Violence against children in Latin America and the Caribbean 2015-2021
A systematic review
Violence against children in Latin America and the Caribbean 2015-2021:
A systematic review

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Foreword

Every child has the right to be protected from violence; and yet violence is a part of the lives of most children and adolescents in Latin America and the Caribbean. For children, Latin America and the Caribbean is the world’s most violent region outside of war zones. Most of them experience not one but several forms of violence. It should not be this way.

This systematic review, Violence Against Children in Latin America and the Caribbean 2015-2021, analyses the trends and patterns of violence against children in the region since the adoption of the Sustainable Development Goals (SDGs) in 2015. It found that violence impacts children’s rights now, and has wide-reaching medium and long-term consequences for children, families and countries. Violence in this region feeds on entrenched negative social and gender norms, particularly ‘machismo’, the history of conflict and insecurity, and economic disparities. Having beliefs that condone the use of violence perpetuates the risk of violence against children.

This review compiles existing evidence of the high impact of violence against children and adolescents on their physical and mental health, its effects on their behaviour and education, as well as its social consequences. The region has some particularities: there is a strong relation between bullying and suicide ideation; obstetric violence suffered by adolescent mothers; and the climate of fear at schools.

On the positive side, data from the region reinforces that violence against children is preventable. We still have a chance to make progress towards the SDGs related to ending violence against children. This systematic review presents a comprehensive overview of evaluated prevention initiatives across the region. The programmes analysed show promising opportunities for preventing violence against children through parenting and caregiver support, cash transfers, and education and life skills programmes.

Violence against children is destructive, ineffective, and unnecessary, as this review shows. We are all potential perpetrators, but we can be protectors. I am confident that this report will inspire each of us to adopt and promote positive interactions with children day after day. Change is within reach. It’s in our hands now.

Jean Gough
Regional Director
UNICEF for Latin America and the Caribbean
This study was led by Dr Deborah Fry, Senior Lecturer in Child Protection from the End Violence Lab at the University of Edinburgh. A warm thank you is due to Project Manager Karina Padilla for helping to coordinate the systematic review and for being a lead reviewer, as well as to researchers Srividya Ivatury, Mengyao Lu, Zain Kurdi, Amanda Germanio and Stefania Vindrola for their expertise and work in conducting database and thematic searches and extracting, synthesizing and evaluating data.

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Acronyms

ACE  Adverse childhood experience
AVPR  Armed violence prevention and reduction
CCT  Conditional cash transfer
CDC  Centers for Disease Control and Prevention
CESDEM  Centro de Estudios Sociales y Demográficos
CI  Confidence interval
COVID-19  Coronavirus disease 2019
CPQ  Child Perceptions Questionnaire
CSPC  Culturally sensitive parenting counselling
CSR  Corporate social responsibility
DHS  Demographics and Health Survey
ECLAC  Economic Commission for Latin America and the Caribbean
GCPEA  Global Coalition to Protect Education from Attack
GDP  Gross domestic product
GSHS  Global School-Based Student Health Survey
HIV  Human immunodeficiency virus
ICAST-R  ISPCAN Child Abuse Screening Tool-Retrospective
ICDP  International Child Development Programme
ICT  Information and communication technology
IES  Income and economic strengthening
IHE  l’Institut Haïtien de l’Enfance
IIN  Instituto Interamericano del Niño, la Niña y Adolescentes (Inter-American Institute for Children and Adolescents)
IJM  International Justice Mission
ILO  International Labour Organization
INSPIRE  INSPIRE: Seven Strategies for Ending Violence Against Children
IPV  Intimate partner violence
ISPCAN  International Society for the Prevention of Child Abuse and Neglect
LAC  Latin America and the Caribbean
LACRO  Latin America and the Caribbean Regional Office
LGBTQ  Lesbian, gay, bisexual, transgender, queer
LMIC  Low and middle income countries
MICS  Multiple Indicator Cluster Survey
MINDES  Ministerio de Desarrollo Social
MINSAP  Ministerio de Salud Pública
MSPAS  Ministerio de Salud Pública y Asistencia Social

NEP  Nobody is Perfect
OEA  Organización de los Estados Americanos (Organization of American States)
PAHO  Pan American Health Organization
PTSD  Post-traumatic stress disorder
RHS  Reproductive Health Survey
SD  Standard deviation
SDG  Sustainable Development Goal
SES  Socioeconomic status
SRGBV  School-related gender-based violence
STATIN  Statistical Institute of Jamaica
STI  Sexually transmitted infection
SVB  School violence and bullying
TERCE  Third Regional Comparative and Explanatory Study on Education Quality
TIMSS  Trends in International Mathematics and Science Study
UK  United Kingdom of Great Britain and Northern Ireland
UN  United Nations
UNESCO  United Nations Educational, Scientific and Cultural Organization
UNICEF  United Nations Children’s Fund
UNOCHA  United Nations Office for the Coordination of Humanitarian Affairs
UNODC  United Nations Office on Drugs and Crime
VAC  Violence against children
VACS  Violence Against Children and Youth Survey
VAW  Violence against women
VAWG  Violence against women and girls
WHO  World Health Organization
Chapter 1. Introduction

“In the Americas, the most violent region in the world and with the highest levels of child homicide, the protection of children from violence is put at risk on a daily basis; and it is compounded by high levels of inequality and social exclusion, lack of opportunities, the widespread use of arms, the presence of organized crime and gangs, and a culture of impunity. For many children in the Americas, life is defined by two words: fear and pain. This is a sad reality, but it is not a fate. We can and must change it!”

– Marta Santos Pais, Special Representative of the United Nations Secretary-General on Violence against Children (2009–2019)
This study, commissioned by the United Nations Children’s Fund (UNICEF) Latin America and the Caribbean Regional Office (LACRO), is a systematic review of the prevalence, drivers, and consequences of violence against children (VAC) as well as the evaluated interventions that seek to prevent violence in the 36 countries and territories where UNICEF works in Latin America and the Caribbean1. By utilizing a systematic review methodology, which is a highly rigorous and replicable approach to identifying and extracting data from recent studies, it is envisioned that this report will serve as a baseline of evidence for future reviews. It will also serve to generate evidence-based outputs and focus the prevention agenda for the region.

This systematic review will serve as a baseline of evidence produced from 2015–2021 and strengthen the knowledge base by developing outputs that will inform child protection programming in the region.

An overview of the situation and challenges faced with respect to child well-being and child protection in Latin America and the Caribbean (LAC) region, as well as examples from some countries, is provided below, reflecting the need for this systematic review.

Context of the region

The demographic trend in the region is of an aging population. Latin America and the Caribbean region is home to more than 653 million people across 48 countries, and children and young people represent nearly one-third (30%) of the population across the region2. In recent years, the region’s population for the age group 0–14 years has been declining and there has been an increase in the population for the age groups 15–64 years and 65 years and above (World Bank, n.d.). The decline in population growth is due to the decreasing fertility rate and negatively balanced migration, which means that the region is expected to experience a peak population of 767.5 million in about the year 2058 (Economic Commission for Latin America and the Caribbean [ECLAC], 2019).

Throughout history, the LAC has been one of the most disaster-prone regions in the world. It was designated as the second-most disaster-prone region globally during the years 2000–2019 (United Nations Office for the Coordination of Humanitarian Affairs [UNOCHA], 2020a). The region experiences a wide range of climate shocks including volcanoes, hurricanes, droughts, tsunami, earthquakes, and floods (Humanitarian Policy Group, 2008). Floods, which are the most common type of disaster in the region, are a consequence of the El Niño phenomenon (United Nations Development Programme, 2016). The entire region faces severe and frequent floods every year. Brazil is in the top 15 countries

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1 Anguilla, Antigua and Barbuda, Argentina, Barbados, Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Montserrat, Nicaragua, Panama, Paraguay, Peru, St Kitts and Nevis, St Lucia, St Vincent and the Grenadines, Suriname, Trinidad and Tobago, the Turks and Caicos Islands, Uruguay, Venezuela, Virgin Islands (UK).

2 This includes people between 0–19-years-old.
in the world whose population is exposed to river flood risk (UNOCHA, 2020a). In 2020, Tropical Storm ETA and Hurricane IOTA caused severe damage through flooding and landslides in various parts of Belize, Guatemala, El Salvador, Costa Rica, Panama, Mexico, Nicaragua, Colombia and almost all parts of Honduras. Almost 7.3 million people were affected in Honduras, Nicaragua and Guatemala alone (UNOCHA, 2020b). The impact of these disasters, especially on children, is immense. For example, in addition to placing children at a higher risk of waterborne diseases, the floods due to Tropical Storm ETA in Honduras exposed children to greater risk of exploitation, abuse, and violence if unaccompanied or separated from their families, at shelters, and in traveling to safe water sources (UNICEF, 2020a).

Poverty and vulnerability to poverty are critical obstacles to inclusive social development in Latin America and the Caribbean (ECLAC, 2019). Poverty in the region is more acute among children, women, indigenous people, people of Afro-descendant, and people living in rural areas (ECLAC, 2019).

Globally, Latin America and the Caribbean is one of the regions that experiences the most armed violence, homicide, and insecurity. Violence in the region is an historical, complex, persistent and heterogeneous phenomena (Chioda, 2017). It involves criminal manifestations as the product of constant interactions and negotiations between State and non-state actors and includes endogenous and exogenous regional drivers (Müller, 2018). The region is home to only 8% of the world’s population, however, it has 44% of the world’s homicides (Muggah & Aguirre, 2018). The rates of crime and homicide in the region vastly exceed global averages. For instance, the global burden of homicides involving firearms is 32%, while in Latin America and the Caribbean this proportion reaches 67% of murders in Central America, 53% of murders in South America and 51% of murders in the Caribbean (Muggah & Aguirre, 2018). In 2017, the region was categorized as the most murderous in the world, as 17 of the 20 top most homicidal countries are located in Central America, the Caribbean and South America (Muggah & Aguirre, 2018). The so-called gangs, maras, and combos, as well as other types of armed groups, depending on the country, are a concern in most countries in the region. The conflict and armed violence in Colombia has threatened the well-being of children and their families for more than 50 years. Although the Colombian government signed a peace agreement with the Revolutionary Armed Forces of Colombia (FARC) in 2016, the consequences still persist (Baez et al., 2019). What is more, other non-state organized armed groups are still active placing children at high risk of suffering violence. Studies have highlighted that this challenging scenario leads people to feel highly insecure and distrustful of other members of their community and governmental institutions across the region (Fleitas, 2014).

Both violence and growing economic disparity in Latin America and the Caribbean countries has led to forced displacement and internal and external migration. The most notable migratory movement includes the displacement of people from Central America and many Caribbean countries to the United States, which has risen steadily since 2011. More recently, there has also been a large majority of significant intraregional migration moving within sub regions. For example, the humanitarian crisis initiated by the political and socioeconomic instability in the region has caused migration to neighbouring countries (International Organization for Migration, n.d). Other intraregional migrant passageways involve people from Panama and Nicaragua moving to Costa Rica for employment (International Labour Organization [ILO], 2017). People from Honduras, Guatemala and El Salvador have primarily migrated to Belize for the same reasons (ILO, 2017). Climate change and the increase in climate-related emergencies in the past few years has led to an increase in internal migration and displacement in the region, leading to more than 4.2 million people internally displaced across 18 countries in Latin America and the Caribbean (Abeldaño & Fanta, 2020).

Children can be affected by migration in a variety of ways, including by remaining in their usual place of residence while parents migrate for better opportunities and additional resources, migrating with their families, or migrating alone unaccompanied by parents or adult guardians (Maternowska et al., 2018). Other children do not move but are nevertheless affected because they live in communities that send or receive large numbers of migrants. Migration can have both positive and negative implications for children depending on the context, including whether or not the change is voluntary, planned, and entails moving the individual or family to better
circumstances, as well as their experiences in route. In a multi-country study, migration was identified as a structural driver of violence against children in that it can facilitate environments and situations in which violence may be more likely to occur or there may be fewer resources to respond to violence (Maternowska et al., 2018).

The COVID-19 pandemic, which started in 2020, is still affecting Latin America and the Caribbean extensively in all political, social and economic spheres. At the time of writing this report (2021), the cases of COVID-19 are increasing, and it is becoming evident that the capacity to respond with healthcare services varies across the region and has been especially challenging due to the economic, natural and political disturbances that have taken place over the last several years. As of 15 April 2021, the LAC region contains 19.3% of the world’s cases of COVID-19, totalling 26.7 million confirmed cases. Brazil, Peru, Argentina, Colombia and Mexico have the highest death rates in the region, with more than 845,000 deaths across the region (28.4% of deaths worldwide) (Congressional Research Service, 2021). The COVID-19 crisis is exacerbating the many challenges the region had already been experiencing over the last five years, including economic downturns, reduced livelihoods due to lockdowns and social distancing measures, xenophobia and the stigmatization of marginalized groups, and the disruption of basic social services (including access to health services, education, housing, and food). As a result, there has been an increase in inequality, discrimination and exclusion, which has unfavourably affected access to basic human rights and developments in democracy (United Nations, 2020).

Food security has been under threat in the region since 2019, due to various crises, both natural and manmade, with approximately 47.7 million people currently living with hunger (UNOCHA, 2020b). As the region continues to deal with the pandemic while preparing to acquire and distribute COVID-19 vaccines, humanitarian organizations warn of an increase in malnutrition and food insecurity in the next few years, due to the severity of the pandemic (UNOCHA, 2020b).

Aside from increased poverty and food insecurity, the COVID-19 crisis has caused an increase in the risk of gender-based violence and violence against children. Women’s access to sexual and reproductive healthcare has been particularly impacted. This has placed the countries of the region in need of urgent funding to provide basic healthcare access (United Nations Population Fund, 2020). COVID-19 has also impacted on the well-being and safety of children within Latin America and the Caribbean region. Poverty, violence, death from preventable diseases, lack of education and vaccine neglect are being experienced by millions of children in the region (UNICEF, 2020b). Children not having access to basic rights such as health and education has become the most critical issue during this crisis, as the number of children living in poverty is estimated to have increased by 21.7% in 2020, limiting access to preventive services and enhancing the risk of violence, abuse, or exploitation due to negative coping mechanisms by families and caregivers (UNICEF, 2020b).

The risk of physical, sexual and emotional violence against children and adolescents has also increased due to increased pressure on families and communities, school closures, lack of access to services, and the confinement of women, adolescents, and children with their abusers (ECLAC & UNICEF, 2020). While the number of reports of child maltreatment decreased globally in many areas in the first weeks of the pandemic, child helplines reported an increased number of calls in the second quarter of 2020, compared to previous quarters, including calls about violence in many countries (Petrowski et al., 2020).

The weak economic recovery of the LAC region, compounded by the multiple crises it has experienced over the last five years, including COVID-19, has made economic growth irregular, leading to high levels of poverty and social inequality in the region. The LAC region is expected to see slow growth in economic trends for several years (ECLAC, 2020a). In spite of the slow economic growth rates, averaging 0.4% from 2015–2019, an increase in growth was estimated for the years following 2019. However, due to the impact of COVID-19, the economic growth in the following years is now expected to be slow, due to the various macroeconomic and social conditions, combined with domestic and foreign supply and demand.
disturbances (ECLAC, 2020a). Based on the International Monetary Fund World Economic Outlook projections, the actual 2020 growth of gross domestic product (GDP) in the LAC is -9.4%, a nearly 10% reduction. It is projected that GDP will return to 3.7% in 2021 (Werner, 2020), and sharp increases in poverty (by 37.3%) and unemployment (by 13.5%) rates are also predicted (ECLAC, 2020a). The global economic downturn and collective fall in demand have negatively impacted on the countries in the LAC. The pandemic has resulted in one of the worst recessions the world has seen (Wold Bank, 2020).

Latin America and the Caribbean region is characterized as multi-cultural and multi-ethnic. The LAC region contains a rich and diverse mix of people. According to UNICEF (2009), the region consists of 522 indigenous people speaking 420 distinct languages. Although other regions in the world contain more languages in total, Latin America contains more language families (UNICEF, 2009). Due to this diversity, different realities and requirements need to be recognized, as the various languages are in danger of extinction, which in turn poses a threat to the diversity of culture, traditions, expressions and ideas in the region (UNICEF, 2009). As indigenous and Afro-descendant people constitute a significant portion of the population of the region, it is important to understand this diversity, as it can reveal various gaps in the way the rights and needs of the people of all age groups, children and adults, are met.
Need for and focus of this systematic review

The Sustainable Development Goals (SDGs) and UNICEF’s strategic planning process provide unique opportunities to improve child protection programming in the region. UNICEF’s Strategic Plan 2018–2021 details its direction and strategic priorities over the last four years. It provided a vehicle to support the 2030 Agenda for Sustainable Development and responds to its call to ‘leave no one behind’. Countries in the region have made significant commitments to accelerate the evidence base and action towards eliminating violence against children, including harmful practices, and to eliminate gender-based violence against women and girls, as well as creating safe, non-violent and inclusive learning environments and significantly reducing all forms of violence and related death rates in the region over the next decade (UNICEF, 2018a). UNICEF has identified three outputs, strongly anchored in a rights-based approach to programming to contribute to the achievement of the SDGs related to preventing violence and exploitation, one of which is that countries strengthen their child protection systems for prevention and response services to address violence against children. It is expected that these priorities will be reinforced as part of UNICEF’s upcoming Strategic Plan 2022–2025, by working to ensure that every child and adolescent is protected from violence, exploitation, abuse, neglect, and harmful practices in all settings. This systematic review on the prevalence, drivers, and consequences of violence against children, and the evaluated interventions that seek to prevent violence, will serve as an evidence baseline of data produced since the adoption of the SDGs.

This systematic review is specifically focused on data and information on violence against children published from 2015 to 2021. Although children face risks, harms, and challenges from many directions, all of which in a sense can be described as violence, this report looks at a specific aspect of that larger landscape by exploring violence against children mostly at the interpersonal level (definitions are detailed in the methodology chapter). It is also important to mention that what we measure matters. It can be argued that the most ‘prevalent’ types of violence against children are those that have the most data, while there are many types of violence, and issues surrounding violence, that are not measured or do not have recent data. For example, the violence experienced by children in residential care, community violence, violence against indigenous children, and so forth.

In addition, this report does not systematically cover the structural violence that underpins these experiences of everyday violence by children in the region. Despite this, this review does add fine-grained information to the larger picture and will help clarify how these larger events and trends have been contributing to the level of violence children are facing within their homes and schools. It will show whether things are getting better or worse on these fronts, as well as point to specific responses that hold promise in terms of stopping violence before it starts.

It can be argued that the most ‘prevalent’ types of violence against children are those that have the most data, while there are many types of violence, and issues surrounding violence, that are not measured or do not have recent data.
Chapter 2. Methodology

“...If we measure it, we treasure it…”

– Claudia Garcia-Moreno, Founder and Coordinating Group member of the Sexual Violence Research Initiative, and World Health Organization lead on Violence Against Women work
Violence against children in Latin America and the Caribbean 2015-2021
A Systematic review

The UNICEF Strategic Plan 2018–2021 details UNICEF’s direction and strategic priorities over four years. It provides a vehicle to support the 2030 Agenda for Sustainable Development, which includes ensuring that every child is protected from violence and exploitation and, in order to do this, countries have strengthened child protection systems for prevention and response services to address violence against children. This work will be furthered during the Strategic Plan 2022–2025, which seeks to ensure that all children and adolescents in all settings are protected from violence, exploitation, abuse, and harmful practices. Violence against children is one of the top issues affecting children in the region. UNICEF has identified priority areas in relation to violence against children that it is working to eliminate in the region: armed violence, sexual violence and corporal punishment.

Research questions

The research questions for this systematic review were developed to provide a review of the body of research that has been undertaken in the region related specifically to SDG 16.2, which aims to “end abuse, exploitation, trafficking and all forms of violence against and torture of children”. The overall research aim is to understand the nature, magnitude and consequences of violence against children in Latin America and the Caribbean region. To achieve this aim, the following research questions were posed:

1. What is the nature, magnitude and consequences of violence against children in Latin America and the Caribbean?
2. Has there been any reduction or increase in violence against children over the past 15 years?
3. What are the drivers and factors that perpetuate violence and acceptance of violence against children?
4. What are protective factors and interventions that are proven or promising to end violence against children?

Definitions

The definition of ‘violence against children’ used for this systematic review is the definition used in the Convention on the Rights of the Child (CRC) Commentary 13, which states that violence against children includes “physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse...”. In addition, this systematic review includes literature related to the violence that children experience in their everyday lives, including in spaces and settings outside of traditional home and school areas, such as in the community, online spaces, and due to war, conflict and terror. The built environment, social environments and networks, as well as the socio-cultural distinctions among these, particularly for indigenous and Afro-descendent groups, were considered. Children living independently and outside of some form of caregiver support, and children on the move and in contexts of migration were also included.

