STRATEGY FOR ENDING VIOLENCE AGAINST CHILDREN
Acknowledgement

This Ending Violence Against Children (EVAC) programme strategy is the result of the commitment, efforts and contribution of a large number of UNICEF staff and collaborators. Our sincere appreciation to Government representatives, UN Agencies and Civil Society Organizations (CSOs) that were consulted in this process. Special thanks also to Theresa Kilbane, who supported as a senior consultant the development of this document. The strategy was developed by the Child Protection team led by Soledad Herrero and included Nirmala Pandey, Tannistha Datta, Arupa Shukla, Moira Dawa and Padmanav Dutta. The strategy also benefited from inputs from many sections within UNICEF (Education, Health, Communication for Development, External Communications and Social Policy), and from Field Office colleagues. The Strategy was endorsed by the UNICEF Country Management Team on 30 June 2020.
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<tr>
<td>ANM</td>
<td>Auxiliary Nurse Midwife</td>
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<td>Accredited Social Health Activist</td>
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<td>AWW</td>
<td>Anganwadi worker</td>
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<td>BBBP</td>
<td>Beti Bachao Beti Padhao</td>
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<td>Gender-based violence</td>
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1. Overview

Efforts to address violence against children (VAC) are at the core of UNICEF India’s Country Programme. UNICEF seeks to accelerate actions to prevent violence from occurring and improve support for children who are survivors of violence and abuse. The proposed End Violence Against Children (EVAC) Strategy cuts across sectors and maximizes the convening capacity of UNICEF to support government, unite civil society, the private sector and development partners in a joint effort to end violence against children. As the EVAC Strategy was finalized at the time when the country and the world was leading a global fight against the COVID19 pandemic, the Strategy also reflects on the impact of public health crisis on VAC.

The EVAC Strategy is based upon global evidence and proven strategies and draws upon key research outlining the current situation in India. The findings rely also on consultations carried out with partners and UNICEF staff. The three key areas of the proposed EVAC Strategy are aligned to the UNICEF Global TOC for EVAC1:

1. Creating an enabling environment for multi-sectoral response
2. Systems-strengthening across justice/law enforcement, social service, education and health sectors
3. Social Behavioral Change Communication (SBBC) and adolescent and youth empowerment

These key areas are also part of the INSPIRE 7 Strategies, a global violence prevention and response effort that involved ten key agencies, including UNICEF2. These key components form the infrastructure for the sustained implementation of the multi-agency INSPIRE package of evidence-based strategies to end violence against children. In addition, the EVAC Strategy builds on existing evidence, including the global Evaluation on EVAC3.

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This Strategy was developed during the period where UNICEF is in the process of developing the Mid-Term Strategic Review (MTSR) of the current UNICEF Country Development Programme (CPD) for the period 2018-2022. It considers the impact of COVID-19. The Strategy will remain valid for the remaining period of the CPD. It is recommended that the Strategy is reviewed as part of the process of the development of the next CPD. However, this proposal will remain a live document that will be adjusted when/if required.

The operationalization of the strategy will be done in close dialogue with the Government and partners, and will also benefit from partnership and collaboration with other UN Agencies, specially UNWomen, UNFPA, and WHO.
2. The Evidence on Violence Against Children

2.1 THE GLOBAL SCENARIO

The universal nature and prevalence of VAC has been increasingly established in recent years. This has helped increase awareness and lead to important international and national action. India is not immune to these influences and has been forced to come to grips with the reality of violence. It is useful to reflect on some of these global trends on VAC as many of these patterns are universal and help to explain the various ways in which children are impacted by violence.
3 in 4 children aged 2-4 years, experience violent discipline by their caregivers on a regular basis; and around 6 in 10 are punished by physical means

1 out of 2 children aged 2–17 years suffer some form of violence each year

1 in 4 children under age 5 live with a mother who is a victim of domestic violence. The single best predictor of children becoming either perpetrators or victims of domestic violence later in life is whether they grow up in a home exposed to domestic violence

Globally, the lifetime prevalence for childhood sexual abuse is estimated to be 18 per cent for girls and 8 per cent for boys. Approximately 15 million adolescent girls (aged 15 to 19) worldwide have experienced forced sex at some point in their life mostly by a current/former husband, partner or boyfriend. Based on data from 30 countries, only one per cent ever seek professional help

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4 [https://data.unicef.org/resources/a-familiar-face/](https://data.unicef.org/resources/a-familiar-face/)
6 Same as above (reference 5)
The precise number of child victims of child sexual abuse online across the world is unknown, however, according to the International Association of Internet Hotlines, the number of webpages containing child sexual abuse material (CSAM) increased by 51 per cent from 2017 to 2018.

**Children**
13 years old or younger portrayed in 91 per cent of these materials

**Boys** are more likely to experience physical bullying than girls, and girls are more likely to experience psychological bullying

**Every 7 minutes, somewhere in the world, an adolescent is killed by an act of violence**

**School-related gender-based violence and reinforced norms for defining gender identities is a major obstacle to universal schooling and the right to education for girls and boys**

**In 2015, for example, violence took the lives of around 82,000 adolescents worldwide**

**Nearly 12 per cent of this is generated in India** as per the National Centre for Missing and Exploited Children

Children 13 years old or younger portrayed in 91 per cent of these materials

**80 per cent of the victims being girls**

**1 in 3 students between the ages of 13 and 15 experience bullying across the world**

**Global estimates indicate that the majority of victims of child homicide are male (nearly 7 in 10), and adolescent males experience higher rates than younger children**

**Nearly 12 per cent** of this is generated in India as per the National Centre for Missing and Exploited Children

The recently published Global Status Report on Preventing Violence against Children, 2020 indicates that over in their lifetime, children exposed to violence are at increased risk of mental illness and anxiety disorders; high risk behaviors like alcohol and drug abuse, smoking and unsafe sex; chronic diseases

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11https://data.unicef.org/resources/a-familiar-face/

Gender based violence

Experiencing child maltreatment and witnessing partner abuse in the home, as a child, have proven to be risk factors for men to become a perpetrator of sexual and intimate partner violence, or for women to be victims of sexual and intimate partner violence.¹³

While both boys and girls can experience gender-based violence (GBV), gender norms can result in very different protection risks for these two groups, due to their different social status, roles and expectations. Given the inter-connections between violence against children and violence against women, there is a strong argument to build interlinked systems to protect children and support women. At the same time, there is a need to maintain specialized system for children, which includes specialized skills and services, and recognizes and addresses the differentiated vulnerability of girls.

Cost of violence

In addition to the fundamental human right to live free from violence, there is a strong economic incentive to protect children from violence, given the enormous associated costs, both direct and indirect. The direct costs include the cost to health, social welfare, and criminal justice systems, and the indirect costs pertain to the impact of physical, sexual and emotional violence on children across their life spans, which can lead to decreased productivity, an increased burden on the health system and disruptions to social cohesion. The Copenhagen Consensus calculated the global direct and indirect costs of violence in general at US$9.5 trillion, or 11 per cent of global GDP. Violence specifically against children, including homicide, child abuse and child sexual violence, was estimated to cost US$3.6 trillion, representing 4.2 per cent of global GDP.¹⁴

The UNICEF East Asia and the Pacific commissioned a study to estimate the cost of VAC. Using 2004 as the baseline year it found that the total costs were US$160 billion, or 2 per cent of regional GDP.¹⁵ A 2014 Overseas Development Institute (ODI) study, commissioned by the Child Fund Alliance, estimated that US$7 trillion is lost due to VAC each year, equivalent to 8 per cent of global GDP.¹⁶

Violence related to public health emergencies including COVID-19

For the current generation, the magnitude of COVID-19 may be unprecedented, but large-scale disease outbreak have occurred at least 10 times in the last 50 years. While literature is limited, there is evidence that shows that in contexts of disease outbreaks, including the current COVID-19, violence, especially domestic violence against women and girls, is increasing. Some of the factors identified are economic insecurity, social isolation, incapacity to access support networks, and consequences of changing demographics including exposure to exploitative relationships.¹⁷

¹³UNICEF Innocenti Research Centre (IRC) – James Mercy, PhD; Janet Saul, PhD and Susan Hillis, PhD, The Importance of Integrating Efforts to Prevent Violence Against Women and Children. IRC – Alessandra Guedes, Violence Against Women and Violence Against Children – The Points of Intersection, 2019; Preventing and Responding to Violence Against Children and Adolescents: Theory of Change 2017, p 38.
¹⁷Pandemics and Violence Against Women and Children; Amber Peterman, Alina Potts, Megan O’Donnell, Kelly Thompson, Niyati Shah, Sabine Dettel-Priogone and Nicole van Gelder; Center for Global Development; April 2020 https://www.cgdev.org/publication/pandemics-and-violence-against-women-and-children
During the Ebola outbreak in Sierra Leone in West Africa, for example, the increase in sexual abuse and exploitation was registered and adolescent pregnancies increased by 65 percent. A study on Hurricane Harvey in the USA, finds that the stress associated with the disaster led to higher rates of both domestic violence and child abuse during and after the hurricane.

