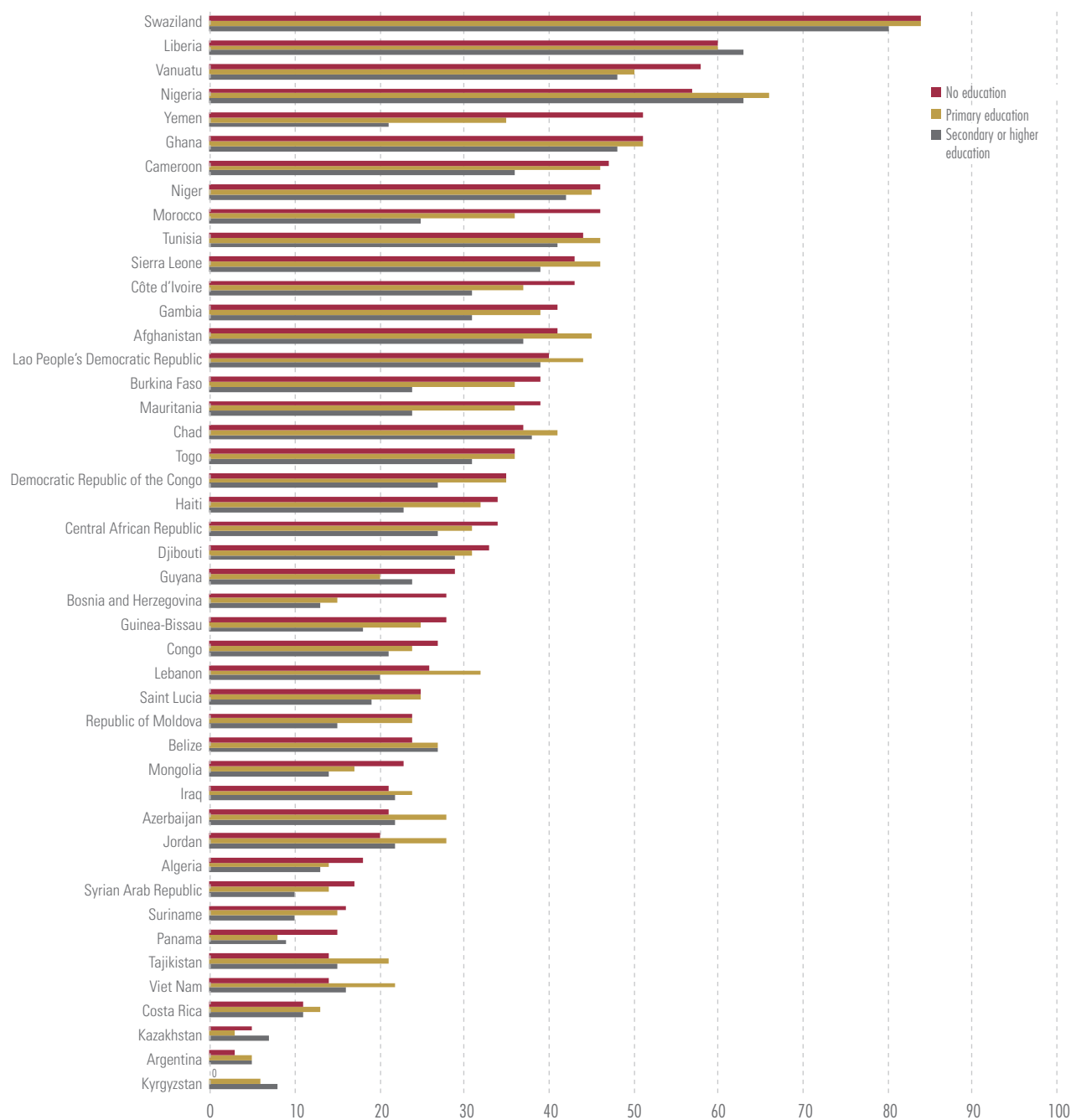
Notes: For Argentina, the sample was national and urban (municipalities with a population of more than 5,000), since the country's rural population is scattered and accounts for less than 10 per cent of the total. Data for Belarus pertaining to the percentage of children aged 2 to 14 years who experienced any physical punishment in the previous month differ from the standard definition. Data for Kyrgyzstan refer to children aged 3 to 14 years and for Panama to children aged 1 to 14 years. Data for Algeria, Azerbaijan, Burkina Faso, Cameroon, Côte d'Ivoire, Djibouti, Egypt, Georgia, Guinea-Bissau, Guyana, Jordan, Kyrgyzstan, Montenegro, the Syrian Arab Republic, Tajikistan, Trinidad and Tobago, Vanuatu and Yemen refer to mothers/primary caregivers. Data for all other countries refer to any adult household member who responded to questions about child discipline.

Source: UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2005-2013.

FIGURE 8.8

Overall, adults with little or no education are more likely than their more educated peers to think that physical punishment is necessary in disciplining children

Percentage of adults who think that physical punishment is necessary to raise/educate children, by level of education



Notes: Only countries with available data for all three levels of education are included in the figure. For some countries, results for some education levels are based on less than 25 unweighted cases and therefore are not included here. For Argentina, the sample was national and urban (municipalities with a population of more than 5,000), since the country's rural population is scattered and accounts for less than 10 per cent of the total. Data for Algeria, Azerbaijan, Burkina Faso, Cameroon, Côte d'Ivoire, Djibouti, Guinea-Bissau, Guyana, Jordan, Kyrgyzstan, the Syrian Arab Republic, Tajikistan, Vanuatu and Yemen refer to mothers/primary caregivers. Data for Lebanon and Morocco refer to adults aged 2 to 14 years whose mother/primary caregiver thinks that physical punishment is necessary to raise/educate children. Data for all other countries refer to any adult household member who responded to questions about child discipline. Data on the proportions of adults with no education for Bosnia and Herzegovina and Kyrgyzstan, and adults with no education and those with primary education for the Republic of Moldova are based on 25-49 unweighted cases.

Source: UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2005-2013.

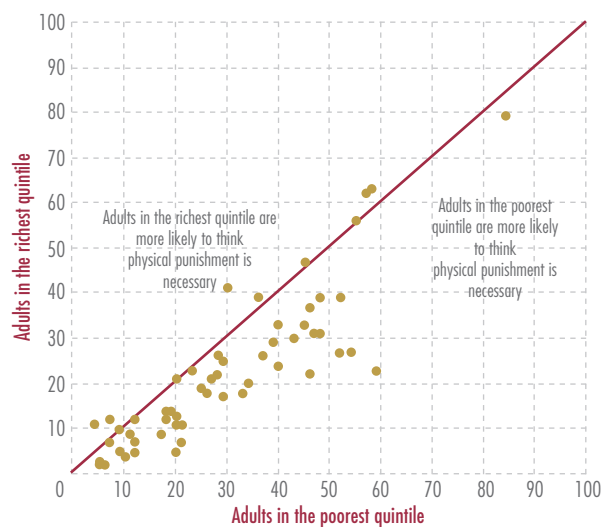
have no education are twice as likely to think that it is necessary to raise or educate children properly than those with a secondary or higher education.

A possible explanation could be that educational settings create opportunities for open discourse and exposure to information and attitudes that might discourage the use of force with children. It is also possible that more educated people are more aware of social norms that do not condone violence, including the use of violent disciplinary practices, thus influencing their responses. Here it is important to keep in mind that associations with socio-demographic factors should always be interpreted with caution since they can be due to the confounding influence of other, possibly overlapping, variables. For instance, more educated adults are also more likely to be residing in wealthier households.

FIGURE 8.9

In most countries, wealthier segments of the population are less likely to believe in the necessity of corporal punishment than their poorer counterparts

Percentage of adults who think that physical punishment is necessary to raise/educate children, by wealth quintiles



Note: Each dot represents a country.

Source: UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2005-2013.

The relationship between attitudes towards corporal punishment and wealth is also complex and is linked to other socio-demographic factors, including education. Adults with low economic status are found to be more supportive of corporal punishment than their wealthier counterparts in approximately three quarters of countries with available data (*Figure 8.9*). In Albania, for instance, one in five respondents from the poorest quintile of the population believe in the need for physical punishment compared to one in 20 respondents from the richest quintile. Suriname is a similar case. There, adults from the poorest quintile are three times more likely than those from the richest quintile to say that physical punishment is necessary in the context of raising children. Exceptions to this pattern are found in Barbados and Kyrgyzstan, where the highest levels of support for physical discipline can be seen among the richest members of society.

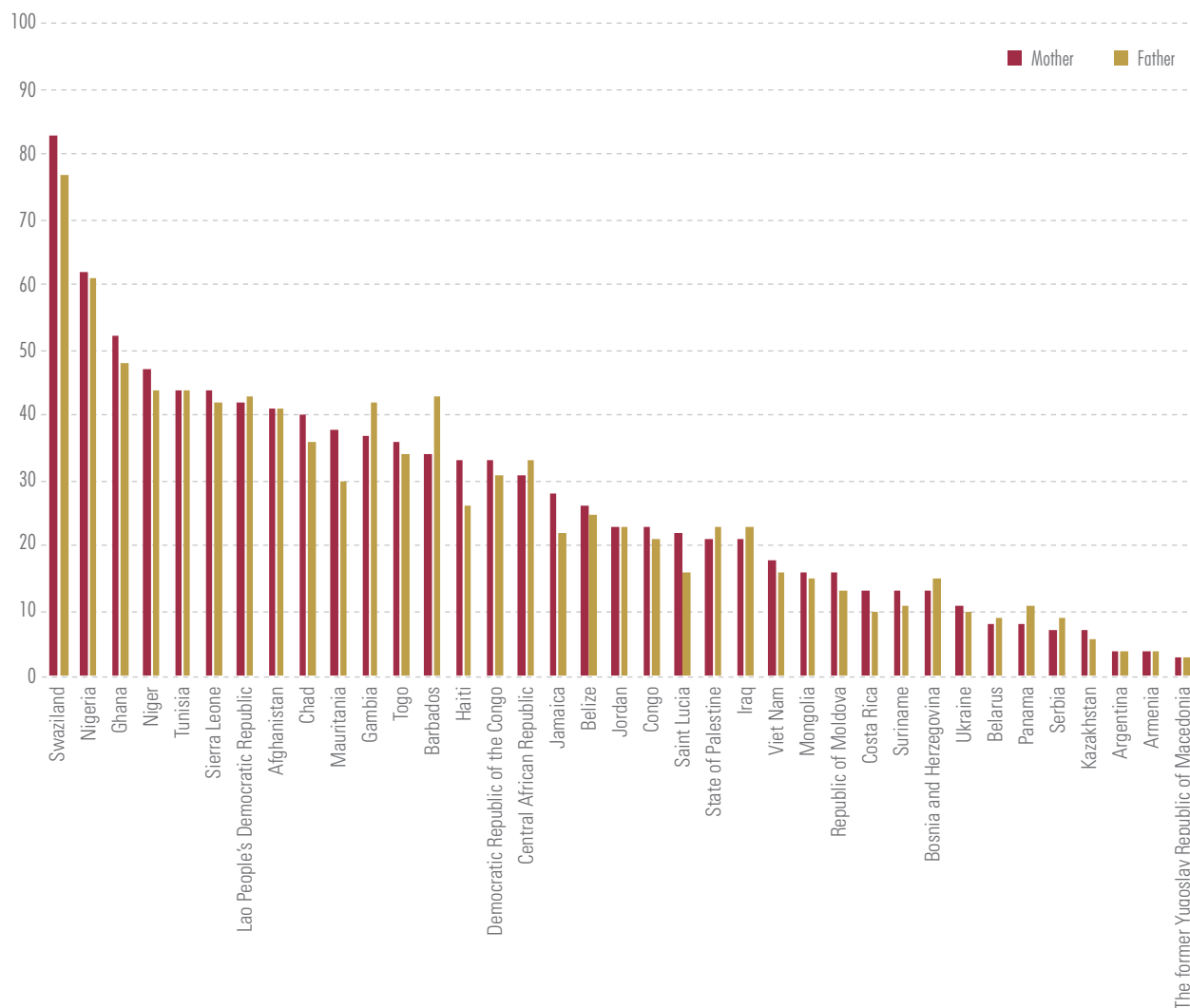
Variations by relationship to the child

A few studies have explored the differences between mothers and fathers in the use of violent punishment and in their opinions of its effectiveness. In general, research indicates that mothers are more engaged than fathers in disciplining children, mostly due to the fact that they typically spend more time with them.¹⁰ However, the literature is inconsistent as to whether mothers' use of violent punishment and their support of it is similar to that of fathers. Some studies suggest that fathers use corporal punishment more frequently than mothers and tend to justify its use to a greater extent; other studies suggest more similarities than differences in mothers' and fathers' use of and opinions on corporal punishment. Rydstrom, for instance, found that in Viet Nam men tend to interfere less often in shaping children's behaviour than women; however, when they do get involved, their involvement usually implies the use of force.¹¹ She also pointed out that, in most cases, corporal punishment was elicited not because of 'anger' or 'impulses'; rather, many fathers and grandfathers expressed the view that physical punishment to correct a child's misbehaviour should be a planned action. Other studies indicate that mothers tend to use corporal punishment more frequently than fathers while sharing similar opinions

FIGURE 8.10

Mothers and fathers are equally likely to support the use of physical punishment of children

Percentage of adults who think that physical punishment is necessary to raise/educate children, by relationship to the child



Notes: Data refer to any adult household member who responded to questions about child discipline. For Argentina, the sample was national and urban (municipalities with a population of more than 5,000), since the country's rural population is scattered and accounts for less than 10 per cent of the total.

Source: UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2005-2013.

on its effectiveness.¹² Interviews with parents in China, Colombia, Italy, Kenya, the Philippines, Sweden, Thailand and the United States indicate that mothers use corporal punishment more frequently than fathers but find similar opinions on the need for physical discipline: Overall, 17 per cent of parents believed that the use of corporal punishment was necessary in child-rearing (*Box 8.1*).¹³

Comparable data for 37 countries or areas confirm that mothers and fathers are equally likely to express favourable views of physical discipline (*Figure 8.10*). In almost all countries, an equal percentage of mothers and fathers report that physical punishment is necessary. When differences are observed they tend to be very small, with inconsistent patterns.

VIEWS ON CORPORAL PUNISHMENT ACROSS CULTURES

The following are selected research findings on attitudes towards corporal punishment in other countries.

Australia

In 2005, the Australian Childhood Foundation and the National Research Centre for the Prevention of Child Abuse commissioned a study on community attitudes towards the physical punishment of children in that country. The survey revealed high levels of support among sampled parents aged 18 and older.¹⁴ A total of 45 per cent of respondents indicated that it was reasonable to leave a mark on a child as a result of physical punishment; 69 per cent agreed that it is sometimes necessary to 'smack' a naughty child. Of the latter, only two in five (41 per cent) believed in its effectiveness in achieving the desired outcome. One in 10 of them said it was appropriate to use implements such as canes, sticks, belts or slippers to punish a child. However, it was also evident that many parents viewed physical punishment as a last resort. All of the parents believed non-violent strategies, such as making children feel loved, spending time with them and setting a good example were important in teaching children right from wrong. In contrast, 52 per cent of parents perceived smacking as important in teaching children right from wrong. Support for physical punishment appears to have declined slightly over time, however, dropping from 75 per cent in a comparable 2002 survey to 69 per cent in 2005, with more participants expressing opposition or uncertainty on the issue in the more recent survey.

Chile

In 2012, UNICEF conducted the Fourth Study on Child Maltreatment and Sexual Abuse in Chile. The survey was administered to children and adolescents in the eighth grade, who ranged in age from 12 to 17 years.¹⁵

Children were asked: "Do you believe that physical punishment is useful in some child-rearing situations?" Not surprisingly, children's belief in the usefulness of physical punishment increased in tandem with the level of violence they experienced from their parents. One in four children who experienced no violence at the hands of their parents indicated that physical punishment is useful in child-rearing. In contrast, the proportions rose to more than one third of children who experienced psychological aggression, 42 per cent who experienced mild physical punishment and 53 per cent who experienced serious physical punishment. These findings suggest that early experiences of violence may increase a child's acceptance of its use in certain situations, and that the level of acceptance may increase relative to the level of violence the child directly experiences. Such findings speak to the ways in which violence can be transmitted intergenerationally and how children's direct exposure to violence can influence their attitudes towards it – and possibly even their future behaviour.

China, Colombia, Italy, Kenya, the Philippines, Sweden, Thailand and the United States of America

As part of the larger 2008-2009 Parenting Across Cultures Project,

mothers and fathers representing a total of 1,417 families were recruited from schools and asked whether or not they considered corporal punishment to be necessary in child-rearing.¹⁶

Across the entire sample, 17 per cent of both mothers and fathers felt that corporal punishment was necessary in raising sons, while 15 per cent of mothers and 16 per cent of fathers believed the same for daughters.

Parents in Italy and Sweden were least likely to consider physical force necessary in raising a child. In Italy, the proportions of mothers and fathers who believed in its necessity were at or below 5 per cent, while none of the parents from Sweden expressed the view that corporal punishment was necessary.

Parents in Colombia, Kenya, the Philippines, Thailand and the United States expressed stronger support for the use of physical discipline with children. In Colombia, roughly the same proportions of mothers and fathers (14 per cent and 13 per cent, respectively) thought physical punishment was necessary in raising daughters, while 19 per cent of mothers and 8 per cent of fathers thought it was a necessity in raising sons. In the Philippines, the proportion of mothers who thought physical punishment was necessary with sons was slightly, although not significantly, higher than the proportion of fathers (20 per cent versus 15 per cent). The opposite was true when it came to daughters: 16 per cent of Filipino fathers saw corporal punishment as necessary, compared to 13 per cent of mothers.

Roughly one in six mothers and one in five fathers in Thailand saw corporal punishment as needed with their daughters; around the same percentage of mothers and fathers (11 per cent and 10 per cent, respectively) believed in its necessity with sons. In the United States, 17 per cent of mothers saw corporal punishment as necessary with their daughters compared to 11 per cent of fathers; when it came to sons, 13 per cent of US mothers and 16 per cent of fathers thought physical punishment was required.

Belief in the necessity of physical punishment was highest in Kenya. More than half of both mothers and fathers (56 per cent and 54 per cent, respectively) saw corporal punishment as required for raising sons; rates were slightly less than half (44 per cent of mothers and 48 per cent of fathers) when it came to daughters.

In all of the countries except China, no significant difference was found in mothers' and fathers' views about the necessity to physically punish boys versus girls. In China, parents saw corporal punishment as more necessary in raising sons. Among mothers in China, 36 per cent believed corporal punishment was required with boys compared to 14 per cent for girls, while one third of fathers (33 per cent) believed corporal punishment was necessary with boys versus 20 per cent for girls.

Finland

A series of six nationally representative surveys conducted among adults in Finland between 1981 and 2012 demonstrate a consistent decrease in adult acceptance of corporal punishment, dropping from 47 per cent in 1981 to 17 per cent in 2012.¹⁷

New Zealand

A 2013 survey found public support of physical punishment of children to be declining in New Zealand.¹⁸ According to the study, 40 per cent of respondents thought it was 'sometimes alright' for parents to physically punish children – compared to 58 per cent in 2008, over 80 per cent in 1993 and over 90 per cent in 1981. The proportion of parents with children under 18 who thought it was acceptable to use corporal punishment also fell from 62 per cent in 2008 to 35 per cent in 2013.

The United Kingdom of Great Britain and Northern Ireland

Over the past decade, a range of surveys in the United Kingdom have explored parental and public attitudes towards corporal punishment.¹⁹ In 2003, the first nationally representative British survey of disciplinary practices used on children aged 0 to 12 revealed that half of parents believed it was 'sometimes' acceptable to use physical force in disciplining a child.²⁰ Roughly 10 per cent of parents believed that physical discipline was 'always' acceptable, while 40 per cent reported that they did not believe in the use of physical discipline. A more recent nationally representative survey in 2007 found similar results: 52 per cent of parents in England and Wales reported that it was sometimes necessary to use physical discipline.²¹ While rates remain high, there has been a decline: A comparable survey in 1998 found that 88 per cent of respondents thought that it was sometimes necessary to use physical discipline.

A nationally representative survey of the disciplinary practices and attitudes of 1,000 parents in Northern

Ireland, conducted in 2000, revealed that a majority of parents did not condone the use of physical discipline.²² Furthermore, a majority of parents reported that physical punishment rarely leads to respect for parents and/or behavioural change in the child. Most parents thought that physical punishment led to parental guilt, one third thought it increased child aggression and one quarter thought that it frequently or always caused long-term emotional distress in children.

Central and Eastern Europe

A study conducted in 2005-2006 in some Central and Eastern European countries (Bulgaria, Lithuania, Latvia and Poland)²³ included a question on whether adults perceived corporal punishment to be an acceptable form of discipline.²⁴ Respondents were asked: "Do you believe beating a child by a parent as a 'punishment' is a disciplinary measure that...". Response categories included "should never be used", "shouldn't be used but is justified in some situations" and "can be used whenever the parent believes it will be effective". In all of the countries surveyed, more than half of respondents thought corporal punishment could always or sometimes be used to discipline children. Of the three possible responses, the dominant view in most countries (except Bulgaria) was that corporal punishment should not be used but that it can sometimes be justified. In Bulgaria, the highest proportion of respondents (47 per cent) thought it should never be used. Only a minority of adults in each country (less than 15 per cent) were of the opinion that parents should use physical punishment whenever they think it is needed.

Notes: The above research should be carefully considered in light of study limitations. All the studies draw on self-reported data, which may bias the results towards underreporting. Moreover, samples in some of the studies were not nationally representative. For this reason, caution should be exercised when attempting to generalize findings. Furthermore, varying measures used to assess attitudes towards child discipline were used, limiting the possibility of cross-country comparisons.

COMPARISON OF ATTITUDES TOWARDS DIFFERENT FORMS OF VIOLENCE

Data on attitudes towards corporal punishment of children and wife-beating can also be compared; however, it is more relevant to use data on attitudes towards wife-beating from the entire sample of females and males aged 15 to 49 rather than focusing on the adolescent population since information on attitudes towards corporal punishment are available on the overall sample of respondents of all ages. The comparison reveals that in 19 of the 41 countries with data for both indicators, a much larger proportion of respondents justify wife-beating compared to those who condone physical punishment of children (*Table 8.2*). This holds true for countries in all regions. In Afghanistan, for instance, the proportion of girls and women who justify wife-beating under certain circumstances is twice the proportion of respondents of both sexes (aged 15 and above) who support the use of corporal punishment. The opposite is found in 18 countries concentrated largely in CEE/CIS and Latin America and the Caribbean. In 6 of the 11 CEE/CIS countries and all 7 countries in Latin America and the Caribbean with available data, a larger percentage of adults think that physical punishment is needed to educate children than the percentage who think that a husband is justified in hitting or beating his wife under certain circumstances. Equal proportions of respondents justify wife-beating and corporal punishment in Egypt, Mauritania and Suriname.

ATTITUDES TOWARDS CHILD SEXUAL ABUSE

In attempting to develop holistic strategies to address the sexual abuse of children, it is important to identify and consider social norms and shared beliefs around the issue. Attitudes towards child sexual abuse are one indicator of the level of knowledge commonly held about the issue and the public's willingness and motivation to confront it. Perceptions of how 'childhood' should be interpreted and what constitutes sexual abuse are likely to vary at the individual, societal and cultural levels. No large-scale, internationally comparable data on attitudes towards child sexual abuse currently exist. However, research conducted in a

few regions and countries illustrates the variations and complexity of commonly held beliefs about this particular form of violence against children. These sources can begin to shed light on the many community norms and societal values that interact to shape people's perceptions of and opinions on the issue.²⁵

For example, a study carried out in six countries in 2008-2009 in the Eastern Caribbean explored the perceptions of women and men aged 18 and older about child sexual abuse.²⁶ It found that the vast majority of respondents (76 per cent) agreed that sexual activity between adults and children was never acceptable.²⁷

Closely related to ideas of what constitutes child sexual abuse are opinions on who is most likely to commit it. A survey of parents of children under age 15 in an urban community in southwest Nigeria revealed that around 70 per cent of respondents believed that child sexual abuse was most often committed by someone known to the child.²⁸ In contrast, slightly more than half of parents of third-grade students in central China held the opposite view.²⁹ Interestingly, in the same study in China, around one third of respondents said they did not think that females could sexually abuse children; slightly more than half (53 per cent) of parents in the Nigerian study agreed with a similar statement.

The nature of the Eastern Caribbean study allows for a more substantial exploration of attitudes and perceptions around the issue of family incest. *Table 8.3* presents responses to some of the individual items included in the survey questionnaire. Around 25 per cent of respondents felt that sex between adults and children is considered 'normal' in some families, while another 20 per cent were unsure. Similarly, 22 per cent of respondents said that sex between siblings is considered 'normal' in some families, with about 17 per cent being unsure. The responses to the latter question showed significant differences according to the educational level of the respondent. Women were also more likely than men to agree that incest is considered 'normal' in some families (26 per cent and 17 per cent, respectively).

TABLE 8.2

Countries are divided on the level of social acceptability of different forms of violence

Percentage of girls and women aged 15 to 49 years and boys and men aged 15 to 49 years who think that a husband/partner is justified in hitting or beating his wife or partner under certain circumstances and percentage of adults who think that physical punishment is necessary to raise/educate children

	Girls and women aged 15 to 49 years who justify wife-beating	Boys and men aged 15 to 49 years who justify wife-beating	Adults who think physical punishment of children is necessary
Afghanistan	90	-	41
Albania	30	36	13
Algeria	68	-	15
Argentina	2	-	4
Armenia	9	20	3
Barbados	3	-	36
Belarus	4	4	8
Belize	9	-	26
Bosnia and Herzegovina	5	6	14
Central African Republic	80	75	31
Chad	62	-	38
Congo	73	62	22
Costa Rica	4	-	12
Democratic Republic of the Congo	76	-	32
Egypt	39	-	42
Gambia	75	-	39
Georgia	7	-	13
Ghana	44	26	50
Haiti	17	15	30
Iraq	51	-	22
Jordan	70	-	23
Kazakhstan	12	17	7
Lao People's Democratic Republic	58	49	42
Lebanon	10	-	24
Liberia	59	30	61
Mauritania	38	-	36
Mongolia	10	9	16
Montenegro	11	-	5
Niger	60	27	45
Republic of Moldova	11	13	15
Saint Lucia	7	-	21
Serbia	3	7	7
Suriname	13	-	13
Swaziland	28	23	82
The former Yugoslav Republic of Macedonia	15	-	3
Togo	43	-	35
Trinidad and Tobago	8	-	25
Tunisia	30	-	44
Ukraine	3	9	11
Vanuatu	60	60	51
Viet Nam	36	-	17

Notes: Only those countries for which data were available on both indicators from the same most recently available source were included in the figure. Data on attitudes towards wife-beating among boys and men are only available for a selection of countries. For Argentina, the sample was national and urban (municipalities with a population of more than 5,000), since the country's rural population is scattered and accounts for less than 10 per cent of the total. Data on the justification of wife-beating for the Congo differ from the standard definition. Data for Egypt refer to ever-married girls and women only. Data for Jordan refer to ever-married girls and women only; data on the justification of wife-beating differ from the standard definition. Data for Lebanon refer to currently married girls and women only. Data for Serbia refer to boys and men aged 15 to 29 years.

Source: UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2002-2013.

TABLE 8.3

Percentage of women and men who agreed, disagreed or were unsure about selected statements regarding child sexual abuse in the Eastern Caribbean

	Agree	Disagree	Not sure	Missing
Sexual activity between adults and children is never okay, no matter what	76	17	2	5
In some families, sex between adults and children is considered normal	25	50	20	4
In some families, sex between brothers and sisters is considered normal	22	57	17	4
Families in which sex between children and adults has occurred for generations without any apparent harm is okay, because it has become a family pattern	6	84	7	3
Some men who have sexual activity with children have had the same thing done to them as children	53	17	25	5
Men's negative attitudes towards women is a reason for child sexual abuse	14	60	27	0
Girls draw men's sexual attention by the way they dress	77	13	5	5
As it is a man's role to provide for his children, it should be up to him to decide when it's okay for his children to be involved in sex	13	75	8	4
It is okay for mothers who need money to support their family to allow their daughters to have sex with adults for money	5	90	5	
Women sometimes turn a blind eye when their partners have sex with children in their families	70	14	11	5
Children don't tell because they are scared of the consequences	82	8	5	5
Children don't tell because they don't mind that this happened to them	9	80	11	
Adults who have sex with children cause long-term emotional harm to children	85	8	3	4
Adults who have sex with children can be helped to change	70	12	14	4
Children should be helped to speak out if an adult has taken sexual advantage of them	93	1	1	6
Police officers generally know how to deal with unlawful sex between adults and children	22	48	23	8
Any incident or suspicion of an adult taking sexual advantage of a child should always be reported to the authorities	82	8	4	6

Note: Due to rounding, figures might not add up to 100.

Source: Jones, A. D., and E. Trotman Jemmott, *Child Sexual Abuse in the Eastern Caribbean*, United Nations Children's Fund, Action for Children and University of Huddersfield, Huddersfield, 2009.