It is important to note that the definition of children used in this review follows that of UNICEF and includes children aged 0–18-years-old (e.g., under 18 years). This review did not focus on child marriage or child labour as forms of violence against children, however, these studies...
were included if violence was experienced in marriage or in labour, or if child labour or child marriage was seen as a risk factor for violence. In this way, the review contributes to key policy debates in these areas in the region. It is also important to note that the scope of this work did not include conducting a meta-analysis of prevalence data, but existing meta-analyses were reviewed.

We explored ‘drivers’ and ‘risk and protective factors’ for violence, using the definition of these terms by UNICEF Office of Research and University of Edinburgh in Multi-Country Study on the Drivers of Violence Affecting Children (Maternowska et al., 2018). A driver “refers to factors at the institutional and structural levels that create the conditions in which violence is more likely to occur” and risk and protective factors are: “anything that increases the probability that a young person will be a victim of violence or a person will perpetrate violence including environmental or structural factors, a protective factor has the reverse effect: they enhance the positive outcomes and lessen the likelihood of negative consequences as a result of exposure to risk” (Maternowska et al., 2018). To make this distinction clearer, within the socio-ecological model, drivers are those factors that are identified at the macro level or at the structural and institutional levels; whereas risk and protective factors are those factors found at the individual, interpersonal and community levels of the model. It should be noted that when exploring the nature of violence, we did this through both perpetrator and victim lenses, as well as through a wider structural lens—so we explored the literature on drivers and risk and protection factors in relation both to perpetration and victimization as well as for different types of violence.

Given the size and diversity of the region, data were also analysed to see if different countries and contexts have varying understandings of violence against children and violence prevention responses. Where possible, we looked for changes in the nature of violence (e.g., by comparing earlier review documents with our own findings). Some of this was changes in the research landscape and some due to the changing nature of violence; we have discussed this as far as is possible with the existing data.

By ‘magnitude’ of violence against children, we refer to both the prevalence (lifetime experience of violence and also death in the form of homicide or femicide) and incidence (past-year experience). As with all our findings, we endeavoured to disaggregate these findings by key variables (where available) including gender, age, ethnicity (indigenous/Afro-descendent), setting, urban/rural, country and within country, among other variables allowed by the data, in order to inform analyses on VAC in Latin America and the Caribbean region.

For ‘consequences’ of violence against children, we adapted the model used in a UNICEF systematic review (2012) to explore impacts in the areas of health and well-being (physical and mental), including sexual and reproductive health outcomes, exposure to further violence and criminality, education and livelihoods for children, families, communities, and the impacts on society as a whole after violence has already occurred. The consequences of violence against children were explored not only at the individual level, but also for broader groups, communities, and society, where the data existed.

For ‘interventions that are proven or promising to end violence against children’ we included: evaluated interventions within the seven areas of the INSPIRE framework, which are:

1) Implementation and Enforcement of Laws,
2) Norms and Values,
3) Safe Environments,
4) Parenting and Caregiver Support,
5) Income and Economic Strengthening,
6) Response and Support Services,
7) Education and Life Skills.

We also explored community-level interventions, such as those focused on community violence, gang violence and structural violence. Finally, we also used UNICEF’s Financial Benchmarking for Child Protection Manual definition of interventions to include in search terms, which, like the INSPIRE framework, sees both prevention (e.g., before violence ever happens) and response services (e.g., after violence has happened) as key interventions. In addition to the INSPIRE categories, this report also gives several examples of the types of interventions that were explored within a systems response, (see Table 1).
Table 1. List of common prevention and response services in LAC region

<table>
<thead>
<tr>
<th>Prevention</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Birth registration</td>
<td>• Referral, best interest determination &amp; gate keeping procedures</td>
</tr>
<tr>
<td>• Life skills, youth civic engagement (e.g., child-friendly spaces)</td>
<td>• Sensitive health, police, judicial, social work interventions (e.g., counselling, case management)</td>
</tr>
<tr>
<td>• At-risk children &amp; families identification Background checks &amp; codes of conduct for those working with children</td>
<td>• Case response &amp; treatment, e.g., alternative care (foster, residential, emergency, shelter) adoption; diversions &amp; alternative to custody; detention; family support or community-based care; family tracing reunification</td>
</tr>
<tr>
<td>• Individual family support, e.g., income supplements, mediation, entitlement assistance, service access, respite entitlement, legal aid, parenting groups</td>
<td>• Gang and community violence interventions, access to lethal means</td>
</tr>
<tr>
<td>• Children on the move, safe migration</td>
<td>• Verification, investigation &amp; assessment</td>
</tr>
<tr>
<td>• Gang violence, community violence prevention programmes</td>
<td>• Psycho-social support/mental health services</td>
</tr>
<tr>
<td>• Reporting/complaint mechanisms</td>
<td>• Recovery &amp; social integration services</td>
</tr>
<tr>
<td>• Public education &amp; community mobilization</td>
<td>• Measures to ensure accountability of offenders against children</td>
</tr>
</tbody>
</table>

Source: UNICEF (2020c)

Inclusion criteria

Based on the definitions of violence and the research questions, studies were included in the systematic review if they were: primary research studies on the prevalence, incidence, drivers, risk and protective factors or consequences of violence against children (under the age of 18) who live in one of the 36 countries and territories where UNICEF works in Latin America and the Caribbean. All countries in the region were included in the systematic review but Venezuela data has been omitted from this report. The Venezuela studies are included in the aggregate count of studies found in the flow diagram and non-attributable aggregate themes also included in the report.

To be included the results of the studies must have been published between 1 January 2015 and 1 January 2021. Reviews of the literature (systematic, traditional, and meta-analyses) published between January 2005 and March 2021 are also included in this report. Regarding grey literature, additional documents sent by reviewers and experts from UNICEF LACRO while reviewing the first draft of this report were included; for this reason, the timeframe to include grey literature was extended until June 2021.

For prevalence/incidence studies, additional inclusion criteria were: (1) participants were recruited from a student or general population (which can include out of school children populations, for example) or for which there is systematic surveillance data (e.g., for homicides); (2) quantitative methods were used to estimate the prevalence/incidence of the violence during childhood (e.g., younger than 18 years); this required either surveillance data or population-based survey data, probabilistically drawn, using national or subnational samples; (3) the study reported the prevalence or incidence of violence against children; and (4) the recorded violence had been reported directly by the victim, parents, legal guardian or any caregiver or recorded as the cause of death. Search terms were also included to try to identify reports and articles that refer to polyvictimization, that is the experience of multiple victimization of different
kinds, such as sexual abuse, physical abuse, bullying and exposure to family violence, not just multiple episodes of the same kind of victimization.

For the inclusion of drivers and risk and protective factors, an additional criterion was that the primary research explored the relationship between at least one form of violence against children and factors at the structural, institutional, community, interpersonal or individual levels that alter the probability or risk that violence is likely to happen – this can come from quantitative, qualitative or mixed methods studies.

Additionally, in relation to the consequences of violence against children, studies must have been primary research that explored the relationship between at least one form of violence against children and its impact on employment, education, mental health, physical health, health behaviours, community health, aggression, violence, criminality, exposure to further violence, and formal and informal care and service use. These were indicative areas of impact based on previous published systematic reviews and were used to guide our search terms, however, impacts found in other areas were not excluded.

Studies had to be published in journal articles or as research reports or papers. Included research could be published in English, Spanish, Portuguese or French languages, as represented by the languages of the region and the capacity of the research team.

Specific exclusion criteria included:

1) if the study had non-disaggregated data, which made it impossible to analyse findings by country or for the region as a whole,
2) if the study had non-disaggregated data that spanned childhood and youth (e.g., making it impossible to determine findings for children aged 0–18), and
3) reports related to the same population (duplication).

The same inclusion/exclusion applied to grey literature, as it did for journal articles. However, when speaking to experts, this inclusion/exclusion criteria to identify material was more generic in nature and the material was reviewed against these criteria after received.
Search strategy

This systematic review employed three main search strategies including a comprehensive review of international databases for country and regionally specific studies, a search of grey literature websites and data sources, and outreach to key stakeholders and experts in each country including the UNICEF country offices for sources of data, particularly grey literature.

The University of Edinburgh team searched electronic databases, of which the entire team have access to through the University, including several Spanish-only databases. The following electronic databases were searched for journal articles that meet the inclusion criteria, based on previous experience of conducting systematic reviews in this area: PubMed/Medline, PsycINFO (EBSCOhost), CINAHL-ebsco, ERIC and Google Scholar. In addition, the following Spanish specific databases were also searched:

- Scielo (Scientific Electronic Library Online), which has collections of academic journals from 15 countries: Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Spain, Mexico, Paraguay, Peru, Portugal, South Africa, Uruguay and Venezuela
- Economic Commission for Latin America (ECLAC), which is one of the five regional commissions of the United Nations

Literature covering indigenous, Afro-descendant and migrant populations was also included, although limited. Specifically, the team included in the search strings the list of geo-cultural areas listed in the Sociolinguistic Atlas of Indigenous Peoples in Latin America, prepared by UNICEF in 2009.

In addition, articles were hand reviewed from the following journals, which are key in the field of child protection: ‘Child Abuse and Neglect’, ‘Child Maltreatment’, ‘Child Abuse Review’, and ‘Journal of Interpersonal Violence’. The bibliographies of all included articles, research reports and papers were also reviewed for additional data to include in the review. The search strings for the academic databases for the study were based on our operational definitions and the key thematic search word headings used frequently for violence against children studies. The search strategy used words in English and Spanish (see Appendix E, Search strings).

A thorough scan of key websites publishing violence against children studies was completed, in addition to liaising with UNICEF LACRO. This scan helped to identify both grey literature and organizations/individuals who may have links to grey literature. These organization’s websites were informed by UNICEF LACRO and included because they archive research studies:

- United Nations Entity for Gender Equality and the Empowerment of Women (UNWomen)
- United Nations Office on Drugs and Crime (UNODC)
- United Nations Development Programme (UNDP)
- International Labour Organization (ILO)
- United Nations Educational, Scientific and Cultural Organization (UNESCO)
- United Nations Population Fund (UNFPA)
- International Organization for Migration (IOM)
- UN Refugee Agency (UNHCR)
- Movimiento por la Infancia-Latinoamerica (MMI-LAC)
- Save the Children
- Plan International
- Instituto Interamericano del Niño (IIN)
- Viva la Infancia
- International Centre for Missing & Exploited Children (ICMEC)
- Fundación Renacer
- World Vision
- Maristas Cruz del Sur
Study selection

All abstracts (for peer reviewed journal articles) and executive summaries (grey literature) were examined to determine whether or not they met the inclusion criteria developed for this study. If they met the inclusion criteria, full documents were retrieved and again reviewed against the inclusion criteria by two researchers. If the abstract or executive summary did not provide sufficient information to determine inclusion, the full article was retrieved for further examination. Articles and other documents that ultimately met the inclusion criteria were reviewed and key variables of information extracted (below). In addition, the bibliographies of all included articles, as well as relevant review articles, were examined as an additional measure to ensure that all articles meeting the inclusion criteria were located. A flow chart that adheres to the PRISMA guidelines—global best practice on conducting systematic reviews—is given in Figure 1.

A total of 262 studies were found that published data in the last five years. Of these, 37 studies had overlaps and presented data in multiple areas (between prevalence, drivers, consequences and interventions). A total of 75 articles and reports had prevalence data, 100 had data on drivers of violence, 64 had data on consequences and 60 presented data from evaluations of interventions. In addition, 46 review studies published between 2000 and 2015 were also included in the review.
Data extraction and quality assurance

We used Citavi, a reference management software, which helped us to organize and analyse the information from the studies reviewed. All the documents were reviewed and categorized as either: (1) prevalence/incidence, (2) drivers, risk and protective factors, (3) consequences, or (4) interventions data. We also registered the year of publication, author(s), original language of publication, location of study, research question/aim, type of violence measured, study design, methods, study eligibility criteria, sample size, definition of violence used/theoretical background, duration of data collection, and author reported limitations/weaknesses of study design. To assist in reporting the findings, we created an Excel file, with four separate tabs, one for each category. For extracting the data, we reviewed the studies and assigned categories and subcategories to the findings. For the categories, we used the dimensions of the research questions: prevalence/incidence, drivers, risk and protective factors, interventions, and consequences. For the sub-categories we used information from previous studies and created new themes, as they emerged from the analysis.

While conducting the review, we took measures for quality assurance. As mentioned earlier, we ensured that all of the studies reviewed fulfilled the inclusion criteria and we applied measures to assess the quality of the research to be included and throughout the data extraction and analysis process. Regarding assurance of the quality of the research, we examined the way in which the information and research had been structured, implemented, recorded, reported and applied. We examined the methods used, representativeness of the study, nature of the population, ethical procedures and reporting bias. We looked at whether or not the studies included an alignment between the theory, research aim/questions, data collection, analysis and results. We also examined if the studies had sufficient information about the context in which the research was carried out and a clear logic underpinning the reporting of the findings and analysis. In addition, we considered the ethical guidelines for involving children in research developed by UNICEF Office of Research, Innocenti (Graham et al., 2013). It is important to note that these guidelines were also used when writing this report. For instance, we maintained anonymity when using direct quotes form participants to exemplify a statement.

The aim was to include robust articles in terms of their methodology, process of data collection and reporting of findings. However, we also included some studies with small samples (e.g., focus groups, ethnographies) and poorly written studies, if they contained rich qualitative data for low-representative groups in the region, such as indigenous populations. What this process aimed to do was to reject articles that served an individual or political agenda, over/under stated figures, used a poor methodology, or had an unclear research design or research questions.

Table 2. Examples of categories and sub-categories of findings used in this review

<table>
<thead>
<tr>
<th>Categories</th>
<th>Examples of sub-categories</th>
</tr>
</thead>
</table>
| Prevalence | Prevalence of corporal punishment  
Prevalence of maltreatment  
Prevalence of sexual abuse |
| Drivers    | Social inequalities  
Social/gender social norms  
Machismo  
Unequal economic growth |
| Risk and protective factors | Risk factors for victims  
• Individual  
• Interpersonal  
• Community  
Risk factors for perpetrators  
• Individual  
• Interpersonal  
• Community |
| Interventions | Implementation and enforcement of laws  
Norms and values  
Safe environment  
Parenting and caregiver support  
Income and economic strengthening  
Response and support services  
Education and life skills |
| Consequences | Physical impacts  
Mental impacts  
Behavioural impacts  
Education impacts |
Secondary analysis: Understanding prevalence, incidence, risk factors and trends

To determine the nature, magnitude and consequences of violence against children and whether there have been reductions or increases in VAC over the past 15 years, we employed several methods. First, a review of all nationally comparable data on the prevalence of violence against children. This currently exists in national datasets such as Demographic and Health Surveys (DHSs), Multiple Indicator Cluster Surveys (MICSs), Global School-Based Student Health Surveys (GSHSs), and Violence Against Children Surveys (VACSs), among others. A scan of multi-year comparable and openly published datasets was undertaken and analyses looking at data points over time (where available) was conducted to determine if the prevalence is rising, declining or remaining constant. Where possible, this was gender disaggregated for each country.

A comparison of key themes emerging in reviews, systematic reviews and meta-analyses published in the early 2000s, compared to those published more recently, was conducted to qualitatively explore the consistent and/or divergent themes in (1) scope (e.g., types of violence, settings where it occurs, perpetrators and victims, etc.), (2) magnitude (e.g., prevalence and incidence), (3) consequences, (4) drivers, risk factors and protective factors. The format of this report highlights these key themes in terms of what was known before 2015 and what this review adds to the violence knowledge landscape, especially for the LAC region.

Finally, eight informant interviews were conducted to better understand the changing landscape around violence against children between 2005 and 2015 and to inform specific topical areas, such as on specific groups (indigenous) and specific expressions of violence in the region. The interviewees were recruited by UNICEF LACRO and provided information about the variations in nature and risk of violence across the region. They also shared historical data on socio-political changes to enhance understanding of the current dynamics of violence against children. These interviews also directed us to additional resources with key information.

A scan of multi-year comparable and openly published datasets was undertaken and analyses looking at data points over time (where available) was conducted to determine if the prevalence is rising, declining or remaining constant.
Chapter 3.
Magnitude of violence against children

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

What was known before 2015

The first Violence Against Children and Youth Survey (VACS) in the region was conducted in Haiti in 2012. Pre-2015 saw the start of national VACSs conducted in collaboration between national governments, the Centers for Disease Control and Prevention (CDC), Together for Girls and UNICEF. These surveys were important because, for the first time, a nationally representative survey specifically on violence against children was being implemented in various countries globally. Before this, data was still being collected in some countries, but it was very much a national effort and not something that was coordinated across countries for comparable data.

The pre-2015 era also witnessed other routinely collected household surveys add violence-related measures, including violent discipline in Multiple Indicator Cluster Surveys (MICSs) and sometimes in Demographic and Health Surveys (DHSs) and the domestic violence modules in DHSs. Similarly, the very first Global School-Based Student Health Survey (GSHS), which measures bullying and other forms of peer-to-peer violence, was conducted in Tobago in 2007. This shift to recognizing violence against children as something that should be measured and accounted for through data was an important step forward in the field. It does not mean that all the measures are perfect or that there was not significant important learning about methods and ethics along the way, but it was a pivotal decade for building the evidence base around violence against children, including in the LAC region.

The Pan American Health Organization (PAHO) has been at the forefront in clearly establishing the links between violence against women (VAW) and violence against children (VAC) in the LAC region. The landmark report from 2012 on Violence Against Women in Latin America and Caribbean Region, which included a secondary analysis from 12 DHSs and Reproductive Health Surveys (RHSs) from the region, set the stage for increased cross-country data analysis as well as evidence-based programming and policy for violence prevention in the region (Bott et al., 2012).

A data brief produced by UNICEF Office of Research, Innocenti pulls out several key findings about the intersections between VAW and VAC that are important to highlight as the current evidence base (Guedes, 2013):

1) Violence against women and girls (VAWG) by intimate partners is prevalent in all countries with data in the region.

2) Many adult women in the region report having grown up experiencing violence and reported experiencing physical and sexual violence as children.

3) The secondary analysis of DHS/RHS data shows that the prevalence and odds of experiencing intimate partner violence (IPV) are significantly higher among women who reported experiencing physical or sexual abuse in childhood, than among those who did not experience this violence growing up. In three countries (El Salvador, Nicaragua, and Paraguay) the prevalence of IPV for women with histories of childhood violence was more than twice as high.

4) Growing up in a home with IPV violence has a profound impact on the whole family and is a factor for women in the region experiencing violence later in life. From these analyses, having a father who beat their mother was the strongest and most consistent predictor of experiencing IPV, even after controlling for other potential risk factors, although not necessarily a determining factor.

5) Children growing up in domestically violent households are also more likely to experience violence. From the secondary analysis, children in households where women were abused were more likely than other children to experience harsh physical discipline in the form of hitting, beating, spanking or slapping.

6) Girls report experiencing forced or unwanted first sexual intercourse at early ages in the LAC region. DHS/RHS data showed that for some girls their first intercourse was ‘forced’ or a result of ‘rape’, ranging from 2% in Paraguay to 21% in Haiti, echoing previous data from the region found in World Health Organization (WHO) multi-country surveys around VAW (WHO, 2005).

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4 See www.togetherforgirls.org for resources and publications related to Violence Against Children and Youth Surveys globally.
Secondary analyses found that early first marriage or union and early childbearing was significantly associated with greater prevalence and odds of ever experiencing IPV. Women who were married as children also had greater odds of reporting ever experiencing IPV in most countries in the LAC region. Similarly, in all 12 countries with data, the prevalence of physical or sexual violence ever and in the past 12 months was significantly higher and in many cases two to three times greater for women who had their first live birth when they themselves were children (before the age of 17), compared with those who gave birth in adulthood (Guedes, 2013).

The VAC field is very much indebted to earlier analyses of data in relation to VAW in the region and the coordinated commitment from the PAHO, Sexual Violence Research Initiative (SVRI), various UN agencies, civil society and others in helping to build the evidence base upon which the field is built.

Violence against children is prevalent in every country in which it is measured. Every survey conducted to date on violence against children has found that it is a significant issue and prevalent for both boys and girls. Violence against children does not exist in only certain countries or among certain population groups—it impacts on children and families in every country where it has been measured. This was highlighted in key synthesis publications that galvanized the field of child protection forward, including the WHO World Report on Violence and Health (Krug et al., 2002), the United Nations Secretary-General’s Study on Violence Against Children (Pinheiro, 2006), and through key synthesis publications from UNICEF and others including UNICEF’s A Familiar Face (UNICEF, 2017).

