All children are subject to their evolving capacities; and therefore, are in need of special safeguards and care.

All children have the right to be protected from ‘significant’ harm.

“Preventing and responding to violence, exploitation, (neglect) and abuse is essential for ensuring children’s rights to survival, development and well-being.”

UNICEF Child Protection Strategy, June 2008
Types of child protection concerns

**EXPLOITATION**
Child labor, sexual exploitation, armed conflict, early marriage, sale, slavery

**ABUSE**
Sexual, physical, emotional, social exclusion, structural, torture

**VIOLENCE**
Interpersonal, group, state, self-directed

**NEGLECT**
Willful neglect, failure to thrive, lack of means for survival & development, institutional

**JUSTICE FOR CHILDREN**

*For every child Health, Education, Equality, Protection ADVANCE HUMANITY*
Standard Approaches and Challenges:

- Issue based – street children, orphans, trafficked children, children in conflict with the law, children with disabilities...
- Short term popularity - mass sympathy
- Significant funding – ill informed responses
- Donor Driven – unsustainable interventions
- Localized charitable activities for small groups
- Increasing inequities - regardless of rights
- Reactive response orientated services
- Detract from Government leadership
- Cycle of decline
Inter-Sectoral Partnerships:

- Child Protection is complex - demands a multi-level, co-ordinated response for its realisation

- Clearly delineated roles for different sectors – Health, Education, Justice, Finance, Planning, Interior, Social Development, etc.

- Social Work / Welfare / Child Protection is the ‘Missing Middle’ and central to prevention and response programming

- INGOs, CBOs, FBOs, donors and the private sector are all critical and potential partners
Main features of national CP systems

Child protective services: Statutory interventions to prevent or protect from ‘significant’ harm, in the best interests of the child

(Provided by Govt, NGOs, CBOs)

(Provided by Govt)

Primary prevention: Target general pop. (awareness raising & universal services)

Secondary prevention: Target at-risk groups (e.g. services for families in difficulty; outreach)

Tertiary prevention: Target individual child/family (e.g. removal of child; respite care.)
Research on Child Abuse as an entry point:

- Levels of concerns about child abuse – absence of data
- Typical lead ministry / department for social welfare:
  - poor or partially functioning social work infrastructures
  - weak leadership
  - limited capacity
  - low numbers of professional social workers
  - poor quality of professional training
  - excluded from mainstream political debate
  - competing demands underpin reactive and issue based services
- VAC perceived as a ‘private’ family trouble, NOT a ‘public’ policy issue
UN Secretary General’s Study on VAC Outcomes:

Should lead to the development of strategies aimed at effectively preventing and combating all forms of violence against children, outlining steps to be taken at the international level, and by States, to provide effective prevention, protection, intervention, treatment, recovery and reintegration.

(A/56/488)
New and Emerging Evidence
Human Brain Development:

Synapse Formation Dependent on Early Experiences
(700 per second in the early years)

- Sensory Pathways (Vision, Hearing)
- Language
- Higher Cognitive Function

FIRST YEAR

Birth (Months) (Years)

Birth to 14 years: Refinement of neuronal connections, maturity of the neurons, and increasing complexity of dendrite interconnections. Major cognition changes continue up to the age of 14 years.
Toxic Stress Damages Brain Architecture

- Excessive and repeated stress causes the release of chemicals that impair cell growth and interfere with the formation of healthy neural circuits in the brain.

- Toxic stress can damage the brain's stress response system and contribute to premature ageing of the body.

Healthy brain

Abused brain
Impact of child neglect on brain development

These images illustrate the negative impact of neglect on the developing brain. Left: CT scan of healthy 3 yr old with average head size. Right: 3 yr old child suffering from severe sensory-deprivation neglect. Brain is significantly smaller than average and has abnormal development of cortex.

Implications:

- Impairment of brain functioning - reduction in human capacity
- Poor educational achievement / school drop out
- Erratic employment pattern / unskilled work
- High risk behaviour, drug and alcohol abuse
- Early pregnancy / poor parenting
- Inability to maintain relationships
- Family separation / institutionalization
- Cycle of poverty / cycle of violence
Early nurture impacts on developmental outcomes

Figure 9. The Impact of Early Nurture on Developmental Outcomes – Romanian Orphans

Source: Clyde Hertzman. Children who were adopted early (< 4 months) did much better than children who were adopted late (> 8 months).
Calculated Risk:

Adolescent Development:

Risk Preference vs Age

- Ages: 10-11, 12-13, 14-15, 16-17, 18-21, 22-25, 26-30
- Risk Preference levels:
  - 0.70
  - 0.80
  - 0.90
  - 1.00
  - 1.10
  - 1.20
  - 1.30

Graph showing a peak in risk preference between ages 14-15 and a decline thereafter.
Children in the Juvenile Justice System:

Learning from Experience

Research in 33 European countries has shown that children and young children in particular are at risk of harm within an institutional care setting.

- there is an increased risk of social dysfunction in adult life
- institutional care provides no advantages for children and at a cost which is far in excess of any other forms of child care,
- young children, in particular, are at risk of harm from attachment disorder and delay in their social, behavioural, and cognitive development.
- Delays in physical growth, nerve system atrophy and abnormal brain development have been identified in these children.
- The lack on a one to one relationship with a primary carer is a root cause of such damage.
Institutional care is NOT cost-effective

- **Rwanda**: child center $540 per child, per year.
- **Eritrea**: Institutional care $1,350 per child, per year
- **Tanzania**: $649 per child per year
- **Burundi**: $689 per child per year
- **South Africa**: statutory residential care with palliative care; up to $3000 per child per year.
- **Zimbabwe**: average monthly cost a child in an institution was approximately the average monthly salary of a typical family.