Historically, intergenerational violence has been a subject of deep concern among many development practitioners. To explore this issue, participants in the Eastern Caribbean study were asked whether they agreed with the following statement: "Families in which sex between children and adults has occurred for generations without any apparent harm is okay because it has become a family pattern." Data revealed that most respondents (84 per cent) disagreed with this statement. However, another question that aimed to elicit opinions on the cycle of abuse revealed that a majority of respondents (53 per cent) thought that some men

who sexually abuse children had been sexually abused themselves, while 25 per cent were unsure.

In attempting to understand some of the factors that may contribute to the perpetuation of child sexual abuse, respondents in the Eastern Caribbean study were asked whether they felt that men's negative attitude towards women was one of the reasons behind child sexual abuse. Most respondents either disagreed (60 per cent) or were unsure (27 per cent). However, 77 per cent of respondents said that the way girls dress draws sexual attention from men. Casting some blame on the victim appears to



be a common response in the Eastern Caribbean region. However, it has not been found to be the case everywhere in the world. For instance, most Chinese parents (84 per cent) placed the blame for child sexual abuse on perpetrators and not children.³⁰ Similarly, findings from the parental survey in Nigeria found that the overwhelming majority of respondents (90 per cent) believed that children who are sexually abused are not to blame.³¹ In a study conducted in 2004 among adults aged 18 to 64 in Norway, respondents tended to perceive adults as being responsible for any sexual contact with children.³²

In terms of the reasons why sexual abuse of children remains largely hidden and unreported, 82 per cent of respondents in the Eastern Caribbean said that children did not tell for fear of the consequences. Far fewer respondents (9 per cent) said children do not report sexual abuse because they do not mind that it has happened to them. Close to three in four (73 per cent) parents of young children in central China were of the opinion that children who have been sexually abused are often intimidated by the perpetrator not to disclose the abuse.³³ Participants in the Eastern Caribbean study were also asked whether they thought women sometimes know that their partners are having sex with children in their family but do not report it, and the majority of respondents (70 per cent) believed this to be true.

Regarding the perceived consequences of child sexual abuse, a majority of respondents (85 per cent) in the Eastern Caribbean considered it to be emotionally damaging to children in the long term. Research in other parts of the world, however, has found that opinions on this issue diverge. For instance, the Norway study of opinions in the general population found that respondents expressed uncertainty about whether sexual contact was damaging to a child or not.³⁴ In Nigeria, 61 per cent of parents surveyed believed that abuse could only have a serious health impact when it involves intercourse.³⁵

In exploring perceptions of the potential rehabilitation of perpetrators of child sexual abuse, 70 per cent of respondents in the Eastern Caribbean believed that people could be helped to change. On the other hand, nearly all parents (91 per cent) in the China study said they thought a person who had sexually abused a child was likely to repeat the offense.³⁶

Finally, almost all (93 per cent) of the adults surveyed in the Eastern Caribbean felt that children should be empowered to speak out if they have been sexually abused. Most participants (82 per cent) also felt that any incident in which a child is taken advantage of sexually should always be reported to authorities, although nearly half (48 per cent) did not think that police officers know how to deal with unlawful sex between minors and adults.

KEY FINDINGS AND CONCLUSIONS

All children have the right to protection from violence, regardless of the nature or severity of the act: a slap by a parent, emotional humiliation inflicted by a peer, the unwanted sexual advances of a boyfriend, physical assault by a stranger. All are forms of violence that can cause harm to children, reduce their sense of self-worth, affront their dignity and hinder their development.

Research has shown that violence is detrimental to all aspects of a child's growth, including physical, psychological and social development and functioning, with sometimes lifelong repercussions. While repeated exposure to moderate or severe acts of violence can alter brain development and compromise a child's potential, other forms of violence have more subtle effects that are difficult to measure. Beyond the unnecessary hurt and damage such violence inflicts is the fact that it becomes a learned and accepted behaviour that is often replicated and passed on to successive generations. Children who experience or witness violence are more likely to develop aggressive tendencies and become perpetrators themselves, continuing the cycle of violence.

One of the reasons violence against children is so difficult to confront is because it encompasses such a broad range of actions and is so widely practised. Corporal punishment, for example, is used by parents and other caregivers everywhere, on a regular basis. Yet few recognize its potential harm, its degrading nature or its ineffectiveness as a parenting method. Research shows that repeated exposure to violent discipline, as with other forms of violence, can have long-term consequences, including cognitive and physical impairments, lower

self-esteem and educational achievement, and increased risk for delinquency, substance use and adult criminal behaviour. Research also suggests that non-violent forms of discipline are suitable even with young children and can be used effectively to achieve desired behaviours and teach children lifelong skills.

Ensuring that all forms of violence are recognized as a fundamental violation of children's human rights is a first step in moving towards their elimination.

Challenges, however, abound, including the fact that violence against children remains largely hidden. It often goes unrecognized due to social acceptance, shame, fear of reprisal and the voicelessness of children, among many other reasons. One of the keys to uncovering its covert nature and eroding its acceptance is hard evidence about its prevalence and impact. Over the last two decades, the quality and quantity of data on the subject has grown considerably. Nevertheless, research remains patchy both in coverage and scope – largely due to a range of methodological and ethical issues along with a lack of systematic investments in the generation of comprehensive statistics.

Despite countless gaps in the current knowledge base, this report is testimony to the improvements in data generation that have been made in recent years. It is the largest compilation to date of statistics on violence against children, drawing on data from 190 countries. By examining global patterns of violence against children as well as attitudes and social norms, it sheds light on an issue that has remained largely undocumented. Its objective is to use data to make violence against children and its many ramifications more visible, bringing about a fuller understanding of its magnitude and nature and offering clues to its prevention. While intensified efforts are needed to strengthen the availability of reliable and comprehensive statistics on the issue, the findings presented here are a clear call for action.

KEY FINDINGS

This report provides evidence that violence is ever-present in the lives of children from all walks of

life around the world. Interpersonal violence takes many forms – physical, sexual and emotional – and occurs in many settings, including the home, school, community and over the Internet. Similarly, a wide range of perpetrators commit violence against children, such as family members, intimate partners, teachers, neighbours, strangers and other children. Such violence not only inflicts harm, pain and humiliation on children; it also kills.

Homicide

In 2012 alone, almost 95,000 children and adolescents under age 20 were victims of homicide, making it a leading cause of preventable injury and death among children. The vast majority of victims (85,000) lived in low- and middle-income countries. From 0 to 9 years of age, 85 per cent of deaths are the result of communicable and non-communicable diseases, with little differentiation by sex. As children enter the second decade of their lives, however, the share of deaths due to intentional injuries, including homicide, becomes greater, particularly among boys.

Globally, Latin America and the Caribbean has the largest share of homicide victims under age 20 (25,400). West and Central Africa has the second largest share (23,400), followed by Eastern and Southern Africa (15,000). The lowest number of homicides in this age group is found in Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS), followed by the Middle East and North Africa. The three countries with the highest homicide rates in the world among children and adolescents under age 20 are El Salvador, Guatemala and the Bolivarian Republic of Venezuela. In each of these countries, homicide is the leading cause of death among adolescent boys. Nigeria has the largest number of young homicide victims, with almost 13,000 deaths in 2012, followed by Brazil with approximately 11,000.

Violent discipline

Though staggering in themselves, the above statistics represent an extreme form of violence that is relatively uncommon in the lives of children. The data show that far more children experience violence in the form of discipline – usually in their own homes and from a very young age. On average,

about 6 in 10 children worldwide (almost 1 billion) between the ages of 2 and 14 are subjected to physical (corporal) punishment by their caregivers on a regular basis. For the most part, children are exposed to a combination of physical punishment and psychological aggression. The most severe forms of corporal punishment – hitting a child on the head, ears or face or hitting a child hard and repeatedly – are less common overall: On average, about 17 per cent of children in 58 countries experience these harsh practices. In 23 countries, severe physical punishment is widespread, with more than one in five children affected.

Attitudes towards corporal punishment of children

The large share of children who are exposed to violent discipline appears to contradict the findings on attitudes towards it: Only about 3 in 10 adults worldwide believe that physical punishment is necessary to properly raise or educate a child. In fact, in all countries but one – Swaziland – the percentage of adult respondents who think physical punishment is necessary is consistently lower than the percentage of children aged 2 to 14 who are subjected to violent discipline. In most countries, adults with no or little education are more likely to find physical punishment a necessity in raising children than their more educated peers. In Yemen, for instance, 51 per cent of mothers or primary caregivers with no formal education feel it is necessary to use physical punishment to educate a child, compared to 21 per cent of mothers or primary caregivers with a secondary or higher education. Adults with low economic status are also found to be more supportive of corporal punishment than their wealthier counterparts in about three quarters of countries with available data.

Violence among peers and by intimate partners

As children grow up, they become more vulnerable to other forms of aggression, including violence inflicted by their peers and intimate partners. Physical attacks among students are common, especially among boys. In 25 countries with comparable data, the prevalence of physical attacks against students aged 13 to 15 ranges from around 20 per cent in the former Yugoslav Republic of Macedonia and

Uruguay to over 50 per cent in Botswana, Djibouti, Egypt, Ghana, the United Republic of Tanzania (Dar es Salaam) and Yemen. Worldwide, more than one in three students between the ages of 13 and 15 experience bullying on a regular basis. Among 106 countries with comparable data on adolescents who were recently bullied, rates range from 7 per cent in Tajikistan to 74 per cent in Samoa. On the flip side, nearly a third (31 per cent) of teens in Europe and North America admitted to bullying others, with prevalence ranging from around one in seven (14 per cent) in the Czech Republic and Sweden to nearly 6 in 10 (59 per cent) in Latvia and Romania.

The experience of violence continues into late adolescence. Among girls aged 15 to 19 worldwide, almost one quarter (around 70 million) said they were the victims of some form of physical violence since age 15. In Eastern and Southern Africa, at least 12 per cent of girls in this age group reported incidents of physical violence in the last year in all nine countries for which data are available except Comoros. In West and Central Africa, the proportion is at least 1 in 14 girls in each of the 11 countries with available data; the share reaches as high as 26 per cent in Cameroon and 42 per cent in the Democratic Republic of the Congo.

Never-married girls are most likely to report physical violence at the hands of family members, friends or acquaintances and teachers. However, among ever-married girls, current and/or former intimate partners are the most commonly reported perpetrators of physical violence in all the countries with available data. In India, Mozambique, Nepal, Pakistan, the United Republic of Tanzania and Zambia, for instance, over 70 per cent of girls named their current or former husbands or partners as the perpetrators of physical violence against them. Indeed, intimate partner violence is the most common form of gender-based violence against girls. Globally, nearly one in three adolescent girls aged 15 to 19 (84 million) in formal unions have been the victims of emotional, physical and/or sexual violence perpetrated by their husbands or partners. Rates of partner violence are particularly high in sub-Saharan Africa, South Asia, and Latin America and the Caribbean.

Data regarding adolescent boys' exposure to physical violence, including by intimate partners, are much more limited. However, at least one in four adolescent boys aged 15 to 19 said they experienced physical violence since age 15 in each of five low- and middle-income countries with comparable data; prevalence exceeds 40 per cent in all but two of these countries (Ghana and Mozambique). The most commonly reported perpetrators vary across the five countries and include family members, friends or acquaintances, and teachers.

Sexual violence

Around 120 million girls worldwide (slightly more than 1 in 10) have experienced forced intercourse or other forced sexual acts at some point in their lives. However, girls living in certain parts of the world seem to be at greater risk than others. Prevalence rates of 10 per cent or more for forced sex are found in 13 of the 18 countries in sub-Saharan Africa with available data. In contrast, in all countries of CEE/CIS with comparable data (except the Republic of Moldova), less than 1 per cent of adolescent girls reported instances of sexual violence.

The age at which sexual violence first occurs has also been measured. In all but 3 of 21 countries with comparable data, most adolescent girls said they were sexually victimized for the first time between the ages of 15 and 19. However, a substantial share experienced sexual violence for the first time at younger ages. In all 21 countries except India, Liberia, the Republic of Moldova, Sao Tome and Principe, and Zimbabwe, at least one in five girls who reported at least one incident of sexual violence said it occurred for the first time between the ages of 10 and 14.

By far the most common perpetrators of sexual violence against girls are current or former husbands, partners or boyfriends. A significant share of girls in the Plurinational State of Bolivia, the Dominican Republic, Guatemala, Kenya, the Republic of Moldova, the United Republic of Tanzania and Uganda also reported being victimized by a friend or acquaintance.

Boys experience sexual violence too, but to a far

lesser extent than girls, according to data from four countries. In Uganda, adolescent boys are nearly two times less likely than their female counterparts to report incidents of forced intercourse or other forced sexual acts. Similarly, in Mozambique, a much smaller proportion of adolescent boys than girls said they were the victims of sexual violence (3 per cent versus 9 per cent, respectively). As with girls, incidents of sexual violence among boys most often occur for the first time between the ages of 15 and 19 and the most commonly named perpetrators are current or former intimate partners.

Adolescents living in high-income countries are also at risk of sexual violence. In Switzerland, for instance, a 2009 national survey of girls and boys aged 15 to 17 found that 22 per cent and 8 per cent, respectively, experienced at least one incident of sexual violence involving physical contact in their lifetimes. The most common form of sexual violence for both sexes in that country is cyber-victimization. In the United States, the second National Survey of Children's Exposure to Violence (NatSCEV II), carried out in 2011, recorded lifetime rates of sexual victimization among girls and boys aged 14 to 17 at 35 per cent and 20 per cent, respectively.

Reporting incidents of violence

Regardless of the type of violence experienced or the circumstances surrounding it, most victims keep their abuse secret and never seek help. The data presented in this report confirm that nearly half of all adolescent girls aged 15 to 19 who reported ever having experienced physical and/or sexual violence said they never told anyone about it. In Jordan, Kyrgyzstan, Nepal, Nigeria, Pakistan, Tajikistan and Uganda, the percentage rises to more than half. Female victims of sexual violence only are least likely to disclose the abuse, as opposed to those who experienced either physical violence only or both physical and sexual violence. A comparison of data from countries with information on both sexes indicates that boys are about as likely as girls to keep their victimization secret.

Among adolescent girls aged 15 to 19 who have ever been victims of physical and/or sexual violence, about 7 in 10 said they never sought help to end

it. While the reasons vary, many girls said they did not realize that what they experienced was a form of violence or did not see the abuse as a problem. Limited data show that, in some countries, boys are even less likely than girls to seek help. And, like girls, most boys remain silent about their experience of violence, regardless of the type, because they do not view it as a problem. When female victims do seek help, most look to their own families for assistance. They are much more likely to turn to individuals they know personally for support rather than to institutions such as the police department, medical centres, legal aid establishments, religious groups and/or social services, even when they know that help can be found there.

Attitudes towards wife-beating

Exploring attitudes and social norms related to violence can provide insights into why it occurs, persists and goes unreported. The evidence in this report suggests that close to half of all girls aged 15 to 19 worldwide (about 126 million) think a husband or partner is sometimes justified in hitting or beating his wife (or partner). In sub-Saharan Africa and the Middle East and North Africa, this proportion rises to more than half. In CEE/CIS, it drops to 28 per cent.

Supportive attitudes towards wife-beating are also widespread among adolescent boys. In both Eastern and Southern Africa and South Asia, close to 50 per cent of boys aged 15 to 19 think a husband is justified in hitting his wife under certain circumstances; in West and Central Africa, the share is slightly more than one third. Perhaps surprisingly, however, in 28 of 60 countries with data on both sexes, a larger proportion of girls than boys believe wife-beating is sometimes justified; in 14 of these countries, the gender gap exceeds 10 percentage points. This pattern is found more often in South Asia, sub-Saharan Africa, and East Asia and the Pacific than in other regions.

While males and females may differ with respect to the extent of their support for wife-beating, opinions seem to converge on the main circumstances under which this form of violence can be justified: Neglecting the children is the most commonly cited

reason among both female and male respondents.

Attitudes towards child sexual abuse

Attitudes concerning the sexual abuse of children have also been explored. While no large-scale, internationally comparable data on this issue currently exist, research conducted in a few regions and countries illustrates the variations and complexity in commonly held beliefs about this particular form of violence against children. For example, a study carried out in six countries in the Eastern Caribbean in 2008-2009 analysed the perceptions of women and men aged 18 and older about child sexual abuse. In attempting to understand some of the factors that may contribute to this form of violence, the study asked respondents whether they felt that men's negative attitude towards women was one of the causes. Most respondents either disagreed (60 per cent) or were unsure (27 per cent). However, 77 per cent of respondents said that the way a girl dresses draws sexual attention from men.

In terms of the perceived consequences of child sexual abuse, a majority of respondents in the Eastern Caribbean (85 per cent) considered it to be emotionally damaging to children in the long term. Research in other parts of the world, however, reveals a range of opinions. In Norway, for instance, a study among the general population found that respondents expressed uncertainty about whether sexual contact was damaging to a child or not. In Nigeria, 61 per cent of parents surveyed believed that abuse could only have a serious health impact when it involves intercourse.

IN OUR HANDS

Violence against children is widespread but not inevitable. Bringing it to an end is a shared responsibility.

While often regarded as an individual problem, violence against children is, in fact, a societal problem, driven by economic and social inequities and poor education standards. It is fuelled by social norms that condone violence as an acceptable way to resolve conflicts, sanction adult domination over children and encourage discrimination. It is

enabled by systems that lack adequate policies and legislation, effective governance and a strong rule of law to prevent violence, investigate and prosecute perpetrators, and provide follow-up services and treatment for victims. And it is allowed to persist when it is undocumented and unmeasured as a result of inadequate investments in data collection and poor dissemination of findings.

The evidence provided in this report clearly shows that too many children do not receive adequate protection from violence. Most violence against children occurs at the hands of the people charged with their care or with whom they interact daily – caregivers, peers and intimate partners. Children are also frequently deprived of the protection they need and deserve from the State. Only 39 countries worldwide protect children legally from all forms of corporal punishment, including at home. Moreover, large discrepancies exist between the protections afforded to adult and child victims of violence. For example, if an adult is hit by a relative or peer, this is generally regarded as unacceptable behaviour and legal provisions are usually in place to protect the victim's rights. However, if children are violently punished by their parents or other caregivers, such acts are generally seen as inconsequential, and the same type and level of legal protection is usually not available. This lack of protection – combined with attitudes and social norms that justify certain acts of violence against children – creates an environment in which many forms of violence are considered normal and treated with impunity.

One of the limitations inherent in any attempt to document violence against children is what it leaves out: the presumably large numbers of children unable or unwilling to report their experiences. While this report also suffers from that constraint, the story it does tell is motivation enough to spur action. For if even one child is harmed through an act of violence, it is one child too many.

The process of understanding and addressing violence against children will continue to be fraught with difficulties. Nevertheless, as additional strategies to end violence are formulated and carried out (*see Box 9.1*), it is also clear that systematic investments in data generation are vital. The evidence that results is essential to monitoring commitments, informing the development of new programmes, policies and laws and assessing their effectiveness. Future research should focus on not only documenting the prevalence of violence but also understanding the underlying factors that fuel it and evaluating interventions aimed at preventing and responding to it. Broad dissemination of data in accessible formats will continue to be needed to raise awareness and to foster the political will required to develop and implement effective strategies and action – at all levels of society.

Ending violence against children is in our hands. With reliable data, we will know when this human rights imperative is finally achieved.

“A child rights-based approach to child caregiving and protection requires a paradigm shift towards respecting and promoting the human dignity and the physical and psychological integrity of children as rights-bearing individuals.”

United Nations Committee on the Rights of the Child, General Comment No. 13 on the Convention on the Rights of the Child

STRATEGIES TO PREVENT AND RESPOND TO VIOLENCE AGAINST CHILDREN

UNICEF's approach to preventing and responding to violence against children is guided by its 2008 Child Protection Strategy, at the heart of which is strengthening legal and policy frameworks along with related services that seek to protect children. The strategy also addresses societal factors and social norms that perpetuate violence, while promoting positive social change. UNICEF has embraced six key actions to prevent and respond to violence:

1. Supporting parents, caregivers and families.

A significant body of evidence suggests that providing parents with child-rearing strategies and techniques, as well as economic support, can help mitigate children's risk of physical abuse. This area of action seeks to prevent violence from the outset by promoting positive parent-child interactions, including non-violent discipline. The approach is to integrate support into the everyday lives of families, either through regular visits at home or a community centre or through other local venues staffed by nurses, social workers or other trained professionals. Home visits and parent education classes combine health care, parenting education, child abuse prevention and early intervention services for infants and toddlers. Programmes for parents of school-aged children seek to promote effective communication around issues including sexuality, HIV prevention and sexual abuse.

2. Helping children and adolescents manage risks and challenges.

Poverty, difficulty in school, poor self-worth and self-discipline, and lack of information on where to get help can increase a child's vulnerability to violence. Life-skills education can help

children protect themselves and cope with violence when it does occur by developing their critical thinking, building their self-esteem, and teaching them to communicate effectively and to solve problems in a cooperative way. Life-skills education can be incorporated into a variety of formal and informal activities targeting children of different ages, ranging from pre-school programmes to recreation and sports activities to vocational training. Peer-support programmes can be especially effective, particularly when children exhibit antisocial behaviour.

3. Changing attitudes and social norms that encourage violence and discrimination.

Preventing violence before it occurs requires a major shift in what society regards as acceptable behaviour. Evidence suggests that deeply engrained attitudes and social norms that feed violence and intolerance can shift through school and community programmes that engage influential, trusted individuals as agents of change. Such programmes are most effective when they are complemented by mass media and social mobilization campaigns along with supportive services that encourage the reporting of abuse and the enactment of new laws and policies that make forms of violence punishable offences.

4. Providing and promoting support services for children.

Child-focused services and mechanisms are crucial to enabling children and adolescents to cope with violence and break the cycle of abuse. Services include counselling; information and referrals for other protection services offered through the police, doctors, social welfare workers and assistance

programmes; and help in finding temporary accommodations, if required. The success of these services depends, among other things, on their quality, accessibility and confidentiality. Another key factor is public awareness of such services, which can be generated through advocacy and mass media campaigns as well as educational and sports institutions and after-school programmes.

5. Implementing laws and policies that protect children.

Without a supportive policy and legislative environment, programmes addressing violence against children can never fully succeed. This means that appropriate policies and legislation need to be not only instituted but also enforced and monitored. On a smaller scale, schools and other institutions, workplaces and sports programmes can develop codes of conduct that commit to providing a healthy, safe and secure environment for children. A real shift in public attitudes towards violence must happen at two levels: On the government side, a solid legal framework must be instituted, implemented and monitored; on the part of each citizen, an effort must be made to drive change on a daily basis.

6. Carrying out data collection and research.

Effective advocacy and programming are grounded in solid evidence. The last two decades have seen progress in the availability of statistics on violence against children, primarily through national household surveys aimed at providing information on the magnitude of the problem. Investments in sustainable data collection mechanisms and robust research tools are needed to continue to expand the knowledge base on this important issue.

Adapted from: United Nations Children's Fund, *Strategies for Preventing and Responding to Violence against Children*, UNICEF, New York, 2014.



In 2009, during a play-therapy session, a male counsellor interacts with a young child in a youth club in Lilongwe, Malawi. This type of therapy involves giving a wide variety of toys to children who have suffered abuse to see how they play with them. “We don’t guide the children; we just let them play randomly. It is the manner in which the children play and the toys that they select that is significant for us. It is very difficult to get children to talk about such things. Instead, they communicate through playing,” says Sergeant Mwasinga.

STEPS TO ENDING A GLOBAL PROBLEM

HIGHLIGHTED HERE ARE SELECTED EFFORTS TO PREVENT AND RESPOND TO VIOLENCE AGAINST CHILDREN. THESE ACTIVITIES, IMPLEMENTED BY NATIONAL GOVERNMENTS AND CIVIL SOCIETY ORGANIZATIONS WITH SUPPORT FROM UNICEF, INVOLVE LEGAL AND POLICY REFORMS; STRENGTHENING OF INSTITUTIONAL AND COMMUNITY-BASED CAPACITY TO DETECT, INVESTIGATE, PROSECUTE AND REFER CASES; DELIVERY OF COMPREHENSIVE SERVICES FOR CHILD VICTIMS; AND SOCIAL MOBILIZATION AND AWARENESS-RAISING.



LATIN AMERICA AND THE CARIBBEAN

- 01** In **BELIZE** in 2013, the House of Representatives passed amendments to the Criminal Code, strengthening the protection of child victims of sexual abuse and increasing penalties for perpetrators.
- 02** In the **PLURINATIONAL STATE OF BOLIVIA**, starting in 2013, the Prosecutor's Office established child-friendly legal services for child victims of sexual abuse and their families. The initiative included the revision of an institutional 'road map' of the justice system and the development of protocols that outline the roles and responsibilities of individual institutions in dealing with such cases.
- 03** In the **DOMINICAN REPUBLIC**, the Ministry of Tourism, the National Association of Hotels and Restaurants, ECPAT International (a non-governmental organization [NGO]/child rights network) and UNICEF signed an agreement in 2013 to promote a national policy for the prevention of sexual exploitation, and the tourism police committed to re-train its entire staff.
- 04** In the **EASTERN CARIBBEAN**, a Break the Silence against Child Sexual Abuse campaign is being rolled out in all 12 countries of the sub-region to raise awareness about the issue and the importance of reporting suspected cases. The campaign is also providing information on available services and has mobilized a wide range of government and other partners to accelerate action to protect children against sexual

Notes for all maps on pages 172 to 175: These maps are stylized and not to scale. They do not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. The final boundary between the Sudan and South Sudan has not yet been determined. The final status of the Abyei area has not yet been determined.

abuse. In accordance with the 2012 Bridgetown Declaration and Agenda for Action to Combat Child Sexual Abuse in the Caribbean, the following countries have developed laws mandating reporting: Anguilla, Antigua and Barbuda, Grenada, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Trinidad and Tobago, Turks and Caicos, and the Virgin Islands (UK). Anguilla, Grenada, Saint Vincent and the Grenadines, Trinidad and Tobago, and Turks and Caicos have also established related reporting protocols, and inter-agency reporting protocols have been developed in Barbados and Montserrat. The Governments of Grenada and Trinidad and Tobago are launching new national child protection agencies to better investigate and respond to reported cases of child abuse, while Barbados is assessing recommendations for modernization of its half-century-old child protection agency.

- 05** In **URUGUAY**, more than 500 primary school teachers were trained to detect, report and provide assistance to children in cases of sexual abuse and other forms of violence. This is one initiative in a campaign to address violence against children in multiple cities across the country.

WEST AND CENTRAL AFRICA

- 06** In **BURKINA FASO**, action plans, training and local child protection networks are beginning to yield result for victims of violence and trafficking. In 2013, nearly 27,000 victims or children at risk received support – well beyond the initial target of 18,000.

- 07** In **CÔTE D'IVOIRE**, the global End Violence campaign is being taken nationwide: Country-specific messages developed in five languages are being broadcast on local radio and child protection networks are being expanded. The Ministry of Education adopted a strategy to address sexual violence against girls in schools and Codes of Conduct were developed for teachers.

- 08** In the **DEMOCRATIC REPUBLIC OF THE CONGO** in 2013, UNICEF and partners assisted 12,247 survivors of sexual and other forms of gender-based violence, nearly a third of whom were children – the vast majority girls.

- 09** In **SIERRA LEONE**, a national referral protocol for victims of sexual and other forms of gender-based violence was launched in 2012, defining the responsibilities of formal and informal service providers.

EASTERN AND SOUTHERN AFRICA

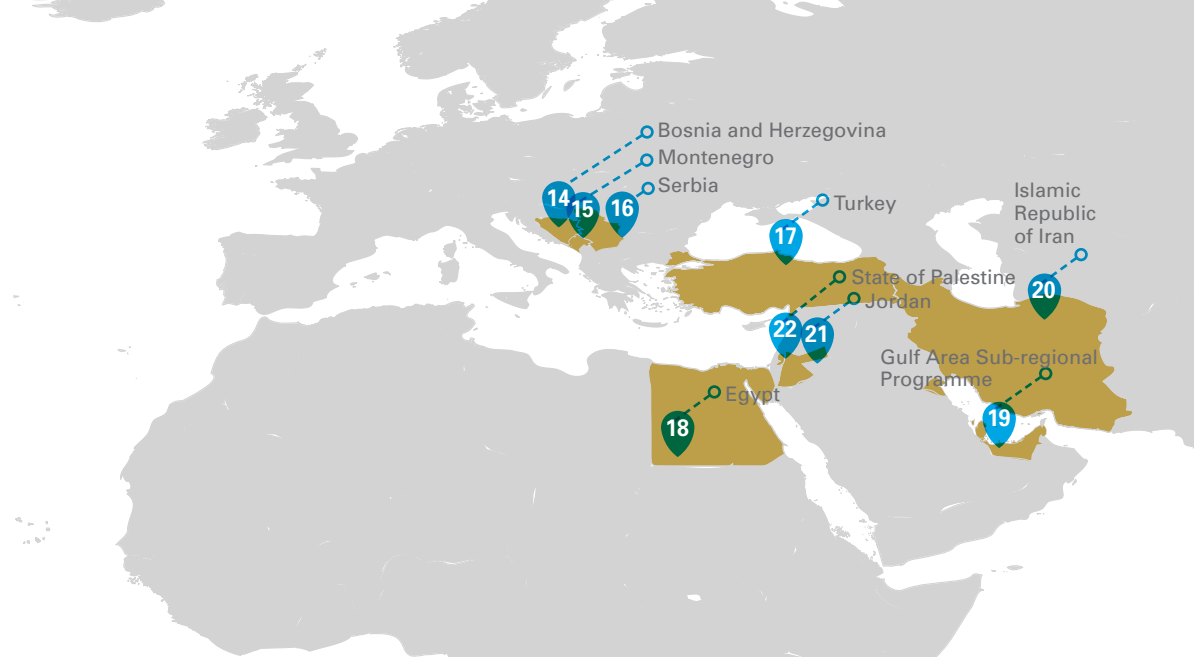
- 10** In **MALAWI**, child victims of sexual and physical violence are now receiving services through over 100 victim support units within law enforcement, 300 within communities, and additional 'one-stop' centres established with UNICEF support.