Global context since 2015

A landmark publication from 2016 using the world’s best data has highlighted for the first time that 1 billion children globally have experienced past-year sexual, physical or emotional violence (Hillis et al., 2016). Modelling past year prevalence using representative survey data sources, this data also shows that more than one third of children (34%), or more than 58 million children, in the LAC region have experienced at least one form of violence (physical, emotional, sexual, bullying, or witnessing violence) or severe violence in the past year. The publication has been important in setting the stage in terms of the global magnitude of violence against children, against the backdrop of which the studies in this current systematic review sit.

The data in this chapter examines the prevalence and incidence of various forms of violence against children in the region. Primary studies include data on the magnitude of violence in the last six years (e.g., 2015–2021 since the adoption of the SDGs), while the trends of violence over time are also examined using data from the past decade and earlier. As mentioned in the methodology (Chapter 2), this study does not include a meta-analysis of the prevalence data in the region but presents the range of prevalence data from the reviewed studies without pooling data. Further meta-analysis studies may be a key future step for a wider understanding of violence against children in the region.

The main comparable data across the region that are representative are the VACS (4 countries), GSHSs of 13 to 17-year-olds (30 countries), DHSs (7 countries) and MICSs (16 countries), all with representative household samples of 15 to 49-year-olds (of which we examined the age range 15–19 year, as this best matched the disaggregation available in the reporting of this data). VACS include a range of questions around the main types of violence against children, including sexual violence, physical violence, emotional violence, witnessing violence and community violence, as well as key variables around the violence experienced. The VACS include two samples: one of current adolescents between the ages of 13 and 18 with questions asking about past year experiences only and a sample of young adults ages...
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18 to 24 years old asking them about their lifetime past experiences with violence during their childhood (e.g. under the age of 18). GSHSs include variables on violence experienced in schools, mainly bullying and physical attacks, but also questions on physical fighting between peers and sexual harassment (bullying with sexual comments, jokes or gestures). DHSs include data on sexual and physical violence that girls experience within intimate partnerships as well as by other perpetrators, as well as gender normative beliefs around the justification for intimate partner violence (specifically wife beating). MICSs include questions on violent forms of discipline including physical punishment and psychological aggression by mothers/caregivers towards children aged 1 to 14 years in the home. These data are complimented by a range of studies carried out in the last six years by countries in the region and review reports that include data from the region, both of which are also highlighted in this section. These cross-sectional studies are not typically comparable across countries as they use different questionnaires for measuring violence, focus on different types of violence and employ a variety of sampling strategies.

New data from this review

Sexual violence

In all countries in the region where VACSs were conducted, the prevalence of sexual violence was found to be higher for girls than for boys. While studies globally have highlighted this, nationally representative data in the LAC region also confirms that girls report experiencing sexual violence more frequently than boys do. Surveys were conducted in Haiti in 2012 (CDC et al., 2014), Honduras in 2017 (Government of Honduras & Sub-Secretariat of Security in Prevention, 2019), El Salvador in 2017 (Government of El Salvador, Ministry of Justice and Public Security, 2019) and Colombia in 2018 (Government of Colombia, Ministry of Health and Social Protection, 2019). These surveys found that both boys and girls experience sexual violence at high rates and that across all the countries the prevalence is higher for girls. Research on more countries is needed to determine if this is a common occurrence across the region.

Recent studies have found that on average 1 in every 6 girls and 1 in every 10 boys have ever experienced sexual violence in countries that have conducted VACSs, with important country variations. The VACSs found that the prevalence of any form of sexual violence prior to the age of 18 among the 18–24 cohort surveyed ranged from 13.5% in El Salvador to 25.7% in Haiti for girls and from 2.5% in El Salvador to 21.2% in Haiti for boys (CDC et al., 2014; Government of Colombia, Ministry of Health and Social Protection, 2019; Government of El Salvador, Ministry of Justice Public Security, 2019; Government of Honduras & Sub-Secretariat of Security in Prevention, 2019; see Figure 2). Similarly, a recent study on the prevalence of child maltreatment in Ecuador using the ICAST-R (ISPACN Child Abuse Screening Tool-Retrospective) was conducted with a student sample of 1,579 males and 1,554 females from the seven largest universities in Quito, Ecuador (Jiménez-Borja et al., 2020). The study found that 69.6% of participants experienced some form of child maltreatment and sexual abuse was reported by 15.5% of the participants (Jiménez-Borja et al., 2020). The most prevalent forms of sexual abuse included being coerced
into touching another person’s genitals, having their genitals touched by others, or having someone expose their genitals to them, and sexual abuse was more prevalent among females (males 12.9%; females 18.1%, OR=1.49; CI=1.22-1.81) (Jiménez-Borja et al., 2020).

In terms of past-year prevalence, findings from VACSs found that the self-reported prevalence of experiencing any form of sexual violence in the past 12 months among participants aged 13 to 17-years-old ranged from 6.2% in Honduras to 19% in Haiti for girls and 2.7% in El Salvador to 10.9% in Haiti for boys (CDC et al., 2014; Government of Colombia, Ministry of Health and Social Protection, 2019; Government of El Salvador, Ministry of Justice Public Security, 2019; Government of Honduras & Sub-Secretariat of Security in Prevention, 2019; see Figure 3).

How questions about sexual violence are asked and how it is measured in surveys makes a difference to prevalence estimates, as does how sexual violence and consent are understood by respondents. The Brazilian National Alcohol and Drugs Survey is a probabilistic household survey that collected data from 4,283 Brazilians aged 14 years and older in 2012. A secondary analysis of this data was published within the timeframe of this review and found that the prevalence of rape was 2.3% (n=107) and the majority of rapes (n=81) were reported by women (Diehl et al., 2020). Very limited questions on sexual violence were included and those that were related only to rape—which is merely one of many forms of sexual violence. In addition, the survey was not a violence survey and, as such, self-reports of rape appear to underestimate the true prevalence, as the figures obtained from the survey were low.

Smaller prevalence estimates for ever experiencing sexual violence and past year sexual violence were found among a narrower age cohort of women in their teenage years (aged 15–19) from the DHS. In this survey sexual violence was measured by asking the following questions: Have you ever experienced sexual violence? Have you experienced sexual violence in the past 12 months? Data from five countries in the region (Guatemala, Haiti, Dominican Republic, Colombia and Bolivia) found that 3.6% of women in Guatemala to 7% in Haiti reported experiencing sexual violence during their teenage years (Institut Haïtien de l’Enfance [IHE] & ICF, 2018; Ministerio de Salud Pública y Asistencia Social [MSPAS] et al., 2017). Of the countries that measured past year prevalence (Guatemala, Haiti and Dominican Republic), approximately
1% (ranging from 1.1% to 1.9%) of teenage girls reported experiencing sexual violence in the last year (Centro de Estudios Sociales y Demográficos [CESDEM] & ICF International, 2014; IHE & ICF, 2018; MSPAS et al., 2017).

VACS in the LAC region have found that, according to teenaged respondents, the most frequent perpetrator of the first incidents of sexual violence against children are often other children or young people in the form of friends, classmates and neighbours. This was the case in Haiti, Colombia and El Salvador, where 51.8% to 64.2% of respondents indicated friends, classmates or neighbours as the perpetrator of their first experience of sexual violence (CDC et al., 2014; Government of Colombia, Ministry of Health and Social Protection, 2019; Government of El Salvador, Ministry of Justice Public Security, 2019). Honduras is an interesting outlier in terms of perpetrators, with the most frequently cited perpetrator of the first incident of sexual violence being cited as a female family member (Government of Honduras & Sub-Secretariat of Security in Prevention, 2019; see Figure 4).

The findings from the VACS suggest that the most common location of the first incident of sexual violence is in the home. This includes the victim’s, perpetrator’s or someone else’s home. Notably, 56.4% to 71.6% of male respondents in El Salvador and Colombia reported homes as the location of first incident of sexual violence, (see Figure 5).

Secondary analysis of administrative data is important for understanding the nature of sexual violence in a given context. A secondary analysis of sexual violence data reported by health officials through the Information System for Notifiable Diseases in Santa Catarina State, Brazil was conducted from 2008 to 2013 (Delziovo et al., 2017). A total of 15,508 cases of violence were reported, including 2,010 cases of sexual violence (12.9%). Cases of violence totalled 950 reports against 10 to 14-year-olds (47.3%), 450 among 15 to 19-year-olds (22.4%), and 610 among women 20 years or older (adults) (30.3%) (Delziovo et al., 2017). The secondary analysis of administrative data found that in comparison to adults, adolescent females suffered violence by a single aggressor at home, usually at night and with a greater tendency to repeated the assault, often with pregnancy as a result (Delziovo et al., 2017). For females 10 to 14 and 15 to 19-years-old, the aggressors were unknown in 32.9% and 33.1% of the reports, respectively (Delziovo et al., 2017). According to the Comprehensive System for the Protection of Children and Adolescents Against Violence, there was a significant increase in the number of mistreatment and/or sexual abuse intervened cases of children and adolescents in Uruguay from 2015 to 2019 (from 1,908 in 2015 to 4,774 in 2019) (Instituto Nacional de la Juventud, 2020). Notably, there are gender differences in the prevalence of registered cases of sexual abuse, with females accounting for 76% of registered cases and males accounting for 24% of cases.

A study exploring hospital referrals of children for child maltreatment in Uruguay found that nearly a third were for chronic sexual abuse, highlighting that those cases seen at referral services are often the tip of the iceberg. A study of patients under 18 years of age who were referred to the specialized centre for violence at the family level of the CASMU-IAMPP health maintenance organization (HMO) in Uruguay in 2016 identified 87 cases of violence, indicating an annual incidence rate of 0.2%, with 31% of these children suffering probable sexual abuse (Perdomo et al., 2019). In the majority of sexual violence cases, a male family member was the abuser (41% father, 11% stepfather, 11% grandfather) (Perdomo et al., 2019). Cases that are referred to the hospital are often more acute, which was the case in this study, which found that 90% of cases were detected in the chronic stage and many were polyvictims or experiencing more than one type of abuse (Perdomo et al., 2019).
Figure 4. Perpetrators of first incidents of sexual violence (%), among females and males aged 18–24 years who experienced sexual violence prior to age 18, in 4 Latin America and the Caribbean countries—VACS (2012–2018)


Figure 5. Location of first incident of sexual violence (%), among 18–24-year-olds who experienced sexual violence prior to age 18, in 4 Latin America and the Caribbean countries—VACS (2012–2019)

Physical violence

The VACSs identify physical violence as slapping, pushing, shoving, shaking, or intentionally throwing something to hurt, punching, kicking, whipping, or being beaten with an object, choking, smothering, trying to drown, or burning intentionally, using or threatening to use a knife, gun, or other weapon by intimate partner, parent/adult relative, adult in the community or peer (Government of Colombia, Ministry of Health and Social Protection, 2019).

General physical violence

In three out of the four countries where the VACS was conducted in the region the prevalence of physical violence was found to be slightly higher for girls than for boys aged 13 to 17-years-old. These surveys found that both boys and girls experience high rates of physical violence before the age of 18, ranging from 18.7% among boys in El Salvador to 60.5% among girls in Haiti. Girls in Haiti (60.5%), Honduras (31.9%) and El Salvador (22.1%) experience slightly higher rates of physical violence, compared to boys (57.2%, 29.5% and 18.7%, respectively) (CDC et al., 2014; Government of Honduras & Sub-Secretariat of Security in Prevention, 2019; Government of El Salvador, Ministry of Justice Public Security, 2019). Whereas in Colombia, boys experienced a substantially higher prevalence of physical violence (37.5%) compared to girls (26.5%) (Government of Colombia, Ministry of Health and Social Protection, 2019; see Figure 6). This is consistent with findings from a study involving university students using the ICAST-R instrument. Students (males=1,579; females=1,554) from the seven largest universities in Quito, Ecuador were sampled for the study, which explored various forms of violence during childhood. The study found that physical abuse was reported by 47.6% of respondents, which commonly involved being beaten by parents (Jiménez-Borja et al., 2020). The findings also showed that physical abuse was more prevalent among males (males 50.5%; females 44.6%; OR=0.79; CI=0.69-0.91). This study was, however, not a representative sample (Jiménez-Borja et al., 2020).

Trends for the prevalence of physical violence by gender in the past 12 months among 13–17-year-olds from the four countries where VACSs were conducted mirror trends in the prevalence of physical violence by gender reported by 18–24-year-olds who experienced physical violence before the age of 18. Physical violence experiences were measured from a variety of perpetrators including parents, adult caregivers, other adult relatives, intimate partners, peers, and other adults in the community. Females in Haiti (38.1%), Honduras (16.8%) and El Salvador (11.8%) reported slightly higher rates than their male counterparts (36.4%, 16.4% and 10.5%, respectively) (see Figure 6). In Colombia, males report higher rates of physical violence (22.7%) compared to females (17.5%) in both age groups (CDC et al., 2014; Government of Colombia, Ministry of Health and Social Protection, 2019; Government of El Salvador, Ministry of Justice Public Security, 2019; Government of Honduras & Sub-Secretariat of Security in Prevention, 2019).

Figure 6. Past year prevalence of physical violence (%), among 13–17-year-olds, and lifetime prevalence, among 18–24-year-olds, in 4 Latin America and the Caribbean countries—VACS (2012–2018)

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The prevalence of physical violence perpetration among 13–17-year-olds in Honduras and El Salvador was higher among females. In Colombia, the prevalence of perpetration of physical violence was higher among males. The difference between females and males in terms of the prevalence of experiencing physical violence before the age of 18 and in the last 12 months among 13–17-year-olds can also be seen in gender differences in the prevalence of the perpetration of physical violence among 13–17-year-olds. In both Honduras (7.6%) and El Salvador (4.5%) females reported higher rates of physical violence perpetration, compared to their male counterparts 4.4% and 3.0%, respectively). Whereas in Colombia, it was males (22.5%) who report higher rates of physical violence perpetration than their female counterparts (14.1%) (Government of Colombia, Ministry of Health and Social Protection, 2019; Government of Honduras & Sub-Secretariat of Security in Prevention, 2019; see Figure 7). Since Haiti took part in the earliest VACS in the region (2012), the survey was changed in the later iterations and this question was not part of the earlier survey.

Figure 7. Prevalence (%) of physical violence perpetration, among 13–17-year-olds, in 3 Latin American countries—VACS (2012–2018)


Administrative or service data holds the potential for understanding cases of physical and other forms of violence against children, but more work is needed to develop disaggregated datasets. A study by UNICEF includes administrative data from the Ministry of Health and the Public Ministry of Panama on the number of victims of suspected child abuse identified by health services. Child maltreatment is defined according to the Penal Code of Panama, Article 203, which includes abuse of a minor that causes or allows to be caused physical, mental or emotional harm, including physical punishment caused by corporal punishment, using or inducing children to be used in begging, exposure to propaganda or publicity not appropriate to their age, employing children or allowing to be employed in prohibited work or work that endangers their life or health and negligent treatment (UNICEF, 2018). In 2015, there were 2,721 cases of maltreatment, in 2016 there were 2,312 cases, and in 2017 there were 2,594 cases, according to administrative data (UNICEF, 2018). The same administrative data also highlights a total of 15,389 cases of violence at the family level in 2017. A limitation is that the data are not disaggregated by age, age group and sex, as well as the fact that there is no data for indigenous regions (UNICEF, 2018).

Witnessing physical violence in the home prior to the age of 18 among 18–24-year-olds was highest in Colombia for both females and males and the prevalence was higher among females in all three countries with VACS data on this question. Among 18–24-year-olds in Colombia, 25.5% of males and 37.8% females had witnessed physical violence in the home prior to the age of 18. In El Salvador the prevalence was 22.6% among females and 12% among males, and in Honduras it was 23% among females and 15.8% among males (Government of Colombia, Ministry of Health and Social Protection, 2019; Government of El Salvador, Ministry of Justice Public Security, 2019; Government of Honduras & Sub-Secretariat of Security in Prevention, 2019; see Figure 8).
Witnessing physical violence in the home in the past 12 months, among 13–17-year-olds, was highest in Colombia and among males (20.1%), compared to females (10.8%). In El Salvador (6.5%) and Honduras (6.4%) the prevalence was higher among females (Government of Colombia, Ministry of Health and Social Protection, 2019; Government of El Salvador, Ministry of Justice Public Security, 2019; Government of Honduras & Sub-Secretariat of Security in Prevention, 2019; see Figure 9).

Overall, boys and girls experienced similar levels of physical punishment (both ‘any’ and ‘severe’) in the LAC region (usually around 10 percentage points or less difference between boys and girls). An exception was Uruguay, where 34% of boys experienced some form of physical punishment and the prevalence for girls was 18.3% (MINDES & UNICEF, 2015).

A few different scenarios emerged from the MICSs in terms of beliefs around physical punishment across countries:

1) Countries where beliefs justifying the use of physical punishment are most prevalent among caregivers (Barbados, Jamaica, Belize): In Barbados, 35.7% of caregivers/mothers\(^5\) believe that physical punishment is necessary for raising children, 59.2% of boys

\(^5\) According to the MICS report, the questionnaire was usually administered to mothers of children under five; however, in cases when the mother was not a member of the household (i.e., was not listed in the household roster), a primary caretaker for the child was identified and interviewed.
and 52.2% girls had experienced some form of physical punishment, and 7.1% of boys and 5.1% of girls had experienced severe physical punishment (Barbados Statistical Service & UNICEF, 2014). For Jamaica, the prevalence of belief in the necessity of physical punishment among caregivers closely matches the prevalence of the use of any or severe physical punishment. For example, Jamaica reported the second highest prevalence of belief in the necessity of physical punishment among caregivers (27%) and the highest prevalence of the use of any physical punishment (71.4% of boys and 65.2% of girls). Furthermore, 6.7% of boys and 4.7% of girls reported having experienced severe physical punishment (STATIN & UNICEF, 2013). For Belize, 26.2% of caregivers believe that the use of physical punishment is necessary, while 50% and 45.1% reported using some form of physical punishment against boys and girls respectively, and 7.8% of boys and 5% of girls had experienced severe physical punishment (Statistical Institute of Belize & UNICEF, 2017).

2) Countries where beliefs around the use of physical punishment are least prevalent among caregivers (Uruguay, Cuba, Argentina): Uruguay reports the lowest prevalence of belief in the use of physical punishment among caregivers or mothers (2.3%) in the region and the lowest prevalence of the use of any physical punishment, which is reported at 34% and 18.3% for boys and girls, respectively. In terms of severe physical punishment, 3.3% of boys and 2.3% of girls have experienced severe physical punishment in Uruguay (MINDES & UNICEF, 2015). In Cuba, prevalence rates for the justification of the use of physical punishment and the prevalence of physical punishment are similar. Only 3.4% of caregivers in Cuba believe that physical punishment is necessary and it has one of the lowest prevalence rates for the use of physical punishment (2.3% of boys and 1% of girls for any form of physical punishment; 34.1% of boys and 32.1% of girls for severe physical punishment) (Dirección de Registros Médicos y Estadísticas de Salud & UNICEF, 2020). For Argentina, the prevalence of the belief of physical punishment...
is reported at 3.7%. However, 11.1% of boys and 8.4% of girls have experienced severe punishment, which is the highest prevalence in the region. The prevalence of the use of any physical punishment in Argentina is also the highest in the Latin America region (48.6% of boys and 44.2% of girls) (Secretaría Nacional de Niñez, Adolescencia y Familia & UNICEF, 2013).

A study on corporal punishment by parents/caregivers in Colombia found that the use of corporal punishment increased steadily after the child was 1-year-old, reaching the highest point at 4-years-old and again at 12-years-old. A study using the Spanish version of the Parent-Child Conflict Tactics Scale assessed 853 parental reports on the use of corporal punishment against their children in the four major cities in the country: Barranquilla, Bogotá, Medellín and Cali (Trujillo et al., 2020). The results indicate a high prevalence (77%), but low levels of severity and chronicity, as reported by Colombian parents. The most commonly reported method of punishing a child was spanking on the bottom with a bare hand, followed by slapping on the hand, arm or leg (both types are included in the minor severity category) (Trujillo et al., 2020).

Analysis of the data showed that after the child is 1-year-old the prevalence of corporal punishment increases until the child is 4-years-old (84%) (Trujillo et al., 2020). Parents maintain the use of corporal punishment in over half (50%) of children until they are 12-years-old, when corporal punishment use increases again to 84%. The study also found that corporal punishment was used against boys (51%) slightly more than girls (49%) (Trujillo et al., 2020).

A study from Peru found that, in addition to mothers and fathers, other family members also use corporal punishment against children. A survey of 709 children (376 females; 334 males) between the ages of 10 and 17 was carried out in Lima, Peru as part of the ‘Dare to Raise with Love’ campaign, within the framework of the 30th Anniversary of the Convention on the Rights of the Child. Over three-quarters of the children surveyed (80%) reported witnessing cases of others experiencing physical and humiliating punishment. Children reported that both their mothers and fathers administered physical and humiliating punishments (47%), and that it was also applied by another family member (24%) (Acción por los Niños et al., 2019).