Estimates of 6-14 times more expensive than community based care.
Policy Options and Perceptions

Transit Centre
£87,268-200 children
436 GBP/ch / yr
S:C ratio 1:133
76.4% personnel
11.5% direct care
3.4% admin
8.7% training

Children’s Home
£57,333 - 120 children
478 GBP/ch / yr
S:C ratio 1:40
41.6% personnel
39.7% direct care
0.4% admin
18.3% training

Community Based
£102,431 – 2,260 children
45 GBP/ch / yr
S:C ratio 1:6
15.6% personnel
66.7% direct care
4.4 % admin
13.3% training

When we invest wisely in children and families, the next generation will pay that back through a lifetime of productivity and responsible citizenship.
<table>
<thead>
<tr>
<th>Sub-region</th>
<th>Female %</th>
<th>Male %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa (high mortality)</td>
<td>21.3</td>
<td>9.6</td>
</tr>
<tr>
<td>Africa (very high mortality)</td>
<td>42.7</td>
<td>29.8</td>
</tr>
<tr>
<td>Latin America/Caribbean</td>
<td>13.3</td>
<td>20.0</td>
</tr>
<tr>
<td>Eastern Mediterranean</td>
<td>28.0</td>
<td>11.5</td>
</tr>
<tr>
<td>East Asia &amp; Pacific</td>
<td>27.8</td>
<td>28.6</td>
</tr>
</tbody>
</table>

Andrews et al., Child sexual abuse, WHO, 2004
Range in prevalence of different forms of child maltreatment in the EAP region

- Moderate physical abuse: 39.5%
- Severe physical abuse: 23.1%
- Very severe physical abuse: 10.0%
- Sexual abuse: 8.6%
- Emotional abuse: 1.7%
- Neglect: 31.3%
- Witnessing parental violence: 43.6%
- Emotional abuse: 6.0%

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Lifetime Prevalence in East Asia and the Pacific:

Physical Abuse: 4% - 66%
Sexual Abuse: 2% - 47%
Emotional Abuse: 31% - 81%
Neglect: 22% - 44%
Witnessing DV: 6% - 53%

2010 study in Manila, Philippines:
Adults with history of child sexual abuse = 5x increased risk of attempted suicide

2005 study in Hong Kong, China:
Secondary students beaten to injury by a family member within last 6 months = 3x more likely to currently use heroin

2010 study in Bangkok:
Youth who experienced child physical abuse = Almost 2x more likely to engage in problem drinking

Costs of Child Maltreatment:

**United States of America:**
National estimate of annual costs of fatal and non-fatal child maltreatment
US$124 billion

**Vanuatu** - pop. 234,000
Annual loss due to Child Maltreatment
up to US$ 4.25 million annually
Annual cost of prevention programme estimated at US$ 1.56 million

- **Obesity**: $1,938
- **Teen pregnancy**: $1,129
- **Smoking**: $2,306
- **Child maltreatment**: $5,855

The Costs of Violence Against Children

[W]e find an incidence rate for child abuse and neglect that is about ten times as high as the incidence rate for all forms of cancer. [T]here is a multi-billion-dollar research base reliably renewed on an annual basis for cancer treatment and prevention. Nothing remotely similar to this exists for [the prevention of and response to] child abuse and neglect.”

Frank Putnam, US National Institute for Mental Health
The Costs and Consequences of Child Abuse
Need for outcome evaluation studies

Figure 1: Estimated Number of Substantiated Cases of Sexual Abuse in the United States, 1990–2000

Background on Prevalence Studies in the EAP Region
Objectives of the VAC National Baseline Studies

- To identify the scale and nature of violence against children within countries
- To identify the health consequences and the underlying risks and protective factors
- To inform policy, strategies and programmes to prevent and respond to violence against children
- To raise the profile of violence against children with the general public and policy makers
Growing International Demand to Address Sexual Violence Against Children

- 8 countries in EAP
- 5 countries in Africa
Regional & Global Partnerships
UNICEF Strategy: Package of Evidence

- Multi-country Studies:
  - National population baselines in China, Viet Nam, PNG, Philippines, Lao PDR, Malaysia, Indonesia, Cambodia and Thailand

- Broad Partnerships:
  - Build with other’s expertise: CDC, WHO, UN Agencies, INGOs
  - Explore cross sectoral implications: Justice, Social Work, Education, Health

- Financial rational:
  - Think Tank – partners, experts
  - Costing model - Non-action, action – short term, long term
  - Systematic Literature Review

- Tools for Government:
  - Governance Indicators for National CP Systems, Costing Model, prevalence data

- Research Studies:
  - CP-ED Report, Trafficking Study, CRC Concluding Observations Analysis, Social Welfare Budgets

- Briefing Papers
  - NCPS Overview: Social Welfare; Justice for Children; Social Behaviour Change. Q & A

- Modeling:
  - Evidence based prevention programmes
  - Capacity development, Guidance for systems actors, M & E support

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Progress to Date: Leading to understanding of building partnerships re evidence based work, linking prevention investment to long term impact and costs of ‘doing nothing’ and continuing the current ‘reactive’ response.

- Revision of Child Protection Systems Toolkit;
- National Indicators for Child Protection Systems;
- Systematic Literature Review of Child Maltreatment;
- Child Protection in Education Study;
- Regional Trafficking Report;
- Social Work Infrastructure and Curriculum Development;
- National Child Protection Systems - series
- Inter-agency CP Systems Paper;
- Donor Q&A
THANK YOU

www.unicef.org/eapro