- 11** In **SWAZILAND**, the Sexual Offences and Domestic Violence Bill of 2009 was passed by Parliament in October 2011, following a debate that spanned two sessions. The bill extends the definition of rape to include male victims and also introduces a register of sexual offenders.

- 12** In 2013, the **UNITED REPUBLIC OF TANZANIA** developed Codes of Conduct for teachers based on zero tolerance of sexual violence. This is one element of a national programming framework to address sexual violence, unintended pregnancies and HIV among adolescent girls.

- 13** In **ZIMBABWE**, a national Girls' Empowerment Framework will be launched in the second half of 2014 as part of a larger programme to address sexual violence, unintended pregnancies and HIV among adolescent girls. The framework, the first of its kind, outlines how empowerment efforts can be maximized when girls are deliberately targeted before they drop out of school, marry or even enter into their first romantic relationships. It is anchored in five areas of intervention – education, economic empowerment, safety and protection, reproductive health, and leadership and decision-making skills – around which strategic objectives, priority actions and key actors have been identified.





CENTRAL AND EASTERN EUROPE AND THE COMMONWEALTH OF INDEPENDENT STATES

- 14** In **BOSNIA AND HERZEGOVINA**, protocols for social workers, teachers, health professionals and police on how to detect, report and refer cases of violence have been launched at the national level and tested in 10 municipalities. The first Network of NGOs on Violence against Children has also been created to call attention to violence against children among both authorities and the public and is referring cases to relevant professionals.
- 15** In **MONTENEGRO**, the Government adopted a Law on Protection from Family Violence and a corresponding strategy and protocol. It also formalized the work of local multidisciplinary teams for the protection of children from violence, abuse and neglect. A related study conducted in 2013 revealed some level of social tolerance for child sexual abuse, indicating that awareness-raising on the issue is also urgently needed.
- 16** In **SERBIA**, following a 2012 study on digital violence, UNICEF and a corporate partner initiated a social media campaign called 'Choose Words, Prevent Hate'. Youth-led blogs and a Facebook page are reaching more than 11,000 people. UNICEF National Ambassadors have joined the campaign by blogging, tweeting and participating in selected events. A school-based programme on preventing digital violence is also under way in 10 schools.
- 17** In **TURKEY**, children, NGOs and relevant ministries all took part in developing a draft Violence against Children National Strategy. In addition, 425 professionals from state services were trained to work together at the local level when intervening in violence against children cases. Through a series of 10 workshops, 182 NGO representatives from 30 cities were also equipped to advocate for and monitor systematic responses to violence against children.

MIDDLE EAST AND NORTH AFRICA

- 18** In **EGYPT**, a campaign to address social norms on violence against children, including physical and psychological violence, continued in schools, homes and communities in 2013. In one governorate alone, 118,000 people were reached via initiatives that included media campaigns, activities in schools, and work with religious leaders.
- 19** Within the **GULF AREA SUB-REGIONAL PROGRAMME**, a network of 140 school teachers are serving as trainers in early detection of child abuse, potentially reaching an additional 10,500 teachers in 2014.
- 20** In 2013, the **ISLAMIC REPUBLIC OF IRAN**'s Ministry of Health scaled up two successful pilot projects to promote the prevention, early detection and management of child maltreatment within the health system. The project includes communications strategies to promote positive parenting and a national broadcasting campaign to raise public awareness of key child protection issues, including violence against children.
- 21** In **JORDAN** in 2013, UNICEF renewed its partnership with the Ministry of Education to expand the Ma'An (Together) campaign to end violence in schools. Over 4,000 teachers and school counsellors were trained in methodologies including classroom management skills, positive discipline and community mobilization. Online tracking systems are operational in most government schools to encourage the reporting of incidents and monitor steps taken in response.
- 22** In the **STATE OF PALESTINE**, a policy on the use of non-violent discipline in schools was launched by the Ministry of Education in September 2013.



SOUTH ASIA

- 23** In the most remote communities of **BHUTAN**, 31 new early childhood care and development centres were built in 2013. The education curriculum on parenting has also been strengthened to ensure holistic, responsive care, including the prevention of abuse, violence and neglect.
- 24** In 2013, **INDIA** launched a social media campaign called 'Time to Sound the Red Siren'. It addresses sexual violence against children, particularly girls, by challenging social norms that sanction such violence and encouraging the reporting of suspected cases.
- 25** In 2013 in **SRI LANKA**, 345 senior police officers working in the criminal justice system received training on their role in processing cases of violence against women and children, through a continued partnership between UNICEF and the Government. UNICEF also partnered with Police Training Colleges in three districts to conduct trainings for an additional 856 police officers on aspects of gender-based violence and the protection of child victims.

EAST ASIA AND THE PACIFIC

- 26** In **CHINA**, a Violence against Children Hotline and Community Response Toolkit was launched in December 2013 through the All-China Women's Federation (ACWF). The toolkit consists of two sets of guidelines: one outlines the roles and responsibilities of ACWF staff running the community hotline to respond effectively to cases of family violence, and the other is aimed at building basic social work skills for women's cadres when

conducting home visits. A services directory will also be completed at the local level to facilitate referrals. ACWF for the first time publicly recognized its mandate to prevent and protect children from violence and abuse.

- 27** In 2014, the Government of **MONGOLIA** finalized revision of a law on Combating Domestic Violence that incorporates clear provisions for the protection of children at home. In addition, the Government is developing a stand-alone law on child protection to address procedural gaps in existing laws to guarantee children are protected in all settings. In May 2014, Mongolia launched its first nationwide, toll-free, 24/7 Child Helpline, which is a child's first point of contact with child protection services. Children only need to dial 108 on any phone, be it in a remote herder community or other area outside existing formal systems, to get linked to an operator standing by to offer assistance.
- 28** In 2012 in the **PHILIPPINES**, the Department of Education adopted 'Guidelines on Protecting Children in School from Abuse, Violence, Exploitation, Discrimination, Bullying and other Forms of Abuse', which reiterates a zero tolerance policy for acts of violence in schools. The policy was developed and issued following a major advocacy effort and the completion of a regional study of six East Asian and Pacific countries on existing systems for child protection in educational settings.
- 29** The Government of **VIET NAM** has introduced a National Plan on Child Protection (2011-2015) to address violence against children. With support from UNICEF, the Government then developed a national project to respond to cases of neglect, child sexual abuse and violence, child labour, and juveniles in conflict with the law. To support implementation of this country-wide effort, Community-based Child Protection Systems were established in eight provinces in 2011 and are piloting specialized services for children. The protection systems involve coordinated efforts on the part of local authorities, relevant agencies, social organizations, NGOs, communities and families to both prevent violence and protect children. The service models being demonstrated include alternative care for children without family support; child-friendly interview rooms; community-based diversion for juveniles in conflict with the law; and Social Work Service Centres, which provide psycho-social care, legal protection and support to child victims of violence and abuse as well as other vulnerable children. In recognition of the positive impact of the new initiative, the Government expanded its operation to cover 40 of the country's 63 provinces.

REFERENCES

CHAPTER 1

- 1 Krug, E.G., et al., editors, *World Report on Violence and Health*, World Health Organization, Geneva, 2002.
- 2 See: United Nations Children's Fund, *Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change*, UNICEF, New York, 2013.
- 3 Krug et al., op. cit.
- 4 Additional data sources used throughout the report include a survey conducted in Swaziland in 2007 by the United States Centers for Disease Control and Prevention (CDC) and UNICEF, in collaboration with the Government of Swaziland, and the surveys conducted under the Together for Girls initiative. Together for Girls is a global partnership of international organizations from the public, private and non-profit sectors focused on ending violence against children. Building on the experience in Swaziland, it brings together 10 public and private sector organizations including the United States Department of State-President's Emergency Plan for AIDS Relief, the Office of Global Women's Health Issues, CDC, UNICEF, the United Nations Population Fund, the Joint United Nations Programme on HIV/AIDS, the United Nations Development Fund For Women (UNIFEM, now merged into UN Women), the World Health Organization, BD (Becton, Dickinson and Company), the CDC Foundation, Grupo ABC and the Nduna Foundation. The Together for Girls initiative focuses on three core activities: conducting national surveys and collecting data to document the magnitude, nature and effects of violence (including sexual violence); informing government leaders, communities and donors and supporting a plan of action at the country level to address violence; and building public awareness to motivate change in societal and gender norms and behaviours that are harmful to children and women. Under this initiative, six surveys had been completed at the time of this report (in Cambodia, Haiti, Indonesia, Kenya, the United Republic of Tanzania and Zimbabwe) and others were in the planning, pilot or implementation stages. Data from the surveys conducted in Cambodia (2012), Haiti (2012) and Indonesia (2012) could not be included since there were no published reports or publicly available documentation at the time this report was compiled. Information on the initiative can be found at: <www.togetherforgirls.org>, accessed 15 May 2014. These surveys are referred to throughout the publication as the Violence Against Children Surveys (VACS).
- 5 Leiner, M., et al., 'Children's Mental Health and Collective Violence: A binational study on the United States-Mexico border', *Pan American Journal of Public Health*, vol. 31, no. 5, 2012, pp. 411-416.
- 6 Evans, E., K. Hawton and K. Rodham, 'Suicidal Phenomena and Abuse in Adolescents: A review of epidemiological studies', *Child Abuse & Neglect*, vol. 29, no. 1, 2005, pp. 45-58.
- 7 Dardis, C. M., et al., 'An Examination of the Factors Related to Dating Violence Perpetration among Young Men and Women and Associated Theoretical Explanations: A review of the literature', *Trauma Violence & Abuse*, published online 10 January 2014.
- 8 Ellonen, N., et al., 'Exposure to Parental Violence and Outcomes of Child Psychosocial Adjustment', *Violence and Victims*, vol. 28, no. 1, 2013, pp. 3-15.
- 9 Literature on the social and economic impact of violence remains mostly limited to high-income countries. The review presented here is not meant to be exhaustive but to be illustrative of what is known from selected studies.
- 10 National Children's Advocacy Center, *As a Matter of Fact: The relationship between child maltreatment and academic achievement*, NCAC, Huntsville, 2013.
- 11 Macmillan, R., and J. Hagan, 'Violence in the Transition to Adulthood: Adolescent victimization, education, and socio-economic attainment in later life', *Journal of Research on Adolescence*, vol. 14, no. 2, 2004, pp. 127-158; Paolucci, E. O., M. L. Genuis and C. Violato, 'A Meta-analysis of the Published Research on the Effects of Child Sexual Abuse', *The Journal of Psychology*, vol. 135, no. 1, 2001, pp. 17-36; Veltman, M. W. M., and K. D. Browne, 'Three Decades of Child Maltreatment Research', *Trauma Violence & Abuse*, vol. 2, no. 3, 2001, pp. 215-239; Gilbert, R., et al., 'Burden and Consequences of Child Maltreatment in High-income Countries', *The Lancet*, vol. 373, no. 9657, 2009, pp. 68-81; Slade, E. P., and L. S. Wissow, 'The Influence of Childhood Maltreatment on Adolescents' Academic Performance', *Economics of Education Review*, vol. 26, no. 5, 2007, pp. 604-614; Leiter, J., 'School Performance Trajectories After the Advent of Reported Maltreatment', *Children and Youth Services Review*, vol. 29, no. 3, 2007, pp. 363-382.
- 12 Widom, C. S., 'Childhood Victimization: Early adversity, later psychopathology', *National Institute of Justice Journal*, no. 242, 2000, pp. 3-9.
- 13 Duncan, R. D., 'Childhood Maltreatment and College Drop-Out Rates: Implications for child abuse researchers', *Journal of Interpersonal Violence*, vol. 15, no. 9, 2000, pp. 987-995.
- 14 Lansford, J. E., et al., 'A 12-year Prospective Study of the Long-term Effects of Early Child Physical Maltreatment on Psychological, Behavioral, and Academic Problems in Adolescence', *Archives of Pediatrics and Adolescent Medicine*, vol. 156, no. 8, 2002, pp. 824-830.
- 15 Huang, L., and S. Mossige, 'Academic Achievement in Norwegian Secondary Schools: The impact of violence during childhood', *Social Psychology of Education*, vol. 15, no. 2, 2012, pp. 147-164.
- 16 Currie, J., and C. S. Widom, 'Long-term Consequences of Child Abuse and Neglect on Adult Economic Well-being', *Child Maltreatment*, vol. 15, no. 2, 2010, pp. 111-120.
- 17 Macmillan and Hagan, op. cit.
- 18 Veltman and Browne, op. cit.; Gilbert et al., op. cit.
- 19 Johnson-Reid, M., et al., 'A Prospective Analysis of the Relationship between Reported Child Maltreatment and Special Education Eligibility among Poor Children', *Child Maltreatment*, vol. 9, no. 4, 2004, pp. 382-394.
- 20 Fantuzzo, J. W., S. M. Perlman and E. K. Dobbins, 'Types and Timing of Child Maltreatment and Early School Success: A population-based investigation', *Children and Youth Services Review*, vol. 33, no. 8, 2011, pp. 1404-1411; Leiter, op. cit.
- 21 Lansford et al., op. cit.
- 22 Perezniето, P., et al., *The Economic Impact of School Violence: A report for Plan International*, Plan International and Overseas Development Institute, London, 2010.
- 23 Save the Children Denmark, Ministry of Education and Ministry of Women's Affairs, *A Study on Violence against Girls in Primary Schools and Its Impacts on Girls' Education in Ethiopia*, Save the Children, Addis Ababa, 2008.
- 24 Schwartz, D., et al., 'The Link Between Harsh Home Environments and Negative Academic Trajectories is Exacerbated by Victimization in the Elementary School Peer Group', *Developmental Psychology*, vol. 49, no. 2, 2013, pp. 305-316; Holt, M. K., D. Finkelhor and G. K. Kantor, 'Multiple Victimization Experiences of Urban Elementary School Students: Associations with psychosocial functioning and academic performance',

- Child Abuse & Neglect*, vol. 31, no. 5, 2007, pp. 503-515.
- 25 Holt, Finkelhor and Kantor, op. cit.
 - 26 Currie and Widom, op. cit.; Zielinski, D. S., 'Child Maltreatment and Adult Socioeconomic Well-being', *Child Abuse & Neglect*, vol. 33, no. 10, 2009, pp. 666-678; Macmillan and Hagan, op. cit.
 - 27 It is possible that some of the differences observed in economic outcomes may be accounted for by differences in educational achievement which are also found to be associated with the experience of violence. See: Currie and Widom, op. cit.
 - 28 Zielinski, op. cit.
 - 29 Zielinski, op. cit.
 - 30 Currie and Widom, op. cit.
 - 31 Gelles, R. J., and S. Perlman, *Estimated Annual Cost of Child Abuse and Neglect*, Prevent Child Abuse America, Chicago, 2012.
 - 32 Fang, X., et al., 'The Economic Burden of Child Maltreatment in the United States and Implications for Prevention', *Child Abuse & Neglect*, vol. 36, no. 2, 2012, pp. 156-165.
 - 33 Fang, X., D. Brown and P. Corso, *Analytical Report for the Project "Development of Regional Costing Model to Estimate the Economic Burden of Child Maltreatment in the East Asia and Pacific Region"*, Bangkok, 2013 (unpublished).
 - 34 Fang et al., op. cit.; Gelles and Perlman, op. cit.; Currie and Widom, op. cit.; Noor, I., R. A. Caldwell and D. Strong, *The Costs of Child Abuse vs. Child Abuse Prevention: A decade of Michigan's experience*, Michigan Children's Trust Fund, Lansing, 2004.
 - 35 Vogler, P., G. Crivello and M. Woodhead, *Early Childhood Transitions Research: A review of concepts, theory and practice*, Bernard Van Leer Foundation, The Hague, 2008.
 - 36 Cunningham, A., and L. Baker, *What about Me! Seeking to understand a child's view of violence in the family*, Centre for Children and Families in the Justice System, London, ON, 2004.
 - 37 Schwarzer, R., and C. Schwarzer, 'A Critical Survey of Coping Instruments', in *Handbook of Coping: Theory, research, applications*, edited by M. Zeidner and N. S. Endler, Wiley, New York, 1996; Pynoos, R. S., 'Traumatic Stress and Developmental Psychopathology in Children and Adolescents', in *Review of Psychiatry*, edited by J. Oldham, M. Riba and A. Tasman, American Psychiatric Press, Washington, DC, 1993.
 - 38 Mulder, E. J. H., et al., 'Prenatal Maternal Stress: Effects on pregnancy and the (unborn) child,' *Early Human Development*, vol. 70, no. 1, 2002, pp. 3-14; Quinlivan, J., 'Study of Adolescent Pregnancy in Western Australia,' paper presented at 'The Way Forward: Children, young people and domestic violence', Melbourne, 2000.
 - 39 Margolin, G., 'Effects of Witnessing Violence on Children', in *Violence against Children in the Family and the Community*, edited by P. K. Trickett and C. J. Schellenbach, American Psychological Association, Washington, DC, 1998; Murphy, C. C., et al., 'Abuse: A risk factor for low birth weight? A systematic review and meta-analysis', *Canadian Medical Association Journal*, vol. 164, no. 11, 2001, pp. 1567-1572; Valladares, E., et al., 'Physical Partner Abuse During Pregnancy: A risk factor for low birth weight in Nicaragua', *Obstetrics and Gynecology*, vol. 100, no. 4, 2002, pp. 700-705.
 - 40 Rodrigues, T., L. Rocha and H. Barros, 'Physical Abuse during Pregnancy and Preterm Delivery', *American Journal of Obstetrics and Gynecology*, vol. 198, no. 2, 2008, pp. 171.e1-e6.
 - 41 Taillieu, T. L., and D. A. Brownridge, 'Violence against Pregnant Women: Prevalence, patterns, risk factors, theories, and directions for future research', *Aggression and Violent Behavior*, vol. 15, no. 1, 2010, pp. 14-35.
 - 42 See, for example, Pinheiro, P. S., *World Report on Violence against Children*, UN Secretary-General's Study on Violence against Children, United Nations, Geneva, 2006, p. 50; Boudreaux, M. C., and W. D. Lord, 'Combating Child Homicide: Preventive policing for the new millennium', *Journal of Interpersonal Violence*, vol. 20, no. 4, 2005, pp. 380-387; Bernard Van Leer Foundation, *Setting Our Agenda on Early Learning, Violence and Physical Development: Early childhood matters*, Bernard Van Leer Foundation, The Hague, 2010, p. 1.
 - 43 Dutton-Scott, E., 'Domestic Violence and its Impact on Children's Development', edited version of presentation delivered at the Department of Community Services' Fourth Domestic Violence Forum, Glebe, 2002, <www.community.nsw.gov.au/docswr/_assets/main/documents/dv_paper.pdf>, accessed 18 June 2014.
 - 44 Gunnar, M. R., and R. Barr, 'Stress, Early Brain Development, and Behaviour', *Infants and Young Children*, vol. 11, no. 1, 1998, pp. 1-14; Osofsky, J. D., 'The Effects of Exposure to Violence on Young Children', *American Psychologist*, vol. 50, no. 9, 1995, pp. 782-788; Holt, S., H. Buckley and S. Whelan, 'The Impact of Exposure to Domestic Violence on Children and Young People: A review of the literature', *Child Abuse & Neglect*, vol. 32, no. 8, 2008, pp. 797-810; Lupien, S. J., et al., 'Effects of Stress Throughout the Lifespan on the Brain, Behaviour and Cognition', *Nature Reviews Neuroscience*, vol. 10, no. 6, 2009, pp. 434-445.
 - 45 Experiences of extreme stress activate the brain's stress management systems and lead to neurobiological responses that are generally protective under normal circumstances. However, when the brain's stress management systems are activated persistently under experiences of extreme adversity, these responses can become pathogenic. See: Shonkoff, J. P., W. T. Boyce and B. S. McEwen, 'Neuroscience, Molecular Biology, and the Childhood Roots of Health Disparities: Building a new framework for health promotion and disease prevention', *JAMA*, vol. 301, no. 21, 2009, pp. 2252-2259.
 - 46 Dietz, T. L., 'Disciplining Children: Characteristics associated with the use of corporal punishment and non-violent discipline', *Child Abuse & Neglect*, vol. 24, no. 12, 2002, pp. 1529-1542.
 - 47 Pereznieto, et al., op. cit.
 - 48 Mayall, B., and H. Zeiher, editors, *Childhood in Generational Perspective*, Institute of Education, University of London, London, 2003; Lancy, D. F., *The Anthropology of Childhood: Cherubs, chattel, changelings*, Cambridge University Press, Cambridge, 2008; Vogler, Crivello and Woodhead, op. cit.
 - 49 United Nations Children's Fund, *Eliminating Discrimination against Children and Parents Based on Sexual Orientation and/or Gender Identity*, UNICEF Position Paper, no. 9, May 2014 (unpublished).
 - 50 Garcia-Moreno, C. et al., *WHO Multi-country Study on Women's Health and Domestic Violence against Women*, World Health Organization, Geneva, 2005; United Nations Children's Fund, *A Study on Violence against Girls*, UNICEF Innocenti Research Institute, Florence, 2009.
 - 51 Le, M. T. H., et al., 'Early Marriage and Intimate Partner Violence Among Adolescents and Young Adults in Viet Nam',

Journal of Interpersonal Violence, vol. 29, no. 5, 2014, pp. 889-910; Speizer, I. S., and E. Pearson, 'Association between Early Marriage and Intimate Partner Violence in India: A focus on youth from Bihar and Rajasthan', *Journal of Interpersonal Violence*, vol. 26, no. 10, 2011, pp. 1963-1981.

- 52 United Nations Children's Fund, 2009, op. cit.
- 53 Harris, J. R., *The Nurture Assumption: Why children turn out the way they do*, Free Press, New York, 1998.
- 54 Hart, J. *Children's Participation in Humanitarian Action: Learning from zones of armed conflict*, synthesis report prepared for the Canadian International Development Agency (CIDA), Refugee Studies Centre, Oxford, 2004.

CHAPTER 2

- 1 ChildONEurope, *Guidelines on Data Collection and Monitoring Systems on Child Abuse*, Florence, 2009; Krug, E. G., et al., editors, *World Report on Violence and Health*, World Health Organization, Geneva, 2002.
- 2 ChildONEurope, op. cit.
- 3 Smith, K., et al., *Using Administrative Records to Evaluate the Accuracy of Child Abuse Reports in a National Survey of Child Abuse and Neglect*, presented at the American Association for Public Opinion Research Conference, Anaheim, 2007.
- 4 ChildONEurope, op. cit.
- 5 Krug et al., op. cit.
- 6 Krug et al., op. cit.; Kruger, J., et al., 'A Public Health Approach to Violence Prevention in South Africa', in *The Dynamics of Aggression and Violence in South Africa*, edited by R. van Eeden and M. Wentzel, Human Sciences Research Council, Pretoria, 1998.
- 7 Krug et al., op. cit.; Houry, D., et al., 'Emergency Department Documentation in Cases of Intentional Assault', *Annals of Emergency Medicine*, vol. 34, no. 6, 1999, pp. 715-719.
- 8 Krug et al., op. cit.
- 9 Double counting can be an issue with judicial data when a reported crime includes one or several offenders and/or one or more victims. Additionally, a person can commit more than one form of violence at a time, complicating the counting of offences. Source: ChildONEurope, op. cit.
- 10 Fallon, B., et al., 'Methodological Challenges in Measuring Child Maltreatment', *Child Abuse & Neglect*, vol. 34, no. 1, 2010, pp. 70-79.
- 11 McClain, P. W., et al., 'Estimates of Fatal Child Abuse and Neglect, United States, 1979 through 1988', *Pediatrics*, vol. 91, no. 2, 1993, pp. 338-343.
- 12 Grimm, B., 'Child Deaths from Abuse and Neglect: Accurate data, public disclosure needed', *Journal of the National Center for Youth Law*, vol. 28, no. 1, 2007, pp. 1-11.
- 13 Surveys can be conducted using different settings as primary sampling units for data collection, including households, schools or other establishments. Household surveys involve gathering information from a sample of households that are usually selected at random from a predefined list of all the households in a specific area. School-based surveys usually involve self-administered questionnaires given to young people in school settings. Establishment surveys are carried out in places of employment, for instance, and can inquire about circumstances and behaviours related to the establishment used as the sample unit as well as about experiences in other settings.