Figure 11. Prevalence (%) of belief among caretaker/mothers in the necessity of physical punishment, in 16 Latin America and the Caribbean countries—MICS (2011–2019)

Overall, trend data indicates decreases in the prevalence of caregivers’ beliefs about the use of physical punishment in the six countries that have undertaken the MICS. However, there are two exceptions: Suriname, where the prevalence increased by 10.7%, and Costa Rica, where it increased by 11.9% (Ministerio de Salud et al., 2018; Ministry of Social Affairs and Housing & General Bureau of Statistics, 2012). Furthermore, data also shows that the prevalence of any/severe physical punishment has also decreased over time, with a few exceptions. In Suriname, for example, the prevalence of any physical punishment has increased slightly (from 58.6% in 2010 to 59.8% in 2018 for girls and from 61% in 2010 to 65.3% in 2018 for boys) (Ministerio de Salud et al., 2018; Ministry of Social Affairs and Housing & General Bureau of Statistics, 2012). Moreover, in Cuba, there was a gradual increase from 28.1% in 2014 to 31.1% in 2019 for boys who experienced any physical punishment (Dirección de Registros Médicos y Estadísticas de Salud & Ministerio de Salud Pública [MINSAP], 2015; Dirección de Registros Médicos y Estadísticas de Salud & UNICEF, 2020). In Costa Rica, the prevalence of the use of any physical punishment against girls increased from 24% to 31.3% between 2011 and 2018 (Ministerio de Salud et al., 2018). We do not know if these increased are significant, and this may be an area for future research after more data points are collected (see Appendix B for trend graphs). Evidence of a decrease in physical punishment can also be found in Colombia. For example, a secondary analysis of data from the three most recent waves (Profamilia, 2005, 2010, 2015) of Colombia’s DHS found that physical punishment steadily declined throughout the country between 2005 and 2015 (Cuartas, 2018).

**Emotional violence**

In Latin America and the Caribbean, emotional violence has been shown to be widespread among children and adolescents. In a study of 218 8th grade students, between the 13 and 14-years-old in Cienfuegos, Cuba, of the 7 out of 10 who reported experiencing direct family violence, psychological violence was the form most commonly reported, with 65.8% of students who experienced family violence reporting this form of violence (Hernández et al., 2019). In comparison, 39.5% of adolescents in the study reported neglect or abandonment, and 34.3% reported experiencing physical violence. Similarly, a recent study of students from the 7 largest universities in Quito, Ecuador found that 53% of participants had experienced emotional maltreatment between the ages of 14 and 17-years-old (Jiménez-Borja et al., 2020). Emotional maltreatment came mostly in the form of insults by peers of the same sex and by parents and was more prevalent than physical abuse (47.6% of respondents) or sexual abuse (15.5%). In both instances, children and adolescents reported higher incidences of emotional violence than other forms, and parents and caregivers were reported to be perpetrators at least some of the time.

In three of the four countries where VACSs were conducted in the region, the prevalence of ever and past year experiences of psychological violence by a parent, adult caregiver or adult relative was higher for girls than for boys, with the exception of Colombia where experiences of past year violence were nearly identical for boys and girls. The prevalence of experiencing psychological violence was most reported among females (ever experienced was 34.6% and past year was 27.8%) and males (ever experienced was 27.2% and past year 16.2%) in Haiti. El Salvador had the lowest prevalence of experiencing psychological violence among males, at 4% for ever experienced and 2.4% for experienced in the past year, compared to 12.1% ever experienced and 8.1% experienced in past year among females. In Colombia, ever experiencing psychological violence perpetrated by a parent, adult caregiver or adult relative during childhood was reported by 21.2% of females and 9.5% of males. For adolescents aged 13 to 17-years-old, 10.9% of females and 11.1% of males reported experiencing psychological violence from a parent, adult caregiver or adult relative in the year preceding the survey (CDC et al., 2014;
In nine Latin American countries where MICSs were undertaken, the prevalence of psychological aggression by a caretaker in the context of discipline was present in a third to one half of all boys and girls aged 1–14 years. In most countries the prevalence was similar by gender, with 7 countries having a higher prevalence of psychological aggression by caretakers towards males, with the exception of Belize and Mexico, where prevalence is slightly higher towards females (Instituto Nacional de Salud Pública & UNICEF, 2016; Statistical Institute of Belize & UNICEF, 2011). Three countries reported a prevalence of over 50% for both females and males: Argentina, which had the highest prevalence of psychological aggression by a caretaker/mother (66.3% for males and 64% for females), Belize (54.2% for females and 53.5% for males), and Mexico (54% for females and 52.2% for males) (Secretaría Nacional de Niñez, Adolescencia y Familia & UNICEF, 2013). The lowest prevalence of psychological aggression by a caretaker/mother in the context of discipline among children aged 1–14 was in Cuba with 27.3% of females and 30.9% of males (Dirección de Registros Médicos y Estadísticas de Salud & UNICEF, 2020).

Caribbean countries report a higher prevalence of children experiencing psychological aggression in the context of discipline than countries in Latin America. In seven Caribbean countries where MICSs were undertaken, the prevalence of psychological aggression by a caretaker/mother in the context of discipline was present in at least half of children aged 1–14 years and was higher among males. The highest prevalence was reported in Suriname, with 85% of males and 82.1% of females experiencing psychological aggression by a caretaker/mother in the context of discipline. The lowest prevalence for the Caribbean countries was seen in the Dominican Republic, with 54.6% of males and 52.6% females. Figure 14 details the prevalence in each country by gender (Barbados Statistical Service & UNICEF, 2014; Bureau of Statistics et al., 2015; CESDEM & ICF International, 2014; Ministry of Social Affairs and Public Housing, 2019; Ministry of Social Development and Family Services et al., 2017; Ministry of Social Transformation et al., 2014; STATIN & UNICEF, 2013).
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Figure 13. Prevalence (%) of 1–14-years-old who experienced psychological aggression by a caretaker/mother in the context of discipline, in 9 Latin American countries—MICS (2011–2019)


Figure 14. Prevalence (%) of children aged 1–14 years who have experienced psychological aggression by a caretaker/mother in the context of discipline, in 7 Caribbean countries—MICS (2011–2019)

Intimate partner violence

IPV may impact on children in several different ways: they may witness violence between their parents or caregivers, which is a form of VAC in and of itself; IPV can also happen directly within adolescent relationships; IPV can impact on caregiving capacities among parents and caregivers; or it may form part of the gender socialization process through which children may come to view violence in intimate relationships as natural and expected. According to WHO, IPV refers to any behaviours that cause physical, psychological, or sexual harm to those in the relationship. Between the perpetrator and survivor, these aggressions can take the form of physical abuse such as hitting or beating, psychological abuse such as intimidation, belittlement and humiliation, or forced intercourse and sexual coercion. Intimate partner violence can also be delivered through various controlling behaviours between partners, including isolation from their family and friends, monitoring their movements, or restricting their access to information or assistance (Krug et al., 2002).

A comprehensive systematic review and meta-analysis of DHS/RHS data on 15 to 19-year-old adolescents in the region found that the prevalence of physical IPV ranged from 13% to 18% for girls aged 15–19 years (Devries et al., 2019). In addition, sexual IPV was reported by under 2% of girls aged 15 years and 4–5% of girls aged 16 to 19 years. Notably, among girls aged 15 to 19 years, experiences of physical violence were reported by 15% to 20% of ever-partnered girls in the past year, emotional violence by 15% to 20%, and sexual violence by approximately 4% (Devries et al., 2019).

In 2016, Bolivia conducted a Survey on Prevalence and Characteristics on Violence against Women and investigated women aged 15 years or older who have experienced psychological and physical violence during their childhood (Instituto Nacional de Estadística, 2016). The sample included 3,697 women and over three-quarters (82.1%) of participants reported that they had been exposed to violence during their childhood. In terms of forms of abuse, 68% of participants said they had been insulted or humiliated, 62.1% reported they had been threatened with physical abuse or been forced to abandon home, 4.7% reported they had been threatened with a knife or armament, and 34.2% of respondents stated they had been locked up. Nearly two out of every three (64.9%) participants stated that someone had pulled them, shook them, pulled their hair or spat on them and 40.6% of respondents reported that someone had slapped, punched, or kicked them. The most common form of abuse was ‘being hit by an object’, which was reported by 73.1% of participants. Overall, the prevalence of violence reported in rural areas (85.2%) was higher than in urban areas (80.9%) (Instituto Nacional de Estadística, 2016).

An early seminal study agrees that both men and women can be perpetrators of intimate partner violence, however, the vast majority is perpetrated by men against their female partners (Heise et al., 1999). This is also supported by regional data provided by the Demographic Health and Reproductive Health Surveys analysed by the Pan American Health Organisation (Bott et al., 2012).
Spouses were reported to be the primary perpetrators of emotional, physical, or sexual violence experienced by ever-married women aged 15 to 19-years-old across all countries, based on comparable DHS data (Bolivia, Colombia, Dominican Republic, Guatemala, Haiti, Honduras, Peru), indicating that child marriage is a significant risk factor for all forms of violence against children. Furthermore, emotional violence is the most common type of violence experienced by married women in this age group (Coa & Ochoa, 2009; Ministerio de Salud y Protección Social y Profamilia, 2017; CESDEM & ICF International, 2014; MSPAS et al., 2017; IHE & ICF, 2018; SS, INE & ICF International, 2013; INEI, 2014). Likewise, a cross-sectional study consisting of 57 female adolescent students was conducted to determine the prevalence of dating violence in 10th grade adolescent girls attending morning shift at public school in Nicaragua. The findings revealed that the prevalence of dating violence was 24.6%. Moreover, the prevalence of psychological violence, physical violence, and sexual violence were 26.3%, 10.5% and 3.5%, respectively. In terms of the prevalence of IPV, 24.6% of respondents reported having suffered some type of violence perpetrated by their boyfriends (Chavarría, 2018; see Figure 15).

Figure 15. Percentage (%) of ever-married girls/women aged 15–19 who have ever experienced violence committed by their spouse, in 7 Latin America and the Caribbean countries—DHS (2008–2017)

Source: Coa & Ochoa (2009); Ministerio de Salud y Protección Social y Profamilia (2017); CESDEM & ICF International (2014); MSPAS et al. (2017); IHE & ICF (2018); SS, INE & ICF International (2013); INEI (2014)
School violence

School violence and bullying

School violence and bullying (SVB) is a term coined by UNESCO that refers to physical, psychological and sexual violence that happens in and around school settings (UNESCO, 2019). Bullying, in particular, which is defined as an “intentional and aggressive behavior occurring repeatedly against a victim where there is a real or perceived power imbalance” (Chávez et al., 2021, p. 7) is widespread in the region, and it is not limited to certain schools or countries (Chávez et al., 2021).

Comparable data exists in 30 countries in the LAC region through the GSHS. Six of the 30 countries (Guatemala, Paraguay, Anguilla, Dominican Republic, Jamaica, Trinidad and Tobago) have data since 2015 and 24 countries have data prior to 2015, but are included in this review for comparison purposes (Argentina, Belize, Bolivia, Costa Rica, Chile, Colombia, Ecuador, El Salvador, Honduras, Peru, Uruguay, , Antigua and Barbuda, Bahamas, Barbados, British Virgin Islands, Dominica, Grenada, Guyana, Montserrat, St Kitts and Nevis, St Lucia, St Vincent and the Grenadines, Suriname). Also presented are perceptions of school safety and bullying findings from the Trends in International Mathematics and Science Study (TIMSS) for four countries (Chile, Colombia, El Salvador, Honduras). Finally, a secondary analysis produced by UNICEF’s Office of Research, Innocenti of bullying data from 3,600 6th grade classrooms in 15 countries in the region from UNESCO’s Third Regional Comparative and Explanatory Study on Education Quality (TERCE)6 survey was also explored (Chávez et al., 2021).

For all school-related data, it is important to note that not all children are in school. The percentage of out-of-school children is high in some countries in the LAC region, with greater rates of out-of-school children in secondary than in primary school, and there are also differences in school enrolment and attendance, all of which may impact on boys and girls differently. In two countries in the region, El Salvador and Colombia, over three-quarters of 4th grade students report medium to low perceptions of feeling safe in school. The TIMSS asks questions about students own perceptions of safety in school. Figure 16 compares 4th graders’ responses in El Salvador and Colombia. Children’s perceptions were taken from their responses to five statements about things that happened in their schools in the last month; approximately a third reported having a high perception of being safe in school, almost half a medium perception and approximately 20% a low perception (Foy & Olson, 2019).

The perceptions of 8th graders of being safe in school in two Latin American countries, El Salvador and Colombia, differed substantially.

In El Salvador, more than half (54%) of 8th graders reported a high perception of being safe in school, compared to only 40% of 8th graders in Colombia. Almost half (48%) of Colombian 8th graders and 38% of 8th graders from El Salvador had a medium perception of being safe in school. Only 8% of 8th grade students in El Salvador and 12% of Colombian students had a low perception of being safe in school (Foy & Olson, 2019; see Figure 16).

Multiple studies suggest that bullying is prevalent across Latin America and the Caribbean, which includes both physical and emotional forms of victimization. A comparative analysis looking at the prevalence of bullying among 6th graders in 15 countries in the LAC region found that, on average, two in five 6th grade students were victims of some form of bullying in school. After disaggregating by type of bullying, the authors found that 1 in 8 children reported being hit, 1 in 10 reported being afraid of their classmates, and 1 in 12 reported being threatened in school by their classmates. Boys were bullied slightly more than girls, but not in all countries; average rates of victimization for all types of bullying were higher for boys in comparison to girls, except for being left out. School location (being urban or rural) did not seem to have an effect on the prevalence of bullying, however, children in public schools reported, on average, higher rates of bullying, compared to children in private schools (Chávez et al., 2021).

In the 2015 National Adolescent School-based Health Survey (PeNSE) in Brazil, 7.4% of 8th grade students...
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Figure 16. Perceptions of being safe in school: responses by 4th and 8th grade students to five statements about things that happened in their school in the last month, in El Salvador and Colombia—TIMSS (2007)

From the students aged 13-15 years who reported being bullied on one or more days during the 30 days preceding the GSHS in 16 Caribbean countries, a higher prevalence was found among males (14 countries), except in Anguilla and Antigua and Barbuda, where females reported higher levels of bullying. The highest rates of bullying for both males (40.2%) and females (36.6%) were seen in Guyana and the lowest rates of bullying for both males (15.4%) and females (11%) in Barbados. The majority of countries reported, on average, 25% bullying among males and females (WHO, n.d.; see Figure 17).

reported being bullied (Malta et al., 2019), and 19.8% of respondents reported bullying others (Da Silva & Bazon, 2018). A study conducted by Loch et al. (2020), also in Brazil, analysed the prevalence of victims of bullying, bullies, and victim-bullies in a sample of 2,680 adolescents. The prevalence of bullying victimization was 18.3%, while victimization/perpetration and perpetration were 0.42% and 4.9%, respectively. A study in Argentina also found that participation in bullying was high, with 22.1% of 9 to 12-year-olds reporting being repeatedly involved, and 30.1% occasionally involved, in bullying (Zalba et al., 2018).

From the students aged 13-15 years who reported being bullied on one or more days during the 30 days preceding the GSHS in 16 Caribbean countries, a higher prevalence was found among males (14 countries), except in Anguilla and Antigua and Barbuda, where females reported higher levels of bullying. The highest rates of bullying for both males (40.2%) and females (36.6%) were seen in Guyana and the lowest rates of bullying for both males (15.4%) and females (11%) in Barbados. The majority of countries reported, on average, 25% bullying among males and females (WHO, n.d.; see Figure 17).
Gender and age additionally impact on the likelihood of a child being involved in bullying. A secondary analysis of TERCE data from 15 countries in the region found that 6th grade boys were slightly more likely to be bullied than girls across the region, although this was not true in all countries, and girls were slightly more likely to report being victimized by being left out (Chávez et al., 2021). In Brazil’s 2015 PeNSE, boys reported being more likely to perpetrate bullying (24.2%) than girls (15.6%), while younger students (aged 13 to 15) were also more likely to perpetrate bullying (22%) than older students (Da Silva & Bazon, 2018).

The prevalence of students aged 13–15 who experienced being hit, kicked, pushed, shoved around or locked indoors once or more during the 30 days before the GSHS is much higher for males than girls in all 12 Latin American countries. The highest prevalence was among Belizean males (21.2%) and Guatemalan females (20.1%). The lowest prevalence was among 13 to 15-year-olds males (6.6%) and females (2.4%) in Uruguay (WHO, n.d.; see Figure 18).
Similarly, boys show a higher prevalence of experiencing physical bullying in most of the 14 Caribbean countries that collect GSHS data. The one exception is the British Virgin Islands, where both boys and girls reported experiencing a similar prevalence of physical bullying. The highest rate among males was seen in Dominica (31.5%) and the highest for females in St Vincent and the Grenadines (13.8%). The lowest among males was seen in Suriname (8.8%) and for females in Jamaica (3.5%) (WHO, n.d.). Figure 19 below shows the variation in prevalence by gender and country.

Fourth grade children in Honduras and Chile gave almost identical responses in terms of how often they experience bullying, with nearly a third choosing about monthly, another third about weekly and 38% almost never in both countries. Figure 20 shows TIMSS data on 4th grade students who experienced one or more of the eight bullying behaviours on the Student Bullying Scale. These bullying behaviours are: (1) made fun of me or called me names; (2) left me out of their games or activities; (3) spread lies about me; (4) stole something from me; (5) hit or hurt me (e.g., shoving, hitting, kicking); (6) made me do things I did not want to do; (7) shared embarrassing information about me; and (8) threatened me (Foy et al., 2013).

![Figure 18. Prevalence (%) of students aged 13–15 who experienced being hit, kicked, pushed, shoved around or locked indoors once or more during the 30 days before the survey, in 11 Latin American countries—GSHS (2003–2015)](source: GSHS datasets https://www.who.int/teams/noncommunicable-diseases/surveillance/data (WHO, n.d.))

Fifth grade children in Honduras and Chile gave almost identical responses in terms of how often they experience bullying, with nearly a third choosing about monthly, another third about weekly and 38% almost never in both countries.

Figure 21 shows TIMSS data on 5th grade students who experienced one or more of the eight bullying behaviours on the Student Bullying Scale.
Figure 19. Prevalence (%) of students aged 13–15 who experienced being hit, kicked, pushed, shoved around or locked indoors once or more during the 30 days before the survey, in 14 Caribbean countries—GSHS (2007–2017)

Source: GSHS datasets https://www.who.int/teams/noncommunicable-diseases/surveillance/data (WHO, n.d.)

Figure 20. Prevalence (%) of bullying: how often 4th and 8th grade students experienced eight bullying behaviours on the Student Bullying Scale in Honduras and Chile, in Honduras and Chile—TIMSS (2011)

Source: Foy et al. (2013)
Eighth grade children in Honduras and Chile gave different responses in relation to how often they experience bullying. Figure 20 shows TIMSS data on 8th grade students who experienced one or more of the eight bullying behaviours on the Student Bullying Scale. In Honduras, 49% of 8th graders chose almost never, compared to 62% in Chile; 36% in Honduras selected about monthly, compared to 30% in Chile; and 15% in Honduras selected about weekly, compared to 9% in Chile (Foy et al., 2013).

For countries that have at least two time points of data from the GSHS, we can see that bullying is slightly declining in the region for both boys and girls. The steepest decline was found for both boys and girls from Jamaica, with 40.3% of boys and 39.1% of girls reporting having been the victim of bullying in the month preceding the survey in 2010, declining by approximately 14 percentage points when the survey was repeated in 2017. Other countries in the region, particularly Guyana (both boys and girls), Anguilla (girls only), Argentina (both boys and girls) appear to be flat lining—meaning that the prevalence of bullying is staying constant and the decreases or increases are less than 2 percentage points. Whereas for boys in Anguilla, and for both sexes in Trinidad and Tobago and Uruguay, we see moderate decreases in bullying prevalence between the two times points (WHO, n.d.; see Figure 21).