Given the magnitude of the COVID-19 related lockdown, the level of isolation (in the case of poor families in overcrowded spaces), and the restriction of movement, the increase in violence against women and children is a critical concern. Reports from countries most severely affected suggest that these factors, coupled with increased social and economic pressures are leading to an increase in violence in the home. The UN Secretary General has made a call for action to prevent the escalation of violence, specially gender-based violence against women and girls. As the poverty-related stress increases, the most vulnerable families, are likely to resort to negative coping mechanisms, including violence, exploitation, child labor and abuse.

Finally, statistics confirm that children are spending more time online than ever. While this allows families and communities to remain connected and supports children’s learning, it is also associated with risks. Europol report Pandemic Profiteering has indicated that there seems to be an increase in online activity by those seeking child abuse materials, and that online grooming could also be increasing globally.

### 2.2 VIOLENCE AGAINST CHILDREN IN INDIA

India does not have any national level prevalence surveys specifically on violence against children, making it challenging to understand the extent of the problem. However, one can safely assume that global trends apply here as well and the existing information through the National Family Health Surveys (NFHS) and the compilation of reported cases through the National Crime Records Bureau (NCRB) statistics, do help us understand its patterns and manifestations. There are numerous qualitative studies and NGO/academic reports on violence that clearly establish violence against children as a widespread issue, meriting greater attention by the government, private sector and development partners.

National information on service delivery and support to girl and boy victims of violence is not available, and no national representative data exists on cases received and support provided in the health or social welfare sector.

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23 See list of key reports and document on violence against children in Annex B.
Crimes against children

An important source of data on VAC is the National Crime Reports Bureau (NCRB) Reports on the Protection of Children against Sexual Offences Act (POCSO Act 2012). However, it must be underscored that this data reflects the number of cases reported, which represents only a fraction of the actual number of children who have experienced violence in the past year. Recently the NCRB released statistics from 2018 which report both a rise in sexual crimes against children and a rise in cases reported under the POCSO Act. Overall, the NCRB trends are showing an increase in total reported cases as well as crimes against children.23

In 2017, the maximum number of cases involved kidnapping and abduction (42.0%), followed by the Protection of Children from Sexual Offences Act, 2012 (25.3%). This trend continued in 2018; with kidnapping and abduction (44.2%), and cases under the Protection of Children from Sexual Offences Act, (28%).24

Reports of POCSO cases have increased steadily since 2014 (except for a slight dip in 2017) – reaching 39,827 cases in 2018. Of the total reported child victims under POCSO, 85.8% were girls in the age group of 12-18 years, up slightly from 83 per cent in 2017.

It is likely that there is significant under-reporting given the social stigma against boys and their families speaking up on child sexual abuse. In 94.6 per cent of cases of child sexual abuse, the perpetrators were known to child victims in one way or the other; in 53.7 per cent of cases they were close family members or relatives/friends.

The conviction rate for POCSO cases have increased, but the number of cases pending is still very high.

The first well-documented evidence of child sexual abuse comes from a study released by the Ministry of Women and Child Development (MWCD) in 2007 which revealed that more than 53 per cent of Indian children are subjected to sexual abuse/assault and that the majority of these cases were perpetrated by someone known to the child or in a position of trust and responsibility.25 More recent data from the NHFS surveys of adolescent girls found that 16 per cent adolescent girls have experienced physical violence since the age of 15 years.26

A more recent systematic literature review of 55 studies conducted on child sexual abuse in India estimated that between 4 per cent and 41 per cent of the girls and 10 per cent and 55 per cent of the boys in school and college experienced one form of child sexual abuse (contact, non-contact and forced).27 Although this reflects a wide range of reported violence, it does serve to establish that sexual violence is a problem for a significant number of girls and boys, and that more research and data collection could help clarify the extent of the incidence.

23SLL: Special and Local Laws (POCSO, JJ Act and others)
24National Crime Records Bureau, Crime in India reports for 2016, 2017, 2018,
26National Family Health Survey -4, 2015-16, Ministry of Health and Family Welfare
Though prevalence data on violence against boys and girls remains a challenge in India, there is significant evidence of intimate partner violence commonly experienced by women. One in three (34 per cent) women (aged 15-49) married or in union have experienced physical, sexual or emotional violence by their husband or partners. Among ever-married women (age 15-49) who have experienced sexual violence, 92 per cent report their husbands as perpetrators. Also 52 per cent of women and 42 per cent of men believe that a husband is justified in beating his wife in at least one of seven specified circumstances. This data helps to illustrate how gender-based violence can constrain the movements of women and girls. According to a study done by International Centre for Research on Women (ICRW) on Intimate Partner Violence (IPV) in South Asia, IPV in India is rooted in rigid patriarchal norms of son preference and gender-biased sex selection and these norms contribute to high levels of acceptance of IPV by men and women both.

Violence online

A relatively new threat to the safety of children has emerged with the rapid expansion of internet communication technologies (ICTs) where 60 per cent of online users in India are children and young people. While digital technologies offer significant developmental benefits for children, it also increases their exposure to potential risks of online abuse and exploitation. In a 2019 UNICEF U-Report poll, one in three children in India reported that they experienced cyberbullying. Of these, more than half the respondents were not aware of services to report online violence as per this global poll report. According to a recent report by U.S. National Center for Missing & Exploited Children (NCMEC) at least 25,000 images of child sexual abuse were uploaded every day from India. This amounts to 12 per cent of the child sexual abuse images circulation globally being generated in India.

There is a higher vulnerability of girls to online violence. In a survey conducted in 2016, 58 percent of respondents, largely women, reported having faced online aggression via trolling, bullying, abuse or harassment. In addition, girls are at risk of being prevented more often from using devices, among others to tackle the risk of them engaging with strangers.

Corporal punishment and physical violence in the home and schools

There is no recent national prevalence data available on corporal punishment, but studies have found it to be commonplace in India in the home and in schools, despite that fact that it is has been banned in schools for children aged 6 -14 years since 2009. A study by the National Commission for Protection of Child Rights (NCPCR) in 2012 found that 99 per cent of school children are subjected to physical and mental abuse by teachers.

References:
28NFHS 2015-16
29Addressing Intimate Partner Violence in South Asia, Evidence for Interventions in the Health Sector, Women’s Collectives, and Local Governance Mechanisms, ICRW, Rohini Prabha Pande, Priya Nanda, Kavya Bopanna and Alpaxee Kashyap, 2017 p 10
30IAMAI-IMRB Report 2017 – Internet in India
33The Right of Children to Free and Compulsory Education Act (RTE) 2009 – “No child shall be subjected to physical punishment and mental harassment” Chapter 4, article 17.1 and 17.2 - https://mhrd.gov.in/sites/upload_files/mhrd/files/upload_document/rte.pdf
The Young Lives longitudinal study following two cohorts of children in India, found that 93 per cent of 8-year-olds and 68 per cent of 15-year-olds said they had seen other children being physically punished. Among 8-year-olds, corporal punishment was more common for boys (83 per cent) than girls (73 per cent), in rural areas (79 per cent) than urban areas (75 per cent), and in public schools (80 per cent) than private schools (77 per cent). Almost 16 per cent of 8-year-olds cited “teachers beating” as the most important reason for disliking school.\textsuperscript{35}

In 2018, a formative parenting study was carried out by UNICEF and partners which identified 33 different forms of violence and abuse against children reported by parents of children aged 0-6 years. Additionally, the parents did not find the use of physical violence/corporal punishment problematic at all.\textsuperscript{36} In 2012, a study of men’s childhood experiences of violence in a number of countries, including India, found a high prevalence of corporal punishment. Of the 1,547 men who participated, 45 per cent reported having been spanked or slapped by a parent in the home during childhood. Additionally, 64 per cent reported having been beaten or physically punished at school by a teacher. The same study found that men who had experienced violence, including corporal punishment, during childhood, were more likely to perpetrate intimate partner violence, hold inequitable gender attitudes, be involved in fights outside the home or robberies, pay for sex and experience low self-esteem and depression, and were less likely to communicate openly with their partners or attend pre-natal visits when their partner is pregnant and/or take paternity leave.\textsuperscript{37}

\textsuperscript{36}Source: Formative Study on Parenting, UNICEF, 2018.
Bullying (including online bullying)

Although there is no national prevalence data available on bullying for India, a study in 2019 by The Teacher Foundation, in association with Wipro Applying Thought In Schools (WATIS) in 15 cities found that 42 per cent of students of Class 4 to 8 and 36 per cent of Class 9 to 12 said they are subjected to bullying and harassment in school campuses.\(^1\) The consequences of violence and bullying at school including cyberbullying are far-reaching. This includes children and youth finding being unable to concentrate in class, missing classes, avoiding school activities, playing truant or dropping out of school altogether. This has an adverse impact on academic achievement and future education and employment prospects.

Violence against children in alternative care settings

A particularly vulnerable group requiring special protection are children living in institutions including residential schools for tribal children. Though data is considered to be incomplete, a national mapping done by MWCD/Childline in 2016, identified 3,70,227 children in need of care and protection and at least 9,589 in child care institutions.\(^2\) Children’s vulnerability to violence increases when they are without parental care and a study in 2018 identified as many as 1,575 victims of sexual abuse (1286 girls and 286 boys) of children in institutions.\(^3\)

In the past few years, there have been many reports of child deaths, violence and neglect in tribal ahramshalas which are residential facilities for tribal children.\(^4\) These schools are run by Tribal development departments and hence are outside the ambit of regular supervision and quality control. It is important to ensure a safe violence free inclusive environment for tribal children who belong to the most vulnerable section.