- 14 Krug et al., op. cit.
- 15 United Nations Children's Fund, *Manual for the Measurement of Indicators of Violence against Children*, UNICEF, New York, 2006 (unpublished).
- 16 ChildONEurope, op. cit.
- 17 Krug et al., op. cit.
- 18 Radford, L., et al., *Child Abuse and Neglect in the UK Today*, National Society for the Prevention of Cruelty to Children, London, 2011.
- 19 Gilbert, R., et al., 'Burden and Consequences of Child Maltreatment in High-income Countries', *The Lancet*, vol. 373, no. 9657, 2009, pp. 68-81.
- 20 Haverkamp, B. E., and R. A. Young, 'Paradigms, Purpose, and the Role of the Literature: Formulating a rationale for qualitative investigations', *The Counseling Psychologist*, vol. 35, no. 2, 2007, pp. 265-294.
- 21 Sofaer, S., 'Qualitative Methods: What are they and why use them?', *Health Services Research*, vol. 34, no. 5, 1999, pp. 1101-1118.
- 22 Tyldum, G., 'Limitations in Research on Human Trafficking', *International Migration*, vol. 48, no. 5, 2010, pp. 1-13.
- 23 Mudaly, N., and C. Goddard, 'The Ethics of Involving Children Who Have Been Abused in Child Abuse Research', *International Journal of Children's Rights*, vol. 17, no. 2, 2009, pp. 261-281.
- 24 Pope, C., S. Ziebland and N. Mays, 'Qualitative Research in Healthcare. Analysing Qualitative Data', *BMJ*, vol. 320, no. 7227, 2000, pp. 114-116.
- 25 Moriarty, J., *Qualitative Methods Overview*, School for Social Care Research, London, 2011.
- 26 United Nations Committee on the Rights of the Child, *General Comment No. 13 (2011): The right of the child to freedom from all forms of violence*, UN document CRC/C/GC/13, Office of the High Commissioner for Human Rights, Geneva, 18 April 2011.
- 27 United Nations Committee on the Rights of the Child, op. cit.
- 28 Kadir, A., F. Marais and N. Desmond, 'Community Perceptions of the Social Determinants of Child Health in Western Cape, South Africa: Neglect as a major indicator of child health and wellness', *Paediatrics and International Child Health*, vol. 33, no. 4, 2013, pp. 310-321.
- 29 In the 18- to 24-year-old age group, child neglect was measured by asking participants how often the following events occurred when they were "a young child (say under the age of 12)": (a) parents or carers expected them to do their own laundry under the age of 12; (b) child had regular dental check-ups; (c) child went to school in clothes that were dirty, torn or that did not fit because there were no clean ones available; (d) child went hungry because no one got his/her meals ready or there was no food in the house; (e) child looked after younger brothers or sisters while parents were out; (f) child was ill, but no one looked after him/her or took him/her to the doctor; or (g) child did not have a safe place to stay. Answers of 'often' or 'always' for all questions except dental check-ups were coded as neglect; a child rarely or never having a dental check-up was coded as neglect. This measure was adopted from an earlier study in the United Kingdom by the National Society for the Prevention of Cruelty to Children conducted in 1998. Source: Radford et al., op. cit.
- 30 In this study, a measure of child neglect from the second revision of the Juvenile Victimization Questionnaire (JVQ-R2) was used. Participating children and youth were asked:

- "When someone is neglected, it means that the grown-ups in their life didn't take care of them the way they should. They might not get them enough food, take them to the doctor when they are sick, or make sure they have a safe place to stay. At any time in your life, did you get neglected?" Source: Finkelhor, D., et al., 'Violence, Crime, and Abuse Exposure in a National Sample of Children and Youth: An update', *JAMA Pediatrics*, vol. 167, no. 7, 2013, pp. 614-621.
- 31 Public Health Agency of Canada, *Canadian Incidence Study of Reported Child Abuse and Neglect: Major findings*, Public Health Agency of Canada, Ottawa, 2010.
 - 32 Dubowitz, H., S. C. Pitts and M. M. Black, 'Measurement of Three Major Subtypes of Child Neglect', *Child Maltreatment*, vol. 9, no. 4, 2004, pp. 344-356.
 - 33 Straus, M. A., and G. K. Kantor, 'Definition and Measurement of Neglectful Behavior: Some principles and guidelines', *Child Abuse & Neglect*, vol. 29, no. 1, 2005, pp. 19-29.
 - 34 Straus and Kantor, op. cit.
 - 35 DePanfilis, D., *Child Neglect: A guide for prevention, assessment, and intervention*, United States Department of Health and Human Services Administration for Children and Families, Office on Child Abuse and Neglect, Washington, DC, 2006.
 - 36 Slack, K. S., et al., 'Improving the Measurement of Child Neglect for Survey Research: Issues and recommendations', *Child Maltreatment*, vol. 8, no. 2, 2003, pp. 98-111.
 - 37 Slack et al., op. cit.
 - 38 Dubowitz, Pitts and Black, op. cit.
 - 39 Slack et al., op. cit.
 - 40 Kantor, G. K., et al., 'Development and Preliminary Psychometric Properties of the Multidimensional Neglectful Behavior Scale-Child Report', *Child Maltreatment*, vol. 9, no. 5, 2004, pp. 409-428.
 - 41 Dubowitz, Pitts and Black, op. cit.
 - 42 Stowman, S. A., and B. Donohue, 'Assessing Child Neglect: A review of standardized measures', *Aggression and Violent Behavior*, vol. 10, no. 4, 2005, pp. 491-512; Totsika, V., and K. Sylva, 'The Home Observation for Measurement of the Environment Revisited', *Child and Adolescent Mental Health*, vol. 9, no. 1, 2004, pp. 25-35; Lyons, P., et al., 'The Child Well-Being Scales as a Clinical Tool and a Management Information System', *Child Welfare*, vol. 78, no. 2, 1999, pp. 241-258; Lyons, P., et al., 'Risk Assessment for Child Protective Services: A review of the empirical literature on instrument performance', *Social Work Research*, vol. 20, no. 3, 1996, pp. 143-155.
 - 43 Fallon et al., op. cit.
 - 44 ChildONEurope, op. cit.
 - 45 Krug et al., op. cit.
 - 46 United Nations Children's Fund, 2006, op. cit.
 - 47 Fallon et al., op. cit.; Krug et al., op. cit.
 - 48 English, D. J., et al., 'Maltreatment's Wake: The relationship of maltreatment dimensions to child outcomes', *Child Abuse & Neglect*, vol. 29, no. 5, 2005, pp. 597-619; MacMillan, H. L., et al., 'Prevalence of Child Physical and Sexual Abuse in the Community: Results from the Ontario health supplement', *JAMA*, vol. 278, no. 2, 1997, pp. 131-135.
 - 49 Fallon et al., op. cit.
 - 50 Krug et al., op. cit.
 - 51 Ybarra, M.L., et al., 'Impact of Asking Sensitive Questions about Violence to Children and Adolescents', *Journal of Adolescent Health*, vol. 45, no. 5, 2009, pp. 499-507; Seedat, S., et al., 'Ethics of Research on Survivors of Trauma', *Current Psychiatry Reports*, vol. 6, no. 4, 2004, pp. 262-267.
 - 52 Child Protection Monitoring and Evaluation Reference Group, *Ethical Principles, Dilemmas and Risks in Collecting Data on Violence against Children: A review of available literature*, Statistics and Monitoring Section, Division of Policy and Strategy, United Nations Children's Fund, New York, 2012.
 - 53 Langhinrichsen-Rohling, J., et al., 'Sensitive Research with Adolescents: Just how upsetting are self-report surveys anyway?', *Violence and Victims*, vol. 21, no. 4, 2006, pp. 425-444.
 - 54 Child Protection Monitoring and Evaluation Reference Group, op. cit.
 - 55 Ybarra et al., op. cit.
 - 56 Langhinrichsen-Rohling et al., op. cit.
 - 57 Dyregrov, K., A. Dyregrov and M. Raundalen, 'Refugee Families' Experience of Research Participation', *Journal of Traumatic Stress*, vol. 13, no. 3, 2000, pp. 413-426.
 - 58 Ullman, S., 'Asking Research Participants about Trauma and Abuse', *American Psychologist*, vol. 62, no. 4, 2007, pp. 329-330.
 - 59 Child Protection Monitoring and Evaluation Reference Group, op. cit.
 - 60 Child Protection Monitoring and Evaluation Reference Group, op. cit.; Gallagher, M., 'Ethics', in *Researching with Children and Young People: Research design, method and analysis*, edited by E. K. M. Tisdall, J. M. Davis and M. Gallagher, Sage Publications, London, 2009.
 - 61 Child Protection Monitoring and Evaluation Reference Group, op. cit.; Ondrusek, N., et al., 'Empirical Examination of the Ability of Children to Consent to Clinical Research', *Journal of Medical Ethics*, vol. 24, no. 3, 1998, pp. 158-165; Abramovitch, R., et al., 'Children's Capacity to Consent to Participation in Psychological Research: Empirical findings', *Child Development*, vol. 62, no. 5, 1991, pp. 1100-1109.
 - 62 Child Protection Monitoring and Evaluation Reference Group, op. cit.
 - 63 Child Protection Monitoring and Evaluation Reference Group, op. cit.; World Health Organization, *Draft WHO Ethical and Safety Guidelines for Sexual and Reproductive Health Research and Data Collection with Adolescents*, WHO, Geneva, 2011; Edmonds, C., *Ethical Considerations when Conducting Research on Children in the Worst Forms of Child Labour in Nepal*, International Programme on the Elimination of Child Labour, International Labour Organization, Geneva, 2005.
 - 64 Child Protection Monitoring and Evaluation Reference Group, op. cit.
 - 65 Clacherty, G., and D. Donald, 'Child Participation in Research: Reflections on ethical challenges in the southern African context', *African Journal of AIDS Research*, vol. 6, no. 2, 2007, pp. 147-156.
 - 66 ChildONEurope, op. cit.; Krug et al., op. cit.
 - 67 Child Protection Monitoring and Evaluation Reference Group, op. cit.
 - 68 Child Protection Monitoring and Evaluation Reference Group, op. cit.
 - 69 Straus, M. A., 'Measuring Intrafamily Conflict and Violence:

The conflict tactics (CT) scales', *Journal of Marriage and the Family*, vol. 41, no. 1, 1979, pp. 75-88; Straus, M. A., et al., 'Identification of Child Maltreatment with the Parent-Child Conflict Tactics Scales: Development and psychometric data for a national sample of American parents', *Child Abuse & Neglect*, vol. 22, no. 4, 1998, pp. 249-270.

- 70 This list includes countries that collected information on child discipline in MICS3, MICS4 or both rounds. Several additional countries are currently completing the preparation of MICS4 reports and therefore this number only represents those with available results as of May 2014.
- 71 A few countries conducted surveys using standard DHS modules and terminology but were not part of the DHS global programme.
- 72 According to the pages on the Global School-based Student Health Surveys on the WHO website (as of May 2014).
- 73 According to the Health Behaviour in School-aged Children Study website (as of May 2014).
- 74 Surveys conducted as part of an international survey programme were not included in the review.

CHAPTER 3

- 1 United Nations Committee on the Rights of the Child, *General Comment No. 13 (2011): The right of the child to freedom from all forms of violence*, UN document CRC/C/GC/13, Office of the High Commissioner for Human Rights, Geneva, 18 April 2011.
- 2 The National Child Traumatic Stress Network, 'Child Physical Abuse Fact Sheet', 2009, <www.nctsn.org/sites/default/files/assets/pdfs/ChildPhysicalAbuse_Factsheet.pdf>, accessed 17 June 2014.
- 3 Krug, E. G., et al., editors, *World Report on Violence and Health*, World Health Organization, Geneva, 2002.
- 4 United Nations Committee on the Rights of the Child, op. cit.
- 5 Lysenko, L. J., E. D. Barker and S. R. Jaffee, 'Sex Differences in the Relationship between Harsh Discipline and Conduct Problems', *Social Development*, vol. 22, no. 1, 2013, pp. 197-214; McKee, L., et al., 'Harsh Discipline and Child Problem Behaviors: The roles of positive parenting and gender', *Journal of Family Violence*, vol. 22, no. 4, 2007, pp. 187-196.
- 6 Finkelhor, D., et al., 'Polyvictimization: Children's exposure to multiple types of violence, crime, and abuse', *OJJDP Juvenile Justice Bulletin*, October 2011.
- 7 Duke, N. N., et al., 'Adolescent Violence Perpetration: Associations with multiple types of adverse childhood experiences', *Pediatrics*, vol. 125, no. 4, 2010, pp. e778-e786.
- 8 Norman, R. E., et al., 'The Long-term Health Consequences of Child Physical Abuse, Emotional Abuse, and Neglect: A systematic review and meta-analysis', *PLOS Medicine*, vol. 9, no. 11, 2012, pp. 1-31; Lansford, J. E., et al., 'A 12-year Prospective Study of the Long-term Effects of Early Child Physical Maltreatment on Psychological, Behavioral, and Academic Problems in Adolescence', *Archives of Pediatrics & Adolescent Medicine*, vol. 156, no. 8, 2002, pp. 824-830; Child Welfare Information Gateway, 'Factsheet: Long-term consequences of child abuse and neglect', US Department of Health and Human Services, Children's Bureau, Washington, DC, 2013; Krug et al., op. cit.
- 9 Child Welfare Information Gateway, op. cit.
- 10 Child Welfare Information Gateway, op. cit.; Lansford et al.,

op. cit.

- 11 Zielinski, D. S., 'Child Maltreatment and Adult Socioeconomic Well-being', *Child Abuse & Neglect*, vol. 33, no. 10, 2009, pp. 666-678.
- 12 Lansford et al., op. cit.
- 13 Norman et al., op. cit.; Krug et al., op. cit.
- 14 Vagi, K. J., et al., 'Beyond Correlates: A review of risk and protective factors for adolescent dating violence perpetration', *Journal of Youth and Adolescence*, vol. 42, no. 4, 2013, pp. 633-649; Duke et al., op. cit.; Shields, A., and D. Cicchetti, 'Parental Maltreatment and Emotion Dysregulation as Risk Factors for Bullying and Victimization in Middle Childhood', *Journal of Clinical Child & Adolescent Psychology*, vol. 30, no. 3, 2001, pp. 349-363.
- 15 Krug et al., op. cit.
- 16 World Health Organization, Department of Health Statistics and Information Systems, Global Health Estimates (GHE), <www.who.int/healthinfo/global_burden_disease/en/>, accessed 18 June 2014.
- 17 United Nations Office on Drugs and Crime, *Global Study on Homicide 2013: Trends, contexts, data*, UNODC, Vienna, 2014.
- 18 United Nations Office on Drugs and Crime, op. cit., p. 100.
- 19 Krug et al., op. cit.
- 20 World Health Organization, *Global Health Estimates (GHE) Summary Tables: Deaths by cause, age, sex and region, 2012*, WHO, Geneva, 2014, recalculated according to UNICEF's regional classification.
- 21 This last cause refers to injuries and killings resulting from the use of force and firearms by the police or other law enforcement agents in the course of arresting or attempting to arrest lawbreakers, while maintaining order or during other legal actions. See: United Nations Office on Drugs and Crime, op. cit., p. 102.
- 22 World Health Organization, op. cit., recalculated according to UNICEF's regional classification.
- 23 Viner, R. M., et al., '50-year Mortality Trends in Children and Young People: A study of 50 low-income, middle-income and high-income countries', *The Lancet*, vol. 377, no. 9772, 2011, pp. 1162-1174.
- 24 Recalculated for UNICEF by the United Nations Office on Drugs and Crime.
- 25 United Nations Office on Drugs and Crime, op. cit., p. 15. It is important to highlight that the available data do not always distinguish between deaths in which the victim was directly involved in some violent or criminal behaviour and those in which the victim may have been an unintended target or innocent bystander. It is certainly the case that many victims die by homicide even when they are not willing or active participants in crime or gang-related activities.
- 26 Given the high proportion of homicides for which the perpetrator is unknown, this figure may be even higher. See: United Nations Office on Drugs and Crime, op. cit., p. 53.
- 27 United Nations Office on Drugs and Crime, op. cit., p. 49.
- 28 United Nations Office on Drugs and Crime, op. cit.
- 29 Krug et al., op. cit.
- 30 Seelke, C. R., *Gangs in Central America*, Congressional Research Service, Washington, DC, 2011.
- 31 Bennett, T., and K. Holloway, 'Gang Membership, Drugs and

- Crime in the UK', *British Journal of Criminology*, vol. 44, no. 3, 2004, pp. 305-323; Esbensen, F. A., et al., 'Similarities and Differences in Risk Factors for Violent Offending and Gang Membership', *Australian and New Zealand Journal of Criminology* (Australian Academic Press), vol. 42, no. 3, 2009, pp. 310-335.
- 32 Howell, J. C., and A. J. Egly, 'Moving Risk Factors into Developmental Theories of Gang Membership', *Youth Violence and Juvenile Justice*, vol. 3, no. 4, 2005, pp. 334-354.
- 33 Seelke, op. cit.; Dupéré, V., et al., 'Affiliation to Youth Gangs During Adolescence: The interaction between childhood psychopathic tendencies and neighborhood disadvantage', *Journal of Abnormal Child Psychology*, vol. 35, no. 6, 2007, pp. 1035-1045; Hill, K. G., et al., 'Childhood Risk Factors for Adolescent Gang Membership: Results from the Seattle Social Development Project', *Journal of Research in Crime and Delinquency*, vol. 36, no. 3, 1999, pp. 300-322; Lizotte, A. J., et al., 'Factors Influencing Gun Carrying among Young Urban Males over the Adolescent-Young Adult Life Course', *Criminology*, vol. 38, no. 3, 2000, pp. 811-834.
- 34 Portillo, N., 'Estudios Sobre Pandillas Juveniles en El Salvador y Centroamérica: Una revisión de su dimensión participativa', *Apuntes de Psicología*, vol. 21, no. 3, 2003, pp. 475-493.
- 35 Klein, M. W., and C. L. Maxson, *Street Gang Patterns and Policies*, Oxford University Press, New York, 2006; Hawkins, J. D., et al., 'Predictors of Youth Violence', *Juvenile Justice Bulletin*, Office of Juvenile Justice and Delinquency Prevention, Washington, DC, 2000; Hill et al., op. cit.; Eitle, D., S. Gunkel and K. Van Gundy, 'Cumulative Exposure to Stressful Life Events and Male Gang Membership', *Journal of Criminal Justice*, vol. 32, no. 2, 2004, pp. 95-111.
- 36 Peterson, D., T. J. Taylor and F. A. Esbensen, 'Gang Membership and Violent Victimization', *Justice Quarterly*, vol. 21, no. 4, 2004, pp. 793-815; Taylor, T. J., et al., 'Gang Membership as a Risk Factor for Adolescent Violent Victimization', *Journal of Research in Crime and Delinquency*, vol. 44, no. 4, 2007, pp. 351-380; Melde, C., T. J. Taylor and F. A. Esbensen, "'I Got Your Back": An examination of the protective function of gang membership in adolescence', *Criminology*, vol. 47, no. 2, 2009, pp. 565-594.
- 37 Miller, J., and S. H. Decker, 'Young Women and Gang Violence: Gender, street offending and violent victimization in gangs', *Justice Quarterly*, vol. 18, no. 1, 2001, pp. 115-140.
- 38 Beckett, H., et al., *It's Wrong...But You Get Used to It: A qualitative study of gang-associated sexual violence towards, and exploitation of, young people in England*, University of Bedfordshire, Luton, 2013; The Centre for Social Justice, *Girls and Gangs*, The Centre for Social Justice, London, 2014.
- 39 Gatti, U., et al., 'Youth Gangs, Delinquency and Drug Use: A test of the selection, facilitation, and enhancement hypotheses', *Journal of Child Psychology and Psychiatry*, vol. 46, no. 11, 2005, pp. 1178-1190; Katz, C. M., and A. M. Fox, 'Risk and Protective Factors Associated with Gang-involved Youth in Trinidad and Tobago', *Pan American Journal of Public Health*, vol. 27, no. 3, 2010, pp. 187-202; Swahn, M. H., et al., 'Alcohol and Drug Use among Gang Members: Experiences of adolescents who attend school', *Journal of School Health*, vol. 80, no. 7, 2010, pp. 353-360.
- 40 National Gang Center, *National Youth Gang Survey Analysis*, <www.nationalgangcenter.gov/Survey-Analysis>, accessed 12 May 2014.
- 41 United Nations Office on Drugs and Crime, op. cit., p. 43.
- 42 United Nations Office on Drugs and Crime, op. cit., p. 43.
- 43 United Nations Office on Drugs and Crime, op. cit., p. 43.
- 44 Murray, J., D. R. C. Cerqueira and T. Kahn, 'Crime and Violence in Brazil: Systematic review of time trends, prevalence rates and risk factors', *Aggression and Violent Behavior*, vol. 18, no. 5, 2013, pp. 471-483.
- 45 Murray, Cerqueira and Kahn, op. cit.
- 46 de Melo, D. L. B., and I. Cano, *Homicídios na Adolescência: IHA 2009-2010*, Favela Observatory, Rio de Janeiro, 2012.
- 47 United Nations Children's Fund, *Annual Report 2011 for Brazil*, UNICEF Regional Office for Latin America and the Caribbean, Panama, 2012, <www.unicef.org/about/annualreport/files/Brazil_COAR_2011.pdf>, accessed 1 June 2014.
- 48 Krug et al., op. cit.
- 49 de Melo and Cano, op. cit.
- 50 de Melo and Cano, op. cit.
- 51 For further information, see: PRVL, <<http://prvl.org.br/>>, accessed 1 June 2014; Favela Observatory, <<http://observatoriodefavelas.org.br/en>>, accessed 1 June 2014; Secretariat for Human Rights, <www.sdh.gov.br/>, accessed 1 June 2014; and Violence Analysis Laboratory: <www.lav.uerj.br/>, accessed 1 June 2014.
- 52 Secretariat for Human Rights, United Nations Children's Fund, Favela Observatory and Violence Analysis Laboratory, *Municipal Guide for Preventing Lethal Violence against Adolescents and Young People*, Favela Observatory, Rio de Janeiro, 2012. For further information, see: <<http://observatoriodefavelas.org.br/categoria/acervo/publicacoes/>>, accessed 1 June 2014.
- 53 Willadino, R., et al., *Prevenção à Violência e Redução de Homicídios de Adolescentes e Jovens no Brasil*, 2011, Favela Observatory, Rio de Janeiro, 2011.
- 54 For further information, see: <www.juventude.gov.br/juventudeviva/>, accessed 1 June 2014.
- 55 de Melo and Cano, op. cit.; United Nation's Children's Fund, Secretariat for Human Rights, Favela Observatory and Violence Analysis Laboratory, *Homicídios na Adolescência: IHA 2005/2007*, Secretariat for Human Rights, Brasília, 2010.
- 56 Willadino, op. cit.
- 57 For further information, see: <<http://observatoriodefavelas.org.br/categoria/acervo/publicacoes/>>, accessed 1 June 2014.
- 58 See: <<http://monitoramento.seppir.gov.br/paineis/pjv/index.vm?f=vulnerabilidades>>, accessed 1 June 2014.
- 59 United Nation's Children's Fund, *UNICEF Seal of Approval*, <www.selounicef.org.br/_selounicef.php?op=1&k=2>, accessed 22 May 2014.
- 60 United Nation's Children's Fund, *Platform for Urban Centres*, <www.unicef.org/brazil/pt/br_folderPCU_EN_1316.pdf>, accessed 22 May 2014.
- 61 Ministerio de Salud Pública y Asistencia Social, Instituto Nacional de Estadística, Centros de Control y Prevención de Enfermedades, et al., *Encuesta Nacional de Salud Materno Infantil (ENSMI) 2008-2009*, Guatemala, 2011.
- 62 Instituto Nacional de Información de Desarrollo and Ministerio de Salud, *Encuesta Nicaragüense de Demografía y Salud (ENDESA) 2006/07: Informe final*, Managua, 2008.
- 63 Institut National de la Statistique, *Enquête Nationale Sur Le Suivi des Objectifs du Millénaire pour le Développement (ENSOMD) à Madagascar, 2012-2013*, Antananarivo, 2013.

- 64 Vanuatu Women's Centre, *The Vanuatu National Survey on Women's Lives and Family Relationships*, Port Vila, 2011.
- 65 ICON-Institut Public Sector, Hacettepe Institute of Population Studies and BNB Consulting Ltd., *National Research on Domestic Violence against Women in Turkey*, Republic of Turkey Prime Ministry Directorate General on the Status of Women, Ankara, 2009.
- 66 United Nations Children's Fund Kenya Country Office, Division of Violence Prevention, National Center for Injury Prevention and Control, US Centers for Disease Control and Prevention and Kenya National Bureau of Statistics, *Violence against Children in Kenya: Findings from a 2010 national survey – Summary report on the prevalence of sexual, physical and emotional violence, context of sexual violence, and health and behavioral consequences of violence experienced in childhood*, Nairobi, 2012.
- 67 United Nations Children's Fund Swaziland, *A National Study on Violence against Children and Young Women in Swaziland*, UNICEF Swaziland, Mbabane, 2007.
- 68 United Nations Children's Fund, US Centers for Disease Control and Prevention and Muhimbili University of Health and Allied Sciences, *Violence against Children in Tanzania: Findings from a national survey, 2009*, UNICEF Tanzania, Dar es Salaam, 2011.
- 69 Zimbabwe National Statistics Agency, United Nations Children's Fund and Collaborating Centre for Operational Research and Evaluation, *National Baseline Survey on Life Experiences of Adolescents, 2011*, Harare, 2013.
- 70 It is worth noting that those girls aged 13 to 17 years who did not report experiencing physical violence at the time of the survey are still at risk of being victimized before they leave childhood.
- 71 In Kenya, the United Republic of Tanzania and Zimbabwe, the overall prevalence rates for physical violence among girls in the VACS exceeded 60 per cent compared to rates of 30 per cent found through the DHS. These discrepancies can be largely attributed to the different indicator definitions and age ranges covered in the surveys. DHS asked adolescent girls about their experiences of physical violence since age 15, while the VACS asked adolescents and young adults retrospectively about their experiences of physical violence prior to age 18, which would include experiences of physical violence prior to age 15.
- 72 Data were collected in other countries that conducted a DHS but could not be presented for girls aged 15 to 19 either because the datasets are unavailable or restricted or because results are based on less than 25 unweighted cases.
- 73 Devries, K. M., et al., 'Intimate Partner Violence during Pregnancy: Analysis of prevalence data from 19 countries', *Reproductive Health Matters*, vol. 18, no. 36, 2010, pp. 158-170; Krug et al., op. cit.
- 74 Ganatra, B. R., K. J. Coyaji and V. N. Rao, 'Too Far, Too Little, Too Late: A community-based case-control study of maternal mortality in rural west Maharashtra, India', *Bulletin of the World Health Organization*, vol. 76, no. 6, 1998, pp. 591-598.
- 75 Ahmed, S., M. A. Koenig and R. Stephenson, 'Effects of Domestic Violence on Perinatal and Early-childhood Mortality: Evidence from North India', *American Journal of Public Health*, vol. 96, no. 8, 2006, pp. 1423-1428.
- 76 The International Violence against Women Surveys also collected data on violence in pregnancy among adult women. According to these surveys, the rates of physical or sexual violence during pregnancy among 18- to 69-year-old women with at least one child are: Australia (2 per cent), Denmark (2 per cent), Mozambique (7 per cent) and the Philippines (2 per cent).
- 77 Kishor, S., and K. Johnson, *Profiling Domestic Violence: A multi-country study*, ORC Macro, Calverton, 2004.
- 78 It is worth noting that those boys aged 13 to 17 years who did not report experiencing physical violence at the time of the survey are still at risk of being victimized before they leave childhood.

CHAPTER 4

- United Nations Committee on the Rights of the Child, *General Comment No. 13 (2011): The right of the child to freedom from all forms of violence*, UN document CRC/C/GC/13, Office of the High Commissioner for Human Rights, Geneva, 18 April 2011.
- United Nations Children's Fund, *Preventing and Responding to Child Sexual Abuse and Exploitation: Evidence review*, UNICEF, New York, 2014 (forthcoming).
- United Nations Children's Fund, 2014, op. cit.
- United Nations General Assembly, *Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography*, United Nations, New York, 2000, <www.ohchr.org/EN/ProfessionalInterest/Pages/OPSCCRC.aspx>, accessed 14 April 2014.
- Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (CETS no. 201), <www.coe.int/t/dghl/standardsetting/children/Lanzarote%20Convention_EN.pdf>, accessed 5 May 2014.
- United Nations Children's Fund, 2014, op. cit.
- Gallagher, B., et al., 'The Sexual Abuse of Children by Strangers: Its extent, nature and victims' characteristics', *Children and Society*, vol. 16, no. 5, 2002, pp. 346-359.
- Grooming refers to a gradual process through which offenders increasingly sexualize a relationship.
- Mudaly, C., and C. Goddard, *The Truth is Longer than a Lie: Children's experiences of abuse and professional interventions*, Jessica Kingsley Publishers, London, 2006.
- A wealth of research literature explores the causes, risk factors, consequences of and responses to sexual violence. The review included in this chapter is meant to provide only a brief overview of what is known about sexual violence in relation to children and should be considered illustrative rather than exhaustive.
- Krahe, B., et al., 'Childhood Sexual Abuse and Revictimization in Adolescence', *Child Abuse & Neglect*, vol. 23, no. 4, 1999, pp. 383-394.
- Chen, L., 'Sexual Abuse and Lifetime Diagnosis of Psychiatric Disorders: Systematic review and meta-analysis', *Mayo Clinic Proceedings*, vol. 85, no. 7, 2010, pp. 618-629.
- Molnar, B., et al., 'Psychopathology, Childhood Sexual Abuse and Other Childhood Adversities: Relative links to subsequent suicidal behaviour in the US', *Psychological Medicine*, vol. 31, no. 6, 2001, pp. 965-977; Brown, J., et al., 'Child Abuse and Neglect: Specificity of effects on adolescent and young adult depression and suicidality', *Journal of the American Academy of Child and Adolescent Psychiatry*, vol. 38, no. 12, 1999, pp. 190-196; Evans, E., et al., 'Suicidal Phenomena and Abuse in Adolescents: A review of epidemiological studies', *Child Abuse & Neglect*, vol. 29, no. 1, 2005, pp. 45-58.