Figure 21. Prevalence (%) of boys and girls who were bullied on one or more days during the 12 months before the survey, at two survey points, in 6 Latin American countries—GSHS (2004–2017)
School related gender-based violence

Included within the definition of school violence and bullying is a specific form of violence termed school-related gender-based violence (SRGBV). Even though schools are intended to act as protective and learning sites for children, millions of children are affected by SRGBV every year, with additional impacts on families and communities. SRGBV is considered to be sexual, physical and/or psychological violence in and around schools that occurs because of gender norms, stereotypes or unequal power dynamics. This includes violence and abuse perpetrated by both teachers (including corporal punishment or sexual coercion) and peers (such as discrimination or bullying) (Together for Girls, 2017). While it is made worse by conflict, SRGBV cuts across cultural, geographic and economic barriers and has been reported in every country and region of the world where this issue has been studied (UNESCO, 2019). SRGBV has serious impacts on children's well-being, both physical and emotional, and is linked to detrimental impacts on school performance, attendance, and the likelihood of experiencing future violence (Together for Girls, 2017). Research has also indicated that even with the presence of SRGBV across the globe, schools frequently play a critical role in preventing and responding to violence against children. (Together for Girls, 2017).

Evidence from both Honduras and El Salvador, drawn from the VACSs, indicates unacceptably high rates of physical, sexual and emotional violence in schools perpetrated by teachers and peers, but with notable variations between the two countries in terms of the number of children experiencing violence, rates of disclosure by students experiencing violence, and impacts on subsequent attendance. In El Salvador, 9% of both boys and girls, and in Honduras 12% of girls and 14% of boys, have experienced one or more forms of physical or sexual violence perpetrated by teachers or classmates (Government of Honduras & Sub-Secretariat of Security in Prevention, 2019; Government of El Salvador, Ministry of Justice Public Security, 2019).

In both Honduras and El Salvador, based on VACS data, students were more likely to report violence perpetrated by male classmates than female classmates, and few students reported being physically or sexually abused by teachers. However, the rates of disclosure for students who experience physical or sexual violence in school settings are very low, and even fewer students seek or receive services. In El Salvador, even though 75% girls who experienced violence told someone, only 15% sought services and even fewer (12%) received services. In Honduras, even though 7% of both boys and girls who had experienced physical violence told someone, less than 1% of both boys and girls sought or received services (Government of Honduras & Sub-Secretariat of Security in Prevention, 2019; Government of El Salvador, Ministry of Justice Public Security, 2019).

While students in El Salvador were less likely to experience violence in schools than students in Honduras, students in El Salvador were more likely to subsequently miss school after experiencing violence – 100% of girls who experienced physical violence by teachers subsequently missed school (compared to 60% of boys), 24% of girls experiencing physical violence by classmates (18% of boys), and 39% of girls experiencing sexual violence (15% of boys). In comparison, 57% of girls in Honduras who experienced physical violence by teachers missed school (compared to 39% of boys), while only 10% of girls who experienced sexual violence subsequently missed school due to the violence (6% of boys) (Government of El Salvador, Ministry of Justice Public Security, 2019).

The GSHS asks about sexual harassment or ‘sexual bullying’ experiences and this was reported by approximately 1 in 10 boys and girls, with boys reporting more of this type of bullying from other students in Latin American countries (with the exception of Cali City, Colombia), and with more variation between boys and girls in Caribbean countries. ‘Sexual bullying’, defined as being made fun of with sexual jokes, comments or gestures in the month preceding the survey.

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7 Sexual bullying is a contested term, but one that is used by UNESCO in analysing global data, with recognition that these behaviours may be against the law in a given country context and fall under sexual violence or sexual harassment. For the purposes of this report, the term ‘sexual bullying’ is used within quotes and interchangeably with the term ‘sexual harassment’. This data is also reported in the SRGBV sub-section, as opposed to the sub-SVB section, to highlight the gender-based elements related to its experiences and use by young people.
The country with the most frequently reported sexual harassment is Uruguay, with 22.7% of boys and 16.4% of girls reporting experiencing this behaviour in the past month. The highest prevalence for boys was reported in Uruguay and for girls in the Dominican Republic (21.5%) (WHO, n.d.; see Figures 22 and 23). The fact that ‘sexual bullying’ is frequently reported by boys as just ‘bullying’ may reflect specific notions of masculinity, the devaluing of femininity, and be bound up in social norms with respect to gender diversity that can lead to bullying (UNESCO, 2019). Unfortunately, GSHS data does not ask the sex of the perpetrator, but other studies from the region (see below) suggest that this may be more frequently perpetrated by boys towards both other boys and also girls.

There are gender differences in the use of homophobic content in verbal bullying among young people, with boys using homophobic content more against other pupils and girls reporting more victimization. A study conducted in Brazil explored the prevalence of homophobic bullying and of homophobic content used in verbal bullying in a survey of 808 adolescents aged 12 to 18-years-old in 9 state schools in Aracaju in Sergipe state. The survey found that 32% of young people experienced bullying that included homophobic content, 12% of young people reported that they perpetrated this type of bullying, and 22% identified as both bully and victim, whereas 34% identified as pure bystanders of homophobic bullying. These numbers were shown differently when analysed separately for

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**Figure 22. Prevalence (%) of students aged 13–15 who have been made fun of with sexual jokes, comments or gestures once or more during the 30 days preceding the survey, in 11 Latin American countries—GSHS (2003–2015)**

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Argentina (2012)</td>
<td></td>
<td>11.5</td>
<td>17.8</td>
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<tr>
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<td>8.4</td>
</tr>
<tr>
<td>Bolivia (2012)</td>
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<tr>
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<td>8.5</td>
<td>12.4</td>
</tr>
<tr>
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<td>12.9</td>
</tr>
<tr>
<td>Colombia (Cali) (2007)</td>
<td></td>
<td>10.3</td>
<td>12.9</td>
</tr>
<tr>
<td>Colombia (Manizales) (2007)</td>
<td></td>
<td>7.5</td>
<td>8.4</td>
</tr>
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<tr>
<td>Uruguay (2012)</td>
<td></td>
<td>16.4</td>
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</tr>
</tbody>
</table>

Source: GSHS datasets https://www.who.int/teams/noncommunicable-diseases/surveillance/data (WHO, n.d.)
Physical fighting

The GSHS also asked students aged 13 to 15-years-old if they had been physically attacked one or more times during the year before the survey. While this question does not specify the location or perpetrators of the attack, it is a good measure of how much physical violence outside of bullying that children may be facing in the region.

A physical attack is described as occurring “when one or more people hit or strike someone or when one or more people hurt another person with a weapon (such as a stick, knife, or gun). It is not a physical attack when two students of about the same strength or power choose to fight each other” (UNESCO, 2019).

“

male and female respondents. Girls reported more victimization (36%) compared to boys (25%). Boys had a greater representation in the role of perpetrator (18.5%) and victim/perpetrator (25.9%), this percentage being significantly lower among girls (7.7% identified themselves as perpetrators and 19.3% as victim/perpetrators). The presence of homophobic content in verbal bullying was the second most frequent form among male participants (20%) and much less frequently reported among girls (2%). In addition, adolescents who identified as bullies had higher scores on a scale to identify manifest and subtle homophobia, compared to victims (p<0.05) (De Souza et al., 2015). When asked if young people perceived that homophobia was the motivation for verbal bullying, this reason was listed among those who identified as victims as the fourth most cited cause for verbal bullying assaults (9% of cases). The three most cited motivations for the entire sample were bullying based on physical appearance (67%), racist aggression (10%) and religion (6%). However, when this data was disaggregated by sex, the order of frequency changed. Physical appearance remained the most frequent motivation for bullying; however, among boys the second most cited perceived reason for bullying was homophobic aggression (20%); this was not commonly cited among girls as a perceived reason for the bullying (2%) (De Souza et al., 2015).
Similar to physical attacks data, self-reported physical fighting is more prevalent among boys than girls in all countries in the region that conducted the GSHS. A physical fight is described as occurring “when two students of about the same strength or power choose to fight each other” (UNESCO, 2019). In 13 Latin American countries, the prevalence of physical fighting for boys ranges from 31.2% in Guatemala to 55.4% in Bogota, Colombia. For girls, the prevalence ranges from 12.1% in Costa Rica to 29.7% in Belize. In 16 Caribbean countries, the prevalence for boys ranges from 30.4% in Suriname to 55.5% in St Vincent and the Grenadines. For girls, the prevalence ranges from 12.3% in Suriname to 38.4% in Antigua and Barbuda (WHO, n.d.; see Figures 24 and 25).

Most countries are showing a downward trend for prevalence of physical fighting between the two time points of the GSHS survey, with the notable exception of Argentina and Guyana. In Argentina and Guyana, the prevalence of physical fighting has increased for both boys and girls: from 47% to 57.3% among males and 22.5% to 25% among females in Guyana (from 2004 to 2010), and from 42.8% to 44.2% among males and, even more dramatically, from 18.6% to 24.7% among females in Argentina (from 2007 to 2012). Trend data shows that for the other countries that have collected data at two time points, there has been a decline in the prevalence of physical fighting between times 1 and 2 in Anguilla, Jamaica, and Trinidad and Tobago for both boys and girls. This trend data again shows how Jamaica has shown the biggest decrease: from 60.5% to 44.3% for physical fighting among boys and from 39.2% to 25.4% among girls (from 2010 to 2017) (WHO, n.d.; see Figure 26).

Figure 24. Prevalence (%) of students aged 13–17 who were in a physical fight one or more times during the 12 months before the survey, in 13 Latin American countries, within regions and sub-regions—GSHS (2007–2015)

Corporal punishment by teachers in school

In addition to data on the prevalence of corporal punishment by parents and caregivers, there is a nascent body of data on the prevalence of the use of corporal punishment by teachers in school settings, especially for data published in the last six years. Previous data also highlights the prevalent nature of corporal punishment, especially in the Caribbean. Some national data exists in the Caribbean through prevalence studies, but none were found in this review from after 2015. In a multi-country study from 2014, 82% of teachers in the four surveyed countries surveyed (St Vincent and the Grenadines, St Kitts and Nevis, Grenada, and Trinidad and Tobago) reported that corporal punishment was one of the methods they used to discipline children in school settings. In the same study, 94% of students stated that they knew a student who had been disciplined using corporal punishment, while 87% had been disciplined using corporal punishment across the four islands (with the highest rate in St Kitts and Nevis at 92.4% and the lowest in St Vincent and the Grenadines at 82%). Older prevalence surveys in Jamaica also indicate a high level of corporal punishment by teachers (Smith, 2016) with 75% of surveyed 11 to 12-year-olds reporting having been beaten with an object by teachers (Samms-Vaughan et al., 2000) and 80% of teachers reported that they often used corporal punishment to discipline children (Pottinger & Nelson, 2004).

Figure 25. Percentage (%) of students aged 13–17 who were in a physical fight one or more times during the 12 months before the survey, in 16 Caribbean countries, within regions and sub-regions—GSHS (2011–2017)

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<td>37.1</td>
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<td>44.3</td>
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Source: GSHS datasets https://www.who.int/teams/noncommunicable-diseases/surveillance/data (WHO, n.d.)
Previous evidence from longitudinal data in Peru highlights that corporal punishment may be more prevalent among younger pupils and among boys than girls. The Young Lives longitudinal study, which has followed two cohorts of children in Ethiopia, India (the states of Andhra Pradesh and Telangana), Peru and Vietnam over the last 20 years, found that in Peru 30% of 8-year-olds and 7% of 15-year-olds said they had been physically punished by a teacher in the past week (Ogando & Pells, 2015). This data highlights that younger children are at greater risk of corporal punishment than adolescents, with the incidence of corporal punishment at age 8 more than double the rate reported by 15-year-olds in all four countries in the study (Ogando & Pells, 2015). Similarly, 51% of 8-year-olds and 19% of 15-year-olds in Peru said they had seen other children being physically punished (Ogando & Pells, 2015). Other countries, including the Bahamas (Fielding & Balance, 2020), have conducted studies on teachers’ attitudes toward using corporal punishment, but lack data on prevalence. Both recent and older surveys on corporal punishment in schools indicate a concerning high prevalence in Caribbean nations; however, there are gaps in the data for most countries in the region.
Community violence

This report defines violence at the community level as any type of violence occurring in the community, which includes any space used or occupied by children other than homes, schools, institutions, and organized workplaces (Pinheiro, 2006). The post-2015 literature on Latin America and the Caribbean shows a myriad of violence at the community level, including homicide and non-lethal physical violence such as robberies, as well as physical and sexual harassment in the street. It is important to emphasize that armed violence, such as gangs, is part of this wider umbrella concept of community violence. The United Nations defines armed violence as “the intentional, threatened or actual use of arms to inflict death or injury” (United Nations, 2009, p. 1). Significant attention has been paid in the research literature globally to armed violence that takes place in conflict settings. What is important to note about the LACRO region that is unique is that armed violence can and does occur frequently in scenarios that are not officially referred to as ‘armed conflicts’. Armed violence can take many forms, ranging from political to criminal to interpersonal violence and has far-ranging consequences for children and their families.

Children in Latin America and the Caribbean are exposed to high levels of community violence. LAC is the most violent region in the world, however, there is a large variance across countries and within regions of an individual country (Chioda, 2017). As of 2017, the following countries within the region are above WHO’s conflict threshold: the Bahamas (30 homicides per 100,000 people), Colombia (31), St Kitts and Nevis (33), Guatemala (35), Jamaica (39), El Salvador (41), Belize (45), and Honduras (91) (WHO, 2019, pp. 83–84).

Even with the high variation in community violence across the region, children and adolescents frequently report high levels of exposure to community violence. According to the age-crime profiles of homicide victims in the region, a disproportionately high number of victims are adolescents and young adults (WHO, 2019, p. 126) (see the next subsection for homicide specific prevalence). Such evidence resonates with studies analysed for this systematic review. In Lima, Peru, out of 218 adolescents surveyed in a study on exposure to community violence, 39.4% reported being exposed to at least one type of moderate to severe trauma (Yearwood et al., 2021). In addition, a study of 607 children between 5th through 7th grade in Monterrey, Mexico found that between 30% to 40% of surveyed children reported experiencing violence in the streets, with 15% of children experiencing physical street violence at least once, 9.2% sometimes, 3.4% many times, and 1.3% on a daily basis (Quiroga et al., 2015). Rates of other forms of violence were similarly high, with 15.2% reporting experiencing threats of violence at least once and 18.7% reporting receiving insults on the street at least once (Quiroga et al., 2015). Witnessing violence in the streets was more prevalent than experiencing it, with 31.4% of participants stating that they had witnessed an assault on others, while only 7% had suffered from a personal assault (Quiroga et al., 2015). Additionally, 21.5% reported personally witnessing a shootout, 28.7% had been indirectly exposed to a shootout, and 14.5% had been exposed to kidnappings (Quiroga et al., 2015).

Reports on regions with high levels of armed violence highlight multiple types of violence against children (including armed and non-armed violence), such as robberies, harassment, and threats, as shown in the study by Ranieri (2019), who analysed the impacts of the gang violence in Central American countries. Based on institutional records, Ranieri (2019) presented that at least 400 Honduran schools reported serious incidences of internal violence due to bullying and armed robberies by gangs in 2017. The study, also cited that according to Insight Crime, extortion and gang threats affected 60% of El Salvador’s schools in 2016, leading to nearly 39,000 underage students dropping out (Ranieri, 2019).

As with other forms of violence, gender is an important factor in the type and magnitude of community violence that children and adolescents experience. According to the National Survey on the Dynamics of Household Relationships, the prevalence of sexual violence in female adolescents between 15 and 17-years-old at the community level is 32.8% (UNICEF Mexico, 2019). In line with this survey, a study of street harassment in Queretaro, Mexico found that almost half of all participants (528 adolescents between 12 and 17-years-old) had experienced harassment, with an average age of onset of 11.2 years; however, female adolescents were harassed 2.65 times more often than male adolescents (Meza-
de-Luna & García-Falconi, 2015). However, the types of violence witnessed vary by age group and by country. In the VACS, male respondents are more likely to report witnessing physical violence in the neighbourhood in Colombia between the ages of 13 and 24 and in Honduras between the ages of 18 and 24. In comparison, girls in El Salvador regardless of age are more likely to report witnessing physical violence in the neighbourhood (Government of Colombia, Ministry of Health and Social Protection, 2019; Government of El Salvador, Ministry of Justice Public Security, 2019; Government of Honduras & Sub-Secretariat of Security in Prevention, 2019; see Figure 27).

**Figure 27. Past year prevalence (%) of witnessing physical violence in the neighbourhood, among 13–17-year-olds, and lifetime prevalence, among 18–24-year-olds, in 3 Latin American countries—VACS (2017–2018)**

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<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
<th>Female</th>
<th>Male</th>
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<td><strong>Prevalence of witnessing physical violence in the neighbourhood in the past 12 months among 13-17-year-old</strong></td>
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<tr>
<td><strong>Honduras (2017)</strong></td>
<td>17</td>
<td>14.1</td>
<td>30.2</td>
<td>30.7</td>
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<tr>
<td><strong>El Salvador (2017)</strong></td>
<td>15.4</td>
<td>7.5</td>
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<tr>
<td><strong>Colombia (2018)</strong></td>
<td>33.6</td>
<td>28</td>
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<td><strong>Prevalence of witnessing physical violence in the neighbourhood prior to age 18 among 18-24-year-old</strong></td>
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<tr>
<td><strong>Honduras (2017)</strong></td>
<td>54.4</td>
<td>37.6</td>
<td>57.1</td>
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<tr>
<td><strong>El Salvador (2017)</strong></td>
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<td><strong>Colombia (2018)</strong></td>
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Homicide

Homicide is the killing of one person by another with intent to cause death or serious injury by any means (PAHO, 2020). The United Nations Office on Drugs and Crime (UNODC) estimated that a total of 205,153 children aged 0–14 years lost their lives worldwide as a result of homicide from 2008 to 2017 (UNODC, 2019). It is also reported that the global homicide rate among boys aged 0–14 years remained stable, and the female homicide rate showed less variability than the male rate from 2008 to 2017 (UNODC, 2019). UNICEF (2014) reports that the majority of child homicide victims (90%) live in low-income and middle-income countries, with the highest child homicide rates reported in Latin America. The Americas has the highest child homicide rate worldwide (5.8 per 100,000 in 2017, compared to the global average of 1.7 per 100,000) (PAHO, 2020). Stöckl et al. (2017) conducted a systematic review to describe child homicide perpetrators and estimate the problem’s global and regional proportions. Findings revealed that Africa and Latin America have the highest prevalence of male adolescent homicide worldwide. They also identified a lack of evidence from low-income and middle-income countries and on homicides of children above the age of 1 year (Stöckl et al., 2017).

It is argued that access to lethal methods such as weapons and firearms significantly increases the likelihood of death or injury (Mercy et al., 2017). Homicide is one of the top four causes of death among adolescents, and it frequently involves weapons such as knives and firearms (WHO, 2020a). According to WHO data, high annual death rates per 100,000 population due to violence, for children aged 1–4 years, can be found in Honduras (4 per 100,000) and the Bahamas (3.4 per 100,000). When looking at gender breakdown, among children aged 1–4-years-old, the number of deaths per 100,000 population due to violence is higher for boys than girls. Notably, the highest death rate was found among boys aged 1–4 years in the Bahamas (5 per 100,000), whereas the death rate among girls aged 1–4 years is the lowest in in Chile (0.4 per 100,000) (WHO, 2020a; see Figure 28).

Figure 28. Annual deaths per 100,000 population due to interpersonal violence, among children aged 1–4 years, in 20 Latin America and the Caribbean countries—WHO Global Health Estimates (2019)

Source: WHO (2020a)
The death rates due to interpersonal violence among children aged 0–1 years in some LAC countries are alarming. The highest total death rate among 0–1-year-olds occurred in Guatemala (10.3 per 100,000), which is three times higher than the highest death rate among 1–4-year-olds (Bahamas, 3.4 per 100,000). In terms of gender differences, the death rate for boys is higher than for girls. The highest death rate for boys aged 0–1 years was found in Guatemala (12.5 per 100,000) and the highest rate for girls aged 0–1 years was in Honduras (12.1 per 100,000). Further to this, Argentina and Costa Rica have the lowest death rates for girls (both 1.6 per 100,000) and Chile reported the lowest death rate for boys due to interpersonal violence (1.1 per 100,000) (WHO, 2020a; see Figure 29).

Figure 29. Annual deaths per 100,000 population due to interpersonal violence among children aged 0–1 year, in 15 Latin America and the Caribbean countries—WHO Global Health Estimates (2019)
The WHO-estimated homicide rate per 100,000 population for children aged 0–17-years-old in the Americas\(^8\) is 9.3 for males and 2.1 for females. These are the highest rates among all the WHO regions (PAHO, 2020), with four countries (Honduras, El Salvador, Colombia and Brazil) above 10\(^\%\) (PAHO, 2020; WHO, 2020a; see Figure 30).

Data from the Small Arms Survey has been instrumental in monitoring and addressing armed violence in the region, with several studies published pre-2015. Within the time period for this systematic review, the Small Arms Survey released a study on the challenges of monitoring illicit small arms flows in Honduras. This study found that in the last five years, 81\% of homicides (many of which are of children and young people, as shown in Figure 30) in Honduras were committed with small arms, mostly pistols and revolvers (Nowak, 2016). Interestingly, during the same period, the proportion of homicides committed with firearms dropped from 84\% in 2011 to 74\% in 2015.