Violence against children in the context of civil strife

Although statistics on violence against children in civil strife areas or emergencies are not available, serious concerns have been raised by the SRSG for Children and Armed Conflict (SRSG-CAAC) and others about the impact of armed conflict and emergencies in India, especially in the context of Jammu and Kashmir and the Naxalite insurgency areas especially in states like Chattisgarh, Jharkhand, Odisha.\(^5\) This has been reported through the Security Council Resolution 1612 Security Council Mechanism for Monitoring and Reporting Grave violations against Children.\(^6\)

Children’s vulnerability to violence increases when they are without parental care. A study in 2018 identified as many as 1,575 victims of sexual abuse of children in institutions.

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\(^1\) Re-imagining school leadership to foster social and emotional development of students (Vol.13 No.3) Authors. Maya Menon, The Teacher Foundation (India) Publication Date. 2019.


\(^6\) Preventing and Responding to Violence Against Children and Adolescents, UNICEF 2017 – chart adapted from INSPIRE https://www.unicef.org/protection/files/UNICEF_VAC_ToC_WEB_271117(2).pdf
Violence and COVID-19

COVID-19 pandemic has exacerbated four other existing pandemics: malnutrition, poverty, violence, and mental health issues. Given the high levels of poverty in the country, the socio-economic impacts of COVID-19 are likely to put many vulnerable families on the brink. There are estimations that as many as 400 million Indians are at risk of falling into poverty. The COVID-19 lockdown led to a migration crisis, with millions of daily wage labourers and their families stranded or seeking refuge in over 25,000 relief camps that struggle to provide basic food and shelter.

Extended periods of lockdown have also added to the heightened vulnerabilities to GBV and VAC for those already at risk, many being trapped with their abusers and not able to access help or services. Mental health and violent discipline are emerging as concerns due to children's routines being disrupted and other economic and stress factors for families. A key challenge is how to make MHPSS services more accessible to those in need in the light of ‘social distancing’ and closures that will continue for some time.

According to CHILDLINE 1098, which has been declared an emergency service by the Minister of Women and Child Development, during two weeks of the lockdown in April 2020 the number of calls of children in distress had increased by 50 per cent. Many families are going through lockdown in crowded spaces, deprived of minimum basic services or hygiene. The situation is also dire for children living in the streets, or those without parental care. The Supreme Court’s recent decision to take cognizance of the situation of the children under State care and protection (in CCIs, in foster care families or in Observation Homes) is expected to bring some improvement in the protective measures, but monitoring is limited, and staff is overstretched. The effects of the situation are likely to be most felt once the lockdown is over. On account of extreme economic distress, families will likely resort to negative coping mechanisms leading to an increase of child labour, trafficking, pushed on to the streets or railway stations. More children may undertake unsafe migration; and also, current situation may lead to an increase in numbers of children entering institutions or in contact with the law.

For the Child Protection workforce, responding to these protection needs has proven to be a challenge. While internet connectivity is not a problem, the workforce is not accustomed to work remotely and carry out case management and other tasks online leading to a compromise in the quality of work. Skilling the workforce for this modality of functionality will be a challenge and a much-needed input in the coming months.

Structural violence

Structural violence refers to any scenario in which large scale structures – differences of power, wealth, privilege, education and health – perpetuate inequity, thus causing harm and suffering. This form of violence also occurs in a society if institutions and policies are designed in a way that create barriers or inequitable access to a range of goods and services for some people. Studies suggest that to understand why

45See Order from 4th April here: https://www.livelaw.in/pdf_upload/pdf_upload-372102.pdf
interpersonal violence occurs and persists, it is necessary to unpack the values attached to various structures in society.46

The study on Structural Violence against Children in South Asia47 identified gender, age, socio-economic, institutions, and caste/ based structural violence. In addition to gender, covered above, caste system requires a specific mention due to its impact in India. The caste system is deeply entrenched system of discrimination, subordination and exclusion that has been used for centuries to place groups of people in a hierarchy. Constructions of caste are based on notions of purity and pollution, underpinned by religious believes. Since caste is understood as an ideological framework to segregate people into groups, caste related discrimination is paralleled in discrimination against ethnic or tribal groups, indigenous populations and religious groups across the country.

The tribal population which constitutes 8.6 per cent of the total population of India (Census 2011) constitute the most vulnerable groups in terms of access to education, health, social protection. The large scale industrialisation, exploitation of mineral resources and the construction of irrigation dams and power projects in the tribal areas has historically uprooted many tribal families and made them vulnerable to exploitation and abuse over the generation. Not surprisingly, children from these communities have highest dropout rates, infant mortality rates and are at greater risk of facing discrimination and neglect. It is important to note that a good proportion of tribal population reside in areas affected by insurgent movements, including states of Chhattisgarh, Jharkhand, Odisha and Assam. It is important to analyse their cultural and political context which make them more vulnerable to violence, abuse, neglect and exploitation.

3. END Violence – a Global Priority

The inclusion of language about violence against children in the Sustainable Development Goals (SDGs) 2030 opened new opportunities and challenges for global and national efforts to address the scourge of violence.

<table>
<thead>
<tr>
<th>Goal 16. Promote peaceful and inclusive societies for sustainable development provide access to justice for all and build effective, accountable and inclusive institutions at all levels.</th>
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<tbody>
<tr>
<td>Target 16.1 Significantly reduce all forms of violence and related death rates everywhere</td>
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<tr>
<td>Target 16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children</td>
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<table>
<thead>
<tr>
<th>Goal 5. Achieve gender equality and empower all women and girls</th>
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<tbody>
<tr>
<td>Target 5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation</td>
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<tr>
<td>Target 5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation</td>
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</table>

<table>
<thead>
<tr>
<th>Goal 4 Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target 4. A Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all</td>
</tr>
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</table>

Addressing violence against children is an organizational priority for UNICEF, as one of five principal goals undergirding the current Strategic Plan (SP) 2018-2021.48

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48The five UNICEF 2018-2021 Strategic Plan (SP) Goal Areas are: 1) Every child survives and thrives, 2) Every child learns, 3) Every child is protected from violence and exploitation, 4) Every child lives in a safe and clean environment and 5) Every child has an equitable chance in life.
The Outcome for Goal Area 3 states:

“Girls and boys, especially the most vulnerable and those affected by humanitarian crisis, are protected from all forms of violence, exploitation, abuse and harmful practices.”

This places violence prevention at the core of UNICEF’s business, cutting across all sectors and divisions.

Global EVAC Evaluation Key Recommendations:

1. Make violence against children an organization wide, multi-sectoral priority and agree on an overarching theory of change and core indicators for measuring violence prevention and response actions

2. Launch a multi-sectoral road map to reduce violence against children and translate it into regional road maps

3. Strengthen context-specific advocacy and resource mobilization, based on evidence.

4. Accelerate the roll-out of the systems strengthening approach to preventing and responding to violence against children

5. Renew the focus on preventing violence including through addressing social norms.

6. Improve the focus on gender and equity approaches.

7. Develop a web-based knowledge networking platform.

UNICEF also has been part of a joint initiative with external partners to develop a common global strategy. These efforts culminated in the development of “INSPIRE Seven Strategies for Ending Violence Against Children,” followed by the “INSPIRE Technical Handbook” and the “INSPIRE Indicator Guidance and Results Framework.” The development of a common set of strategies across leading agencies was also linked to the creation of the Global Partnership to End Violence Against Children – launched in 2015 – to help consolidate the gains made in addressing violence against children and to keep the issue high on the global agenda.

UNICEF’s approach is drawn from the key recommendations of the Global VAC Programme Evaluation. In 2017, an overarching, multi-sectoral Theory of Change (ToC), based on evidence of what works was finalised, creating the first-ever global roadmap for UNICEF VAC prevention and response programmes. The VAC TOC made it clear that efforts to address violence effectively would need to cut across multiple sectors – in particular, education, health, justice, child protection services and services for women survivors and victims of violence, including in humanitarian setting.

Further the UNICEF Gender Action Plan (GAP) 2018-2021 promotes gender equality throughout its work, in alignment with the organization’s Strategic Plan (2018-2021) and in support of its contributions to the
Sustainable Development Goals (SDGs). The GAP elaborates the gender programmatic results from the Strategic Plan and specifies how UNICEF will better integrate and strengthen gender across its institutional systems and strategies to achieve those results.

UNICEF has integrated attention to ending violence in schools as a key component of the current Strategic Plan 2018-2021, and in 2018, joined with key partners (DFID, UNESCO, Global Partnership to End Violence Against Children, and UNGEI) to release a global report entitled “An Everyday Lesson: #EndViolence in Schools.” There is growing global evidence on positive outcomes stemming from school interventions that have used a whole-school approach – where efforts must be embedded in the overall institutional framework – involving legislation, policies, training of teachers and school personnel, children and their parents. Furthermore, clear systems of reporting and protocols to address violence must be in place. Finally, efforts cannot be confined to the school alone, but need to take into consideration safety on travel to and from school and outside of school premises (online, at home, at work, etc.).