- 14 Dinwiddie, S., et al., 'Early Sexual Abuse and Lifetime Psychopathology: A co-twin-control study', *Psychological Medicine*, vol. 30, no. 1, 2000, pp. 41-52; Brown et al., op. cit.
- 15 United Nations Children's Fund, 2014, op. cit.
- 16 Pinheiro, P. S., *World Report on Violence against Children*, United Nations Secretary-General's Study on Violence against Children, United Nations, Geneva, 2006.
- 17 Andrews, G., et al., 'Child Sexual Abuse', in *Comparative Quantification of Health Risks: Global and regional burden of disease attributable to selected major risk factors*, vol. 2, edited by M. Ezzati et al., World Health Organization, Geneva, 2004; Clemmons, J., et al., 'Unique and Combined Contributions of Multiple Child Abuse Types and Abuse Severity to Adult Trauma Symptomatology', *Child Maltreatment*, vol. 12, no. 2, 2007, pp. 172-181.
- 18 Howe, D., *Child Abuse and Neglect: Attachment, development and intervention*, Palgrave Macmillan, London, 2005.
- 19 United Nations Children's Fund, 2014, op. cit.
- 20 Dinwiddie et al., op. cit.; Molnar et al., op. cit.
- 21 Widom, C., *Childhood Victimization: Early adversity, later psychopathology*, National Institute of Justice, Washington, DC, 2000.
- 22 Daigneault, I., et al., 'Men's and Women's Childhood Sexual Abuse and Victimization in Adult Partner Relationships: A study of risk factors', *Child Abuse & Neglect*, vol. 33, no. 9, 2009, pp. 638-647.
- 23 Wilson, H., and C. Widom, 'The Role of Youth Problem Behaviour on the Path from Child Abuse and Neglect to Prostitution: A prospective study', *Journal of Research on Adolescence*, vol. 20, no. 1, 2010, pp. 210-236.
- 24 Vizard, E., N. Hickey and E. McCrory, 'Developmental Trajectories Associated with Juvenile Sexually Abusive Behaviour and Emerging Severe Personality Disorder in Childhood: 3-year study', *British Journal of Psychiatry*, vol. 190, no. 49, 2007, pp. 27-32.
- 25 Classen, C. C., et al. 'Sexual Revictimization: A review of the empirical literature', *Trauma Violence & Abuse*, vol. 6, no. 2, 2005, pp. 103-129; Finkelhor, D., R. K. Ormrod and H. A. Turner, 'Re-victimization Patterns in a National Longitudinal Sample of Children and Youth', *Child Abuse & Neglect*, vol. 31, no. 5, 2007, pp. 479-502.
- 26 Finkelhor, D., R. K. Ormrod and H. A. Turner, 'Poly-victimization and Trauma in a National Longitudinal Cohort', *Development and Psychopathology*, vol. 19, no. 1, 2007, pp. 149-166.
- 27 Finkelhor, D., and A. Browne. 'The Traumatic Impact of Child Sexual Abuse: A conceptualization', *American Journal of Orthopsychiatry*, vol. 55, no. 4, 1985, pp. 530-541.
- 28 Arata, C. M., et al., 'Single Versus Multi-type Maltreatment: An examination of the long-term effects of child abuse', *Journal of Aggression, Maltreatment & Trauma*, vol. 11, no. 4, 2005, pp. 29-52; Finkelhor, Ormrod and Turner, op. cit.; Ellonen, N., and V. Salmi, 'Poly-victimization as a Life Condition: Correlates of poly-victimization among Finnish children', *Journal of Scandinavian Studies in Criminology and Crime Prevention*, vol. 12, no. 1, 2011, pp. 20-44; Ford, J., et al., 'Poly-victimization and Risk of Posttraumatic, Depressive, and Substance Use Disorders and Involvement in Delinquency in a National Sample of Adolescents', *Journal of Adolescent Health*, vol. 46, no. 6, 2010, pp. 545-552.
- 29 Arata, C., 'To Tell or Not to Tell: Current functioning of child sexual abuse survivors who disclosed their victimization', *Child Maltreatment*, vol. 3, no. 1, 1998, pp. 63-71; Paine, M., and D. Hansen, 'Factors Influencing Children to Self-disclose Sexual Abuse', *Clinical Psychology Review*, vol. 22, no. 2, 2002, pp. 271-295.
- 30 Nasjleti, M., 'Suffering in Silence: The male incest victim', *Child Welfare*, vol. 59, no. 5, 1980, pp. 269-275.
- 31 Nielsen, T., 'Sexual Abuse of Boys: Current perspectives', *Personnel and Guidance Journal*, vol. 62, no. 3, 1983, pp. 139-142.
- 32 Nasjleti, op. cit.
- 33 United Nations High Commissioner for Refugees, *Rapid Inter-agency Sexual and Gender-based Violence Assessment, Dadaab Refugee Camps and Outskirts: July-August 2011*, UNHCR, Geneva, 2011.
- 34 Stoltenborgh, M., et al., 'A Global Perspective on Child Sexual Abuse: Meta-analysis of prevalence around the world', *Child Maltreatment*, vol. 16, no. 2, 2011, pp. 79-101.
- 35 Ellsberg, M., and L. Heise, *Researching Violence against Women: A practical guide for researchers and activists*, World Health Organization and Program for Appropriate Technology in Health (PATH), Geneva, 2005.
- 36 United Nations Department of Economic and Social Affairs, *Guidelines for Producing Statistics on Violence against Women: Statistical surveys*, UNDESA, New York, 2013.
- 37 Ellsberg, M., et al., 'Researching Domestic Violence against Women: Methodological and ethical considerations', *Studies in Family Planning*, vol. 32, no. 1, 2001, pp. 1-16; World Health Organization, *Putting Women First: Ethical and safety recommendations for research on domestic violence against women*, Department of Gender and Women's Health, Family and Community Health, WHO, Geneva, 2001.
- 38 Andrews et al., op. cit.; Barth, J., et al., 'The Current Prevalence of Child Sexual Abuse Worldwide: A systematic review and meta-analysis', *International Journal of Public Health*, vol. 58, no. 3, 2013, pp. 469-483; Stoltenborgh et al., op. cit.
- 39 Barth et al., op. cit.
- 40 Peterman A., T. Palermo and C. Bredenkamp, 'Estimates and Determinants of Sexual Violence against Women in the Democratic Republic of Congo', *American Journal of Public Health*, vol. 101, no. 6, 2011, pp. 1060-1067.
- 41 Pereda, N., et al., 'The International Epidemiology of Child Sexual Abuse: A continuation of Finkelhor (1994)', *Child Abuse & Neglect*, vol. 33, no. 6, 2009, pp. 331-342; Collin-Vézina, D., I. Daigneault and M. Hébert, 'Lessons Learned from Child Sexual Abuse Research: Prevalence, outcomes, and preventive strategies', *Child and Adolescent Psychiatry and Mental Health*, vol. 7, no. 22, 2013, pp. 1-9; Andrews et al., op. cit.; Stoltenborgh et al., op. cit.; Pereda, N., et al., 'The Prevalence of Child Sexual Abuse in Community and Student Samples: A meta-analysis', *Clinical Psychology Review*, vol. 29, no. 4, 2009, pp. 328-338.
- 42 The question on whether respondents were forced with threats or in any other way to perform sexual acts when she/he did not want to by a spouse or partner was only asked in the DHS 2013 in Nigeria, the DHS 2012 in Comoros, Gabon, Haiti, Kyrgyzstan and Tajikistan and in the DHS 2011 in Uganda. In the DHS 2008 in the Philippines, ever-married girls and women were also asked if their current or most recent husband or partner ever tried or attempted to force them to have sexual intercourse with him or to perform any other sexual acts against their will.
- 43 World Health Organization, *Guidelines for Medico-Legal Care*

for Victims of Sexual Violence, WHO, Geneva, 2003.

- 44 World Health Organization, 2003, op. cit.
- 45 Bottoms, B. L., A. G. Rudnicki and M. A. Epstein, 'A Retrospective Study of Factors Affecting the Disclosure of Childhood Sexual and Physical Abuse', in *Disclosing Abuse: Delays, denials, retractions and incomplete accounts*, edited by M. E. Pipe, et al., Erlbaum, Mahwah, 2007, pp. 175-194.
- 46 Steward, M. S., et al., 'Implications of Developmental Research for Interviewing Children', *Child Abuse & Neglect*, vol. 17, no. 1, 1993, pp. 25-37; London, K., et al., 'Disclosure of Child Sexual Abuse: What does the research tell us about the ways that children tell?', *Psychology, Public Policy, and Law*, vol. 11, no. 1, 2005, pp. 194-226.
- 47 Lamb, M. E., et al., 'Age Differences in Young Children's Responses to Open-ended Invitations in the Course of Forensic Interviews', *Journal of Consulting and Clinical Psychology*, vol. 71, no. 5, 2003, pp. 926-934; London, K., et al., 'Review of the Contemporary Literature on How Children Report Sexual Abuse to Others: Findings, methodological issues, and implications for forensic interviewers', *Memory*, vol. 16, no. 1, 2008, pp. 29-47.
- 48 Paine and Hansen, op. cit.
- 49 Summit, R., 'Abuse of the Child Sexual Abuse Accommodation Syndrome', *Journal of Child Sexual Abuse*, vol. 1, no. 4, 1992, pp. 153-163.
- 50 Paine and Hansen, op. cit.
- 51 Paine and Hansen, op. cit.
- 52 World Health Organization, 2003, op. cit.
- 53 Bruck, M., and S. Ceci, 'Forensic Developmental Psychology: Unveiling four common misconceptions', *Current Directions in Psychological Science*, vol. 13, no. 6, 2004, pp. 229-232.
- 54 Finkelhor, D., 'The International Epidemiology of Child Sexual Abuse', *Child Abuse & Neglect*, vol. 18, no. 5, 1994, pp. 409-417; Andrews et al., op. cit.
- 55 The definitions used in the surveys in Kenya, Swaziland, the United Republic of Tanzania and Zimbabwe are as follows: In the Swaziland survey, sexual violence included the following acts: physically forced sexual intercourse by a man or boy; coerced intercourse in which a man or boy persuaded or pressured the respondent to have sexual intercourse against her will; attempted unwanted intercourse in which a man or boy tried to make the respondent have sexual intercourse when she did not want to but was unsuccessful; and unwanted touching in which a man or boy sexually touched the respondent against her will (such as kissing, grabbing or fondling) or forced the respondent to touch his private parts against her will but did not try to force her to have sexual intercourse. Sexual intercourse was considered to be any sexual act involving vaginal or anal intercourse. In the Kenya, the United Republic of Tanzania and Zimbabwe surveys, sexual violence included the following acts: unwanted touching of the respondent in which a perpetrator touched the respondent against his or her will in a sexual way, such as unwanted touching, kissing, grabbing or fondling, but did not try to force him or her to have sexual intercourse; attempted unwanted intercourse in which a perpetrator tried to make the respondent have sexual intercourse when he or she did not want to, but was unsuccessful; physically forced intercourse in which a perpetrator physically forced the respondent to have sexual intercourse against his or her will; and coerced intercourse in which a perpetrator pressured or non-physically forced the respondent to have sexual intercourse against his or her will. Sexual intercourse was considered to include penetrating the respondent's vagina (in the case of females) or anus with the penis, hands, fingers, mouth or other objects, or penetrating the respondent's mouth with the penis. For males, sexual intercourse could also include someone forcing the respondent's penis into his or her mouth, vagina or anus.
- 56 Kelly, L., 'Journeys of Jeopardy: A review of research on trafficking in women and children in Europe', *IOM Migration Research Series*, no. 11, International Organization for Migration, Geneva, 2002.
- 57 Chase, E., and J. Statham, *The Commercial Sexual Exploitation of Children and Young People: An overview of key literature and data*, Thomas Coram Research Unit, London, 2004.
- 58 Tyldum, G., 'Limitations in Research on Human Trafficking', *International Migration*, vol. 48, no. 5, 2010, pp. 1-13.
- 59 United Nations Children's Fund Swaziland, *A National Study on Violence against Children and Young Women in Swaziland*, UNICEF Swaziland, Mbabane, 2007.
- 60 United Nations Children's Fund, US Centers for Disease Control and Prevention and Muhimbili University of Health and Allied Sciences, *Violence against Children in Tanzania: Findings from a national survey 2009*, UNICEF Tanzania, Dar es Salaam, 2011.
- 61 It is possible that the difference in prevalence rates obtained from the two surveys can be partially explained by the fact that different age groups are covered.
- 62 United Nations Children's Fund Kenya Country Office, Division of Violence Prevention, National Center for Injury Prevention and Control, US Centers for Disease Control and Prevention and Kenya National Bureau of Statistics, *Violence against Children in Kenya: Findings from a 2010 National Survey – Summary report on the prevalence of sexual, physical and emotional violence, context of sexual violence, and health and behavioral consequences of violence experienced in childhood*, Nairobi, 2012.
- 63 Zimbabwe National Statistics Agency, United Nations Children's Fund and Collaborating Centre for Operational Research and Evaluation, *National Baseline Survey on Life Experiences of Adolescents*, 2011, Harare, 2013.
- 64 Wakabi, W., 'Sexual Violence Increasing in Democratic Republic of Congo', *The Lancet*, vol. 371, no. 9606, 2008, pp. 15-16; Amowitz, M. L., et al., 'Prevalence of War-related Sexual and Other Human Rights Abuses among Internally Displaced Persons in Sierra Leone', *JAMA*, vol. 287, no. 4, 2002, pp. 513-521; Malemo, K. L., et al., 'Sexual Violence toward Children and Youth in War-torn Eastern Democratic Republic of Congo', *PLOS ONE*, vol. 6, no. 1, 2011, e15911. The issue of the impact of armed conflict on children is explored in great detail in: United Nations, *Impact of Armed Conflict on Children: Report of the expert of the Secretary-General, Ms. Graça Machel, submitted pursuant to General Assembly Resolution 48/157*, UN document A/51/306, New York, 26 August 1996, and its follow-up report: Office of the Special Representative of the Secretary-General for Children and Armed Conflict and United Nations Children's Fund, *Machel Study 10-year Strategic Review: Children and conflict in a changing world*, UNICEF, New York, 2009.
- 65 Canning, V., 'Who's Human? Developing sociological understandings of the rights of women raped in conflict', *International Journal of Human Rights*, vol. 14, no. 6, 2010, pp. 849-864; Giller, J. E., P. J. Bracken and S. Kabaganda, 'Uganda: War, women and rape', *The Lancet*, vol. 337, no. 8741, 1991, p. 604; Swiss, S., and J. E. Giller, 'Rape as a Crime of War: A medical perspective', *JAMA*, vol. 270, no. 5, 1993, pp. 612-615.

- 66 Human Rights Watch, *Abducted and Abused: Renewed conflict in northern Uganda*, Human Rights Watch, New York, 2003; Swiss, S., et al., 'Violence against Women during the Liberian Civil Conflict', *JAMA*, vol. 279, no. 8, 1998, pp. 625-629.
- 67 Amowitz et al., op. cit.; Pinheiro, op. cit.
- 68 United Nations High Commissioner for Refugees, *Sexual Violence against Refugees: Guidelines on prevention and response*, UNHCR, Geneva, 1995; Ferris, E., 'Abuse of Power: Sexual exploitation of refugee women and girls', *Journal of Women in Culture and Society*, vol. 32, no. 3, 2007, pp. 584-591; World Health Organization, *Research Agenda for Sexual Violence in Humanitarian, Conflict and Post-conflict Settings*, WHO, Geneva, 2012; Child Protection and Gender-based Violence Sub-Working Group Jordan, *Findings from the Inter-Agency Child Protection and Gender-Based Violence Assessment in the Za'atari Refugee Camp*, Jordan, 2013.
- 69 Hossain, M., et al. 'Men's and Women's Experiences of Violence and Traumatic Events in Rural Côte d'Ivoire Before, During and After a Period of Armed Conflict,' *BMJ Open*, vol. 4, no. 2, 2014, pp. 1-9.
- 70 Malemo et al., op. cit.
- 71 Malemo et al., op. cit.
- 72 Longombe, A. O., K. M. Claude and J. Ruminjo, 'Fistula and Traumatic Genital Injury from Sexual Violence in a Conflict Setting in Eastern Congo: Case studies', *Reproductive Health Matters*, vol. 16, no. 31, 2008, pp. 132-141; Loncar, M., et al., 'Psychological Consequences of Rape on Women in the 1991-1995 War in Croatia and Bosnia and Herzegovina', *Croatian Medical Journal*, vol. 47, no. 1, 2006, pp. 67-75.
- 73 Casey, S. E., et al., 'Care-seeking Behavior by Survivors of Sexual Assault in the Democratic Republic of the Congo', *American Journal of Public Health*, vol. 101, no. 6, 2011, pp. 1054-1055; Duroch, F., M. McRae and R. F. Grais, 'Description and Consequences of Sexual Violence in Ituri Province, Democratic Republic of Congo', *BMC International Health and Human Rights*, vol. 11, no. 5, 2011, pp. 1-8; Johnson, K., et al., 'Association of Sexual Violence and Human Rights Violations with Physical and Mental Health in Territories of the Eastern Democratic Republic of the Congo', *JAMA*, vol. 304, no. 5, 2010, pp. 553-562.
- 74 Hossain, et al., op. cit.
- 75 Berson, I. R., and M. J. Berson, 'Challenging Online Behaviors of Youth: Findings from a comparative analysis of young people in the United States and New Zealand', *Social Science Computer Review*, vol. 23, no. 1, 2005, pp. 29-38.
- 76 Berson and Berson, op. cit.
- 77 United Nations Children's Fund, *Child Safety Online: Global challenges and strategies*, UNICEF Innocenti Research Centre, Florence, 2011.
- 78 Livingstone, S., and L. Haddon, *EU Kids Online: Final report*, EU Kids Online, London School of Economics and Political Science, London, 2009.
- 79 Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse, op. cit.
- 80 Finkelhor, D., *Child Sexual Abuse: New theory and research*, Free Press, New York, 1984.
- 81 Canadian Centre for Child Protection, *Child Sexual Abuse: It is your business*, <www.cybertip.ca/pdfs/C3P_ChildSexualAbuse_ItIsYourBusiness_en.pdf>, accessed 20 June 2014.
- 82 Webster, S., et al., *Scoping Report: European online grooming project*, European Online Grooming Project for the European Commission Safer Internet Plus Programme, London, 2010.
- 83 United Nations Children's Fund, 2011, op. cit.
- 84 Berson and Berson, op. cit.
- 85 Wolak, J., et al., 'Online "Predators" and their Victims', *Psychology of Violence*, vol. 1, no. S, 2010, pp. 13-35.
- 86 United Nations General Assembly, op. cit., article 2(c).
- 87 United Nations Children's Fund, 2011, op. cit.
- 88 United Nations Children's Fund, 2011, op. cit.
- 89 Arnaldo, C. A., editor, *Child Abuse on the Internet: Ending the silence*, United Nations Educational, Scientific and Cultural Organization, Paris, 2001.
- 90 Chase and Statham, op. cit.
- 91 United Nations Children's Fund, 2011, op. cit.
- 92 United Nations Children's Fund, 2011, op. cit.
- 93 Davidson, J. C., and E. Martellozzo, 'Protecting Vulnerable Young People in Cyberspace from Sexual Abuse: Raising awareness and responding globally', *Police Practice and Research: An International Journal*, vol. 9, no. 4, 2008, pp. 277-289.
- 94 Estes, R. J., *The Sexual Exploitation of Children: A working guide to the empirical literature*, School of Social Work, University of Pennsylvania, Philadelphia, 2001.
- 95 Chase and Statham, op. cit.; Webster et al., op. cit.
- 96 Davidson and Martellozzo, op. cit.
- 97 American Professional Society on the Abuse of Children, 'APSAC Statement on the Harm to Child Pornography Victims', October 2013, <www.apsac.org/assets/documents/apsac%20statement%20on%20harm%20to%20child%20pornography%20victims%2010.29.13.pdf>, accessed 20 June 2014.
- 98 The National Society for the Prevention of Cruelty against Children working definition of sexual bullying. See: <www.nspcc.org.uk/Inform/resourcesforteachers/classroom-resources/sexual_bullying_definition_wdf68769.pdf>, accessed 20 June 2014.
- 99 Alvarez, A. R. G., "'IH8U": Confronting cyberbullying and exploring the use of cybertools in teen dating relationships', *Journal of Clinical Psychology: In Session*, vol. 68, no. 11, 2012, pp. 1205-1214.
- 100 Questions on experiences of sexual violence were asked among boys and men in the DHS 2007 in Ukraine, but data were not presented in the final DHS report and could not be calculated from the dataset.
- 101 It is worth noting that those boys aged 13 to 17 who had not experienced sexual violence at the time of the survey are still at risk of being victimized before they leave childhood.
- 102 Questions on age at first experience of sexual violence among girls and women were also asked in other countries that conducted a DHS, but results are based on less than 25 unweighted cases and therefore are not included here. These questions were also asked in the DHS 2011 in Equatorial Guinea, but the data could not be recalculated because access to the dataset was restricted.
- 103 Centro Paraguayo de Estudios de Población (CEPEP), *Encuesta Nacional de Demografía y Salud Sexual y Reproductiva 2008 (ENDSSR 2008): Informe final*, Asunción, 2009.
- 104 Serbanescu F., A. Ruiz and D. B. Suchdev, *Reproductive Health Survey Jamaica 2008: Final report*, US Centers for

- Disease Control and Prevention, Atlanta, 2010.
- 105 Turkish Statistical Institute, *The National Research on Domestic Violence against Women in Turkey*, Ankara, 2009.
- 106 Secretariat of the Pacific Community, *Kiribati Family Health and Support Study: A study on violence against women and children*, Secretariat of the Pacific Community, Noumea, New Caledonia, 2010.
- 107 Secretariat of the Pacific Community, *Solomon Islands Family Health and Safety Study: A study on violence against women and children*, Secretariat of the Pacific Community, Honiara, 2009.
- 108 Vanuatu Women's Centre, *Vanuatu National Survey on Women's Lives and Family Relationships*, Vanuatu Women's Centre, Port Vila, 2011.
- 109 Questions on forced first sex among girls and women were also asked in the MICS 2010-2011 in Kazakhstan and the DHS 2007 in Tuvalu, but results are based on less than 25 unweighted cases and therefore are not included here. In the DHS 2007 in Ukraine, estimates on forced first sex were only calculated for the number of girls and women who reported having sex for the first time before age 20. Questions on forced first sex among girls and women were asked in the DHS 2011 in Equatorial Guinea, but data are not presented in the final DHS report and access to the dataset was restricted.
- 110 Questions on forced first sex among boys and men were asked in the DHS 2011 in Cameroon, but data could not be calculated from the dataset.
- 111 Awusabo-Asare, K., et al., *Adolescent Sexual and Reproductive Health in Ghana: Results from the 2004 National Survey of Adolescents*, Occasional Report, no. 22, Guttmacher Institute, New York, 2006; Munthali, A., et al., *Adolescent Sexual and Reproductive Health in Malawi: Results from the 2004 National Survey of Adolescents*, Occasional Report, no. 24, Guttmacher Institute, New York, 2006; Neema, S., et al., *Adolescent Sexual and Reproductive Health in Uganda: Results from the 2004 Uganda National Survey of Adolescents*, Occasional Report, no. 25, Guttmacher Institute, New York, 2006; Guiella, G., and V. Woog, *Santé Sexuelle et de la Reproduction des Adolescents au Burkina Faso: Résultats de l'enquête nationale sur les adolescents du Burkina Faso 2004*, Occasional Report, no. 21, Guttmacher Institute, New York, 2006.
- 112 Questions on perpetrators of sexual violence among girls and women were also asked in other countries that conducted a DHS, but results are based on less than 25 unweighted cases and therefore are not included here. These questions were also asked in the DHS 2011 in Equatorial Guinea, but the data could not be recalculated because access to the dataset was restricted.
- 113 Instituto Nacional de Información de Desarrollo and Ministerio de Salud, *Encuesta Nicaragüense de Demografía y Salud (ENDESA) 2006/07: Informe final*, Managua, 2008.
- 114 Questions on perpetrators of sexual violence among boys and men were also asked in the DHS 2011 in Mozambique and the DHS 2008 in the Plurinational State of Bolivia, but results are based on less than 25 unweighted cases and therefore are not included here. These questions were not asked in the DHS 2011 in Cameroon. Questions on perpetrators of sexual violence were asked among boys and men in the DHS 2007 in Ukraine, but data are not presented in the final DHS report and could not be calculated from the dataset.
- 115 Institut National de la Statistique, *Enquête Nationale sur le Suivi des Objectifs du Millénaire pour le Développement (ENSOMD) à Madagascar, 2012-2013*, Antananarivo, 2013.
- 116 Petersen, I., A. Bhana and M. McKay, 'Sexual Violence and Youth in South Africa: The need for community-based prevention interventions', *Child Abuse & Neglect*, vol. 29, no. 11, 2005, pp. 1233-1248.
- 117 Petersen, Bhana and McKay, op. cit.
- 118 South African Police Service, Crime Report 2010/2011, <www.pmg.org.za/files/docs/110908crimestats2011.pdf>, accessed 11 June 2014. The Sexual Offences Act of 2007 broadened the definition of sexual offences beyond rape to include other forms of both penetrative and non-penetrative sexual contact (including, for instance, sexual assault, indecent exposure, incest, child sexual exploitation, child pornography, sexual harassment and trafficking for sexual purposes).
- 119 South African Police Service, *Annual Report 2008/2009*, <<http://db3sqepoi5n3s.cloudfront.net/files/docs/090922crimestats.pdf>>, accessed 11 June 2014.
- 120 Dawes, A., and C. L. Ward, 'Levels, Trends and Determinants of Child Maltreatment in the Western Cape Province', in *The State of Population in the Western Cape Province*, edited by R. Marindo et al., HSRC Press, Cape Town, 2008.
- 121 Jewkes, R. et al., 'What We Know and Don't Know: Single and multiple perpetrator rape in South Africa', *South African Crime Quarterly*, no. 41, 2012, pp. 11-19.
- 122 Burton, P., and L. Leoschut, *School Violence in South Africa: Results of the 2012 National School Violence Study*, Centre of Justice and Crime Prevention, Cape Town, 2013.
- 123 This study involved a representative sample of men aged 18 to 49 in the Eastern Cape and KwaZulu-Natal provinces. See: Jewkes, R., et al. 'Gender Inequitable Masculinity and Sexual Entitlement in Rape Perpetration South Africa: Findings of a cross-sectional study', *PLOS ONE*, vol. 6, no. 12, 2011, e29590.
- 124 The sexual entitlement variable included responses to statements about wanting to 'have sex', such as 'I wanted her sexually', 'Wanted to prove I could do it' and 'Experimenting with sex'.
- 125 Kriminologisches Forschungsinstitut Niedersachsen, *Erster Forschungsbericht zur Repräsentativbefragung Sexueller Missbrauch 2011*, Hanover, 2011.
- 126 Data were collected from a nationally representative sample of girls and women aged 16 to 70. See: Instituto Nazionale di Statistica, *Violence and Abuses against Women Inside and Outside the Family*, Rome, 2006.
- 127 Data were collected from a representative sample of about 10,000 ninth-graders (aged 15 to 17) attending public schools. See: Averdijk, M., K. Müller-Johnson and M. Eisner, *Sexual Victimization of Children and Adolescents in Switzerland*, 2nd ed., UBS Optimus Foundation, Zurich, 2012.
- 128 The Optimus Study is a large-scale research project launched by the Optimus Foundation of UBS (a global financial services company). As part of this initiative, population and agency-based surveys were conducted in China and Switzerland between 2008 and 2011 to improve the recording and prevention of sexual abuse and sexual victimization of adolescents and children. Further studies and projects are planned for the coming years. At the time this report was prepared, only the findings from the Switzerland study had been released. Information about the initiative can be found at <www.optimusstudy.org>, accessed 5 May 2014.

- 129 National Society for the Prevention of Cruelty to Children, *Child Abuse and Neglect in the UK Today*, NSPCC, London, 2011.
- 130 Finkelhor, D., et al., 'Violence, Crime, and Abuse Exposure in a National Sample of Children and Youth: An update', *JAMA-Pediatrics*, vol. 167, no. 7, 2013, pp. 614-621.
- 131 Awusabo-Asare et al., op. cit.; Munthali et al., op. cit.; Neema et al., op. cit.; Guiella and Woog, op. cit.
- 132 Girls were asked whether they received anything, such as money, gifts or something else, in exchange for sexual intercourse.
- 133 Goran-Svedin, C., 'Experiences of Sexual Abuse, Selling Sex and Use of Pornography', in *The Baltic Sea Regional Study on Adolescents' Sexuality*, edited by S. Mossige, M. Ainsaar and C. Goran-Svedin, NOVA, Oslo, 2007.
- 134 The sample in Estonia included 16- to 19-year-old students. The study in Lithuania included 16- to 20-year-old secondary and technical school students. The sample in Norway consisted of students aged 17 to 19 attending senior high school in the nine largest 'town regions' in the country. The sample in Poland involved 17- to 18-year-old students. The sample in the Russian Federation included 16- to 18-year-old secondary and technical school students from four cities in the Northwest region. The sample in Sweden consisted of students aged 17 to 19 attending general or practical/vocational schools in five cities.
- 135 Offering sexual services for pay included involvement in the following paid actions: exposing sexual organs to someone, involvement in nude photographs/film, showing off masturbation, performing oral or anal sex, sexual intercourse and/or being photographed or filmed while performing sexual activities.