![Figure 30. Annual homicide rates per 100,000 population for children aged 0–17 years, in 25 Latin America and the Caribbean countries—WHO Global Health Estimates (2017) \(^9\)](source: PAHO (2020))

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\(^8\) Includes North, Central and South America.

\(^9\) It is important to note that this administrative data very much relies on having functional civil, vital and police registration systems in country that document homicide against children as the cause of death. Hence, differences between countries may not be a result of differences in homicides, but may be influenced by differences in the administrative systems that document homicides.
Chapter 3. Magnitude of violence against children

Among countries that reported homicide data from police and civil or vital registration sources, Brazil reported the highest number of annual homicide cases among 0 to 17-year-olds (4,544 from police and 5,956 from civil or vital registration systems), correlated to the total population, which is the highest in the region. The second highest number was found in Mexico, with 901 reported by police and 1,105 reported by civil or vital registration systems. The lowest number of homicide victims reported by police was found in Suriname (2) and Belize had the lowest homicide number according to civil or vital registration data (3) (WHO, 2020; see Table 3).

<table>
<thead>
<tr>
<th>Country</th>
<th>Police homicide number</th>
<th>Civil or vital registration data</th>
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<tr>
<td>Bahamas</td>
<td>10</td>
<td>7</td>
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<tr>
<td>Belize</td>
<td>10</td>
<td>3</td>
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<tr>
<td>Brazil</td>
<td>4,544</td>
<td>5,956</td>
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<td>Costa Rica</td>
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<td>22</td>
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<td>Dominican Republic</td>
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<tr>
<td>Ecuador</td>
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<td>47</td>
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<tr>
<td>El Salvador</td>
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<td>Grenada</td>
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<tr>
<td>Guatemala</td>
<td>371</td>
<td>418</td>
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<td>Guyana</td>
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<tr>
<td>Honduras</td>
<td>573</td>
<td>263</td>
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<td>Jamaica</td>
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<td>Mexico</td>
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<td>Trinidad and Tobago</td>
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<td>Uruguay</td>
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Table 3. Country-reported homicides among 0–17-year-olds, from civil or vital registration and police registration sources, in 18 Latin America and the Caribbean countries—WHO data (2016–2017)

Child and youth homicides, which were on the decline in Brazil, appear to be rising again.

In Brazil, there was an unprecedented rise in the total number and prevalence rate of child and youth homicides by 476.4% and 485%, respectively, between 1980 and 2014 (Waiselfisz, 2017). Over the last two decades, firearm control strategies such as the Disarmament Statute, have had an effect on the decrease in the child and youth homicide rate. The child and youth homicide rate dropped from an average annual increase of 6.2% between 1980 and 2003 to an average annual decrease of 3.3% after 2004. However, the rate started to increase again from 2006 onwards. The annual growth rate exceeded 8.9% per year between 2011 and 2014. In addition, the incidence of homicidal violence among young people varies across their lives. It is particularly acute for male adolescents—ten 16–17-years-olds were assassinated on average every day in Brazil in 2014 (Waiselfisz, 2017). Fortaleza in Ceará State reported the highest increase in homicide rate in Brazil over the last decade. In 2013, the number of adolescent homicides was estimated to be 141.1 homicides per 100,000 adolescents. Most adolescent victims are black or brown, male, 17-years-old, and live in a poor urban neighbourhoods (UNICEF et al., 2017). More recent data exists, but the data is not disaggregated.

Involvement in organized crime and gang activities, which are often characterized by armed violence, as well as involuntary exposure to the violence associated with these factors, are major causes of homicide among young people in Central and Latin America. Further to this, in many countries, organized crime gangs are known to be responsible for a high proportion of homicides. This can be seen in some Latin American countries, where there is a high percentage of young men among the victims (UNODC, 2019).

Another phenomenon of concern in the region is the high rates of feminicides, which refers to homicides of women killed by gender-based violence (ECLAC, 2020b). According to Economic Commission for Latin America and the Caribbean, the femicide rates per 100,000 women aged 15 and over in Latin America and the Caribbean region are particularly high (ECLAC, 2020b). For example,

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10 It is important to note that in many countries in the region, femicide is not used as a term but rather the term ‘female homicide’ is used, and homicide data disaggregated by sex is used to infer violent deaths among women. It is important to note that this is not the same as femicide which is the fatal outcome of gender-based violence. Where possible based on original study definitions, we have made this distinction clear throughout the report.
El Salvador (6.8), Honduras (5.1), St Lucia (4.4), Trinidad and Tobago (3.4), and Bolivia (2.3) are among the countries with high rates of femicide per 100,000 in the region (ECLAC, 2020b). Further to this, in 2016, WHO estimates that 7,857 young women and girls aged 15–29 died as a result of interpersonal violence in the Americas region (WHO, 2018). In particular, there has been a significant increase in the homicide rate for females in the Bahamas, Belize, Cuba, Mexico, Paraguay, and Peru (PAHO, 2018).

**Child trafficking and commercial sexual exploitation**

Child trafficking, including sexual trafficking and forced labour, was highlighted within the narratives of 24 countries in LAC region (US Department of State, 2021). Some key issues identified in relation to the magnitude of child trafficking include child sexual trafficking across or within the country (e.g., Argentina, Chile, Costa Rica, Cuba, Jamaica, Nicaragua), sex tourism (e.g., Dominican Republic, Guatemala, Panama), and involving children in forced labour in domestic service (e.g., Haiti, Honduras, Panama). For example, Costa Rica identifies the tourism industry as the primary location where child sexual exploitation occurs, and a recent qualitative study has explored the corporate social responsibility (CSR) of this sector (Flynn Osborne, 2016). In total, four themes were identified from a series of interviews: CSR policies, CSR discretion, culture, and awareness. Findings highlighted the hotel industry’s CSR role and the implementation of a specific set of guidelines (the Code) (Flynn Osborne, 2016). In addition, participants suggested that by giving back and assisting with child sexual exploitation issues, the hotel industry can play an important role in preventing and eliminating child sexual exploitation. Moreover, findings suggested that child sexual exploitation may be more challenging to prevent and eradicate in Costa Rica, due to cultural differences such as attitudes around the legalization of sex work (except for minors), and negative coping strategies as a result of poverty, which may drive child sexual exploitation. Raising awareness, acknowledging the existence of child sexual exploitation in the hotel industry, and identifying the victims are the first steps in preventing child sexual exploitation in Costa Rica (Flynn Osborne, 2016).

In addition, country narratives also highlight barriers to supporting child trafficking victims, including the lack of specialized services for child trafficking victims (e.g., Guatemala, Guyana) and inadequate funding for non-governmental organizations (NGOs) that provide victim assistance (e.g., Chile), which are explored more in the Chapter 4, on drivers of VAC.

**Schools in settings of armed violence**

Conflict settings bring increases in sexual violence, student absenteeism from the classroom, risk of severe physical injury and death to both students and teachers, and the recruitment of out-of-school children into militia or non-state armed groups. The Education Under Attack 2020 report highlights that conflicts in some countries in the region have affected school attendance and safety (Global Coalition to Protect Education from Attack [GCPEA], 2020).

State violence leads to harm and the death of students in areas with different types of conflicts. At least 45 attacks on education have been reported in Nicaragua since the start of government crackdowns on protests in 2018 and 2019 (GCPEA, 2020). The report highlights incidents of persecution of leaders of student movements forced into exile, with over 80,000 people fleeing to neighbouring countries in 2018. Secondary school students experienced threats and attacks and were detained for participating in or being associated with protests, impacting their on access to education (GCPEA, 2020).

Conflict settings increase sexual violence for both females and males. The effects of civil unrest and government crackdowns have also led to increased sexual violence for students at, or on the way to and from, school. Incidents of education-related sexual violence perpetrated by police and pro-government armed groups while being detained have been reported. These include rape and threats of sexual abuse; male victims also reported cases of rape, including with firearms (GCPEA, 2020).

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11 Belize, Chile, Costa Rica, Cuba, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Nicaragua, Panama, Paraguay, Peru, St Lucia, St Vincent and the Grenadines, Antigua and Barbuda, Mexico, Bolivia, Suriname, Trinidad and Tobago, Uruguay, and, Argentina.
Non-state armed groups lure students to join their ranks by providing gifts, payments and school supplies. Colombia the widespread violence and landmines around schools has prevented thousands of students from attending classes. Armed violence in Colombia still poses a safety and recruitment risk to students (GCPEA, 2020). At least 40 attacks on schools in Colombia, primarily in rural settings, were reported in the latest Education Under Attack report. In addition, students are recruited into armed groups at, or on their way to and from, school (GCPEA, 2020).

Conflict settings increase sexual violence for both females and males. The effects of civil unrest and government crackdowns have also led to increased sexual violence for students at, or on the way to and from, school.
Physical attacks

Many children in the region have experienced physical attacks, which may include armed physical attacks, with higher reported prevalence in the Caribbean region, and with boys reporting this more frequently than girls. The highest prevalence for boys was found in Grenada, where more than 1 in every 2 boys reported that they were physically attacked one or more times in the year preceding the survey. The highest prevalence for girls was found in Guyana and Quito, Ecuador, where 1 in every 3 girls (33.8% for both places) reported they had been physically attacked in the last year. These prevalence estimates, especially for boys in the Caribbean region, are higher than the global median prevalence of 32.4% (see Figures 31 and 32).

Figure 31. Prevalence (%) of students aged 13–15 who were physically attacked one or more times during the 12 months before the survey, in 13 Latin American countries—GSHS (2007–2017)

Source: GSHS datasets https://www.who.int/teams/noncommunicable-diseases/surveillance/data (WHO, n.d.)
Figure 32. Prevalence (%) of students aged 13–15 who were physically attacked one or more times during the 12 months before the survey, in 16 Caribbean countries—GSHS (2007–2017)

Looking at physical attack trend data for countries that have two data points reveals modest overall declines in the region, with the greatest decline in Jamaica, which has shown a reduction of nearly 50% in physical attacks reported by girls. Physical attack prevalence data declined between survey point 1 and 2 for Jamaica (for both boys and girls), Trinidad and Tobago (for both boys and girls) and Uruguay (for boys). Less steep declines or very moderate change was found in Argentina (for both boys and girls), Uruguay (for girls) and Anguilla (for both boys and girls) (WHO, n.d.; see Figure 33).
Obstetric violence

Women experiencing situations of institutional abuse, disrespect, and neglect during childbirth seems to be a concern in the region. A recent systematic review analysed quantitative, general, and disaggregated evidence across Latin America and found that more than a third of the women interviewed reported having suffered some form of disrespect or mistreatment or had been dissatisfied with the care received (Tobasía-Hege et al., 2019). Furthermore, thousands reported some form of physical or verbal abuse, discrimination, non-compliance with professional standards of care, or problems in the relationship with care providers, or derived from logistical limitations or the operation of health facilities (Tobasía-Hege et al., 2019). While the review focused on childbirth, it highlighted the need to include abortion when looking at obstetric violence, as some studies reviewed included abortion and described discriminatory practices, such as moral judgment and the treatment of women as suspicious or as criminals (Tobasía-Hege et7 al., 2019).

According to the Women, Childhood and Adolescence Survey 2018 in Costa Rica (Ministerio de Salud et al., 2018), 58% of adolescents between 15 and 19-years-old, with one child born in the 2 years before the survey, said that they suffered obstetric violence during labour. Oyola-Garcia et al. (2018) conducted an analysis of news in Peru in 2017 related to inadequate delivery care, including denial of delivery care, or lack of timely care while giving birth using the search engines Google®, Yahoo®, Altavista®, ProMED® and others. The study found eight cases of sexual violence as obstetric violence, of which 75% were experienced by adolescents.
Online violence

**Studies on the magnitude of online violence against children in Latin America and the Caribbean region are relatively limited.** One exception to this is the Global Kids Online survey, which conducts standardized national research with children aged 9–17 and parents on risk and protective factors in children’s Internet use. In the LAC, five national Global Kids Online studies have been conducted (Argentina, Brazil, Chile, Costa Rica and Uruguay). The studies seek to understand variations in children’s access to the Internet, skills, understanding, and Internet habits, the risks faced by children on the Internet, and vulnerability and protective factors (including family knowledge and parental responses) using quantitative and qualitative data collection, with results disaggregated by age, sex, and other factors.

**Nearly a third of children who participated in the Global Kids Online surveys in five Latin American countries reported having negative experiences and had been sent unpleasant or hurtful messages online in the month preceding the survey.** Although there are differences between each country, key themes and trends can be found across the five Latin American countries that have completed national Global Kids Online surveys (Cabello et al., 2019; Comitê Gestor da Internet no Brasil, 2016; Dodel et al., 2018; Pérez, 2019; Ravalli & Paoloni, 2016). Rates of negative experiences on the Internet were not dissimilar between the surveyed countries that studied this, with 35.5% of children and teens surveyed in Chile experiencing at least one negative incident on the Internet that made them feel bad, compared to 38% of children in Uruguay who said that they had experienced something online that made them feel uncomfortable or upset. A third (33%) of the interviewees in Argentina reported that they had been sent unpleasant or hurtful messages through the Internet in the past month.

**All countries reported risk factors for older children and adolescents, particularly girls, who were more likely to be exposed to negative and abusive experiences or engage in risky behaviour on the Internet than younger children.** For example, 49.5% of 13 to 17-year-olds in Costa Rica had witnessed online discrimination, compared to 20.3% of 9 to 12-year-olds; 48% of 15 to 17-year-olds in Uruguay had been exposed to sexual images in the last year, compared to 35% of the total; and 26% of 15 to 17-year-olds in Brazil had personally met online contacts offline in the past year, compared to 17% of all respondents. Gender was also an important factor: in Argentina, 36% of girls surveyed said that they were sent unpleasant or hurtful messages in the past 12 months, compared to 30% of boys, while in Uruguay 3 out of 10 girls were exposed to content on self-harm and self-injury, compared to 1 out of 10 boys. As there are slight variations in the types of risky behaviours and risk factors that were discussed from country to country (such as witnessing or being subject to online discrimination, exposure to sexual images, sharing of personal information, meeting online contacts offline, or exposure to pleasant or hurtful messages), and only five countries participated, direct comparisons cannot be made between countries about the magnitude of online violence in Latin America and Caribbean countries; however, certain trends around gender and age are evident from the existing surveys, which can give valuable insight into how to prevent and respond to online violence in the region.
A study exploring cybervictimization and cyber harassment among children in Spain, Colombia and Uruguay found few differences between the countries on prevalence (Yudes-Gómez et al., 2018). The study sample consisted of 2,653 participants aged 10–18 years. Data was collected through the cyberbullying questionnaire and the Spanish version of the Revised Generalized and Problematic Internet Use Scale\(^\text{12}\) (see Table 4). Minor situations of cyberbullying were reported by 9.9% of Colombian participants, 12% of Uruguayan children, and 14.4% of participants from Spain. In total, 7% of participants from Colombia, 12% of Uruguayan children, and 14.3% of Spanish children, reported serious problems of cyberbullying. With regards to cyber harassment, children also reported minor and serious situations. In Colombia, 2.4% mentioned minor situations of cyber harassment, whereas this was 5.3% in Uruguay and 13.4% in Spain. A total of 7.6% participants in Colombia, 9% in Uruguay, and 8.1% in Spain reported serious situations of cyber harassment (Yudes-Gómez et al., 2018).

### Violence among indigenous children

Very little recent data on the prevalence and incidence of violence against indigenous children exists in the LAC region. A secondary analysis of health statistics from the Ministry of Health and the Public Ministry of Panama (PANAMA), which unlike other country’s administrative data presents data for indigenous regions, registered the minimum number of cases of violence against children between 2012 and 2015. For example, in the Guna Yala region, 7 cases were registered in 2012; 7 in 2013; 8 in 2014; 10 in 2015 and another 10 in 2016. For the Comarca Ngäbe Buglé there were 81 cases in 2012; 40 in 2013; 0 in 2014; 143 in 2015 and 25 in 2016 (UNICEF, 2018). It is important to note that health records and administrative data is likely to represent only a small fraction of the actual violence that may be experienced. It is also important to keep in mind that the communities in these territories are often located in areas that are difficult to access or served by a limited number of health units and other service providers, all of which are barriers to the identification, registration and reporting of violence at the family level or mistreatment of children and adolescents (UNICEF, 2018; see Chapter 4 for a deeper discussion of these risk factors).

### Table 4. Children reporting cybervictimization in Spain, Colombia, and Uruguay

<table>
<thead>
<tr>
<th>Country</th>
<th>Cyberbullying</th>
<th>Cyber harassment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Minor</td>
<td>Serious</td>
</tr>
<tr>
<td>Colombia</td>
<td>9.9%</td>
<td>7%</td>
</tr>
<tr>
<td>Spain</td>
<td>14.4%</td>
<td>14.3%</td>
</tr>
<tr>
<td>Uruguay</td>
<td>12%</td>
<td>12%</td>
</tr>
</tbody>
</table>

Source: Yudes-Gomez et al. (2018)

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\(^\text{12}\) The responses were indicated on a 4-point Likert scale (0 = never; 1 = once or twice; 2 = three or four times; 3 = five or more). By means of the scale of the obtained scores, 3 profiles have been established: no problem (total score = 0-1); Mild cyber victim / cyberbully (scores equal to or greater than the 85th percentile and lower than 95th) and, cyberbully / serious cyberbully (scores equal to or greater than the 95th percentile) (Yudes-Gómez et al., 2018).
Chapter 3. Magnitude of violence against children

VAC in humanitarian settings

Reviews of violence against children in humanitarian settings often focus on armed conflict. A recent global systematic review found 11 studies specifically on the magnitude and direction of the association between exposure to natural disasters and physical, emotional, and sexual violence against children (Cerna-Turoff et al., 2019), but no evidence of a consistent association or directional influence between natural disasters and VAC, with heterogeneity and study quality impacting on study findings (Cerna-Turoff et al., 2019). The review concluded that more nuanced and rigorous research is needed (Cerna-Turoff et al., 2019).

The LAC region has experienced many emergencies and disasters. Recently published data from internally displaced adolescent girls following the 2010 Haiti earthquake highlights that violence was prevalent both before and after the earthquake. Computer-assisted self-interviews were collected between 2011 and 2013 from 78 displaced girls, both before and after the earthquake, in which the majority reported physical, psychological, or sexual abuse both pre- (59%) and post- (64.1%) earthquake. Pre-earthquake abused adolescents reported the perpetrator to be a boyfriend (50%) or family member (30%). Post-earthquake, 20.5% of perpetrators of physical abuse were family members. Although physical and sexual abuse did not change pre- and post-earthquake, the risk of being sexually abused post-earthquake increased, after controlling for age and education (Sloand et al., 2017). Caruso (2014) analysed the long-term and intergenerational effects of exposure in childhood to disasters, including floods and earthquakes, in Latin America in the last 100 years, and found that children born to mothers exposed to disasters had less education and were more likely to be involved in child labour, which can put children at higher risk of violence and other children’s right violations. Recently, tropical storms, such as ETA in Honduras in 2020, have caused the displacement of many families, raising the risk of exploitation, abuse and violence for children unaccompanied or children separated from their families, in shelters or traveling to drinking water sources (UNICEF, 2020c).

VAC during COVID-19

Crises and emergencies, such as COVID-19, may create and exacerbate conditions where violence against children and other children’s rights violations are likely to happen (Bakrania et al., 2020; Cuevas-Parra & Stephano, 2020; Padilla & Berheim, 2020). Emergencies, including those caused by conflict, can increase risk factors for violence including by increasing stressors for parents and caregivers, exacerbating gender inequalities, and creating risky environments for children (Rubenstein & Stark, 2017). UNICEF Office of Research highlights that evidence from previous pandemics and epidemics shows that measures to prevent the infection can have devastating effects on children’s development, mental health, safety and well-being, as lockdown and social distancing measures to combat the spread of infection limit access to essential services and support, including health services, education, social services/child protection services, and other services, increasing the risk of children being exposed to violence or neglect and limiting access to response mechanisms (Bakrania et al., 2020). Recent reports on the ongoing COVID-19 pandemic, including from the LAC region, confirm that it is not only a public health crisis, but also one with unprecedented and disproportionate challenges for well-being, protection and socio-economic systems, with impacts on children.