The WePROTECT Global Alliance to End Child Sexual Exploitation Online is an international movement dedicated to national and global action to end the sexual exploitation of children online. The WePROTECT Model National Response to Child Sexual Exploitation and Abuse helps countries to establish and develop coordinated national responses to online child sexual exploitation. Using the Model, countries can evaluate their current response, identify gaps and priorities national efforts to address them. India has not yet signed up for this and this will be an advocacy agenda for the EVAC strategy.

The subsequent EVAC strategy for India in the next section builds upon the above mentioned global priorities and also takes into account the recommendations from the Global status report on preventing violence against children 2020.

Global status report on preventing violence against children 2020

**Key recommendations**

- **National recommendations**
  - Promote good governance and coordination to ensure multi-sectoral strategy is adequately resourced and ministerial line responsibility is well defined and mandated to deliver the seven INSPIRE strategies
  - Prioritize data collection on VAC as part of regular SDG reporting and use these to set measurable targets in data-driven national action plans
  - Strengthen legislative frameworks to ensure universal legal protections for children and ensure best standards of practices are adhered to
  - Use evidence to enhance the effectiveness of prevention and service programming
  - Ensure adequate funding for evidence-based approaches to ending violence against children

- **Global recommendations**
  - Ensure full use of international support mechanisms by countries and increase donor funding to support INSPIRE implementation in low- and middle-income countries
  - Strengthen implementation research with a focus on low- and middle-income countries on how to take the INSPIRE approaches to scale, including through the identification of low-cost delivery options

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54 As in No 12.
4. EVAC Strategy in India

4.1 THE GLOBAL SCENARIO

Based on article 19 of the Convention on the Rights of the Child and the Global ToC, this strategy uses a definition of VAC that focuses on interpersonal violence, and encompasses all forms of physical, sexual or mental violence, abuse, neglect or negligent treatment. Specifically, UNICEF India EVAC strategy focuses on:

- Child maltreatment, including violent discipline/corporal punishment, and domestic violence
- Peer violence, including bullying
- Sexual violence, abuse and exploitation

In the context of India, priority will be given to the following rural - urban settings across state and districts:

<table>
<thead>
<tr>
<th>Family and communities:</th>
<th>Schools: where bullying, corporal discipline and sexual abuse often occur</th>
<th>Institutions: where child maltreatment, sexual violence and abuse often occurs</th>
</tr>
</thead>
<tbody>
<tr>
<td>where domestic violence, sexual violence and corporal punishment often occurs.</td>
<td>where child maltreatment, sexual violence and abuse often occurs.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Online or technologically based: especially sexual abuse (including sexual exploitation and ‘grooming’), as well as bullying.</th>
</tr>
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<tbody>
<tr>
<td>where vulnerable children may be exposed to violence</td>
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</table>

Violence is experienced differently as boys and girls age, in some cases continuing throughout the life cycle while in others occurring mostly in early childhood or adolescence. The chart below illustrates this idea of how children may experience at different ages.\(^5\)

While issues relating to child marriage, trafficking, son preference/sex selection and migration can contribute to violence and harm experienced by children, they have not been included in the EVAC strategy which focuses more narrowly on the core areas of violence against children and GBV and concentrates on key areas. However, reductions of these CP risks will contribute to reduction of risk to violence as well – and vice versa. Similarly, the strategy will not look into all aspects of structural violence specifically, which are nevertheless, very relevant to the CP programme, and to the overall realization of children’s rights. Structural violence is closely connected to the concept of “drivers of violence.” These are factors that exacerbate vulnerabilities such as harmful gender norms, inequalities and poverty on account of which violence can be

\(^5\)From ToC: https://www.unicef.org/protection/files/UNICEF_VAC_ToC_WEB_101117.pdf
Patterns of violence vary by age

- Child maltreatment, including violent discipline
- Bullying
- Sexual violence
- Emotional or psychological violence and witnessing violence
- Dating / intimate partner violence
- War and other collective violence

Increased for particular vulnerable groups such as children with disabilities, or children from backward class/castes; and can affect children in certain contexts such as children living in an unsafe urban environment or in the context of conflict, or in public health emergencies such as the COVID-19 pandemic.

4.2 National efforts to address VAC

Current national efforts to address VAC in India have increased in recent years, in particular on system strengthening and justice sector reforms. The Government of India has been leading these efforts, and there is increasing openness to acknowledging that violence is a serious issue. India has comprehensive policy and legal frameworks addressing rights and protection for children, providing opportunities to ensure that all children have equal access to quality protection services. The core child protection legislation for children is enshrined in five main laws: The Juvenile Justice Act (Care and Protection of children) Act 2015; the Child Marriage Prohibition Act (2006); the Protection of Children from Sexual Offences Act (2012, amended in 2019) and the Child Labour Prohibition and Regulation (1986, amended in 2016). India is among the 128 countries worldwide that legally prohibit use of corporal punishment in schools and institutions. The Right of Children to Free and Compulsory Education (RTE) Act, 2009 prohibits physical punishment and mental harassment for children enrolled in schools aged 6-14 years.

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56 UNICEF India Programme Strategy Note 2017, p 3
57 The Right of Children to Free and Compulsory Education Act (RTE) 2009 – “No child shall be subjected to physical punishment and mental harassment” Chapter 4, article 17.1 and 17.2 https://mhrd.gov.in/sites/upload_files/mhrd/files/upload_document/rte.pdf
Children’s right to protection is a priority of the National Plan of Action for Children 2016, which aims to: “protect children from all forms of violence and abuse, harm, neglect, stigma, deprivation, exploitation and sexual exploitation, abandonment, separation, abduction, sale or trafficking.” 58

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58Ibid.
In addition to child protection legislation, national flagship schemes such as the Integrated Child Protection Scheme (ICPS, 2009) and the National level Beti Bachao Beti Padhao (BBBP) has sought to highlight the focus on the girl-child especially in preventing sex selective abortions, early child marriage, and to promote early childhood care. The diagram on the previous page has shown the system in India and at the State level the concerned departments have a key role to play in the implementation of this.

Despite a comprehensive legal and policy framework, there are gaps in implementation, resulting in generally weak enforcement of these Acts and schemes, and poor capacities of government and partners to respond to victims reports of violence and abuse. Analysis of current capacities to respond to violence have revealed the systemic inadequacy of child protection services in India. The last Concluding Observations on India from the Committee on the Rights of the Child highlighted the need for greater coordination among ministries and departments at all levels to implement policies and programmes relating to children. Funding for child protection continues to fall short of existing needs. Allocations for ICPS are far below other flagship schemes (INR 1500 crores) and overall the share of child protection in union budget is only 0.06 per cent. Moreover, many states fail to allocate their share of the ICPS budget, so that their expenditures lie significantly below the annual plan.

In addition, attention has been focused on sexual abuse but less on other forms of violence that are commonplace in the lives of children in India. Even when ICPS envisions structures up to the community level in design, it does not have any funding allocation for them beyond the district level. As a result, much of the community structures are just on paper and not functional, thereby limiting its scope to act on prevention of EVAC. Finally, effective mechanisms to prevent violence from occurring in the first place are still lacking at the national and state level, as the primary focus has been on response mechanisms, which have been more penal in nature with little focus on victims/survivors. The child protection system still has a strong inertia towards institutionalization of the children rather than focusing on prevention and in working with the family.

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60Concluding Observations on the combined third and fourth report of India, of the Committee on the Rights of the Child, 7 July 2014, p 3 recommended the provision of necessary human, technical and financial resources for the effective operation of the MWCD.
61HAQ Centre for Child Rights, Budget Analysis 2020-21
5. Key Strategies and Results Framework

EVAC is a multi-sector and country wide agenda that needs to be addressed with a strong commitment from all relevant sectors. EVAC has been an important issue for UNICEF, but there is a need to consolidate efforts and create a coherent approach that builds on the extensive experience in India – both within the UNICEF India programme and with other partners and institutions.

India EVAC Strategy follows the social-ecological model, which demands multisectoral actions and interventions at multiple levels, including national co-ordinated action; legal and normative frameworks; systems and institutions; communities; interpersonal relationships within households, including parent/child; peer relationships; and characteristics, awareness, attitudes, knowledge and behaviours of individuals at all levels of society.  

The schematic below illustrates the three key domains of the EVAC Strategy:

i. creating an enabling environment for multisectoral response;
ii. system strengthening;
iii. social and behavioral change (SBBC) and adolescent and youth empowerment.

Each domain is detailed in the following pages, each with proposed high priority action tasks. The key sectors where UNICEF has a clear added value are social welfare, justice and law enforcement, health and education, cutting across development and humanitarian contexts and the lifespan of the child and with strong consideration to gender, social norms, and building on strong evidence.