CHAPTER 5

- 1 United Nations Committee on the Rights of the Child, *General Comment No. 8 (2006): The right of the child to protection from corporal punishment and other cruel or degrading forms of punishment*, UN document CRC/C/GC/8, Office of the High Commissioner for Human Rights, Geneva, 2 March 2007.
- 2 Straus, M. A., and M. J. Paschall, 'Corporal Punishment by Mothers and Development of Children's Cognitive Ability: A longitudinal study of two nationally representative age cohorts', *Journal of Aggression, Maltreatment & Trauma*, vol. 18, no. 5, 2009, pp. 459-483.
- 3 Erickson, M. F., and B. Egeland, 'A Developmental View of the Psychological Consequences of Maltreatment', *School Psychology Review*, vol. 16, no. 2, 1987, pp. 156-168.
- 4 Gershoff, E. T., 'Corporal Punishment by Parents and Associated Child Behaviors and Experiences: A meta-analytic and theoretical review', *Psychological Bulletin*, vol. 128, no. 4, 2002, pp. 539-579; McCord, J., 'On Discipline', *Psychological Inquiry*, vol. 8, no. 3, 1997, pp. 215-217; Straus, M. A., D. B. Sugarman and J. Giles-Sims, 'Spanking by Parents and Subsequent Antisocial Behavior of Children', *Archives of Pediatrics and Adolescent Medicine*, vol. 151, no. 8, 1997, pp. 761-767.
- 5 Lau, J. T. F., et al., 'The Relationship between Physical Maltreatment and Substance Use among Adolescents: A survey of 95,788 adolescents in Hong Kong', *Journal of Adolescent Health*, vol. 37, no. 2, 2005, pp. 110-119; Schneider, M. W., et al., 'Do Allegations of Emotional Maltreatment Predict Developmental Outcomes Beyond That of Other Forms of Maltreatment?', *Child Abuse & Neglect*, vol. 29, no. 5, 2005, pp. 513-532.
- 6 United Nations General Assembly, *Convention on the Rights of the Child*, UN document A/RES/44/25, United Nations, New York, 20 November 1989.
- 7 United Nations Committee on the Rights of the Child, op. cit.
- 8 Data coverage was insufficient to calculate averages for most regions using this indicator.
- 9 Erickson and Egeland, op. cit.; Schneider et al., op. cit.
- 10 Dietz, T. L., 'Disciplining Children: Characteristics associated with the use of corporal punishment and non-violent discipline', *Child Abuse & Neglect*, vol. 24, no. 12, 2002, pp. 1529-1542; Smith, D. J., *Love, Fear, and Discipline: Everyday violence toward children in Afghan families*, Afghanistan Research and Evaluation Unit, Kabul, 2008; Tang, C. S., 'The Rate of Physical Child Abuse in Chinese Families: A community survey in Hong Kong', *Child Abuse & Neglect*, vol. 22, no. 5, 1998, pp. 381-391.
- 11 Dietz, op. cit.; Hunter, W. M., et al., 'Risk Factors for Severe Child Discipline Practices in Rural India', *Journal of Pediatric Psychology*, vol. 25, no. 6, 2000, pp. 435-447.
- 12 Durrant, J. E., *Positive Discipline: What it is and how to do it*, 2nd ed., Save the Children Sweden, Southeast Asia and Pacific Region, Bangkok, 2011.
- 13 Stith, S. M., et al., 'Risk Factors in Child Maltreatment: A meta-analytic review of the literature', *Aggression and Violent Behavior*, vol. 14, no. 1, 2009, pp. 13-29; Hashima, P. Y., and P. R. Amato, 'Poverty, Social Support, and Parental Behavior', *Child Development*, vol. 65, no. 2, 1994, pp. 394-403; Belsky, J., et al., 'Socioeconomic Risk, Parenting During the Preschool Years and Child Health Age 6 Years', *European Journal of Public Health*, vol. 17, no. 5, 2007, pp. 508-513.
- 14 The study was also conducted in Jordan, Sweden and the United States. Families were recruited from public and private schools serving socially and economically diverse populations in selected cities within each of the participating countries. Although the samples were not nationally representative, families from high-, middle- and low-income households were included in the approximate proportions in which these income groups represented the local population. See: Lansford, J., et al., 'Corporal Punishment of Children in Nine Countries as a Function of Child Gender and Parent Gender', *International Journal of Pediatrics*, vol. 2010, 2010, Article ID 672780, pp. 1-12.
- 15 The Canadian Incidence Study of Reported Child Abuse and Neglect employed a multi-stage sampling design in selecting a representative sample of 112 child welfare agencies nationally and a sample of child maltreatment cases within these agencies. Data were collected directly from child protection workers on a representative sample of 15,980 investigations conducted during the fall of 2008. This sample was weighted to mirror provincial annual estimates.
- 16 Jud, A., and N. Trocmé, *Physical Abuse and Physical Punishment in Canada*, Child Canadian Welfare Research Portal Information Sheet No. 122E, 2012, <<http://cwrp.ca/infosheets/physical-abuse-and-physical-punishment-canada>>, accessed 13 June 2014.
- 17 Data were collected in Sweden as well, and are presented together with other national findings in the country summary later in this section. See: Bussmann, K. D., C. Erthal and A. Schroth, *The Effect of Banning Corporal Punishment in Europe: A five-nation comparison*, Martin-Luther-University,

Halle-Wittenberg, 2009.

- 18 Bussmann, Erthal and Schroth, op. cit.
- 19 Radford, L., et al., *Child Abuse and Neglect in the UK Today*, National Society for the Prevention of Cruelty to Children, London, 2011.
- 20 These non-violent forms of discipline included being told why something is wrong, being distracted when doing something wrong, withdrawal of privileges and being sent to one's room.
- 21 Verbal aggression included being embarrassed or humiliated, shouted or screamed at, threatened with being smacked, sworn at, called names such as 'stupid' or 'lazy' and threatened with being sent away.
- 22 Lansford et al., op. cit.
- 23 Zolotor, A. J., et al., 'The Emergence of Spanking among a Representative Sample of Children under 2 Years of Age in North Carolina', *Frontiers in Child and Neurodevelopmental Psychiatry*, vol. 2, no. 36, 2011, pp. 1-8.
- 24 Ministry of Health, New Zealand, *A Portrait of Health: Key results of the 2006/07 New Zealand Health Survey*, Ministry of Health, Wellington, 2008.
- 25 Global Initiative to End All Corporal Punishment of Children, *Corporal Punishment of Children in Sweden*, <www.endcorporalpunishment.org/pages/pdfs/states-reports/Sweden.pdf>, accessed 13 June 2014.
- 26 Ziegert, K. A., 'The Swedish Prohibition of Corporal Punishment: A preliminary report', *Journal of Marriage and Family*, vol. 45, no. 4, 1983, pp. 917-926; Durrant, J. E., 'Evaluating the Success of Sweden's Corporal Punishment Ban', *Child Abuse & Neglect*, vol. 23, no. 5, 1999, pp. 435-448; Durrant, J. E., 'Legal Reform and Attitudes toward Physical Punishment in Sweden', *International Journal of Children's Rights*, vol. 11, no. 2, 2003, pp. 147-174; Lazerele, R. I., and B. Johnson, 'Evaluation of the Effects of Sweden's Spanking Ban on Physical Child Abuse Rates: A literature review', *Psychological Reports*, vol. 85, no. 2, 1999, pp. 381-392.
- 27 Lansford et al., op. cit.
- 28 Bussmann, Erthal and Schroth, op. cit.
- 29 Ellonen et al., 'Adolescents' Experiences of Parental Violence in Danish and Finnish Families: A comparative perspective', *Journal of Scandinavian Studies in Criminology and Crime Prevention*, vol. 12, no. 2, 2011, pp. 173-197.
- 30 Ellonen et al., op. cit.
- S. S., M. J. Dykas and J. Cassidy, 'Loneliness and Peer Relations in Adolescence', *Social Development*, vol. 21, no. 2, 2012, pp. 273-293.
- 5 Hartup and Stevens, op. cit.; Brendgen, M., F. Vitaro and W. M. Bukowski, 'Deviant Friends and Early Adolescents' Emotional and Behavioral Adjustment', *Journal of Research on Adolescence*, vol. 10, no. 2, 2000, pp. 173-189.
- 6 See, for example: Erath, S. A., K. S. Flanagan and K. L. Bierman, 'Early Adolescent School Adjustment: Associations with friendship and peer victimization', *Social Development*, vol. 17, no. 4, 2008, pp. 853-870; Hartup and Stevens, op. cit.; Waldrup, A. M., K. T. Malcolm and L. A. Jensen-Campbell, 'With a Little Help from Your Friends: The importance of high-quality friendships on early adolescent adjustment', *Social Development*, vol. 17, no. 4, 2008, pp. 835-852.
- 7 Van Zalk, M. H. W., et al., 'Peer Contagion and Adolescent Depression: The role of failure anticipation', *Journal of Clinical Child and Adolescent Psychology*, vol. 39, no. 6, 2010, pp. 837-848; Rose, A. J., W. Carlson and E. M. Waller, 'Prospective Associations of Co-rumination with Friendship and Emotional Adjustment: Considering the socioemotional trade-offs of co-rumination', *Developmental Psychology*, vol. 43, no. 4, 2007, pp. 1019-1031.
- 8 Brendgen, Vitaro and Bukowski, op. cit.
- 9 Murray, J., and D. P. Farrington, 'Risk Factors for Conduct Disorder and Delinquency: Key findings from longitudinal studies', *Canadian Journal of Psychiatry*, vol. 55, no. 10, 2010, pp. 633-642; Heinze, H. J., P. A. Toro and K. A. Urberg, 'Antisocial Behavior and Affiliation with Deviant Peers', *Journal of Clinical Child and Adolescent Psychology*, vol. 33, no. 2, 2004, pp. 336-346; Brendgen, Vitaro and Bukowski, op. cit.
- 10 Card, N. A., and E. V. E. Hodges, 'Shared Targets for Aggression by Early Adolescent Friends', *Developmental Psychology*, vol. 42, no. 6, 2006, pp. 1327-1338.
- 11 Goodman, M. R., E. A. Stormshak and T. J. Dishion, 'The Significance of Peer Victimization at Two Points in Development', *Journal of Applied Developmental Psychology*, vol. 22, no. 5, 2001, pp. 507-526; Kochenderfer-Ladd, B., and J. L. Wardrop, 'Chronicity and Instability of Children's Peer Victimization Experiences as Predictors of Loneliness and Social Satisfaction Trajectories', *Child Development*, vol. 72, no. 1, 2001, pp. 134-151; Craig, W. M., 'The Relationship among Bullying, Victimization, Depression, Anxiety, and Aggression in Elementary School Children', *Personality and Individual Differences*, vol. 24, no. 1, 1998, pp. 123-130.
- 12 Rubin, K. H., W. M. Bukowski and J. G. Parker, 'Peer Interactions, Relationships, and Groups', in *Handbook of Child Psychology, Vol. 3: Social, emotional and personality development*, 6th ed., edited by N. Eisenberg, Wiley, New York, 2006.
- 13 Students were given the following definition when asked if they had been physically attacked in the past 12 months: "A physical attack occurs when one or more people hit or strike someone, or when one or more people hurt another person with a weapon (such as a stick, knife or gun). It is not a physical attack when two students of about the same strength or power choose to fight each other." An important point to keep in mind when interpreting these data is that the perpetrators of physical attacks may also be persons other than the adolescents' peers, since students were not asked to report on only those incidents in which another student attacked them.
- 14 The 2012 National School Violence Study consisted of a nationally representative sample of 5,939 secondary school

CHAPTER 6

- 1 See, for example: Hartup, W. W., and N. Stevens, 'Friendships and Adaptation in the Life Course', *Psychological Bulletin*, vol. 121, no. 3, 1997, pp. 355-370; Rubin, K. H., et al., 'Attachment, Friendship, and Psychosocial Functioning in Early Adolescence', *The Journal of Early Adolescence*, vol. 24, no. 4, 2004, pp. 326-356.
- 2 See, for example: Perlman, D., 'Loneliness: A life span, developmental perspective', in *Families and Social Networks*, edited by R. M. Milardo, Sage, Newbury Park, 1988, pp. 190-220; Steinberg, L., and S. B. Silverberg, 'The Vicissitudes of Autonomy in Early Adolescence', *Child Development*, vol. 57, no. 4, 1986, pp. 841-851.
- 3 Hartup and Stevens, op. cit.
- 4 Hartup and Stevens, op. cit.; Rubin et al., op. cit.; Woodhouse,

- students from a total of 121 schools from each of South Africa's nine provinces.
- 15 Burton, P., and L. Leoschut, *School Violence in South Africa: Results of the 2012 National School Violence Study*, Centre of Justice and Crime Prevention, Cape Town, 2013.
 - 16 The first wave of the NatSCEV (NatSCEV I) was conducted in 2008. The second wave (NatSCEV II) was carried out in 2011 and consisted of a nationally representative sample of 4,503 children aged 1 month to 17 years. Children were randomly selected for telephone interviews. Participants aged 10 to 17 years were interviewed about their own experiences while interviews with primary caregivers were conducted for children under age 10. See: Finkelhor, D., et al., 'Violence, Crime, and Abuse Exposure in a National Sample of Children and Youth: An update', *JAMA-Pediatrics*, vol. 167, no. 7, 2013, pp. 614-621.
 - 17 Excludes threats, bullying, teasing or emotional bullying and Internet harassment.
 - 18 Finkelhor et al., op. cit.
 - 19 Pinheiro, P. S., *World Report on Violence against Children*, UN Secretary-General's Study on Violence against Children, United Nations, Geneva, 2006.
 - 20 Laufer, A., and Y. Harel, 'The Role of Family, Peers and School Perceptions in Predicting Involvement in Youth Violence', *International Journal of Adolescent Medicine and Health*, vol. 15, no. 3, 2003, pp. 235-244; Walsh S. D., et al., 'Physical and Emotional Health Problems Experienced by Youth Engaged in Physical Fighting and Weapon Carrying', *PLOS ONE*, vol. 8, no. 2, 2013, p. e56403; Rudatsikira, E., A. S. Muula and S. Siziya, 'Prevalencia e Correlaciones de la Lucha Fisica entre Adolescentes Escolares en Santiago de Chile, Chile', *Revista Brasileira de Psiquiatria*, vol. 30, no. 3, 2008, pp. 197-202.
 - 21 In GSHS and HBSC surveys, adolescents are asked how many times during the last 12 months they have been involved in a physical fight. Response options range from "I have not been in a physical fight in the last 12 months" to "four times or more". The findings presented here show the proportion that reported fighting at least once in the past 12 months. In the GSHS, students were given the following definition when asked if they had been involved in a physical fight in the past 12 months: "A physical fight occurs when two students of about the same strength or power choose to fight each other."
 - 22 Data on children's involvement in physical fights are available for the United States from other nationally representative sources and are generally consistent with the rate that was recorded by the 2009/2010 HBSC (that is, 35 per cent among children aged 13 to 15). For example, the 2013 Youth Risk Behavior Survey (YRBS) found that 25 per cent of students in grades 9 to 12 reported having been in a physical fight at least once during the previous 12 months, and 8 per cent said they had been in such a fight on school property (US Centers for Disease Control and Prevention, 'Youth Risk Behavior Surveillance: United States 2013', Morbidity and Mortality Weekly Report, *Surveillance Summaries*, vol. 63, no. 4, Atlanta, 13 June 2013). For more information about the YRBS, see: <www.cdc.gov/healthyyouth/yrbs/index.htm>, accessed 19 June 2014.
 - 23 Adolescent Health Research Group, *The Health and Well-being of New Zealand Secondary School Students in 2012: Youth'12 prevalence tables*, The University of Auckland, Auckland, 2013.
 - 24 US Centers for Disease Control and Prevention, op. cit.
 - 25 The 2012 New Zealand Youth Survey is part of the Youth 2000 Survey Series, which addresses the health and well-being of New Zealand secondary school students. The survey collected data from a nationally representative sample of around 8,500 students attending composite and secondary schools in the country. For more information about the survey, see: Clark, T. C., et al., *Youth'12 Overview: The health and well-being of New Zealand secondary school students in 2012*, The University of Auckland, Auckland, 2013.
 - 26 Adolescent Health Research Group, op. cit.
 - 27 See, for example: Harris, M. B., 'Sex, Race, and Experiences of Aggression', *Aggressive Behavior*, vol. 18, no. 3, 1992, pp. 201-217; Eagly, A. H., and V. J. Steffen, 'Gender and Aggressive Behavior: A meta-analytic review of the social psychological literature', *Psychological Bulletin*, vol. 100, no. 3, 1986, pp. 309-330.
 - 28 See, for example: Plomin, R., K. Nitz and D. C. Rowe, 'Behavioral Genetics and Aggressive Behavior in Childhood', in *Handbook of Developmental Psychopathology*, edited by M. Lewis and S. M. Miller, Plenum Press, New York, 1990; Smuts, B., 'Male Aggression against Women: An evolutionary perspective', *Human Nature*, vol. 3, no. 1, 1992, pp. 1-44.
 - 29 See, for example: Harris, M. B., 'How Provoking! What makes men and women angry?', *Aggressive Behavior*, vol. 19, no. 3, 1993, pp. 199-211; Burbank, V. K., 'Cross-cultural Perspectives on Aggression in Women and Girls: An introduction', *Sex Roles*, vol. 30, no. 3/4, 1994, pp. 169-176.
 - 30 Ricardo, C., et al., 'Gender, Sexual Behaviour and Vulnerability among Young People', in *Promoting Young People's Sexual Health: International perspectives*, edited by R. Ingham and P. Aggleton, Routledge, London, 2005; Baker, G., 'Boys in the Picture', 2000, <www.promundo.org.br/wp-content/uploads/2009/01/Boys-in-the-picture_2000.pdf>, accessed 22 May 2014.
 - 31 Adolescent Health Research Group, op. cit.
 - 32 Currie, C., et al., editors, 'Social Determinants of Health and Well-being Among Young People: Health Behaviour in School-aged Children (HBSC) Study – International report from the 2009/10 survey', *Health Policy for Children and Adolescents*, no. 6, WHO Regional Office for Europe, Copenhagen, 2012.
 - 33 US Centers for Disease Control and Prevention, op. cit.
 - 34 Adolescent Health Research Group, op. cit.
 - 35 Pepler, D. J., and W. M. Craig, *Making a Difference in Bullying*, LaMarsh Centre for Research on Violence and Conflict Resolution, York University, Toronto, 2000.
 - 36 Olweus, D., 'Bully/Victim Problems among School Children: Some basic facts and effects of a school-based intervention program', in *The Development and Treatment of Childhood Aggression*, edited by D. Pepler and K. H. Rubin, Erlbaum, Hillsdale, 1991; Pepler, D. J., and W. M. Craig, 'A Peek Behind the Fence: Naturalistic observations of aggressive children with remote audiovisual recording', *Developmental Psychology*, vol. 31, no. 4, 1995, pp. 548-553.
 - 37 David-Ferdon, C., and M. F. Hertz, 'Electronic Media, Violence, and Adolescents: An emerging public health problem', *Journal of Adolescent Health*, vol. 41, no. 6 (Suppl. 1), 2007, pp. S1-S5.
 - 38 Only a brief overview of the available literature on risk factors and impacts of bullying is provided here.
 - 39 Shields, A., and D. Cicchetti, 'Parental Maltreatment and Emotion Dysregulation as Risk Factors for Bullying and Victimization in Middle Childhood', *Journal of Clinical Child & Adolescent Psychology*, vol. 30, no. 3, 2001, pp. 349-363.

- 40 Laeheem, K., M. Kuning and N. McNeil, 'Bullying: Risk factors becoming "bullies"', *Asian Social Science*, vol. 5, no. 5, 2009, pp. 50-57.
- 41 Farrington, D., and A. Baldry, 'Individual Risk Factors for School Bullying', *Journal of Aggression, Conflict and Peace Research*, vol. 2, no. 1, 2010, pp. 4-16.
- 42 Nansel, T. R., et al., 'Bullying Behaviors among US Youth: Prevalence and association with psychosocial adjustment', *JAMA*, vol. 285, no. 16, 2001, pp. 2094-2100.
- 43 Currie et al., op. cit.; Farrington and Baldry, op. cit.
- 44 Farrington and Baldry, op. cit.; Wang, J., R. J. Iannotti and T. R. Nansel, 'School Bullying among Adolescents in the United States: Physical, verbal, relational, and cyber', *Journal of Adolescent Health*, vol. 45, no. 4, 2009, pp. 368-375; Rigby, K., 'Why Do Some Children Bully at School? The contributions of negative attitudes towards victims and the perceived expectations of friends, parents and teachers', *School Psychology International*, vol. 26, no. 2, 2005, pp. 147-161.
- 45 Farrington and Baldry, op. cit.
- 46 Nansel et al., 2001, op. cit.; Monks, C. P., et al., 'Bullying in Different Contexts: Commonalities, differences and the role of theory', *Aggression and Violent Behavior*, vol. 14, no. 2, 2009, pp. 146-156.
- 47 Monks et al., op. cit.; Kouwenberg, M., et al., 'Peer Victimization Experienced by Children and Adolescents Who are Deaf or Hard of Hearing', *PLOS ONE*, vol. 7, no. 12, 2012, p. e52174; Monks, C. P., R. Ortega-Ruiz and A. J. Rodríguez-Hidalgo, 'Peer-victimization in Multicultural Schools in Spain and England', *European Journal of Developmental Psychology*, vol. 5, no. 4, 2008, pp. 507-535.
- 48 Warwick, I., et al., *Homophobia, Sexual Orientation and Schools: A review and implications for action*, Research report RR594, Department for Education and Skills, University of London, London, 2004.
- 49 Patterson, G., 'The Bully as Victim?', *Paediatric Nursing*, vol. 17, no. 10, 2005, pp. 27-30.
- 50 Gobina, I., et al. 'Bullying and Subjective Health among Adolescents at Schools in Latvia and Lithuania', *International Journal of Public Health*, vol. 53, no. 5, 2008, pp. 272-276; Tfofi, M. M., and D. P. Farrington, 'Bullying: Short-term and long-term effects, and the importance of defiance theory in explanation and prevention', *Victims and Offenders*, vol. 3, no. 2-3, 2008, pp. 289-312; Craig, W. M., 'The Relationship among Bullying, Victimization, Depression, Anxiety, and Aggression in Elementary School Children', *Personality and Individual Differences*, vol. 24, no. 1, 1998, pp. 123-130.
- 51 Striegel-Moore, R. H., et al., 'Abuse, Bullying, and Discrimination as Risk Factors for Binge Eating Disorder', *American Journal of Psychiatry*, vol. 159, no. 11, 2002, pp. 1902-1907.
- 52 Olweus, D., 'Bullying at School: Basic facts and effects of a school based intervention program', *Journal of Child Psychology and Psychiatry and Allied Disciplines*, vol. 35, no. 7, 1994, pp. 1171-1190; Cook, C. R., et al., 'Predictors of Bullying and Victimization in Childhood and Adolescence: A meta-analytic investigation', *School Psychology Quarterly*, vol. 25, no. 2, 2010, pp. 65-83; Lawson, M. A., et al., 'Analyzing Sub-population Profiles and Risk Factors for School Bullying', *Children and Youth Services Review*, vol. 35, no. 6, 2013, pp. 973-983; Glew, G. M., et al., 'Bullying and School Safety', *The Journal of Pediatrics*, vol. 152, no. 1, 2008, pp. 123-128.
- 53 Bond, L., et al., 'Does Bullying Cause Emotional Problems? A prospective study of young teenagers', *BMJ*, vol. 323, no. 7311, 2001, pp. 480-484; Tfofi and Farrington, op. cit.
- 54 Tfofi and Farrington, op. cit.; Van der Wal, M. F., C. A. M. De Wit and R. A. Hirasing, 'Psychosocial Health among Young Victims and Offenders of Direct and Indirect Bullying', *Pediatrics*, vol. 111, no. 6, 2003, pp. 1312-1317; Kaltiala-Heino, R., et al., 'Bullying, Depression, and Suicidal Ideation in Finnish Adolescents: School survey', *BMJ*, vol. 319, no. 7206, 1999, pp. 348-351; Glew et al., op. cit.
- 55 Farrington, D. P., et al., 'Bullying Perpetration and Victimization as Predictors of Delinquency and Depression in the Pittsburgh Youth Study', *Journal of Aggression, Conflict and Peace Research*, vol. 3, no. 2, 2011, pp. 74-81.
- 56 Nansel et al., 2001, op. cit.
- 57 Nansel, T. R., et al., 'Relationships Between Bullying and Violence among US Youth', *Archives of Pediatrics & Adolescent Medicine*, vol. 157, no. 4, 2003, pp. 348-353.
- 58 Cross, D., et al., *Australian Covert Bullying Prevalence Study (ACBPS)*, Child Health Promotion Research Centre, Edith Cowan University, Perth, 2009.
- 59 Cyberbullying Research Center, <<http://cyberbullying.us/about-us/>>, accessed 6 April 2014.
- 60 United Nations Children's Fund, *Child Safety Online: Global challenges and strategies*, UNICEF Innocenti Research Centre, Florence, 2011.
- 61 Bennett, D. C., et al., 'College Students' Electronic Victimization in Friendships and Dating Relationships: Anticipated distress and associations with risky behaviors', *Violence and Victims*, vol. 26, no. 4, 2011, pp. 410-429.
- 62 Pinheiro, op. cit.
- 63 United Nations Children's Fund, op. cit.
- 64 Cross et al., op. cit.
- 65 Cappadocia, M. C., W. M. Craig and D. Pepler, 'Cyberbullying Prevalence, Stability, and Risk Factors During Adolescence', *Canadian Journal of School Psychology*, vol. 28, no. 2, 2013, pp. 171-192.
- 66 Livingstone, S., et al., *EU Kids Online II: Final report 2011*, EU Kids Online, London School of Economics & Political Science, London, 2011.
- 67 Austria, Belgium, Bulgaria, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Lithuania, the Netherlands, Norway, Poland, Portugal, Romania, Slovenia, Spain, Sweden, Turkey and the United Kingdom.
- 68 Burton and Leoschut, op. cit.
- 69 US Centers for Disease Control and Prevention, op. cit.
- 70 Finkelhor et al., op. cit.
- 71 US Department of Justice, Bureau of Justice Statistics, *School Crime Supplement (SCS) to the National Crime Victimization Survey, 2011*, as cited in Robers, S., J. Kemp and J. Truman, *Indicators of School Crime and Safety: 2012*, National Center for Education Statistics, US Department of Education and Bureau of Justice Statistics, Office of Justice Programs, US Department of Justice, Washington, DC, 2013.
- 72 Brazilian Institute of Geography and Statistics (IBGE), 'Pesquisa Nacional de Saúde do Escolar 2012'. For more information on the survey, see: <www.ibge.gov.br/home/estatistica/populacao/pense/2012/default.shtm>, accessed 6 April 2014.
- 73 For more information on the Second Regional Comparative and Explanatory Study, see: <www.unesco.org/new/en/santiago/education/education-assessment/second-regional-comparative-and-explanatory-study-serce/>, accessed 6 April 2014.

- 74 United Nations Educational, Scientific and Cultural Organization (UNESCO) Regional Bureau for Education in Latin America and the Caribbean, *Executive Summary: Student achievement in Latin America and the Caribbean – Results of the Second Regional Comparative and Explanatory Study (SERCE)*, OREALC/UNESCO, Santiago, 2008.
- 75 Cross et al., op. cit.
- 76 Defined as being picked on by being chased or grabbed or by being made to do something the respondent did not want to do.
- 77 Defined as being called names, having mean things said to them or being told by others that they were not wanted around.
- 78 US Department of Justice, Bureau of Justice Statistics, op. cit.
- 79 Finkelhor et al., op. cit.
- 80 United Nations Children's Fund, *Eliminating Discrimination against Children and Parents Based on Sexual Orientation and/or Gender Identity*, UNICEF Position Paper, no. 9, May 2014 (unpublished).
- 81 United Nations Children's Fund, 2014, op. cit.
- 82 The acronym LGBT is used here as shorthand for children with primary or significant same-sex attraction and/or non-traditional gender identities.
- 83 United Nations Children's Fund, 2014, op. cit.
- 84 The National School Climate Survey was based on a nationally representative sample of 8,584 LGBT students between the ages of 13 and 20 years. See: Kosciw, J. G., et al., *The 2011 National School Climate Survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools*, the Gay, Lesbian and Straight Education Network (GLSEN), New York, 2012.
- 85 However, the odds of planning a suicide attempt among lesbians and of "medically serious attempts" among gay males were no longer significantly different than heterosexual peers after controlling for other risk and demographic factors. See: Stone, D. M., 'Sexual Orientation and Suicide Ideation, Plans, Attempts, and Medically Serious Attempts: Evidence from local Youth Risk Behavior Surveys, 2001-2009', *American Journal of Public Health*, vol. 104, no. 2, 2014, pp. 262-271.
- 86 See, for example: Wichstrøm, L., and K. Hegna, 'Sexual Orientation and Suicide Attempt: A longitudinal study of the Norwegian adolescent population', *Journal of Abnormal Psychology*, vol. 112, no. 1, 2003, pp. 144-151; Van Bergen, D. D., et al., 'Victimization and Suicidality among Dutch Lesbian, Gay, and Bisexual Youth', *American Journal of Public Health*, vol. 103, no. 1, 2013, pp. 70-72.
- 87 Coker T. R., S. B. Austin and M. A. Schuster, 'The Health and Health Care of Lesbian, Gay, and Bisexual Adolescents', *Annual Review of Public Health*, vol. 31, 2010, pp. 457-477.
- they are discriminated against because they are female." See: <www.unicef.org/protection/57929_58001.html>, accessed 31 July 2014.
- 2 Hong Le, M. T., et al., 'Early Marriage and Intimate Partner Violence among Adolescents and Young Adults in Viet Nam', *Journal of Interpersonal Violence*, vol. 29, no. 5, 2014, pp. 889-910.
- 3 United Nations Children's Fund, *A Study on Violence against Girls*, UNICEF Innocenti Research Centre, Florence, 2009.
- 4 United Nations Children's Fund, *Child Marriage in India: An analysis of available data*, UNICEF, New Delhi, 2012; Field, E., and A. Attila, 'Early Marriage, Age of Menarche, and Female Schooling Attainment in Bangladesh', *Journal of Political Economy*, vol. 116, no. 5, 2008, pp. 881-930.
- 5 United Nations Children's Fund, *The State of the World's Children 2014: In numbers – Every child counts*, UNICEF, New York, 2014.
- 6 United Nations Children's Fund, *The State of the World's Children 2011: Adolescence – An age of opportunity*, UNICEF, New York, 2011.
- 7 United Nations Children's Fund, *Early Marriage: Child spouses*, UNICEF Innocenti Research Centre, Florence, 2001.
- 8 Santhya, K. G., et al., 'Consent and Coercion: Examining unwanted sex among married young women in India', *International Family Planning Perspectives*, vol. 33, no. 3, 2007, pp. 124-132.
- 9 Oshiro, A., et al., 'Intimate Partner Violence among General and Urban Poor Populations in Kathmandu, Nepal', *Journal of Interpersonal Violence*, vol. 26, no. 10, 2011, pp. 2073-2092; Speizer, I. S., and E. Pearson, 'Association between Early Marriage and Intimate Partner Violence in India: A focus on youth from Bihar and Rajasthan', *Journal of Interpersonal Violence*, vol. 26, no. 10, 2011, pp. 1963-1981; Raj, A., et al., 'Association between Adolescent Marriage and Marital Violence among Young Adult Women in India', *International Journal of Gynecology and Obstetrics*, vol. 110, no. 1, 2010, pp. 35-39.
- 10 Rahman, M., et al., 'Association between Adolescent Marriage and Intimate Partner Violence: A study of young adult women in Bangladesh', *Asia-Pacific Journal of Public Health*, vol. 26, no. 2, 2014, pp. 160-168.
- 11 Hong Le et al., op. cit.
- 12 Erulkar, A., 'Early Marriage, Marital Relations and Intimate Partner Violence in Ethiopia', *International Perspectives on Sexual and Reproductive Health*, vol. 39, no. 1, 2013, pp. 6-13.
- 13 US Centers for Disease Control and Prevention, 'Understanding Teen Dating Violence: Fact sheet', 2014, <www.cdc.gov/violenceprevention/pdf/teen-dating-violence-2014-a.pdf>, accessed 13 May 2014.
- 14 Children's Safety Network, 'Teen Dating Violence as a Public Health Issue', 2012, <www.childrenssafetynetwork.org/sites/childrenssafetynetwork.org/files/TeenDatingViolenceasPublicHealthIssue.pdf>, accessed 22 May 2014.
- 15 US Centers for Disease Control and Prevention, 2014, op. cit.; Smith, P. H., J. W. White and L. J. Holland, 'A Longitudinal Perspective on Dating Violence among Adolescent and College-age Women', *American Journal of Public Health*, vol. 93, no. 7, 2003, pp. 1104-1109.
- 16 Hickman, L. J., L. H. Jaycox and J. Aronoff, 'Dating Violence among Adolescents: Prevalence, gender distribution, and prevention program effectiveness', *Trauma Violence & Abuse*, vol. 5, no. 2, 2004, pp. 123-142; Davis, A., *Interpersonal and*

CHAPTER 7

- 1 Kishor, S., and K. Johnson, *Profiling Domestic Violence: A multi-country study*, ORC Macro, Calverton, 2004. According to UNICEF, "Gender-based violence (GBV) is a term used for describing harmful acts perpetrated against a person based on socially ascribed differences between females and males. While the broadest interpretation of GBV is sometimes understood to include specific types of violence against boys and men, the term has historically been and continues to be used primarily as a way to highlight the vulnerabilities of girls and women to various forms of violence in settings where

Physical Dating Violence among Teens, National Council on Crime and Delinquency, Oakland, 2008.