Countries in the region have seen an increase in violence related helpline calls. A study examining the evolution of calls to Línea 137, the hotline for violence at the family level in the city of Buenos Aires, found an increase of nearly a third (32%) following the introduction of mobility restrictions as a result of COVID-19. Interestingly, the study also found significant changes in reporting channels, with calls to the police hotline falling by 62% and direct calls from victims increasing by 127% (Perez-Vincent et al., 2020). In Colombia, call records received by the Colombian Institute for Family Welfare increased by 36% for the period between 25 March and 7 May 2020, compared to the previous year (Consejería Presidencial para la Equidad de la Mujer, 2020). Prevalence evidence stemming from child helplines is mixed; a global study of child helplines during the COVID-19 pandemic suggests that while calls to child helplines increased
following the implementation of lockdown measures in the second quarter of 2020, the majority of the increased number of calls from this period sought information on services, rather than to report violence or maltreatment. At the same time, just under half of helplines included in the study received more contacts about violence in the second quarter of 2020, than in the quarterly average for 2019, while this rate remained the same or decreased for the other half, suggesting variations based on country and the stringency of lockdown measures (Petrowski et al., 2020). While not clearly linked to an increase in reported violence, the increase in contacts suggests the continued value of child helplines during the COVID-19 pandemic.

Lockdown restrictions and the other risk factors, such as increased stress introduced by COVID-19, are correlated with increases in intimate partner violence in the home. This was found in a study of women from a victimization survey conducted right after the lockdown came into effect in Argentina. The study found a positive link between lockdown restrictions and intimate partner violence and, consequently, of children witnessing family violence (Perez-Vincent et al., 2020).

Data from the region highlights that the context of isolation due to the COVID-19 pandemic, violence in the home and violence towards children may emerge or deepen. Save the Children carried out a global survey of boys and girls, and their fathers, mothers and caregivers, to determine the impact of the COVID-19 pandemic on families and children. The survey was conducted in seven countries in the Latin America and Caribbean region among families participating in Save the Children programmes including in Bolivia, Brazil, Colombia, El Salvador, Paraguay, Peru and the Dominican Republic. A total of 3,035 telephone and email surveys of adult caregivers and 1,127 surveys of boys and girls were included. The data found that 3.5% of boys and girls reported domestic violence during the COVID-19 pandemic, defined as violence that occurs among members of the family, with this proportion being higher in Paraguay and Brazil, and lower in El Salvador and Peru (Bolivia 6.5%; Colombia 3.7%; Dominican Republic 6.7%; El Salvador 1.6%; Paraguay 13.9%; Peru 2.1%; Brazil 9.1%) (Santillán & Acosta, 2021). A cross-sectional online study was carried out in Peru for five weeks during a partial national lockdown due to the COVID-19 Pandemic (23 October to 25 November 2020). A total of 12,563 adult caregivers responded to questions on the risk of mental health issues in children and their caretakers. The results showed that 36% (4,531) of children and adolescents were at risk of psychosocial problems. In the month prior to the study, 8 out of 10 caregivers identified a situation of violence towards their children (Ministerio de Salud, 2020). A survey by UNICEF (2020c) with a representative sample in Jamaica asked about changes in the use of violent discipline during the pandemic; 41% of the respondents said that they shout more often at their children and 15% said they spank their children more often.
Polyvictimization

New global evidence highlights the magnitude of polyvictimization, or children experiencing multiple forms of violence or violence in multiple settings, and research in this area is growing in the region. It is more common for research to measure the prevalence of types of violence than to measure how many types any one child may have experienced. This makes it complicated to understand if children are experiencing multiple types of violence or if different children are experiencing these different types of violence. There is increasing evidence in the LAC region of the prevalence of polyvictimization. A study conducted using a community sample of Mexican adolescents aged 12–17 found the prevalence of polyvictimization in the past year to be 35.9%. The study also highlighted that girls experienced a broader spectrum of victimization than boys. Specifically, girls experience more caregiver victimization (OR=1.56, 95% CI=1.21–2.02), sexual victimization (OR=2.46, 95% CI=1.73–3.50), and electronic victimization (OR=1.81, 95% CI=1.33–2.47). Older adolescents witnessed more victimization (OR=1.48, 95% CI=1.16–1.88) and caregiver victimization (OR=1.52, 95% CI=1.15–2.00) during the past year (Méndez-López & Pereda, 2019). A recent nationally representative study exploring polyvictimization among children and adolescents in Chile found that exposure to multiple types of victimization was common, and the most victimized group (polyvictims) reported 14 or more types of victimization in their lifetime (Pinto-Cortez et al., 2020).

Honduras is the only country in the LAC region in which a national adverse childhood experiences (ACE) survey has been conducted, as reported in the Global Status Report on Preventing Violence Against Children 2020. Using data from the 2017 Honduras Violence Against Children and Youth Survey (VACS), this study analysed responses from participants aged 18–24 years to determine the prevalence of ACEs in Honduras as well as the health risks and risky behaviours (such as psychological distress, suicidal ideation or self-harm associated with ACE) (Kappel et al., 2021). The study estimated that 77% of young adults in Honduras between the ages of 18 and 24 had experienced at least one form of ACE and 39% had experienced three or more forms.

Using semi-structured interviews and questionnaires, including the ACE questionnaire, Vallejos et al. (2017) carried out a study in Argentina with 51 males between the ages of 18 and 36-years-old who had been diagnosed with schizophrenia. In this study, 48 patients (94%) reported at least one ACE and 32 individuals (63%) reported four or more disruptive events. The most frequent adverse event was a mental illness among household members, reported by 37 patients (72.5%), followed by parental separation, divorce or death (30 patients, 58.8%), emotional neglect (28 patients, 54.9%), and physical neglect (22 patients, 43.6%). Both physical and emotional abuse were perpetrated mainly by parents (Vallejos et al., 2017).

From the four countries in the LAC region where VACSs have been undertaken, Haiti has the highest prevalence of experiencing any childhood violence (70.6% females, 69.7% males), and one (32.2% females, 42.1% males), two (26.6% females, 19.5% males) or more forms of violence (11.8% females, 8.1% males). Whereas El Salvador, on the other hand, has the highest prevalence of no childhood violence (68% females, 78.6% males) and the lowest average prevalence of experiencing any childhood violence and one, two or more forms of violence. Over 55% of males and females from Honduras reported no childhood violence, and only 3.2% of females and 0.9% of males reported three forms of violence: sexual, physical and psychological. In Colombia, over 55% of both female and male respondents report no childhood violence, with 6.1% females and 1.2% males reporting three forms of violence: sexual, physical and psychological (CDC et al., 2014; Government of Colombia, Ministry of Health and Social Protection, 2019; Government of El Salvador, Ministry of Justice Public Security, 2019; Government of Honduras & Sub-Secretariat of Security in Prevention, 2019).
Chapter 4. Drivers of violence against children

“Strategies such as changing gender norms and making violence socially unacceptable can make a big difference in the lives of the children of the Americas. Ending violence against children starts with recognizing them as individuals with rights and creating the conditions needed to prevent any act of violence against them.”

– Alessandra Guedes, Gender and Development Manager at the UNICEF Office of Research, Innocenti and former PAHO Regional Advisor on Family Violence
What was known before 2015

Violence against children is a multidimensional and multicausal phenomenon, which means that it is the result of the intersection of various factors and rarely has a single ‘cause’. The socio-ecological approach (see Figure 34) allows us to visualize all the intersection factors that drive violence against children. The World Health Organization has been a key institution in the theorization of violence and the first to apply the socio-ecological model developed by Bronfenbrenner (1975) to violence against children (Maternowska et al., 2018). In addition, a public health approach to violence was also adopted to understand these factors as ‘risk’ factors (those that increase the chances that perpetration or victimization will occur) or ‘protective’ factors (those that prevent violence from happening, even if risk factors are present) (Maternowska et al., 2018).

Prior to 2015, research in Latin America and the Caribbean region was also influenced by the socio-ecological model to understand violence against children. The socio-ecological model was applied to understand the drivers of violence affecting children in three studies led by UNICEF Office of Research, Innocenti, with its academic partner the University of Edinburgh, in Paraguay (UNICEF, 2015), Costa Rica (Anglin et al., 2017), and Peru (UNICEF & Ministerio de la Mujer y Poblaciones Vulnerables, 2016). Each country conducted a systematic review to identify studies reporting on the risk and protective factors of violence against children (emotional, physical and sexual abuse). Social norms that condone the use of violence, as well as negative gender social norms, were common risk factors found in the three countries.

In 2006, as part of the Global Study by the Secretary-General of the United Nations, a regional consultation was conducted, including countries in Latin America and the Caribbean region (United Nations, 2006). This consultation identified the following as some of the common risk factors for violence against children in the region:

- **At the individual-level**: demographic (age and gender), children’s early exposure to violence, socioeconomic status, education level and work situations of parents, parental alcohol and drug abuse
- **At the family level**: household size, family structure, dynamics and norms within the home, history of family violence
- **At the community level**: markets (illegal or legal) for weapons and drugs, violence in the media, the effectiveness of private and public institutions, cultural norms, neighbourhood crime rates, socioeconomic status of the neighbourhood, environmental characteristics, history of social violence, level of inequality (United Nations, 2006).
Global context

Post-2015 theorizing has begun to conceptualize the difference between drivers and risk/protective factors contributing to violence against children. The Integrated Child-Centred Framework is a new adaptation of the socio-ecological framework that explores the drivers of violence against children and the institutional and structural level factors that create the conditions in which violence against children is more (or less) likely to occur. These are distinct from risk and protective factors, which reflect the likelihood of violence occurring due to characteristics most often measured at the individual, interpersonal, and community levels (Maternowska et al., 2018).

New data from this review

The post-2015 literature in Latin America and the Caribbean suggests the following as the most common drivers of violence against children across the region:

- Negative social and gender-based norms (machismo)
- A history of armed conflict and insecurity
- Social and economic disparities
- Migration due to violence and (forced) displacement
- Weak child protection systems
- Crises and humanitarian contexts

The findings from this review support the idea that no single level within the socio-ecological model, and no single factor (drivers or risk/preventative factors) within or between those levels, determines or explains an act of violence against children. Instead, each factor, when combined with one or more other factors, may lead to a situation in which violence against children is more likely to occur. We have presented the data according to these factors, rather than by place/setting or type of violence, as factors overlap and are not siloed, and these ‘drivers’ impact on risk and protective factors. In this way, the key structural and institutional drivers map in different ways on to what happens to children in their everyday lives at home, in school and in the community. The review suggests that this intricate system is even more complex, with some groups in more vulnerable situations, such as indigenous girls and migrant girls.

An integrated framework shows the potential intersectionality of each level, rather than presenting them in a diagrammatic manner, which may be misinterpreted as less dynamic and more hierarchical than intended (Maternowska et al., 2018). It is designed to assist practitioners in visualizing how drivers of violence against children interact with risk and preventative factors. Importantly, it maintains the child at the centre—interacting, interfacing and overlapping with a variety of drivers, risk and preventative factors throughout their life (Maternowska et al., 2018).
Drivers

The post-2015 literature provides evidence that negative social and gender norms are significant drivers of violence against children in the region, which shape other drivers at the institutional level, as well as the risk factors at all levels (individual, interpersonal and community levels). This complex scenario increases the likelihood of violence towards children in countries across Latin America and the Caribbean.

Gender based social norms

The most common social norms mentioned in the reviewed literature are those related to gender-based social norms, such as patriarchal relationships and ‘machismo’, which influence policies and legal frameworks, services and relationships among individuals of all ages. ‘Machismo’ is a term with multiple uses that respond to a variety of academic and political agendas for gender relations, specifically in Latin America. Classical interpretations suggest that the roots of the term machismo lie in the ethnic oppression associated with the Spanish conquest and the ensuing colonial regime, which was structured around enslavement and the exploitation of African and indigenous peoples (Paz, 1961; Stevens, 1973). However, the social practices and representations based on machismo are still shaping current relationships. As a male Brazilian participant of a research conducted by De Souza et al. (2020) explained:

The power of man over woman comes from the macho culture. Because, for example, a thousand years ago if someone said something to you, abused you, you had to take nonsense and that’s it [...] So much so that Brazilian culture is so rooted in the thought of sexuality that if you listen to a song that talks about ostentation it will talk about three or four things: car, money, drink and woman (A6 Male).

Literature on machismo culture explains how it creates dichotomized and binary gender norms that influence the views of being a female and a male. It also exalts male superiority over all things female; consequently, it generates practices and social representations that posit females figures in a vulnerable condition and male figures as perpetrators of violence and with a higher status, as part of the hegemonic masculinity.

The findings of this review also show that dichotomized binary social gender norms in the region influence not only inter-gender, but also intra-gender relationships. Studies with males show that beliefs on the use of violence as part of the social prestige around masculinity increase the risk of acts as perpetrators of violence, against both women and men, including children and young people (Boerman & Golob, 2020). Moreover, this review shows that binary gender norms place lesbian, gay, bisexual, transgender, queer (LGBTQ) children at more significant risk of suffering violence (Suazo et al., 2020).

Armed violence and insecurity

The literature highlights that high rates of armed violence and insecurity shape institutional, structural, and social relationships, which create and reinforce conditions that increase the likelihood of violence against children. While the relationship between crime and economic development is non-linear (Chioda, 2017), the economic burden of criminal violence in Latin America is significant. The regional costs for 2010–2014 averaged 3.5% of GDP per annum, which is double that of developed regions (Muggah & Aguirre, 2018). Furthermore, high levels of insecurity, related to less economic productivity and growth, as well as with other risk factors, such as low levels of education, teen pregnancy and youth unemployment (Muggah & Aguirre, 2018), all put children at higher risk of suffering violence and other violations of children’s rights.

Armed violence and insecurity also relate to social inequalities. For example, an analysis in Brazil of crime rates in 2010 revealed that besides economic status, skin colour was also related to a higher probability of death by homicide. The analysis showed that black people were 23.5% more likely to be fatally assaulted and account for 78.9% of people in the top decile likely to be murdered (Cerqueira & Santa Cruz, 2017).
Another aspect to highlight is the gendered nature of armed violence and insecurity. While it is true that most of the victims of homicide in the region are men, experts highlight that areas with high levels of insecurity are often associated with other risks such as alcohol consumption, poor quality of transport and urban infrastructure, which increase the vulnerability of women of all ages (Esquivel & Kaufmann, 2017). The patterns of violence in the region may reinforce socially dichotomized gender norms that increase the likelihood of violence against children and women of all ages. For instance, an ethnographic study in Belize on gangs revealed that identities of gang members were consistently linked to domination and the rejection of non-hegemonic traits (Baird, 2019).

High crime rate
Given the persistent nature of crime in the region (Chioda, 2017), it is important to highlight how this affects the everyday lives of children and their families. A high level of crime creates an environment characterized by living with fear, distrust, and poor social capital and networks (Kappel et al., 2021). Insecurity reduces the use of public spaces, and causes the displacement of people and communities, weakening or disarticulating social networks (Desmond et al., 2014).

According to the results of the ‘Globalbarometro’ surveys, Latin America and the Caribbean region was the most distrustful region worldwide in 2018 and had a record low level of interpersonal trust (Corporación Latinobarómetro, 2018). Living in such environments could increase the odds of violence against children (Cuartas, 2018). As discussed later in this section, having strong social networks is a protective factor, as it diminishes the risk of experiencing violence, and contributes to the recovery of children who have suffered violence. Living in scenarios with high rates of insecurity leads people to ‘adapt’, which can influence their attitudes and beliefs around violence (Chioda, 2017), increasing the possibility of normalizing the use of violence as a method of resolving conflict.

Crime and insecurity are often associated with high levels of corruption, weak governance and poor rule of law in Latin America and the Caribbean region (Chioda, 2017; Garzón-Vergara, 2017; Muggah & Aguirre, 2018; WHO, 2015). Criminal organizations and gangs take advantage of the inadequate (or collusive) presence of the state, as well as the erosion of social capital and economic vulnerability. Such a scenario reinforces impunity and other conditions that increase the likelihood of violence against children. For example, out of the 20,204 participants of a regional survey in 18 countries in the region, 48% agreed with the statement “When you know of something corrupt it is better to remain silent” (Corporación Latinobarómetro, 2018), which could indicate that people would be less willing to report cases of violence if they suspected corruption. A recent study found a significant and highly pronounced relationship between homicide, government effectiveness, and corruption control in countries in the Latin American region (Chainey et al., 2021).

Weak child protection system
Studies in the region also point out weaknesses in the child protection system and ineffective legal responses that allow violence to be perpetuated, and which may give perpetrators a sense of impunity. The literature points to the lack of well-staffed services, as well as poor material resources (e.g., infrastructural and financial) within the child protection system, which impact on the level of services that can be provided to victims. Other weaknesses include, lack of collaboration among child protection sectors, and lack of gender and cultural sensitive services. Such challenges means that existing programmes and services are not able to adequately prevent violence or respond to the needs of children and their contexts.

The weakness of, and ineffective preventive and response measures within, the child protection system not only affect children when they are already receiving a service provision but can limit the possibility of children disclosing violence or seeking help from governmental institutions (Da Arruda Silva et al., 2019), putting children at higher risk of suffering further violence. For instance, World Vision analysed the child protection systems in Latin America in 2012 (World Vision, 2014) and found that the weaknesses in formal child protection systems could lead families to seek support through informal child protection systems, which may exacerbate children’s rights violations, such as girls being made to marry perpetrators of sexual violence (World Vision, 2014).

Santos et al. (2019) carried out a study with guardianship counsellors in Brazil, who are in charge of the Guardianship Councils. This institution has the role

13 Each Brazilian municipality and administrative area has at least one Guardianship Council as a member of the local public administration, composed of five members chosen by the population and with a four-year mandate.
of developing strategies to protect children, such as providing services to children and adolescents who have suffered rights violations; providing support to parents or guardians; and assisting in the elaboration of the budget proposals of the municipality to ensure that the services that guarantee the rights of the child are made available, among other things. Santos et al. (2019) interviewed 16 professionals on the factors that create challenges for their response services. Participants highlighted lack of knowledge and skills to identify risky situations of violence, lack of value placed on the role of child protection professionals, and insufficient material and human resources. The study highlighted that these aspects make it difficult for professionals to prevent children from being re-victimized. One participant highlighted, for instance, that they can identify physical violence because of the visible injuries, but they have difficulty identifying psychological violence due to the lack of skilled practitioners. One participant said: “Physical injuries, they are perceptible. So, you looked at the child, you already see that she has been mistreated or been assaulted by some family member or, then, by a third party. The psychological, it is more difficult because it already requires a follow up of professionals in the field of psychology and social worker to identify” (Santos et al., 2019, p. 141).

Lack of well-staffed services
The health sector plays a key role in protecting children in the region; however, difficulties are experienced in identifying and reporting violence. A study explored how health professionals (dentists, physicians and nurses) perceive and report children suspected of experiencing physical violence. To this end, researchers interviewed 62 health professionals, and found that the main difficulties faced in referring cases to the authorities were lack of knowledge in identifying the abuse and on how to make the referral. Most participants said that they would like to receive training in identifying and reporting abuse (Martins-Júnior et al., 2019). Similarly, a study on the prevention of gender-based violence in a rural Andean area of Peru found that some authorities in education at the local level do not sufficiently understand the legal framework, thus creating difficulties for implementing preventive measures to protect children (Muñoz et al., 2020).

The lack of knowledge and skills about how to prevent and respond to violence also exists among other professions that interact, with the child protection system such as psychologists. For example, Von Hohendorff et al. (2017) investigated the experiences of adolescent male survivors of sexual abuse in Brazil. The researchers interviewed four children aged between the six and ten, and four psychologists who were involved in the participants’ treatment. The findings suggested that practitioners perceived themselves as unprepared to handle cases involving sexually abused boys, making it harder to protect children and promote effective rehabilitation measures (Von Hohendorff et al., 2017). The practitioners in this study also said that, due to flaws in the system, including high demand and heavy workload, several cases are lost in the process and the system fails to re-engage them. This indicates that children may continue to be exposed to violence from perpetrators (Von Hohendorff et al., 2017).

Inadequate financial and infrastructure
Along with the lack of well-staffed personnel, the literature highlights that child protection services do not have adequate financial and infrastructure conditions; thus, increasing the potential risk of necessary protection and response services not being provided to children, which may allow violence to continue. For example, in the previously mentioned research on the difficulties that guardianship counsellors face in Brazil, one participant explained that the inadequate infrastructure of the services violates children’s privacy. The participant said, “[...] and the physical structure is not adequate. Even the secretary came here this week, and we talked about the little waiting room, which is open on the top. If you go in there to say something, whoever’s out here listens to everything” (Santos et al., 2019, p. 143). On the contrary, a study by Carrington et al. (2019) about women’s policies stations14 in Argentina, showed that having proper infrastructure is a key to preventing the re-victimization of children. The research team explained that the women’s police stations have a separate space for children, which prevents them from hearing their mothers recounting their experiences of violence. One police officer said, “For children, it is very important to have their own space, separate from where the mother is explaining what happened, not to relieve everything [...] its
seems frivolous, but having a television while people wait, a space for the children [...] the women have to come with their children, they have nowhere to leave them. We try to make it a different space, with colours with games” (Police Officer, Station B in Carrington et al., 2019).