**VISION:** A Country free of violence against girls and boys, including adolescents

**IMPACT/GOAL** – All girls and boys and adolescents aged 0-17 years grow up free from all forms of violence; and those who do experience violence benefit from greater access to care, support, justice and other services needed to ensure physical, mental and social well being

**RISK INFORMED CHILD PROTECTION SYSTEMS** that are more responsive in situations of public health emergencies; strife, violence and conflict, natural disasters, and other emergencies

**GREATER AWARENESS** of EVAC as a human rights and public health concern SOCIAL NORMS more supportive of gender equality and freedom from violence and discrimination

Government and stakeholders have increased commitment to fund and implement comprehensive evidence-based, multi-sectoral, co-ordinated interventions, policies and laws to EVAC

Systems and institutions have improved the quality, coverage, access to and multisectoral coordination for violence prevention, reporting mechanisms and response services for girls and boys, including adolescents

Social norms reject EVAC, and Communities, including children and adolescents, contribute to creating safer environments for girls, boys and adolescents

**SYSTEM STRENGTHENING**

<table>
<thead>
<tr>
<th>Justice</th>
<th>Social services</th>
<th>Health</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capacity Enhancement</td>
<td>Strengthened Workforce</td>
<td>AAA Training</td>
<td>Personal Safety Education</td>
</tr>
<tr>
<td>Oversight Mechanisms</td>
<td>MHPSS</td>
<td>School Health Programme</td>
<td>Prevention of Peer Violence</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Reporting Mechanisms for Children in CCI</td>
<td>MHPSS</td>
<td>Prevention of Corporal Punishment</td>
</tr>
<tr>
<td>Child Sensitive Policing</td>
<td>Linkage with Social Protection</td>
<td>One Stop Centre</td>
<td>Referral Pathways</td>
</tr>
</tbody>
</table>

**ENABLING ENVIRONMENT:** Stakeholders have increased their coordination for advocacy, evidence basis interventions, and monitoring of legal, policy and budget frameworks for EVAC

**EXPAND** EVIDENCE on violence against girls, boys and adolescents, strengths and gaps in response on violence across all sectors and promising strategies for scale up

Institutionalised SBCC Capacity Development

Community Engagement

Adolescents’ Participation & Engagement
5.1 CREATING AN ENABLING ENVIRONMENT FOR MULTI-SECTORIAL ACTION

Three key actions have been proposed as part of the multisectoral co-ordinated actions:

i. data and evidence generation;

ii. support to a multisectoral coordination group and advocacy to create national awareness on violence with policy makers and society; and

iii. strengthen legal, policy and budgetary frameworks through a gender lens that rigorously identify, acknowledge and support interventions, where gender equality is a driver for increased vulnerability and risks to EVAC.

5.1.1 Evidence Generation and Data management

As highlighted in the introduction, at scale data, quality studies and research on EVAC is not available in India. Investment in data and evidence generation therefore has to be a key priority for the UNICEF India EVAC strategy, not only to be able to inform programme design, but also to be able to advocate at government levels for policy and budget prioritization.

- **Strengthen the evidence generation agenda through secondary data analysis.** A key priority is the development of secondary data analysis for understanding aspects of VAC which is not evident from existing reported data and studies. This could also cover the impacts of COVID-19 on violence. This will help unpack many aspects of how violence impacts children and also add to the larger advocacy efforts for need for investment in larger data collection.

UNICEF can also capitalize on the partnership with CHILDLINE helpline to look at nuanced analysis of the call data. CHILDLINE is one of the largest toll-free helplines for children in the world and they receive over 2 million calls annually. This can also have several actions and advocacy on the service reach and quality.

Over the course of the country programme, other opportunities of evidence generation at state and national levels may be identified. Evidence based advocacy on the impacts of POCSO provisions like mandatory reporting and age of consent to influence policy dialogues are some of the areas suggested and on which State Offices are working on.

- **Inclusion of VAC prevalence data in national surveys**, through advocacy and support to MWCD and Minister of Statistics and Programme Implementation (MOSPI) to pilot and define methodology for surveys on data for VAC that can be advocated for use in larger surveys.

- **VAC information from administrative data.** Many states have rolled out Child Protection Information Management System (CPMIS) that support case management systems. Based on this, secondary analysis of handling of VAC cases and availability of human resources and services for VAC will be possible to derive. UNICEF will continue to technically support the CPMIS at the State and National levels.
5.1.2. Advocacy & Coordination

Advocacy and coordination to secure support and high-level national commitment for EVAC through engagement and action from leaders, influencers and policy makers is crucial. These actions may include involvement in national, planning and mobilization efforts, and support for national or State based plans that address violence prevention and response, as well as in initiatives that can raise the profile of EVAC.

- **Multi stakeholder comprehensive and co-ordinated action.** This will be anchored primarily through a coalition of government or non-government partners, which will, however, link up and coordinate with relevant Ministries and Departments Parliamentarians and members of state legislative assemblies, religious leaders, sports personalities and celebrities, to mention some. UNICEF will facilitate dialogue with different sectors to ensure co-ordinated action between the sectors and also to integrate strategies and activities for preventing and responding to VAC. Coordination platforms will pay attention to gender equality and equality, needs of vulnerable populations and include international and national lessons learnt. This, ideally could lead to State platforms and even EVAC specific action plans.

- **Campaign on EVAC.** Strategic and integrated advocacy, communication and fundraising efforts that bring together core coordinating team of child protection, resource mobilization and partnerships, advocacy and communication and communication for development to strengthen existing alliances and visibility efforts on protection of child rights in the offline and online space, including online safety measures for children, as well as in relation to COVID19.

Aligned with the Global Cause Framework campaign and the Global Communication & Public Advocacy Strategy, the key components of this campaign would include:

- Engagement with parliamentarians, members of State Legislative Assemblies, locally elected representatives (Panchayati Raj Institutions), policy and decision makers, private sector, media as well as influencers and celebrities.

- Garner commitment and support of traditional and religious leaders to change behavior, opinion and attitudes and mobilize communities against VAC

- Media engagement for creating demand and place VAC at the heart of social, political and economic agendas. This will be supported though mobilization of social/digital media.

- It will be more important than ever to listen, co-create, collaborate and reach out to adolescents and young people with multiple opportunities to engage online and offline with clear and compelling objectives, diverse calls to action and feedback on the impact of their contributions. This will include the engagement with cohorts of youth volunteers both offline and through mobile/ICT based platforms like UReport.

- Engagement with individuals with the potential to become advocates, donors or volunteers willing to act by investing their time, donating funds or raising their voices for children. Gaining their attention means raising the level of their awareness and understanding of VAC and connect them – digitally or in person – with causes that reflect their values and inspire them to act.

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64 Cause Framework 2019: UNICEF’s Annual Plan of Priority Campaigns & Projects
5.1.3. Strengthened Legal, Policy and Budgetary Frameworks

UNICEF has been supporting the government and partners to better implement and monitor the existing policies and legal provisions for protecting children from violence and abuse. India has established a comprehensive legal framework for child protection and EVAC. However, it is critical to have adequate resources in terms of trained human resources as well as financial resources.

- **Follow implementation of provisions of POCSO Act 2012, JJ Act 2015 and RTE Act 2009** to understand gaps in existing provisions’ implementation to protect children from all forms of violence. The review will specifically also focus on generating evidence identifying gaps in on implementation, to understand implications for training, costing, staffing and administrative reforms required.

- **Budgeting for EVAC.** UNICEF continues to advocate for the increase public expenditure to prevent and response to VAC through a gender budgeting lens and influence the process of budget development to make it inclusive, with adequate fiscal resources to address drivers of violence against children. UNICEF has begun a similar study in India and initially has found that the adequacy of budget allocation to child protection services as defined by national laws and policies is a cause for concern. There is a need to analyze the fiscal flow and expenditures from central government to state government, or to districts and share the finding to improve fiscal efficiency. Reports of late disbursement of funds and non-utilization of allocated resources are common and public financing of child protection appears inadequate.66

UNICEF will invest public expenditure tracking from the point of assessing adequateness of resource allocation for ending violence against children. Another important action is to look at planning, and budgeting under different programmes and schemes to improve the processes through better monitoring and budget tracking. Building on the experience of developing costing multisectoral plans at the district level for ending child marriage, UNICEF will undertake similar exercise for ending violence against children in selected districts as model. The findings of the budget tracking exercise may be used as basis of advocacy efforts to increase investment in addressing violence against children.

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66India COAR 2018.
5.2 SYSTEMS STRENGTHENING FOR EVAC

A whole institution strengthening is a cornerstone to the effective functioning of all components of a system to prevent and respond to VAC. This involves ensuring the whole continuum of services for children: prevention, early intervention, and response (legal, medical, psychosocial and other services for rehabilitation and reintegration) through a gender lens. This approach relies on broad collaboration between many sectors and the social service sector plays the role of facilitating the collaboration. In the context of India, many of these services at community level are provided by the social service workforce and statutory structures. The EVAC strategy assumes that the systems-strengthening efforts will continue to be a central component with heightened attention to prevention, and support for implementation of current plans and policies.

5.2.1. Justice Sector

The justice sector is often the first port of call for help for a child who has experienced violence and abuse – in particular law enforcement agents. Children need to be protected and assisted to avoid further victimization, and this must be carried out in a way that provides opportunities for rehabilitation and maximizes the chances of bringing perpetrators to justice and redressal of victims. There is some evidence that if the justice sector performs effectively, it can contribute to prevention and serve as a deterrent to perpetrators who fear detection and prosecution[^57]. The justice sector also can also serve as a link to social services.

Both POCSO Act, 2012 and the Juvenile Justice (Care and Protection of Children) Act, 2015 stipulate the role of the judiciary and law enforcement to support child victims of violence and abuse and detailed guidelines have been established for this work. UNICEF has worked with government and national partners to implement this comprehensive legislation. Guidelines and SOPs have been developed but need to be more widely circulated to ensure that both the special trained units and more broadly, justice sector officials are aware of the special care and provisions in protecting the rights of children who have experienced violence or are in conflict with the law.[^58] In this context priorities are:

- **Workforce strengthening of law enforcement agents including prosecutors, judiciary including legal aid and para legal volunteers and support persons.** The focus is on institutionalization of trainings and moving towards standardized pre-service and in-service training initiatives.