- 17 Halpern, C. T., et al., 'Partner Violence among Adolescents in Opposite-sex Romantic Relationships: Findings from the National Longitudinal Study of Adolescent Health', *American Journal of Public Health*, vol. 91, no. 10, 2001, pp. 1679-1685.
- 18 Vagi, K. J., et al., 'Beyond Correlates: A review of risk and protective factors for adolescent dating violence perpetration', *Journal of Youth and Adolescence*, vol. 42, no. 4, 2013, pp. 633-649.
- 19 Martin, S. L., et al., 'Pregnancy-associated Violent Deaths: The role of intimate partner violence', *Trauma Violence & Abuse*, vol. 8, no. 2, 2007, pp. 135-148; Campbell, J. C., 'Health Consequences of Intimate Partner Violence', *The Lancet*, vol. 359, no. 9314, 2002, pp. 1331-1336; Abrahams, N., et al., 'Mortality of Women from Intimate Partner Violence in South Africa: A national epidemiological study', *Violence and Victims*, vol. 24, no. 4, 2009, pp. 546-556; Devries, K., et al., 'Violence against Women is Strongly Associated with Suicide Attempts: Evidence from the WHO multi-country study on women's health and domestic violence against women', *Social Science and Medicine*, vol. 73, no. 1, 2011, pp. 79-86; Vizcarra, B., et al., 'Partner Violence as a Risk Factor for Mental Health among Women from Communities in the Philippines, Egypt, Chile, and India', *Injury Control and Safety Promotion*, vol. 11, no. 2, 2004, pp. 125-129; Ellsberg, M., et al., 'Intimate Partner Violence and Women's Physical and Mental Health in the WHO Multi-country Study on Women's Health and Domestic Violence: An observational study', *The Lancet*, vol. 371, no. 9619, 2008, pp. 1165-1172; Garcia-Moreno, C., et al., 'Prevalence of Intimate Partner Violence: Findings from the WHO multi-country study on women's health and domestic violence', *The Lancet*, vol. 368, no. 9543, 2006, pp. 1260-1269; Coker, A. L., et al., 'Physical and Mental Health Effects of Intimate Partner Violence for Men and Women', *American Journal of Preventive Medicine*, vol. 23, no. 4, 2002, pp. 260-268; Coker, A. L., et al., 'Physical Health Consequences of Physical and Psychological Intimate Partner Violence', *Archives of Family Medicine*, vol. 9, no. 5, 2000, pp. 451-457.
- 20 Wong, J. Y. H., et al., 'Depression among Women Experiencing Intimate Partner Violence in a Chinese Community', *Nursing Research*, vol. 60, no. 1, 2011, pp. 58-65; Chandra, P. S., V. A. Satyanarayana and M. P. Carey, 'Women Reporting Intimate Partner Violence in India: Associations with PTSD and depressive symptoms', *Archives of Women's Mental Health*, vol. 12, no. 4, 2009, pp. 203-209; Nerøien, A. I., and B. Schei, 'Partner Violence and Health: Results from the first national study on violence against women in Norway', *Scandinavian Journal of Public Health*, vol. 36, no. 2, 2008, pp. 161-168; Pico-Alfonso, M. A., et al., 'The Impact of Physical, Psychological, and Sexual Intimate Male Partner Violence on Women's Mental Health: Depressive symptoms, posttraumatic stress disorder, state anxiety, and suicide', *Journal of Women's Health*, vol. 15, no. 5, 2006, pp. 599-611; Savas, N., and G. Agridag, 'The Relationship between Women's Mental Health and Domestic Violence in Semirural Areas: A study in Turkey', *Asia-Pacific Journal of Public Health*, vol. 23, no. 3, 2011, pp. 399-407; Vos, T., et al., 'Measuring the Impact of Intimate Partner Violence on the Health of Women in Victoria, Australia', *Bulletin of the World Health Organization*, vol. 84, no. 9, 2006, pp. 739-744; Dillon, G., et al., 'Mental and Physical Health and Intimate Partner Violence against Women: A review of the literature', *International Journal of Family Medicine*, 2013, Article ID 313909; Avdibegovi, E., and O. Sinanovi, 'Consequences of Domestic Violence on Women's Mental Health in Bosnia and Herzegovina', *Croatian Medical Journal*, vol. 47, no. 5, 2006, pp. 730-741; Beck, J. G., et al., 'Exploring Negative Emotion in Women Experiencing Intimate Partner Violence: Shame, guilt, and PTSD', *Behavior Therapy*, vol. 42, no. 4, 2011, pp. 740-750; Becker, K. D., J. Stuewig and L. A. McCloskey, 'Traumatic Stress Symptoms of Women Exposed to Different Forms of Childhood Victimization and Intimate Partner Violence', *Journal of Interpersonal Violence*, vol. 25, no. 9, 2010, pp. 1699-1715.
- 21 Foshee, V. A., et al., 'A Longitudinal Examination of Psychological, Behavioral, Academic, and Relationship Consequences of Dating Abuse Victimization among a Primarily Rural Sample of Adolescents', *Journal of Adolescent Health*, vol. 53, no. 6, 2013, pp. 723-729; Exner-Cortens, D., J. Eckenrode and E. Rothman, 'Longitudinal Associations between Teen Dating Violence Victimization and Adverse Health Outcomes', *Pediatrics*, vol. 131, no. 1, 2013, pp. 71-78.
- 22 Maharaj, P., and C. Munthree, 'Coerced First Sexual Intercourse and Selected Reproductive Health Outcomes among Young Women in KwaZulu-Natal, South Africa', *Journal of Biosocial Science*, vol. 39, no. 2, 2007, p. 231-244; Coker, A. L., 'Does Physical Intimate Partner Violence Affect Sexual Health? A systematic review', *Trauma Violence & Abuse*, vol. 8, no. 2, 2007, pp. 149-177.
- 23 Wolfe, D. A., et al., 'The Effects of Children's Exposure to Domestic Violence: A meta-analysis and critique', *Clinical Child and Family Psychology Review*, vol. 6, no. 3, 2003, pp. 171-187.
- 24 Levendosky, A. A., and S. A. Graham-Bermann, 'Parenting in Battered Women: The effects of domestic violence on women and their children', *Journal of Family Violence*, vol. 16, no. 2, 2001, pp. 171-192.
- 25 Grych, J. H., et al., 'Patterns of Adjustment among Children of Battered Women', *Journal of Consulting and Clinical Psychology*, vol. 68, no. 1, 2000, pp. 84-94.
- 26 Holt, S., H. Buckley and S. Whelan, 'The Impact of Exposure to Domestic Violence on Children and Young People: A review of the literature', *Child Abuse & Neglect*, vol. 32, no. 8, 2008, pp. 797-810; Stewart, L. A., and J. Power, 'Profile and Programming Needs of Federal Offenders with Histories of Intimate Partner Violence', *Journal of Interpersonal Violence*, 2014, pp. 168-188.
- 27 Hong Le et al., op. cit.; Whitfield, C. L., et al., 'Violent Childhood Experiences and the Risk of Intimate Partner Violence in Adults: Assessment in a large health maintenance organization', *Journal of Interpersonal Violence*, vol. 18, no. 2, 2003, pp. 166-185; Speizer and Pearson, op. cit.
- 28 The domestic violence module was also used in the Tuvalu DHS 2007, but results for all forms of partner violence are based on less than 25 unweighted cases and therefore are not included here.
- 29 The expression 'ever-married' is used in this chapter to refer to boys and girls who have ever been married or lived with a partner as if married.
- 30 Questions on emotional violence perpetrated by a husband or partner were not asked in the Bangladesh DHS 2007.
- 31 Questions on sexual violence perpetrated by a husband or partner were not asked in the Pakistan DHS 2012-2013.
- 32 Centro de Estudios de Población y Desarrollo Social (CEPAR), *Encuesta Demográfica y de Salud Materna e Infantil 2004*, Quito, 2005.
- 33 La Asociación Demográfica Salvadoreña (ADS), *Encuesta Nacional de Salud Familiar (FESAL-2008): Informe final*, San Salvador, 2009.

- 34 Ministerio de Salud Pública y Asistencia Social (MSPAS)/Instituto Nacional de Estadística (INE)/Centros de Control y Prevención de Enfermedades (CDC), *Encuesta Nacional de Salud Materno Infantil 2008-2009*, Guatemala, 2011.
- 35 Instituto Nacional de Información de Desarrollo (INIDE) and Ministerio de Salud (MINSAL), *Encuesta Nicaragüense de Demografía y Salud 2011/12: Informe preliminar*, Managua, 2013.
- 36 Centro Paraguayo de Estudios de Población (CEPEP), *Encuesta Nacional de Demografía y Salud Sexual y Reproductiva 2008: Informe final*, Asunción, 2009.
- 37 Serbanescu, F., A. Ruiz and D. B. Suchdev, *Reproductive Health Survey Jamaica 2008: Final report*, US Centers for Disease Control and Prevention, Atlanta, 2010.
- 38 Instituto Nacional de Estadística y Geografía (INEGI), *Encuesta Nacional sobre la Dinámica de las Relaciones en los Hogares (2011): Panorama de violencia contra las mujeres en Estados Unidos Mexicanos*, Aguascalientes, 2013, as cited in Tovar, J., 'Measuring Violence against Women: The case of Mexico', presentation given at the International Seminar on Gender Statistics, Incheon, Republic of Korea, 13 November 2013, <http://unstats.un.org/unsd/demographic/meetings/wshops/Korea/2013/list_of_docs.htm>, accessed 10 June 2014.
- 39 In all of these countries, except Ecuador and Mexico, physical violence included the same acts as those included in the DHS module on domestic violence. The survey in Ecuador did not include questions on whether girls and women were choked or burned, while in Mexico, physical violence included any of the following: pushed her or pulled her hair; tied her; kicked her; threw objects at her; hit her with the hands or objects; tried to strangle or hang her; attacked her with a weapon; and shot her. In El Salvador, Guatemala, Nicaragua and Paraguay, the definition of sexual violence used was: being physically forced to have sexual intercourse, forced to perform other sexual acts and agreeing to have sexual intercourse for fear of what the partner might do. In Ecuador and Jamaica, sexual violence was defined only as forced sexual intercourse. In Mexico, sexual violence included demanding or forcing a girl or woman to have sexual intercourse or to perform sexual acts against her will. In addition to the forms of emotional violence covered in the DHS module, the surveys conducted in El Salvador, Nicaragua and Paraguay included doing things on purpose to frighten or intimidate her; the survey in Guatemala also included this form of emotional violence as well as threats to take away the child(ren). The Jamaica survey did not include a question on whether the partner humiliated her in front of others. The Ecuador survey included the same acts of emotional violence as those in the DHS module. The Mexico survey defined emotional violence as including: shaming, belittling or humiliating her; ignoring her or not providing affection; making her fearful; threatening to leave or damage or hide her property; threatening to take away the child(ren) or financial resources; threatening to kill her or the child(ren); threatening her with a weapon; locking her inside the house or forbidding her to see anyone; turning child(ren) or relatives against her; spying on or monitoring her; barring her from working or studying; comparing her with other women; and getting angry at her because food is not made or housework is not done. In Mexico, information was also collected on the following forms of economic violence committed by a partner: asks how she spends money; is restrictive with giving her money, including for household expenses, even if he has money; fails to make money or threatens not to give her money; spends money needed for the home; and has taken over or removed money or property.
- 40 Institute of Public Health (IPH), Albania Ministry of Health and the Institute of Statistics (INSTAT), *Albania Reproductive Health Survey 2002*, Tirana, 2005.
- 41 National Center for Disease Control and Public Health (NCDC), Ministry of Labour, Health, and Social Affairs (MoLHSA) and the National Statistics Office of Georgia, *Reproductive Health Survey Georgia 2010*, Tbilisi, 2012.
- 42 Ministry of Health (Romania), World Bank, United Nations Population Fund, United States Agency for International Development and United Nations Children's Fund, *Reproductive Health Survey Romania 2004: Summary report*, Buzau, 2005.
- 43 In these surveys, partner physical violence included the same acts as those measured in the DHS, except that in Albania it did not include pulling her hair, dragging her, burning her or attacking her with a weapon, and in Romania it did not include shaking her or twisting her arm. Partner sexual violence was defined as physically forced sexual intercourse and partner emotional violence included insulting her or swearing at her and threatening to hurt her or someone she cares about.
- 44 Physical violence was defined as slapping or throwing something at her that could hurt her; pushing her, shoving her or pulling her hair; hitting her with a fist or something else that could hurt her; kicking her, dragging her or beating her up; choking or burning her; and threatening to use or actually using a gun, knife or other weapon against her. Girls and women were considered to have been subjected to sexual violence if they were physically forced into sexual intercourse, had sexual intercourse when they did not want to for fear of what their partner would do or were forced to do something sexual that they found humiliating or degrading. Emotional violence included insulting or cursing at her, belittling her or humiliating her in front of others, scaring or threatening her and threatening to hurt her or someone she cares about. ICON-Institut Public Sector, Hacettepe Institute of Population Studies and BNB Consulting, *National Research on Domestic Violence against Women in Turkey*, Ankara, 2009.
- 45 Ministry of Gender and Family (Maldives), *The Maldives Study on Women's Health and Life Experiences: Initial results on prevalence, health outcomes and women's responses to violence*, Male, 2006.
- 46 Secretariat of the Pacific Community, *The Samoa Family Health and Safety Study*, Noumea, 2006.
- 47 Vanuatu Women's Centre, *The Vanuatu National Survey on Women's Lives and Family Relationships*, Port Vila, 2011.
- 48 Ministry of Health, General Statistics Office (Viet Nam), World Health Organization and United Nations Children's Fund, *Survey Assessment of Vietnamese Youth Round 2 (SAVY 2)*, Hanoi, 2010.
- 49 In the Maldives, Samoa and Vanuatu surveys, physical violence was defined as being slapped or having something thrown at her that could hurt her; pushed, shoved or had her hair pulled or cut; hit with a fist or something else that could hurt her; kicked, dragged or beaten up; choked or burned; and being threatened with or having a weapon used against her. Sexual violence was defined as physically forced sexual intercourse, having sexual intercourse when she did not want to for fear of what her partner would do, and being forced to do something sexual that she found humiliating or degrading. Emotional violence included any of the following acts: insulted her or made her feel bad about herself; belittled or humiliated her in front of others; scared or intimidated her on purpose; and threatened to hurt her or someone she cares about.

- 50 Data on partner emotional violence are not available by age groups for Vanuatu, but the lifetime prevalence rate among all girls and women aged 15 to 49 who have ever been married is 68 per cent.
- 51 Physical abuse included: having something thrown at her that could hurt; twisting her arm or pulling her hair; attacks that resulted in physical injuries; pushing her strongly; attacking her with a weapon; a beating on the head that results in a coma; hitting her with an object such as a belt or stick; strangling or attempting to strangle her; grabbing her strongly; slapping her face; breaking her bones; and burning her on purpose. Sexual abuse included a husband refusing to allow her to use contraceptives; physically forcing her to have sexual intercourse; forcing her in different ways to engage in sexual acts she is not happy with; and threatening to force sexual intercourse or other sexual acts she is not happy with. Psychological abuse included being cursed at or insulted; having something thrown at her that could hurt; having her property destroyed or 'spoiled'; being yelled or shouted at; and saying things in order to provoke or upset her. The survey also collected information on two additional forms of spousal violence: social abuse, which included being forced to quit work and being prohibited from meeting friends or going out with female neighbours; and economic abuse, which was defined as a husband refusing to give her enough money for household expenses (even though he has enough money to spend on other things), asking in detail about how money is spent, withdrawing money from accounts or credit cards without her permission, controlling her belongings, prohibiting her from working and trying to exploit her legacy without her permission. Palestinian Central Bureau of Statistics (PCBS), *Violence Survey in the Palestinian Society 2011: Main findings*, Ramallah, 2012.
- 52 Data may have been collected in other countries that conducted a DHS but are not presented in the final DHS reports and therefore are not included here.
- 53 Although these data are based on all girls and women between the ages of 15 and 49, the general patterns are expected to hold for adolescent girls.
- 54 The domestic violence module was also used in the Ghana DHS 2008 and the Uganda DHS 2011, but results for all forms of partner violence are based on less than 25 unweighted cases and therefore are not included here.
- 55 This survey was representative of only selected micro-urban areas with a population of at least 100,000. Coverage was estimated to reach roughly 88 per cent of the national population aged 16 to 65. Blima Schraiberl, L., et al., 'Intimate Partner Sexual Violence among Men and Women in Urban Brazil, 2005', *Revista de Saude Publica*, vol. 42, no. 1, 2008, pp. 127-137.
- 56 Instituto Nacional de Información de Desarrollo (INIDE) and Ministerio de Salud (MINSA), op. cit.
- 57 This information was also collected in the Ghana DHS 2008 and Uganda DHS 2011, but results are based on less than 25 unweighted cases and therefore are not included here.
- 58 These data are based on 25-49 unweighted cases.
- 59 US Centers for Disease Control and Prevention, 'Youth Risk Behavior Surveillance: United States 2013', *Morbidity and Mortality Weekly Report, Surveillance Summaries*, vol. 63, no. 4, Atlanta, 13 June 2013.
- 60 Mahony, T. H., 'Police-reported Dating Violence in Canada 2008', *Juristat*, vol. 30, no. 2, Summer 2010, pp. 1-26. Data in this article are from Statistics Canada, Canadian Centre for Justice Statistics, Incident-based Uniform Crime Reporting (UCR2) Survey.
- 61 Sexual interference is defined as the direct or indirect touching of a person under the age of 14 using a body part or an object for sexual purposes.
- 62 Nocentini, A., et al., 'Physical Dating Aggression in Adolescence: Cultural and gender invariance', *European Psychologist*, vol. 16, no. 4, 2011, pp. 278-287.

CHAPTER 8

- Heise, L., and C. García-Moreno, 'Violence by Intimate Partners', in *World Report on Violence*, edited by E. G. Krug et al., World Health Organization, Geneva, 2002; García-Moreno, C., et al., *WHO Multi-country Study on Women's Health and Domestic Violence against Women*, World Health Organization, Geneva, 2005.
- United Nations Children's Fund Kenya Country Office, Division of Violence Prevention, National Center for Injury Prevention and Control, US Centers for Disease Control and Prevention and Kenya National Bureau of Statistics, *Violence against Children in Kenya: Findings from a 2010 national survey – Summary report on the prevalence of sexual, physical and emotional violence, context of sexual violence, and health and behavioural consequences of violence experienced in childhood*, Nairobi, 2012.
- Zimbabwe National Statistics Agency, United Nations Children's Fund and Collaborating Centre for Operational Research and Evaluation, *National Baseline Survey on Life Experiences of Adolescents, 2011*, Harare, 2013.
- In reading these data, it is important to keep in mind that positive attitudes towards wife-beating should not necessarily be interpreted as approval of wife-beating and do not imply that a woman or girl will inevitably become a victim of domestic violence.
- Data coverage was insufficient to calculate regional averages for the Middle East and North Africa, East Asia and the Pacific, Latin America and the Caribbean and CEE/CIS.
- Head, S. K., et al., *Women's Lives and Challenges: Equality and empowerment since 2000*, ICF International, Rockville, 2014.
- Kishor, S., and K. Johnson, 2004, *Profiling Domestic Violence – A Multi-Country Study*, ORC Macro, Calverton, 2004.
- Head et al., op. cit.
- The standard child discipline module used in MICS and in a number of DHS and other nationally representative household surveys includes a question about whether respondents believe that physical punishment is necessary in order to properly raise/educate children. Prior to 2010, the child discipline module was administered only to mothers or primary caregivers of children aged 2 to 14. Beginning with MICS4 (2009-2011), the methodology was changed so that any adult household member, not just the mother or primary caregiver, can respond to questions about child discipline.
- Nobes, G., et al., 'Physical Punishment by Mothers and Fathers in British Homes', *Journal of Interpersonal Violence*, vol. 14, no. 8, 1999, pp. 887-902; Power, T. G., et al., 'Compliance and Self-assertion: Young children's responses to mothers versus fathers', *Developmental Psychology*, vol. 30, no. 6, 1994, pp. 980-989; Regalado, M., et al., 'Parents' Discipline of Young Children: Results from the National Survey of Early Childhood Health', *Pediatrics*, vol. 113, no. 6, 2004, pp. 1952-1958.

- 11 Rydstrom, H., "'Like a White Piece of Paper': Embodiment and the moral upbringing of Vietnamese children', *Ethnos: Journal of Anthropology*, vol. 66, no. 3, 2001, pp. 394-413; Rydstrom, H., 'Masculinity and Punishment: Men's upbringing of boys in rural Vietnam', *Childhood*, vol. 13, no. 3, 2006, pp. 329-348.
- 12 Mahoney, A., et al., 'Mother and Father Self-reports of Corporal Punishment and Severe Physical Aggression toward Clinic-referred Youth', *Journal of Clinical Child Psychology*, vol. 29, no. 2, 2000, pp. 266-281; Lansford, J. E., et al., 'Corporal Punishment of Children in Nine Countries as a Function of Child Gender and Parent Gender', *International Journal of Pediatrics*, vol. 2010, 2010, Article ID 672780, pp. 1-12.
- 13 Lansford et al., op. cit.
- 14 Data were collected via phone interviews from a nationally representative sample of 720 parents. Tucci, J., J. Mitchell and C. R. Goddard, *Crossing the Line: Making the case for changing Australian laws about the physical punishment of children*, Australian Childhood Foundation, Ringwood, 2006.
- 15 Data were collected from a nationally representative sample of 1,650 children from 6 of the 15 regions in Chile. United Nations Children's Fund, *Final Report: Fourth Study on Child Maltreatment and Family Relations*, Department of Sociology, Pontificia Universidad Católica de Chile, Santiago, 2012.
- 16 Data were also collected in Jordan but are not presented here since comparable data are available from DHS and reported elsewhere in this chapter. Families were recruited from public and private schools serving socially and economically diverse populations in selected cities within each of the participating countries. Although the samples were not nationally representative, families from high-, middle- and low-income households were included in the approximate proportion in which these income groups represented the local population. Lansford et al., op. cit.
- 17 Sariola, H., *Violence Against Children and Child Sexual Abuse in Finland*, presentation at the Central Union for Child Welfare, Helsinki, 30 August 2012; Central Union for Child Welfare, *Attitudes to Disciplinary Violence, Finland, 2012*, Central Union for Child Welfare and Taloustutkimus Oy, Helsinki, 2012.
- 18 Data were collected via a telephone survey from a nationally representative sample of 750 adults aged 18 and over. Wood, B., *Physical Punishment of Children in New Zealand: Six years after law reform*, EPOCH New Zealand, Wellington, 2013.
- 19 Bunting, L., M. A. Webb and J. Healy, 'In Two Minds? Parental attitudes toward physical punishment in the UK', *Children & Society*, vol. 24, no. 5, 2010, pp. 359-370; Anderson S., L. Murray and J. Brownlie, *Disciplining Children: Research with parents in Scotland*, Scottish Executive Central Research Unit, Edinburgh, 2002.
- 20 This study involved a nationally representative sample of 1,250 mothers and fathers of children aged 0 to 12. Ghatge, D., et al., *The National Study of Parents, Children and Discipline in Britain: Key findings*, Economic and Social Research Council, Swindon, 2003.
- 21 Nationally representative samples of 1,822 parents across England and Wales participated in the study, including both parents with children who still lived at home and those whose children had left home. Department for Children, Schools and Families, *Review of Section 58 of the Children Act 2004*, DCSF, London, 2007.
- 22 National Society for the Prevention of Cruelty to Children, *Public Attitudes to the NSPCC Full Stop Campaign and a Range of Children's Issues in Northern Ireland*, NSPCC, Belfast, 2000.
- 23 Data were also collected in the Republic of Moldova, the former Yugoslav Republic of Macedonia and Ukraine but are not presented here since comparable data are available from MICS and reported elsewhere in this chapter.
- 24 Data were collected from nationally representative samples in each country. The sample consisted of 994 young adults and adults aged 15 and older in Bulgaria; 1,015 adults aged 18 to 74 in Latvia; 500 children and adults aged 15 to 74 in Lithuania; and 955 adults aged 18 and older in Poland. Sajkowska, M., *The Problem of Child Abuse: Attitudes and experiences in seven countries of Central and Eastern Europe*, Nobody's Children Foundation, Institute of Applied Social Sciences, Warsaw University, Warsaw, 2006.
- 25 National Center for Injury Prevention and Control, US Centers for Disease Control and Prevention, *Understanding Sexual Violence: Fact sheet*, 2007, <www.cdc.gov/ncipc/pub-res/images/sv%20factsheet.pdf>, accessed 17 April 2014.
- 26 Data were collected from a total representative sample of 841 women and men from Anguilla, Barbados, Dominica, Grenada, Montserrat, and Saint Kitts and Nevis. The resulting sampling distribution was found to be biased towards women, which was explained by the higher rates of refusal among men.
- 27 Jones, A. D., and E. Trotman Jemmott, *Child Sexual Abuse in the Eastern Caribbean*, United Nations Children's Fund, Action for Children and University of Huddersfield, Huddersfield, 2009.
- 28 Data were collected from a sample of 357 parents and caregivers. Ige, O. K., and O. I. Fawole, 'Preventing Child Sexual Abuse: Parents' perceptions and practices in urban Nigeria', *Journal of Child Sexual Abuse*, vol. 20, no. 6, 2011, pp. 695-707.
- 29 Data were collected from a sample of 652 parents of third-grade students from seven schools in Jingzhou city. Chen, J., M. P. Dunne and P. Han, 'Prevention of Child Sexual Abuse in China: Knowledge, attitudes and communication practices of parents of elementary school children', *Child Abuse & Neglect*, vol. 31, no. 7, 2007, pp. 747-755.
- 30 Chen, Dunne and Han, op. cit.
- 31 Ige and Fawole, op. cit.
- 32 Data were collected from a representative sample of 296 adults aged 18 to 64. Tennfjord, O. S., 'Prediction of Attitudes Towards Child Sexual Abuse among Three Different Norwegian Samples', *Journal of Sexual Aggression*, vol. 12, no. 3, 2006, pp. 245-263.
- 33 Chen, Dunne and Han, op. cit.
- 34 Tennfjord, op. cit.
- 35 Ige and Fawole, op. cit.
- 36 Chen, Dunne and Han, op. cit.