- **Advocacy and support to Judiciary/State Court Juvenile Justice Committees (JJC) and High Court JJC**s **as well as National/State Commissions for Protection of Child Rights** in implementation of child-friendly procedures, protocols and policies to improve care and support to victims and improve collaboration with other services (Judges, court staff/prosecutors/police). This will include technical assistance for the scale up of the child friendly courts agenda. In the current context, this will also include follow up of the Supreme Court order related to COVID-19.

Improve access to legal services including victim compensation fund with community-based outreach to build multisectoral referral networks and awareness of rights within communities. A key role in this will also be the identification and training of support persons\(^{69}\) across all States and create access to victim compensation fund. The POCSO Act allows for a support person to be appointed by the Child Welfare Committee (CWC) with the consent of the child and her/his family/guardian/trusted person and includes NGO staff, an official of a children’s home or staff from District Child Protection Unit (DCPU). In many states, the para legal volunteers (PLVs) under State/District Legal Services Authorities have been identified as support persons.

Technical assistance to Child Sensitive Policing. UNICEF is assisting law enforcement to integrate prevention and strengthen response efforts, including attention to response to cybercrimes against children. This would include supporting scale up/replication of child friendly police stations, women and children helpdesks, police specific helpline services and initiatives of these kind.

In addition, the partnership with NCRB at the national level and state police especially Criminal Investigation Department (CID) to have specialised training for law enforcement on handling of cases of children as victims of online violence and abuse would continue.

5.2.2. Social Service Sector

The Social Service Sector (child protection and social welfare included) is crucial to the protection of children’s rights, and for the coordination of national, state and local efforts to prevent and respond to violence against children through a gender lens.

UNICEF has identified the strengthening of the social service workforce as a priority for the India Country Programme and has pinpointed five high priority actions as part of the EVAC Strategy.

Contribute to the capacity building of the specialised social service workforce at district level and below, through the development of professional standards, skills and accreditation and the introduction of performance management mechanisms. This includes training and capacity building of CHILDLINE staff, support persons and DCPUs on prevention efforts and standard care and support of victims/survivors of sexual, domestic and other forms of violence which is particularly important in the aftermath of COVID-19 pandemic. Contribute to curriculum development and documentation of proven practice and pre-service and in-service training on prevention and identification of children at risk of violence for social workers and paralegals integrated into national accreditation for social workers.

Ensure psychosocial support and strengthening of services for healing and recovery for children at district and sub district level. UNICEF supports psycho-education to first responders including CHILDLINE and social workers associated with DCPU, CWCs, and JJBs as well as allied services including police, frontline health service providers like AWW, ASHA and ANM to understand signs of psychological trauma, learning child-friendly methods and skills to elicit the abuse narrative from children, handling disclosure and making referrals for specialized help. UNICEF will also invest in strengthening referral pathways and mechanisms for access to mental health and psychosocial support for children in need of specialized services. Capacity building on counselling and psychosocial first aid (PFA), including through existing child protection structures (District Child Protection Unit (DCPU), Child Welfare Committee (CWC), Juvenile Justice Board (JJB) and other child rescue and rehab front line functionaries, counsellors associated with One stop Centres

\(^{69}\)Support person under section 39 of the POCSO Act 2012.
and District hospital under District Mental Health Programme. To do so UNICEF will continue to support the development of standardized packages of interventions and training modules for CSO partners, CHILDLINE, and other relevant service providers and counselling platforms. In the context of COVID-19, UNICEF continues to support Government and partners to strengthen specialised Mental Health and Psychosocial Support (MHPSS) services for children who have been affected by COVIS-19 and are placed in quarantine/isolation or hospitalized, in coordination with UNICEF team, and WHO. All these interventions are done in collaboration between UNICEF Health and Child Protection Sections, and also in partnership with the National Institute of Mental Health and Neuro-Sciences (NIMHAS).

- Ensure access to information on prevention and response mechanisms for children in care institutions (CCIs), residential schools and Tribal Ashramshalas, including counselling for staff and children, and support State establishment of an external system to track and monitor for reports of abuse and exploitation. Ensuring that the case management system being developed as part of overall workforce development, also has these specialised aspects built in for consideration of services for victims of violence. Specific attention to be given to protection needs of children in CCIs during humanitarian crisis and spread of pandemics like COVID-19, following Supreme Court order, to protect them from outbreak, provide them with age specific information, ensure required psychosocial support and prevent violence and abuse during such situations.

- Ensure access to social protection schemes and programmes to address structural causes of VAC including poverty, inequality and social discrimination. Evidence shows that household poverty, social discrimination, lack of access to services and social capital are among the risk factors for child protection violations; including violence against children.\(^{70}\) There is a growing global evidence base that access to social protection plays a catalytic role in improving child well-being and addressing gender-based violence.\(^{71}\) The importance of linkages to social protection for the most vulnerable children including children of migrant workers, farm labourers, children with disability has become more eminent during COVID 19 and subsequent lockdown when India witnessed huge number of migrant populations walking back to their native villages with children daring extreme conditions. UNICEF will work closely with Panchayati Raj Institutions, Urban Local Bodies, relevant government departments and civil society to map and track most vulnerable children and their family/caregivers and ensure that they are linked to accessing social protection schemes, as a part of prevention and response strategy to violence against children. One of the focus areas of capacity building of social workforce would be on strengthening linkages to social protection schemes.

5.2.3. Education Sector

Preventing and responding to violence in schools can improve educational outcomes in children and help achieve their educational targets. Many of the life skills taught in violence prevention, such as communication, managing emotions, resolving conflicts and solving problems, are the same skills that can help children succeed in school and that can protect against other issues that affect learning, such as alcohol and drug use.

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In the context of COVID-19, additional efforts will be made to incorporate COVID-19 related preventive measures, and psycho-education to deal with the impacts of COVID-19.

The above areas will be tackled through the school safety approach, as per WHO’s guidelines for school violence prevention, which encompasses the creation of safe environments for children starting from their homes to their schools and back. In India, one of the successful models is the School Safety Programme of the Ministry of Human Resource Development (MHRD) which includes components of Disaster Risk Reduction (DDR) and Child Protection, integrated in the school curriculum. The programme has been successfully implemented in several States, including Bihar, Odisha and Jammu and Kashmir and is being piloted in Chhattisgarh. The primary focus is to create safe and confidential mechanisms for reporting any form of violence as well as seeking help in schools. Teachers, children, school management committees (SMCs), Panchayats are oriented to monitor the situation inside and around school and take necessary action with local administration. In addition, the below interventions will also be mainstreamed through the School Health Programme (see below in Health Section) jointly launched by Ministry of Health and Family Welfare and Human Resource Development in 2020 and takes a life skills approach to orient children on issues of violence including child sexual abuse.

In 2019, UNICEF partnered with MHRD and MWCD to build the capacity of school personnel and children themselves to prevent child sexual abuse and supported the creation a pool of Master Trainers from CHILDLINE who in turn oriented 4.2 million government schoolteachers on child sexual abuse and provisions

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of the POCSO Act. The initiative was part of MHRD’s ambitious National Initiative for School Heads’ and Teachers’ Holistic Advancement (NISHTHA) Programme.

UNICEF will build upon the existing programmes and continues to support the school education departments at state level to agree on a shared vision and define minimum standards for safety at school which can be monitored. The focus will be on strengthening roll out comprehensive school safety programme to create protective learning environment to address violence and abuse. Education, CP, and Health will also collaborate together to mainstream some of the above interventions in the School Health Programme (see below), focusing on the below areas:

- **Personal safety education to prevent child sexual abuse in schools.** In co-ordination with education department, UNICEF supports adoption and integration of gender-sensitive preventive modules like personal safety education, which provide skills to children, parents and teachers to address child sexual abuse and provide psychosocial first aid. Teachers and other stakeholders also need to know about existing referral services for legal aid, medical and mental health care if the child requires and this will be integrated in the existing resource pack for them.

- **Prevention of bullying and online threats (including cyber bullying).** UNICEF will continue to work with state governments to develop a school policy that condemns violence and is enforced fairly for everyone, involve students and staff in identifying hotspots for violence (including the way to and from school) and find practical solutions in these areas, capacity building of teacher and school staff to develop their skills on basic counselling, recognizing peer to peer violence and talk to children out how to stay safe. In the context of India, this would also mean addressing bullying and peer to peer violence due to gender and caste-based discrimination.

UNICEF will also work with education departments to develop online resources for promoting safe online behaviour among children, awareness generation on how to report cybercrimes including child pornography and seeking help. This will also include training of teachers on understanding online child protection issues, referral systems and reporting.

- **Prevention of corporal punishment** Building on the existing legal framework of the Right of Children to Free and Compulsory Education Act, 2009) UNICEF will continue to work with teacher training institutions at national and state level to integrate diversion and positive discipline and classroom management in pre-and in-service training programmes. UNICEF will also continue to advocate for collecting reliable data on corporal punishment and generating evidence on this.

- **Linkages with referral pathways:** UNICEF will work with relevant government departments, Child Protection systems like CHILDLINE, District Child Protection Units and tertiary care institutions like NIMHANS, to foster multisectoral understanding and coordination, strengthening referral mechanisms to better enable children to access counselling and psychosocial support, health, legal aid and child protection services. Teachers, parents (through SMCs and Panchayats), and children will be provided with relevant information to understand the services available at district and state level and how they can be accessed, or referrals be made.

5.2.4. Health Sector

Violence prevention and response can occur at all levels of health care and service provision. Health workers need to have the skills, knowledge, and resources to identify cases of VAC and respond to both the physical and emotional needs of children. The health service providers (including paramedics, nurses, general physician and specialists such as Gynaecologists) needs to avoid further victimization by respecting a child’s privacy, addressing specific vulnerabilities and linking children to additional essential services (justice and social services). Support for mental health and psychosocial support (MHPSS) and counselling if required also needs to be a core component for care and attention to children seeking assistance in health centres/victim support centres, even more so in the current COVID-19 pandemic context.
In 2014, the Ministry of Health and Family Welfare (MoHFW) developed clinical guidelines for survivors of sexual violence (including children), however there are many gaps in implementation in terms of translating these guidelines into actual practice.74

- **Orientation of Accredited Social Health Activists (ASHA), Auxiliary nurse midwife (ANM) and Anganwadi Worker (AWW).** AAA are the backbone of the community work in the country, with Anganwadi workers also being part of the ICPS. Global evidence points to the role that front-line health and community workers can play in raising awareness about violence against women and children through home visits, community support services, etc.75 C4D, Health and Child Protection work together to develop easy to use communication packages and capacity development modules for these frontline workers to identify and report incidences of VAC, including child sexual abuse and support children and their families in seeking help and redressal. Another important role of these frontline workers is in providing messages on positive parenting especially for children in the 0-6 years age group.

- **Technical assistance and capacity building to address issues of VAC and referral systems within the health system.** UNICEF, in collaboration with UNFPA and WHO work to influence the pre-and in-service curriculum of medical practitioners including nursing staff, doctors and specialists to include components of providing trauma informed care to child victims and survivors of sexual abuse, and other forms of violence. The MoHFW has developed a detailed guideline for medico-legal evidence gathering and providing medical treatment to children in a child-centric way. All medical professionals need to be mandatorily trained on these guidelines.

In addition, UNICEF will work to ensure there are clear referral pathways for children in need of care and protection to the social/child protection services, for example in the context of the loss of primary care givers. Finally in the context of COVID-19, UNICEF has worked on a Protocol for children in isolation, quarantine or under treatment which will be used to ensure issues of EVAC and PSS are duly regarded.

UNICEF will work with the MoHFW, MWCD, WHO, to strengthen the capacities of One stop center functionaries to better respond to needs of child victims and provide them necessary services. One stop centres also have dedicated counsellors who will be trained in providing PSS first aid to children.

- **Provision of psychosocial support for children and health frontline workers.** The capacity of frontline workers to identify and deal with issues of VAC depend also on their current emotional stability and well-being. UNICEF CP and Health will work with different partners to ensure children are referred to specialized MHPSS when required. In addition, both sections will work on mechanisms to provide PSS support to the health workers, which has become so relevant in the current COVID-19 pandemic.

- **School Health Programme.** The School Health Programme which is a life-skill based programme under AYUSHMAN BHARAT is a joint collaborative initiative between the MoHFW and MHRD, UNICEF, WHO and other UN agencies who has provided technical support in designing the curriculum as well as teacher training manuals. The curriculum and resource materials developed have dedicated sections on prevention and response to all forms of violence including corporal punishment, bullying and child sexual abuse. The programme aims at reaching out to 260 million school children and through them, their families and communities by the end 2022. UNICEF is supporting in rolling out the programme at state and district level through training of teachers, monitoring and quality assurance as well establishing linkages with referral services for psychosocial, legal, medical and other services for child survivors of violence and abuse. This is also likely to factor COVID-19 related impacts.

5.3 SOCIAL AND BEHAVIOR CHANGE COMMUNICATION (SBCC) AND ADOLESCENT AND YOUTH EMPOWERMENT

SBCC efforts can help to raise awareness of the harmful impacts of violence, enhance knowledge and skills for alternative actions, engage various stakeholders and communities in violence prevention and promote a culture that does not tolerate violence, abuse and exploitation. This requires action through a gender lens and at multiple levels, including across key government stakeholders and functionaries; panchayats/urban local bodies society/communities including child protection committees; households/families (both urban and rural), mother, father, caregivers, and children including girls and boys. Communication for Development (C4D) uses complementary and mutually reinforcing approaches to promote social and behaviour change among the intended audiences.

The key interventions identified for EVAC will integrate and build on the learnings of the existing Adolescent Empowerment Programme and Global Programme for Ending Child Marriage. Efforts on EVAC will also augment on the large scale C4D interventions in the context of COVID-19 Risk Communication and Community Engagement (RCCE).

- **Institutionalised SBCC capacity development for demand and utilization of services:** UNICEF will improve interpersonal counselling and facilitation skills of service providers and frontline workers and their supervisors to enable strong, equitable demand for and utilization of services (especially for disadvantaged girls and women) and adoption of positive practices. This will require mobilization and strengthening of interventions at community level with local governance and community structures such as Panchayati Raj Institutions (PRI), Child Protection Committees (CPC), School Management Committee (SMC), Gram Panchayat Development Plan (GPDP) etc. At the district level, it will include mobilisation of the government departments and officials to streamline and strengthen programme implementation mechanisms to institutionalize SBCC planning, implementation and monitoring to effectively manage demand and utilisation of services.

- **Community Engagement:** UNICEF sensitize, engage and mobilize community influencers such as traditional and religious leaders, teachers, opinion leaders, community collective members such as PRI, CPC, Self Help Groups (SHGs) for community mobilization and engagement. One of the approaches in community engagement will be Parenting program, wherein UNICEF will support orientation of parents and caregivers on harms of violence, their role in prevention and promotion of positive parenting skills. This will be done using the parenting module developed based on “Parenting for Lifelong Health” and the ECD responsive parenting tools for frontline workers, parents and caregivers. Secondly, Positive Masculinity program will engage young boys and men in the intervention to help enhance their own understanding and skills to advocate positive gender norms and equality, and to reduce/mitigate harmful attitudes especially focused on detrimental gender practices and violence against girls and women. Finally, targeted SBCC Campaign will support partners to roll out campaign activities to achieve sustained behaviour change and long-term social change. These activities will be focused on –
  i. raising awareness at the community level; and;
  ii. to mobilize local folk based media and mid media for the prevention of all forms of violence against girls and boys and the need to create safe environments for children with a focus on prevention of sexual violence. Further it will mobilize community participation and stimulate dialogue through mid-media activities, transmedia initiatives and traditional folk media/art forms. Child friendly spaces can be created for this purpose.
Adolescent participation for engagement and accountability, including influencing harmful Gender Practices and Norms: UNICEF actively engages and promotes life skill development among children and adolescents to build their capacity and confidence in discussing violence against themselves, their peers and in their immediate family. This helps to facilitate dialogue around harmful gender practices and norms including importance of being supported with professional self-care, referral services and counselling. UNICEF promotes influence and empowerment through Space, Voice and Audience. Adolescents are engaged through ‘Spaces’ that provides them the opportunity to express themselves. For e.g. adolescent groups, peer education, community platforms (Meena-Raju Bal Manch, Child Reporters, Child Cabinet and Panchayats), Adolescent clubs and youth groups (National Service Schemes, Girls and Boys Scouts, Nehru Yuva Kendra) etc. The ‘Voices’ is provided through both online (e.g. U-Report and RapidPro) and offline engagement tools to empower adolescents, and to provide them with the opportunity to be the changemakers by

i. generating information on the practices/views of adolescents to inform real-time programming
ii. promote issues with ‘Audience’ such as policy makers, schools’ authorities, and community leaders who consider their views seriously while making decisions
iii. amplifying Role Models from children and adolescents for taking action to end violence against children and GBV.
## ANNEXURE A – Results and Indicator Framework

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<th>EVAC RESULT FRAMEWORK</th>
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75Health and CP section to maintain record for trainings facilitated by UNICEF and report it in RAM.
### ANNEXURE B - Select international definitions of key forms of violence against children and adolescents

**Violence against children** All forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.

Article 19, Convention on the Rights of the child, UN General Assembly, 1990

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**Child maltreatment** (child abuse and neglect) Child maltreatment is the abuse and neglect that occurs to children under 18 years of age. It includes all types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power.

World Health Organization, 2016

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**Child sexual abuse and exploitation** The inducement or coercion of a child to engage in any unlawful or psychologically harmful sexual activity; the use of children in commercial sexual exploitation; and the use of children in audio or visual images of child sexual abuse; child prostitution, sexual slavery, sexual exploitation in travel and tourism, trafficking (within and between countries) and sale of children for sexual purposes and forced marriage. Many children experience sexual victimization which is not accompanied by physical force or restraint, but which is nonetheless psychologically intrusive, exploitive and traumatic.