STATISTICAL TABLE

Countries and areas	Homicide rate (per 100,000) 2012			Violent discipline at home (%) 2005-2013*			Violence among peers (%) 2003-2013*			Experience of physical violence since age 15 (%) 2005-2013*		Lifetime experience of sexual violence (%) 2004-2013*		Intimate partner violence (%) 2005-2013*		Attitudes towards wife-beating (%) 2002-2013*		Attitudes towards physical punishment (%) 2005-2013*
	Male	Female	Total	Any violent discipline	Physical punishment	Psychological aggression	Bullying	Physical fights	Physical attacks	Male	Female	Male	Female	Male	Female	Male	Female	
Afghanistan	11	4	8	74	69	62	-	-	-	-	-	-	-	-	-	84	41	
Albania	3	2	2	77	61	71	-	-	-	-	-	-	-	-	-	37	24	13
Algeria	2	1	2	88	75	84	52	48	-	-	-	-	-	-	-	-	66	15
Andorra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Angola	7	4	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Antigua and Barbuda	-	-	-	-	-	-	25	48	-	-	-	-	-	-	-	-	-	-
Argentina	5	1	3	72	46	65	25	34	25	-	-	-	-	-	-	-	2	4
Armenia	1	0	1	70	43	66	10	51	-	-	-	-	-	-	-	21	8	3
Australia	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Austria	0	0	0	-	-	-	41	37	-	-	-	-	-	-	-	-	-	-
Azerbaijan	4	1	3	77	51	74	-	-	-	-	9	-	0.4	-	14	63	39	22
Bahamas	7	2	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bahrain	1	0	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bangladesh	1	2	1	-	-	-	-	-	-	-	-	-	-	-	47 y	-	33 y	-
Barbados	3	0	3	75	56	62	13	38	-	-	-	-	-	-	-	-	5	36
Belarus	0	0	1	65 y	34 y	59 y	-	-	-	-	-	-	-	-	-	3	3	8
Belgium	2	0	1	-	-	-	37	37	-	-	-	-	-	-	-	-	-	-
Belize	10	1	6	71	57	54	31	36	-	-	-	-	-	-	-	-	11	26
Benin	5	4	5	-	-	-	42	32	-	-	-	-	-	-	-	16	15	-
Bhutan	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	70	-
Bolivia (Plurinational State of)	9	5	7	-	-	-	30	33	-	11 y	37 y	1 y	5 y	(62) y	48 y	-	17	-
Bosnia and Herzegovina	0	0	0	55	40	42	-	-	-	-	-	-	-	-	-	5	1	14
Botswana	9	5	7	-	-	-	52	48	56	-	-	-	-	-	-	-	-	-
Brazil	31	3	17	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Brunei Darussalam	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bulgaria	1	0	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Burkina Faso	5	4	5	83	58	79	-	-	-	-	21	-	-	-	8	40	39	37
Burundi	5	4	5	-	-	-	-	-	-	-	-	-	-	-	-	56	74	-
Cabo Verde	1	0	1	-	-	-	-	-	-	-	16	-	-	-	(19)	24	23	-
Cambodia	4	3	4	-	-	-	22	14	-	-	21 y	-	0.3	-	19	24	42	-
Cameroon	6	3	5	93	78	87	-	-	-	41	45	2	22	-	54	43	50	43
Canada	2	1	2	-	-	-	32	34	-	-	-	-	-	-	-	-	-	-
Central African Republic	8	2	5	92	81	84	-	-	-	-	-	-	-	-	-	83	79	31
Chad	5	4	4	84	77	71	-	-	-	-	-	-	-	-	-	-	59	38
Chile	3	1	2	-	-	-	15	29	-	-	-	-	-	-	-	-	-	-
China	1	1	1	-	-	-	29 y	19 y	-	-	-	-	-	-	-	-	-	-
Colombia	22	3	13	-	-	-	32 y	33 y	26 y	-	13 y	-	3 y	-	34 y	-	-	-
Comoros	5	3	5	-	-	-	-	-	-	-	11	-	5	-	9	17	43	-
Congo	8	3	5	87	69	80	-	-	-	-	-	-	-	-	-	76 y	73 y	22
Cook Islands	-	-	-	-	-	-	33	41	-	-	-	-	-	-	-	-	-	-
Costa Rica	8	2	5	46	30	31	19	22	-	-	-	-	-	-	-	-	3	12
Côte d'Ivoire	10	7	9	91	73	88	-	-	-	-	33	-	5 y	-	24 y	51	51	39
Croatia	0	1	0	-	-	-	16	39	-	-	-	-	-	-	-	-	-	-
Cuba	3	0	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cyprus	1	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Czech Republic	0	0	0	-	-	-	16	43	-	-	-	-	-	-	-	-	-	-
Democratic People's Republic of Korea	4	2	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Democratic Republic of the Congo	20	8	14	92	80	82	-	-	-	-	56	-	21 y	-	70	-	72	32
Denmark	1	0	0	-	-	-	17	27	-	-	-	-	-	-	-	-	-	-
Djibouti	6	4	5	72	67	57	41	60	56	-	-	-	-	-	-	-	-	32
Dominica	-	-	-	-	-	-	27	39	-	-	-	-	-	-	-	-	-	-

Countries and areas	Homicide rate (per 100,000) 2012			Violent discipline at home (%) 2005-2013*			Violence among peers (%) 2003-2013*			Experience of physical violence since age 15 (%) 2005-2013*		Lifetime experience of sexual violence (%) 2004-2013*		Intimate partner violence (%) 2005-2013*		Attitudes towards wife-beating (%) 2002-2013*		Attitudes towards physical punishment (%) 2005-2013*
	Male	Female	Total	Any violent discipline	Physical punishment	Psychological aggression	Bullying	Physical fights	Physical attacks	Male	Female	Male	Female	Male	Female	Male	Female	
Dominican Republic	5	2	4	67	45 y	50	–	–	–	–	13	–	8	–	33	14	7	8 y
Ecuador	10	2	6	–	–	–	29 y	34 y	36 y	–	–	–	6 y	–	–	–	–	–
Egypt	2	1	1	91	82	83	70	45	59	–	40 y	–	–	–	21	–	50 y	42
El Salvador	42	11	27	–	–	–	–	–	–	–	–	–	7 y	–	–	–	–	–
Equatorial Guinea	12	4	9	–	–	–	–	–	–	–	42	–	17	–	(73)	56	57	–
Eritrea	3	2	3	–	–	–	–	–	–	–	–	–	–	–	–	60	51	–
Estonia	1	2	1	–	–	–	37	28	–	–	–	–	–	–	–	–	–	–
Ethiopia	9	4	6	–	–	–	–	–	–	–	–	–	–	–	–	51	64	–
Fiji	2	2	2	72 y	–	–	42	47	–	–	–	–	–	–	–	–	–	–
Finland	0	1	1	–	–	–	28	28	–	–	–	–	–	–	–	–	–	–
France	0	0	0	–	–	–	32	33	–	–	–	–	–	–	–	–	–	–
Gabon	6	2	4	–	–	–	–	–	–	–	39	–	14	–	58	47	58	–
Gambia	7	5	6	90	74	81	–	–	–	–	–	–	–	–	–	–	74	39
Georgia	1	0	1	67	50	59	–	–	–	–	–	–	–	–	–	–	5	13
Germany	0	1	0	–	–	–	30	20	–	–	–	–	–	–	–	–	–	–
Ghana	5	5	5	94	73	89	62	53	60	34	32	–	17	–	35	37	53	50
Greece	1	0	0	–	–	–	29	51	–	–	–	–	–	–	–	–	–	–
Grenada	–	–	–	–	–	–	27	38	41	–	–	–	–	–	–	–	–	–
Guatemala	32	12	22	–	–	–	–	–	–	–	–	–	3 y	–	–	–	–	–
Guinea	6	5	5	–	–	–	–	–	–	–	–	–	–	–	–	63	89	–
Guinea-Bissau	6	5	6	82	74	68	–	–	–	–	–	–	–	–	–	–	39 y	25
Guyana	8	3	6	76	63	66	38	38	–	–	–	–	–	–	–	25	18	23
Haiti	27	11	19	85	79	64	–	–	–	–	27	–	10	–	43	22	24	30
Holy See	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Honduras	15	11	13	–	–	–	32	28	–	–	15	–	6	–	28 y	18	15	–
Hungary	1	0	1	–	–	–	24	41	–	–	–	–	–	–	–	–	–	–
Iceland	0	0	0	–	–	–	16	28	–	–	–	–	–	–	–	–	–	–
India	3	1	2	–	–	–	–	–	–	–	21	–	5	–	34	47	45	–
Indonesia	1	0	1	–	–	–	50	34	40	–	–	–	–	–	–	48 y	45	–
Iran (Islamic Republic of)	2	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Iraq	6	2	4	79	63	75	28	37	–	–	–	–	–	–	–	–	50	22
Ireland	0	0	0	–	–	–	26	35	–	–	–	–	–	–	–	–	–	–
Israel	1	0	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Italy	0	0	0	–	–	–	9	35	–	–	–	–	–	–	–	–	–	–
Jamaica	18	7	13	85	68	72	40	50	–	–	–	–	11 y	–	–	28 y	8	27
Japan	0	0	0	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Jordan	4	2	3	90	67	88	41	47	38	–	31 y	–	–	–	26	–	84 y	23
Kazakhstan	2	1	1	49	29	43	–	–	–	–	4	–	1	–	23	14	9	7
Kenya	3	2	3	–	–	–	57	48	–	–	27	–	11	–	34	54	57	–
Kiribati	–	–	–	81 y	–	–	37	35	–	–	–	–	–	–	–	65	77	–
Kuwait	1	0	0	–	–	–	28	45	33	–	–	–	–	–	–	–	–	–
Kyrgyzstan	1	0	0	54 y	37 y	43 y	–	–	–	–	6	–	0.1	–	3	40	25	8
Lao People's Democratic Republic	4	2	3	76	44	71	–	–	–	–	–	–	–	–	–	50	56	42
Latvia	0	1	1	–	–	–	43	39	–	–	–	–	–	–	–	–	–	–
Lebanon	1	0	1	82	56 y	80	25	49	–	–	–	–	–	–	–	–	22 y	24 y
Lesotho	23	14	18	–	–	–	–	–	–	–	–	–	–	–	–	54	48	–
Liberia	4	3	4	90	76	84	–	–	–	–	39	–	13	–	46	37	48	61
Libya	1	0	1	–	–	–	35	40	30	–	–	–	–	–	–	–	–	–
Liechtenstein	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Lithuania	1	1	1	–	–	–	52	38	–	–	–	–	–	–	–	–	–	–
Luxembourg	0	0	0	–	–	–	28	32	–	–	–	–	–	–	–	–	–	–
Madagascar	9	7	8	–	–	–	–	–	–	–	–	–	–	–	–	44	47	–

Countries and areas	Homicide rate (per 100,000) 2012			Violent discipline at home (%) 2005-2013*			Violence among peers (%) 2003-2013*			Experience of physical violence since age 15 (%) 2005-2013*		Lifetime experience of sexual violence (%) 2004-2013*		Intimate partner violence (%) 2005-2013*		Attitudes towards wife-beating (%) 2002-2013*		Attitudes towards physical punishment (%) 2005-2013*
	Male	Female	Total	Any violent discipline	Physical punishment	Psychological aggression	Bullying	Physical fights	Physical attacks	Male	Female	Male	Female	Male	Female	Male	Female	
Malawi	2	1	1	-	-	-	45	23	-	-	21	-	18	-	40	21	16	-
Malaysia	1	0	1	-	-	-	21	30	-	-	-	-	-	-	-	-	-	-
Maldives	1	0	1	-	-	-	37	30	-	-	-	-	-	-	-	-	41 y	-
Mali	5	5	5	-	-	-	-	-	-	-	-	-	-	-	14	-	83	-
Malta	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Marshall Islands	-	-	-	-	-	-	-	-	-	-	(35)	-	-	-	(42)	71	47	-
Mauritania	4	3	3	87	78	82	47	58	-	-	-	-	-	-	-	-	36	36
Mauritius	1	1	1	-	-	-	36	36	27	-	-	-	-	-	-	-	-	-
Mexico	12	2	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Micronesia (Federated States of)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Monaco	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mongolia	3	1	2	46	25	38	31	44	-	-	-	-	-	-	-	9	14	16
Montenegro	1	0	1	63	45	56	-	-	-	-	-	-	-	-	-	-	6	5
Morocco	2	1	1	91	67 y	89	19	43	-	-	-	-	-	-	-	-	64	41 y
Mozambique	8	5	7	-	-	-	-	-	-	28	22	3	9	30	37	20	24	-
Myanmar	5	8	7	-	-	-	19	15	21	-	-	-	-	-	-	-	-	-
Namibia	9	4	6	-	-	-	52	50	-	-	32	-	-	-	-	44	38	-
Nauru	-	-	-	-	-	-	39	45	-	-	-	-	-	-	-	-	-	-
Nepal	2	1	1	-	-	-	-	-	-	-	10	-	11	-	23	27	24	-
Netherlands	1	0	0	-	-	-	21	31	-	-	-	-	-	-	-	-	-	-
New Zealand	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nicaragua	6	2	4	-	-	-	-	-	-	-	-	-	7 y	-	-	-	19 y	-
Niger	4	3	3	82	66	77	-	-	-	-	-	-	-	-	-	41	54	45
Nigeria	15	12	14	91	79	81	-	-	-	-	27	-	6	-	15	25	33	62
Niue	-	-	-	-	-	-	-	33	-	-	-	-	-	-	-	-	-	-
Norway	0	0	0	-	-	-	23	-	-	-	-	-	-	-	-	-	-	-
Oman	1	0	0	-	-	-	47	50	-	-	-	-	-	-	-	-	-	-
Pakistan	4	3	4	-	-	-	41	37	-	-	30 y	-	-	-	28 y	(33) y	53 y	-
Palau	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Panama	26	4	15	45 y	29 y	33 y	-	-	-	-	-	-	-	-	-	-	-	8
Papua New Guinea	4	2	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Paraguay	12	2	7	-	-	-	-	-	-	-	-	-	2 y	-	-	-	-	-
Peru	2	1	2	-	-	-	47	37	-	-	14 y	-	-	-	27 y	-	-	-
Philippines	6	1	3	-	-	-	48	38	-	-	15	-	5 y	-	31 y	-	15	-
Poland	1	0	1	-	-	-	24	32	-	-	-	-	-	-	-	-	-	-
Portugal	0	0	0	-	-	-	37	27	-	-	-	-	-	-	-	-	-	-
Qatar	1	0	0	-	-	-	42	51	-	-	-	-	-	-	-	-	-	-
Republic of Korea	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Republic of Moldova	1	1	1	76	48	69	-	-	-	-	14	-	7	-	28	14	13	15
Romania	1	1	1	-	-	-	41	41	-	-	-	-	-	-	-	-	-	-
Russian Federation	2	1	2	-	-	-	33	37	-	-	-	-	-	-	-	-	-	-
Rwanda	14	11	13	-	-	-	-	-	-	-	16	-	12	-	43 y	35	56	-
Saint Kitts and Nevis	-	-	-	-	-	-	23	38	-	-	-	-	-	-	-	-	-	-
Saint Lucia	-	-	-	68	44	60	25	41	34	-	-	-	-	-	-	-	15	21
Saint Vincent and the Grenadines	-	-	-	-	-	-	30	46	39	-	-	-	-	-	-	-	-	-
Samoa	-	-	-	-	-	-	74	68	-	-	-	-	-	-	-	50	58	-
San Marino	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sao Tome and Principe	-	-	-	-	-	-	-	-	-	-	26	-	9	-	37	25	23	-
Saudi Arabia	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Senegal	2	1	1	-	-	-	-	-	-	-	-	-	-	-	-	31	61	-
Serbia	1	0	1	67	37	60	-	-	-	-	-	-	-	-	-	6	2	7
Seychelles	-	-	-	-	-	-	51	-	-	-	-	-	-	-	-	-	-	-

Countries and areas	Homicide rate (per 100,000) 2012			Violent discipline at home (%) 2005-2013*			Violence among peers (%) 2003-2013*			Experience of physical violence since age 15 (%) 2005-2013*		Lifetime experience of sexual violence (%) 2004-2013*		Intimate partner violence (%) 2005-2013*		Attitudes towards wife-beating (%) 2002-2013*		Attitudes towards physical punishment (%) 2005-2013*
	Male	Female	Total	Any violent discipline	Physical punishment	Psychological aggression	Bullying	Physical fights	Physical attacks	Male	Female	Male	Female	Male	Female	Male	Female	
Sierra Leone	11	8	9	82	65	74	–	–	–	–	–	–	–	–	–	57	63	43
Singapore	0	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Slovakia	0	0	0	–	–	–	25	40	–	–	–	–	–	–	–	–	–	–
Slovenia	0	0	0	–	–	–	20	40	–	–	–	–	–	–	–	–	–	–
Solomon Islands	3	1	3	72 y	–	–	67	53	–	–	–	–	–	–	–	73	72	–
Somalia	6	4	5	–	–	–	–	–	–	–	–	–	–	–	–	–	75 y	–
South Africa	12	4	8	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
South Sudan	9	6	8	–	–	–	–	–	–	–	–	–	–	–	–	–	72	–
Spain	0	0	0	–	–	–	14	35	–	–	–	–	–	–	–	–	–	–
Sri Lanka	2	1	1	–	–	–	38	47	48	–	–	–	–	–	–	–	54 y	–
State of Palestine	–	–	–	93	76	90	56 y	44 y	–	–	–	–	–	–	–	–	–	21
Sudan	7	5	6	–	–	–	–	–	–	–	–	–	–	–	–	–	52	–
Suriname	0	0	0	86	60	82	26	21	–	–	–	–	–	–	–	–	19	13
Swaziland	22	10	16	89	66	82	32	19	–	–	–	–	–	–	–	34	42	82
Sweden	0	0	0	–	–	–	11	30	–	–	–	–	–	–	–	–	–	–
Switzerland	0	1	0	–	–	–	34	–	–	–	–	–	–	–	–	–	–	–
Syrian Arab Republic	2	1	1	89	78	84	–	–	–	–	–	–	–	–	–	–	–	13
Tajikistan	2	1	1	78	60	73	7	22	25	–	7	–	1	–	16	–	47	15
Thailand	3	1	2	–	–	–	27	34	33	–	–	–	–	–	–	–	10	–
The former Yugoslav Republic of Macedonia	0	0	0	69	52	56	20	31	20	–	–	–	–	–	–	–	14	3
Timor-Leste	2	2	2	–	–	–	–	–	–	–	30	–	2	–	31	72	81	–
Togo	8	5	7	93	77	86	–	–	–	–	–	–	–	–	–	–	41	35
Tonga	–	–	–	–	–	–	50	49	–	–	–	–	–	–	–	–	–	–
Trinidad and Tobago	20	5	12	77	54	68	15	36	41	–	–	–	–	–	–	–	10	25
Tunisia	1	0	1	93	74	90	31	47	46	–	–	–	–	–	–	–	27	44
Turkey	3	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	30 y	–
Turkmenistan	5	2	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Tuvalu	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	83	69	–
Uganda	11	8	10	–	–	–	46	36	–	54	54	7	19	–	46	52	62	–
Ukraine	1	1	1	61	30	57	41	39	–	41 y	6	–	0.3	2 y	(2)	2	2	11
United Arab Emirates	2	1	2	–	–	–	23	47	–	–	–	–	–	–	–	–	–	–
United Kingdom	1	0	0	–	–	–	25 y	33 y	–	–	–	–	–	–	–	–	–	–
United Republic of Tanzania	7	4	6	–	–	–	28 y	40 y	56 y	–	24	–	13	–	46	39	52	–
United States	6	2	4	–	–	–	26	35	–	–	–	–	–	–	–	–	–	–
Uruguay	3	1	2	–	–	–	19	26	19	–	–	–	–	–	–	–	–	–
Uzbekistan	2	1	1	–	–	–	–	–	–	–	–	–	–	–	–	63	63	–
Vanuatu	–	–	–	84	72	77	67	51	–	–	–	–	–	–	–	63	56	51
Venezuela (Bolivarian Republic of)	37	2	20	–	–	–	35 y	30 y	–	–	–	–	–	–	–	–	–	–
Viet Nam	1	1	1	74	55	55	26	22	–	–	–	–	–	–	–	–	35	17
Yemen	2	1	2	95	86	92	41	56	51	–	–	–	–	–	–	–	–	44
Zambia	7	5	6	–	–	–	65	53	–	–	33	–	16	–	43	55	61	–
Zimbabwe	6	3	5	–	–	–	61 y	41 y	–	–	23	–	18	–	58	48	48	–

For a complete list of countries and areas in the regions and sub-regions and for country categories, see page 200.

– Data not available.

() Figures are based on 25-49 unweighted cases.

y Data differ from the standard definition or refer to only part of a country.

* Data refer to the most recent year available during the period specified in the column heading.

Notes: Data on attitudes towards wife-beating among boys and girls cannot be directly

compared for the Dominican Republic, Jamaica and Sierra Leone since data sources for girls are more recent than those for boys. WHO Global Health Estimates are available for WHO Member States whose population were over 250,000 in 2012. Zeroes appearing in the table do not necessarily mean that there were no homicide victims in these countries, but rather that the recalculated homicide rates came to 0 after rounding.

Source: UNICEF global databases, 2014, based on the Health Behaviour in School-aged Children Study (HBSC), Demographic and Health Surveys (DHS), Global School-based Student Health Surveys (GSHS), Multiple Indicator Cluster Surveys (MICS), and other national surveys. Data on homicide rates are from: World Health Organization, *Global Health Estimates (GHE) Summary Tables: Deaths by cause, age, sex and region, 2012*, WHO, Geneva, 2014.

INDICATOR DEFINITIONS

Homicide rate: Number of homicide victims among children and adolescents aged 0 to 19 years per 100,000 population.

Any violent discipline: Percentage of children aged 2 to 14 years who experienced any violent discipline (psychological aggression and/or physical punishment) in the past month.

Physical punishment: Percentage of children aged 2 to 14 years who experienced physical punishment in the past month.

Psychological aggression: Percentage of children aged 2 to 14 years who experienced psychological aggression in the past month.

Bullying: Percentage of adolescents aged 13 to 15 years who reported being bullied at least once in the past couple of months.

Physical fights: Percentage of adolescents aged 13 to 15 years who reported being in a physical fight one or more times during the past 12 months.

Physical attacks: Percentage of students aged 13 to 15 years who reported being physically attacked one or more times in the past 12 months.

Experience of physical violence since age 15: Percentage of girls and boys aged 15 to 19 years who experienced any physical violence since age 15.

Lifetime experience of sexual violence: Percentage of girls and boys aged 15 to 19 years who ever experienced forced sexual intercourse or any other forced sexual acts (including in childhood).

Intimate partner violence: Percentage of ever-married girls and boys aged 15 to 19 years who ever experienced any physical, sexual or emotional violence committed by their spouses or partners.

Attitudes towards wife-beating: Percentage 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.

Attitudes towards physical punishment: Percentage of adults who think that physical punishment is necessary to raise/educate children.

REGIONAL CLASSIFICATION

'Countries outside of these regions' includes places in which UNICEF does not have programmes. They are primarily high- and high-middle-income countries located in Australasia, Europe and North America.

Sub-Saharan Africa: Eastern and Southern Africa; West and Central Africa; Djibouti; Sudan

Eastern and Southern Africa: Angola; Botswana; Burundi; Comoros; Eritrea; Ethiopia; Kenya; Lesotho; Madagascar; Malawi; Mauritius; Mozambique; Namibia; Rwanda; Seychelles; Somalia; South Africa; South Sudan; Swaziland; Uganda; United Republic of Tanzania; Zambia; Zimbabwe

West and Central Africa: Benin; Burkina Faso; Cabo Verde; Cameroon; Central African Republic; Chad; Congo; Côte d'Ivoire; Democratic Republic of the Congo; Equatorial Guinea; Gabon; Gambia; Ghana; Guinea; Guinea-Bissau; Liberia; Mali; Mauritania; Niger; Nigeria; Sao Tome and Principe; Senegal; Sierra Leone; Togo

Middle East and North Africa: Algeria; Bahrain; Djibouti; Egypt; Iran (Islamic Republic of); Iraq; Jordan; Kuwait; Lebanon; Libya; Morocco; Oman; Qatar; Saudi Arabia; State of Palestine; Sudan; Syrian Arab Republic; Tunisia; United Arab Emirates; Yemen

South Asia: Afghanistan; Bangladesh; Bhutan; India; Maldives; Nepal; Pakistan; Sri Lanka

East Asia and the Pacific: Brunei Darussalam; Cambodia; China; Cook Islands; Democratic People's Republic of Korea; Fiji; Indonesia; Kiribati; Lao People's Democratic Republic; Malaysia; Marshall Islands; Micronesia (Federated States of); Mongolia; Myanmar; Nauru; Niue; Palau; Papua New Guinea; Philippines; Republic of Korea; Samoa; Singapore; Solomon Islands; Thailand; Timor-Leste; Tonga; Tuvalu; Vanuatu; Viet Nam

Latin America and the Caribbean: Antigua and Barbuda; Argentina; Bahamas; Barbados; Belize; Bolivia (Plurinational State of); Brazil; Chile; Colombia; Costa Rica; Cuba; Dominica; Dominican Republic; Ecuador; El Salvador; Grenada; Guatemala; Guyana; Haiti; Honduras; Jamaica; Mexico; Nicaragua; Panama; Paraguay; Peru; Saint Kitts and Nevis; Saint Lucia; Saint Vincent and the Grenadines; Suriname; Trinidad and Tobago; Uruguay; Venezuela (Bolivarian Republic of)

CEE/CIS: Albania; Armenia; Azerbaijan; Belarus; Bosnia and Herzegovina; Bulgaria; Croatia; Georgia; Kazakhstan; Kyrgyzstan; Montenegro; Republic of Moldova; Romania; Russian Federation; Serbia; Tajikistan; The former Yugoslav Republic of Macedonia; Turkey; Turkmenistan; Ukraine; Uzbekistan

Countries outside of these regions: Andorra; Australia; Austria; Belgium; Canada; Cyprus; Czech Republic; Denmark; Estonia; Finland; France; Germany; Greece; Hungary; Iceland; Ireland; Israel; Italy; Japan; Latvia; Liechtenstein; Lithuania; Luxembourg; Malta; Monaco; Netherlands; New Zealand; Norway; Poland; Portugal; San Marino; Slovakia; Slovenia; Spain; Sweden; Switzerland; United Kingdom; United States

TEN FACTS ABOUT VIOLENCE AGAINST CHILDREN

UNICEF
Data and Analytics Section
Division of Data, Research
and Policy
3 United Nations Plaza
New York, NY 10017, USA
Tel: +1 212 326 7000
Email: data@unicef.org

ISBN: 978-92-806-4767-9

- 1 In 2012 alone, homicide took the lives of about **95,000 CHILDREN AND ADOLESCENTS** under the age of 20 – almost 1 in 5 of all homicide victims that year.
- 2 Around **6 IN 10 CHILDREN** between the ages of 2 and 14 worldwide (almost a billion) are subjected to physical punishment by their caregivers on a regular basis.
- 3 Close to **1 IN 3 STUDENTS** between the ages of 13 and 15 worldwide report involvement in one or more physical fights in the past year.
- 4 Slightly more than **1 IN 3 STUDENTS** between the ages of 13 and 15 worldwide experience bullying on a regular basis.
- 5 About **1 IN 3 ADOLESCENTS** aged 11 to 15 in Europe and North America admit to having bullied others at school at least once in the past couple of months.
- 6 Almost **ONE QUARTER OF GIRLS** aged 15 to 19 worldwide (almost 70 million) report being victims of some form of physical violence since age 15.
- 7 Around **120 MILLION GIRLS** under the age of 20 (about 1 in 10) have been subjected to forced sexual intercourse or other forced sexual acts at some point in their lives. Boys are also at risk, although a global estimate is unavailable due to the lack of comparable data in most countries.
- 8 **1 IN 3 ADOLESCENT GIRLS** aged 15 to 19 worldwide (84 million) have been the victims of any emotional, physical or sexual violence committed by their husbands or partners at some point in their lives.
- 9 About **3 IN 10 ADULTS** worldwide believe that physical punishment is necessary to properly raise or educate children.
- 10 Close to **HALF OF ALL GIRLS** aged 15 to 19 worldwide (around 126 million) think a husband is sometimes justified in hitting or beating his wife.

Note: Estimates are based on a subset of countries with available data covering 50 per cent or more of the global population of children or adults within the respective age ranges.

Sources: UNICEF global databases, 2014, based on Demographic and Health Surveys (DHS), Global School-based Student Health Surveys (GSHS), Health Behaviour in School-aged Children (HBSC) study, Multiple Indicator Cluster Surveys (MICS), other national surveys, and relevant studies. Population data are from: United Nations, Department of Economic and Social Affairs, Population Division, *World Population Prospects: The 2012 revision*, CD-ROM edition, United Nations, New York, 2013.