UN Committee on the Rights of the Child, CRC General Comment No 13, 2011

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**Violent discipline** Child discipline method that relies on physical (corporal) punishment and/or psychological aggression; considered a form of child maltreatment. Psychological aggression refers to the action of shouting, yelling or screaming at a child, as well as calling a child offensive names such as ‘dumb’ or ‘lazy’. Physical punishment is defined as shaking the child, hitting or slapping him/her on the hand/arm/leg, hitting him/her on the bottom or elsewhere on the body with a hard object, spanking or hitting him/her on the bottom with a bare hand, hitting or slapping him/her on the face, head or ears, and beating him/her over and over as hard as possible.

UNICEF 2016, 2014
Corporal punishment Any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light.

UN Committee on the Rights of the Child, CRC General comment No. 8, 2006

Sexual violence Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed at a person’s sexuality using coercion, by any person, regardless of their relationship to the victim, in any setting, including but not limited to home and work.

World Health Organization (Jewkes, 2002)

Bullying A pattern of behaviour rather than an isolated event... Unwanted, aggressive behaviour among school-aged children that involves a real or perceived imbalance of power. Cyberbullying [may occur] via mobile phones, computer websites, and mobile phones, computers, websites and social networking sites.

UNESCO, 2017

Intimate partner violence Any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship. Examples... [include] acts of physical violence... sexual violence... emotional (psychological abuse)... and controlling behaviours. (World Health Organization, 2012 #1460) The definition of intimate partner varies between settings and includes formal partnerships, such as marriage, as well as informal partnerships, including dating relationships and unmarried sexual relationships. In some settings, intimate partners tend to be married, while in others more informal partnerships are more common.

World Health Organization, 2013

Grave Violations – The UN Security Council in its Resolution 1612 categorized certain types of violence against children during conflict as grave violations of their rights, including: killing and maiming; abduction; rape and sexual violence; attacks on schools and hospitals; and recruitment and use of children.

Source: Preventing and Responding to Violence Against Children and Adolescents, UNICEF 2017

ANNEXURE C: India relevant legislation

Prevention of Children from Sexual Offenses Act (POCSO) 2012


- Children are defined as persons below the age of 18 years.
- The Act is gender neutral, i.e., it recognizes that the victims and the perpetrators of the offence can be male, female or third gender.
- It raises the age of sexual consent from 16 years to 18 years, by making all sexual activity with a minor a statutory sexual offence.
- The POCSO Act broadens the understanding of rape (penetrative sexual assault) from penilevaginal penetration to penetration by specific body parts or of objects into specified parts of the child’s body, or making the child to so penetrate. It also penalises the person who may not engage in the penetration but may cause the penetration of a child by another person or cause the child to penetrate another.
- The Act recognizes that sexual abuse may involve or may not involve bodily contact; it categorises these offence as ‘sexual assault’ and ‘sexual harassment’.
- Under the Act, penetrative sexual assault and sexual assault becomes aggravated and is punished more severely when committed - – by specified persons such as a police officer, member of the armed forces or security forces; public servant; management or staff of place of custody or care and protection, hospital, educational or religious institution, upon a child therein etc.; –in specified situations such as offence committed more than once or repeatedly; on a child with physical or mental disability or resulting in physical or mental disability; on a child below 12 years of age, etc.
- The Act lays down special procedures to be followed by the investigating agency when recording the child’s statement and by the Special Court during the child’s deposition.
- Reporting to the police about commission of a sexual offence is mandatory under the Act for everyone, and the legislation includes a penal provision for non-reporting.
- The Act contains provisions to ensure that the identity of a child against whom a sexual offence is committed is not disclosed by media.
- Children are to be provided other special support in the form of translators, interpreters, special educators, experts, support persons and NGOs during the pre-trial stage and trial stage.
- Children are entitled to legal representation by a lawyer of their choice or free legal aid.
- The Act also contains rehabilitative measures, such as compensation for the child and involvement of the Child Welfare Committee.
Right of Children to Free and Compulsory Education (RTE) Act, 2009, prohibits ‘physical punishment’ and ‘mental harassment’ under Section 17(1) and makes it a punishable offence under Section 17(2) as per the service rules.

Juvenile Justice (Care and Protection of Children) Act 2015:

- Sec 2 (24) defines corporal punishment: means the subjecting of a child by any person to physical punishment that involves the deliberate infliction of pain as retribution for an offence, or for the purpose of disciplining or reforming the child;

- Sec 75. Punishment for cruelty to child. Whoever, having the actual charge of, or control over, a child, assaults, abandons, abuses, exposes or willfully neglects the child or causes or procures the child to be assaulted, abandoned, abused, exposed or neglected in a manner likely to cause such child unnecessary mental or physical suffering, shall be punishable with imprisonment for a term which may extend to three years or with fine of one lakh rupees or with both (exempts parents from being criminalized in case they are not in a condition to take care of the child)

- Provided further that if such offence is committed by any person employed by or managing an organisation, which is entrusted with the care and protection of the child, he shall be punished with rigorous imprisonment which may extend up to five years, and fine which may extend up to five lakhs rupees.

- Provided also that on account of the aforesaid cruelty, if the child is physically incapacitated or develops a mental illness or is rendered mentally unfit to perform regular tasks or has risk to life or limb, such person shall be punishable with rigorous imprisonment, not less than three years but which may be extended up to ten years and shall also be liable to fine of five lakhs rupees

- Sec 82. Corporal punishment in CCIs. (1) Any person in-charge of or employed in a child care institution, who subjects a child to corporal punishment with the aim of disciplining the child, shall be liable, on the first conviction, to a fine of ten thousand rupees and for every subsequent offence, shall be liable for imprisonment which may extend to three months or fine or with both. (2) If a person employed in an institution referred to in sub-section (1), is convicted of an offence under that sub-section, such person shall also be liable for dismissal from service and shall also be debarred from working directly with children thereafter. (3) In case, where any corporal punishment is reported in an institution referred to in sub-section (1) and the management of such institution does not cooperate with any inquiry or comply with the orders of the Committee or the Board or court or State Government, the person in-charge of the management of the institution shall be liable for punishment with imprisonment for a term not less than three years and shall also be liable to fine which may extend to one lakh rupees.
ANNEXURE D: Reference Documents


A Familiar Face: Violence in the lives of Children and adolescents – UNICEF 2017 https://data.unicef.org/resources/a-familiar-face/


INSPIRE - Seven Strategies for Ending Violence Against Children 2016

INSPIRE handbook: action for implementing seven strategies 2018

INSPIRE Indicator Guidance and Results Framework 2018


**Addressing Violence in Schools:**

Behind the numbers: Ending school violence and bullying, UNESCO 2019
https://unesdoc.unesco.org/ark:/48223/pf0000366483

SCHOOL-BASED VIOLENCE PREVENTION - A practical handbook, 2019 WHO with UNESCO & UNICEF
https://www.who.int/publications-detail/school-based-violence-prevention-a-practical-handbook

CHANGING COURSE - Implementation and Evaluation of the Gender Equity Movement in Schools (GEMS) program in specific sites –Vietnam, India and Bangladesh ICRW
Website: www.icrw.org/asiaAugust 2017

Ending School-Related Gender-Based Violence: A Series of Thematic Briefs; Published in 2019 by: United Nations Girls' Education Initiative (UNGEI)3 United Nations Plaza New York NY 10017USA
http://www.ungei.org/index_6558.html

**Social Service and Health Sector /Addressing Child Sexual Abuse and Sexual Violence:**

GUIDELINES TO STRENGTHEN THE SOCIAL SERVICE WORKFORCE FOR CHILD PROTECTION FEBRUARY 2019, UNICEF and Global Social Service Workforce Alliance

OUT OF THE SHADOWS: SHINING LIGHT ON THE RESPONSE TO CHILD SEXUAL ABUSE AND EXPLOITATION A 40-country benchmarking index, An Economist Intelligence Unit research programme supported by World Childhood Foundation and Oak Foundation. With additional support from Carlson Family Foundation 2019 https://outoftheshadows.eiu.com/

Series of technical briefs on links between Violence against Women and Girls -


Key Regional Documents on Violence Prevention/Response:


Key National Reference Documents – India -


MINISTRY OF WOMEN AND CHILD DEVELOPMENT Model Guidelines under Section 39 of The Protection of Children from Sexual Offences Act, 2012; September 2013 Guidelines for the Use of Professionals and Experts under the POCSO Act https://wcd.nic.in/sites/default/files/POCSO-ModelGuidelines.pdf

The Right of Children to Free and Compulsory Education Act (RTE) 2009 – No child shall be subjected to physical punishment and mental harassment – Chapter 4, article 17.1 and 17.2 https://mhrd.gov.in/sites/upload_files/mhrd/files/upload_document/rte.pdf


NCPCR Being Safe Online - Guidelines for Raising Awareness among Children, Parents, Educators and General Public 2017
https://ncpcr.gov.in/showfile.php?lang=1&level=1&sublinkid=1637&lid=1661


Handbook for Ending Violence Against Children (I- Situational Analysis of India), produced by the National Commission for the Protection of Child Rights (NCPCR) and ChildFund India, 2018

Human Rights Watch, “Everyone Blames Me, Barriers to Justice and Support Services 2017


https://doi.org/10.1371/journal.pone.0205086

UNICEF India Data Strategy for Child Protection, 2018 – internal UNICEF document