**Lack of collaboration among child protection sectors**

This review found that there were significant challenges in collaboration and communication among the main sectors involved in protecting children and young people. Besides the common problems with intersectoral work, such as overlapping roles and weak administration systems, the geographical distance between the services was also pointed out as a limitation that makes it even more challenging to connect with other services when needed. This is more pronounced in rural areas across the countries in Latin America and the Caribbean (Muñoz et al., 2020).

In contrast, when services are geographically accessible to users, the intersectoral work to prevent or respond to violence was found to be more effective. A participant of a study in rural Brazil explained that her service has a strong collaborative working relationship with a social worker from another institution, because the service is located close to them; in that way they do not have to travel long distances to seek support. She explained, “we have a lot of contact with the social worker, she’s always here in the unit when we need or we call her when we have any questions [...] the good thing is the CRAS where she’s located is close to us, we don’t have to go to São Carlos to get in contact with her. [...]” (Mapelli et al., 2020).

**Geographical considerations**

Geographical conditions can also affect access to services. For instance, the distance to birth registration services could limit children’s ability to access them. In 2012 a study found that the distance to the nearest registration centre is a significant barrier to birth registration in Bolivia and the Dominican Republic (Corbacho & Osorio Rivas, 2012). The lack of childbirth registration increases risks for children, as it limits their recognition before the law and, as a consequence, their access to social protection (Corbacho & Osorio Rivas, 2012; UNICEF, 2016), increasing the likelihood that a violation may go unreported (UNICEF, 2016). While the levels of birth registration in Latin America and the Caribbean have been rising steadily since the early 2000s, national birth registration prevalence estimates may hide important geographic disparities (UNICEF, 2016). When analysing the regional difference among the countries with lower overall levels, birth registration is more common in urban than rural areas (UNICEF, 2016).

**Lack of multi-sectoral engagement with private sector**

Given the nature of violence against children in the region, the literature also highlights the role and importance of collaboration with the private sector in violence prevention, particularly in relation to those types of violence where economic activity increases the risks for children. For example, one study in Costa Rica explored the hotel industry’s corporate social responsibility towards children who are sexually exploited in Costa Rican hotels. The research found that despite laws to prevent childhood sexual exploitation, interviewees from Costa Rican hotel had little, if any, training on human trafficking and child sexual exploration (Flynn Osborne, 2016).

**Lack of cultural and gender-sensitive laws and services**

The post-2015 literature highlights that child protection services in Latin America and the Caribbean struggle with being culturally and gender-sensitive, and face challenges in effectively responding to children. Studies in rural areas, particularly among indigenous communities, highlight that services and normative frameworks often clash with the beliefs and traditions of indigenous communities, while as the same time the infrastructure makes it hard for indigenous children to gain access to and obtain the support needed (Briceño-León & Perdomo, 2019; Muñoz et al., 2020; Sanhueza, 2016). For instance, research in rural areas highlights that the education system can create conditions where violence against children is more likely to occur (Muñoz et al., 2020; Sanhueza, 2016). Experts suggest that this happens because the system is not aligned with the geographic and cultural contexts in which children live. For example, Mapuche-Pewenche leaders, in the study carried out by Sanhueza (2016) in Chile, explained that schools are usually located far away from where children live, thus creating risks for children in their journeys to and from school. Based on Mapuche-Pewenche leaders’ perception of violence against children, Sanhueza (2016) points out that school systems often clash with indigenous traditions and customs. As a response, children start a cultural assimilation process in their schools, where their indigenous values and norms lack recognition. The study found that this process led to challenges in parent-child relationships and was perceived to lead to challenges in relation to the child’s future cultural identity (Sanhueza,
2016). Identifying cases of violence in schools in rural and indigenous communities is also limited by infrastructural barriers. For instance, some reporting platforms in Latin America and Caribbean countries, like the Sisve Platform in Peru, require Internet access to report cases. The lack of electricity and Internet connectivity in rural and indigenous communities poses a significant obstacle to reporting cases and receiving effective responses (Ministerio de Educación, 2017).

The literature also mentions the lack of gender-sensitive laws in the LAC region, which make it difficult to report, prevent and respond adequately to children, particularly girls and LGBTQ children (Ravetllat, 2018; Suazo et al., 2020). Ravetllat (2018) analysed the social and legal context related to transgender children and adolescents in Chile. The author points out that the lack of gender-sensitive laws may put transgender children in vulnerable situations.

**Social and economic disparities**

*Studies in the Latin American region provide evidence that social and economic disparities create conditions that drive violence against children by creating environments in which risks for children are increased.* Findings from several studies have highlighted that the challenging living conditions and insecure livelihoods of many children and their families may lead them to become involved in risky situations and activities, such as migration (Näslund-Hadley et al., 2020; n) and, in more extreme situations, may increase their vulnerability to taking part in criminal activities in order to obtain economic resources (Boerman & Golob, 2020; Ranieri, 2019). These conditions also increase the risk of children of becoming involved in child labour or being sexually exploited. Children are often recruited using false employment offers, which are increasingly published on social media platforms. However, they often end up being victims of traffickers that exploit children, commonly in cities or countries different from their hometown (US Department of State, 2021).

Studies in the review highlighted that some important economic activities in Latin America and the Caribbean also create situations that put children at higher risk of suffering or witnessing violence. For instance, tourism (as mentioned above) (Flynn Osborne, 2016) and mining activities in rural areas (Da Oliveira, 2020) are connected with a high prevalence of sexual exploitation and abuse. *The Annual Trafficking in Persons Report* (2021) describes this situation in many countries in the region. The reports states that traffickers subject some migrants from Africa, Chile, and the Caribbean travelling to or through Bolivia to sex trafficking and forced labour. Children in sex tourism in Bolivia are openly advertising to tourists speaking Hebrew and Arabic. Within the country, traffickers exploit Bolivian men, women, and children for forced labour in domestic work, mining, ranching, and agriculture (US Department of State, 2021).

**Migration and displacement**

*Migration and (forced) displacement are common phenomenon in the region and increase the risk for children, particularly when families flee their home city/country for economic reasons or to avoid violence.* The risks that displacement create occur at all moments in the migration movement, ranging from mobility issues and difficulties when transiting from one city or country to another, to the continuous challenges faced in the destination country (Sloand et al., 2017). For instance, a report on sex trafficking shows that documented and undocumented migrants from Guyana, Haiti, and Jamaica are at high risk of trafficking, and individuals from Colombia, the Dominican Republic, and St Vincent and the Grenadines are increasingly vulnerable (US Department of State, 2021). A study on Honduras also found that parental migration increased the odds of children experiencing violence. The study conducted a secondary analysis of the Violence Against Children Survey 2015 and found that parental migration was associated with higher risks of child sexual abuse, sexually transmitted infections (STIs), and health issues, as well as psychological distress, suicide behaviour and self-harm (Kappel et al., 2021).

**Crisis and humanitarian contexts**

*The literature reviewed also shows that drivers and risk of violence may be exacerbated in times of crises and humanitarian contexts.* Bermudez et al. (2019) conducted a qualitative study in post-hurricane Haiti. The results identified multiple and converging drivers for interpersonal violence, including the accumulation of daily stressors, loss of power/control, learnt behaviour (intergenerational cycles of abuse), and inequitable gender norms, all of which were influenced by the humanitarian context caused by Hurricane Matthew (Bermudez et al., 2019). However, as seen in the previous chapter, a global systematic review has highlighted the paucity of evidence about whether or not these increased risk factors during disasters and emergencies specifically translate to the increased prevalence of violence against children (Cerna-Turoff et al., 2019).
More recently, the COVID-19 pandemic is creating environments in which violence against children is more likely to happen. This global crisis has not only placed pressure on national health systems, but has also caused economic hardship and social isolation, among other things, creating conditions in which violence against children is more likely to occur. A survey conducted among families participating in Save the Children programmes in seven countries in Latin America and the Caribbean region showed that in 8.4% of participating households, a child, father, mother, or caregiver reported having suffered physical or emotional violence at home since the beginning of the pandemic (Santillán & Acosta, 2021). In addition, 66% of children who participated in a consultation by World Vision in six countries across Latin America and the Caribbean region talked about some type of violence when asked about the impacts of COVID-19 (Padilla & Berheim, 2020). When talking further about violence at home, participants pointed to family stress caused by lockdown measures as one of the reasons for this. Children and young people cited home-schooling, financial hardship, and isolation as sources of stress (Padilla & Berheim, 2020).

While there is evidence that the prevalence of violence could increase during crises, difficulties in providing effective responses could also increase. Preventive measures to stop the spread of the virus, such as social isolation, combined with pre-existing challenges such as social norms that create a culture of silence, can make it hard to identify and report cases of violence. For example, a Haitian participant in a World Vision consultation during the pandemic recognized that although he is not aware of cases of violence, this does not mean that it is not happening. He said, “No, I don’t see that children are victims of violence. [But] it could happen in secret anyway” (Padilla & Berheim, 2020).

Risk and protective factors
Studies carried out between 2015 and 2021 in Latin America and the Caribbean region provide evidence on the following as significant aspects that can increase or mediate violence against children in the region. Very few studies measured protective factors against the use of violence, with most focusing on risk factors for experiencing or perpetrating violence. While the opposite of many risk factors can be protective factors, more research is needed in this area. Similarly, while research on the risk and protective factors around victimization is more abundant, much less research has been conducted around risk and protective factors related to perpetration.

Table 5. Risks and protective factors in Latin America and the Caribbean region found in 2015–2021 studies in the LAC region

<table>
<thead>
<tr>
<th>Community level</th>
<th>Interpersonal level</th>
<th>Individual level</th>
</tr>
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<tbody>
<tr>
<td><strong>Risks factors</strong></td>
<td></td>
<td></td>
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<tr>
<td>• Living in neighbourhoods with where armed violence and poverty are prevalent</td>
<td>• Economic hardship and social vulnerability</td>
<td>• Age</td>
</tr>
<tr>
<td>• Social norms that legitimize and naturalize violence</td>
<td>• Use of drugs and other substances by caregivers</td>
<td>• Sex and gender</td>
</tr>
<tr>
<td></td>
<td>• Caregiver’s age, mental illness, and own childhood experiences</td>
<td>• Having beliefs that condone the use of violence, including gender social norms (perpetration risk factor)</td>
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<tr>
<td></td>
<td>• Beliefs around the use of violence (social and gender norms)</td>
<td>• Externalizing behaviours by the child</td>
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<td></td>
<td>• Negative parenting styles</td>
<td>• Disability</td>
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<td></td>
<td>• Experiencing one type of violence makes a child more prone to experiencing other types of violence</td>
<td>• Consuming alcohol</td>
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<td></td>
<td></td>
<td>• Being ‘different’ from the ‘norm’</td>
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<tr>
<td><strong>Protective factors</strong></td>
<td></td>
<td><strong>Social skills and information on where to seek support</strong></td>
</tr>
<tr>
<td>• Positive environments and positive bonds among members</td>
<td>• Caregiver’s knowledge and skills to identify and prevent violence</td>
<td>• Physical activity</td>
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Community level
Many of the 2015–2021 studies in the region point to the risk of living in areas with high rates of community violence for children and their families. The phenomena of armed violence in Latin America and the Caribbean is not recent—the region has a long history of armed conflict, dictatorships, gang-related violence, and organized crime (Müller, 2018).

While the literature highlights the link between violence at the community level and poverty, a comprehensive analysis of the existing evidence on crime and insecurity in the region by Chioda (2017) suggests that in Latin America this relationship is complex and dynamic. Insufficient economic resources can influence families to engage in criminal activities, such as robbery, to meet family needs. While additional income may lead to higher quantity and quality of parental investment in children, it can also involve other risky behaviours. For example, in low-income families, if parents are actively engaged in the labour market, they may have less time to supervise their children. Additionally, increases in income can also increase the consumption of criminogenic goods such as alcohol and drugs. Crime and insecurity in Latin America and the Caribbean is a persistent heterogeneous phenomena across countries, states, and municipalities, with large variations in homicide rates between and within countries. Hence, crime and insecurity manifest and impact differently on children and their families, as most crime and violence occur close to the homes and neighbourhoods of victims and perpetrators (Chioda, 2017). While there is a high concentration of criminal violence in Latin American cities, there are also comparatively high rates of crime in urban and peri-urban areas, particularly in El Salvador, Honduras, Mexico and Guatemala (Muggah & Aguirre, 2018).

Armed violence and security issues are demographically concentrated, with adolescents and young people contributing to and experiencing a large proportion of community violence. As Chioda (2017) asserts, crime and insecurity in the region is not only geographically, but also demographically, concentrated. The age-crime profiles of victims and perpetrators are “remarkably stable across cohorts, income levels, and types of crime” (Chioda, 2017, p.7). In the region, criminal behaviour escalates significantly during adolescence, reaching a peak in early adulthood, and then declines until old age. For instance, in 2017, half of Latin American murder victims were adolescents and young people between 15–29-years-old (Muggah & Aguirre, 2018). The similarity between the age profiles of offenders and victims increases the notion of proximity among them, because of geographical location and with respect to age (Chioda, 2017). The homicide rate for younger teens aged 10–14 is around 2.8 per 100,000 and increases more than tenfold (to 31.1 per 100,000 in 2008) for older teens aged 15–19. The risk of homicide victimization reaches 48.2 per 100,000 for people between aged 20–24 (Chioda, 2017).

Seeing violence as ‘natural’ in the community might increase the risk of violence continuing and impunity for crime. Evidence shows that people who live in high-crime areas appear to ‘adapt’ to the elevated criminality (Chioda, 2017, p. 28). According to the Barómetro-Latino América, a survey conducted in 18 countries across the region, Honduras is the country where most of the respondents (25%) said that they do not have fear in their cities, while Chile had fewer people who shared the same statement (7%). However, these percentages are the opposite of the actual rates of homicides and crimes in both countries. Honduras is one of the countries in the region with the highest crime rate, and Chile has a lower rate (Corporación Latinobarómetro, 2018).

The literature provides strong evidence on how living in neighbourhoods with high levels of violence increase the likelihood of violence against children, not only in public spaces, but also in schools and in their homes. The review also highlights that witnessing violence or being a direct victim of violence at the community level is a risk factor for perpetrating violence during adolescence. Studies using samples of
adolescents and caregivers shows that public spaces are identified as risky spaces for children. For example, adolescent participants in a focus group in Brazil listed lack of safety on public transport, lack of illumination of public roads, and exposure to virtual environments as risk factors for violence (De Souza et al., 2020). One participant said: “[...] If I pass a dark and narrow street, I turn my back, I avoid the front of the man, for fear” (A2 Female cited in De Souza et al., 2020).

Gimenez et al. (2020) undertook a survey with 6,866 adolescents (average age 15-years-old) in Costa Rica on the links between homicide, drug trafficking and peer physical victimization. The study found that attending schools situated in districts with higher homicide rates and cocaine confiscations increased the probability of experiencing victimization by peer physical aggression at school. On the contrary schools with higher economic, social, and cultural status, and which offered sporting activities for students, had fewer students reporting physical victimization perpetrated by peers.

Evidence suggests that community risk factors not only increase the probability of violence at the community level, but also influence the use of corporal punishment in the home. For example, a study carried out by Cuartas et al. (2019) with a representative sample of 11,759 mothers of children younger than five in Colombia that looked at individual, family, and municipality-level predictors of corporal punishment, found that municipal homicide rates, presence of armed violence, household poverty, and poverty in the municipality were associated with mothers hitting their young children with an object.

Studies show that individual and interpersonal risk factors make children more vulnerable to being recruited into gangs and experiencing gang violence. Boerman and Golob (2020) found that gangs were more attractive to unprotected young people. The research found that the following children were particularly vulnerable to gang recruitment: children in female-headed households or who are under the care of young and/or elderly family members who do not constitute a protective presence; children from toxic, male-dominated households, characterized by emotional, physical, sexual, and/or drug or alcohol abuse; and children forced to live on streets, who have recently reached the age of majority, but due to a host of social, cultural, and economic reasons are unable to attend to their own basic needs without a supportive family network (Boerman & Golob, 2020).

The evidence shows that having strong positive bonds, such as healthy relationships characterized by dialogue and friendship, among members at a community level (e.g., at schools or at the neighbourhoods) can act as a protective factor. Such healthy relationships can prevent children from suffering or perpetrating violence and can provide emotional support to children and their families when facing the consequences of violent experiences. For example, Pineda de Forsberg (2018) conducted a study with 118 children in a Colombian municipality affected by armed violence. Participants highlighted the value of friendship, dialogue and forgiveness as key elements in the restoration process, and that friendships could help peers to solve conflict. A study in Peru, explored how the school environment and interpersonal relationships may either lead to bullying behaviours or protect children from them. Using a sample of 5,774 adolescents from 71 schools located in violent neighbourhoods in Lima (Peru), the researchers concluded that a positive atmosphere based on a supportive environment, including positive relationships between adults and children, with clear rules, encouraged adults at school to act as a protective factor (Miranda et al., 2019).
Interpersonal level

There is consensus in the literature that the family system can be a risk or a protective factor, depending on the features of the family and the relationships between its members, as well as family members’ behaviours outside the household. Studies carried out across the region have shown that families living in challenging conditions, such as economic hardship and social vulnerability, as well as the use of drugs and other substances, increase the likelihood of violence against children. This was found in a study in Colombia, which found that a higher proportion of children living in poor households and rural areas were hit with objects, than those living in non-poor households and urban areas (Cuartas, 2018).

A study using the Spanish version of the Parent-Child Conflict Tactics Scale assessed 853 parental reports on the use of corporal punishment against their children in the four major cities in Colombia: Barranquilla, Bogotá, Medellin and Cali. Analyses of variances and logistic regressions were performed and found that the number of children in the household was a predictor of the use of corporal punishment, as was parental age and child age (Trujillo et al., 2020). When looking at socioeconomic status (SES), 71% of parents with low SES, 66% with middle SES, and 69% with high SES admitted to using any kind of corporal punishment within the last year (Trujillo et al., 2020).

A qualitative study in Brazil interviewed 11 adult caregivers attending a public service that provides support to families involved in cases of violence against children and adolescents. The results revealed that social vulnerability, maternal burden, exposure to urban violence, intimate partner violence, intergenerational violence, and drug abuse are risk factors for violence against children (Carlos et al., 2020). However, the links between poverty and violence are not always straightforward, as highlighted in the previous section of this report on drivers. Cuartas and colleagues (2019) found that household poverty and poverty of the municipality predicted mothers in Colombia hitting their young children with an object. However, family and municipality poverty, had a negative association with the use of spanking by mothers, which may be more strongly influenced by norms held among families and in the community about disciplining children (Cuartas et al, 2019).

Family size was also highlighted by literature as a risk or protective factor. A study by Hernández and colleagues with 145 high school students in Cuba showed that a high number of children or other family members living in the household increased the occurrence of violence against children (Hernández et al., 2019). Another quantitative study in Peru, explored the influence of the family on antisocial behaviour in non-institutionalized adolescents. The results indicated that family functioning in both sexes and the number of siblings in males are protective factors when discussing antisocial behavior (Rivera & Cahuana, 2016).

The age of caregivers was also found to be a potential risk factor for violence against children in recent studies in the region. Trujillo et al. (2020) found that when a parent is younger, the likelihood of using corporal punishment increases. Being a teenage mother or a parent was also identified as a risk factor for violence against children. Researchers suggest that younger parents tend to be more inexperienced and there are more disputes among young caregivers and other negative dynamics (Monterrosa-Castro et al., 2017) that become risk factors for violence against children.

Poor parent-child bonding and insecure attachments were found to be risk factors for violence. Negative interactions, such as conflict, distrust, and lack of emotional support, intensify the likelihood of children suffering violence and of being perpetrators of violence during childhood or later on in their lives. (Bobbio & Arbach, 2019; Koch et al., 2020; Machado & Mosmann, 2020). For example, Bobbio and Arbach (2019) explored the influence of parental attachment on general criminal and physically aggressive behaviour, in a sample of 86 adolescents in conflict with criminal law and 86 adolescents from the general male population of Argentina. The results showed that variables related to insecure attachment were significant predictors of the perpetration of violence. Anxious insecure attachment evidenced a greater predictive effect (Exp [ß]=1.20), followed by avoidant insecure attachment, (Exp [ß]=1.16). Thus, for each point of increase in the anxious or avoidant attachment subscale, the risk of criminal behaviour increased by 20% and 16%, respectively.
One participant of a research with 15 families involved in violence against children and adolescents in Brazil talked about how not receiving emotional and positive support as children can increase the risk of replicating the violence with their own children as adults. The participant said, “their mother never like gave a hug, didn’t give a kiss, you know [...] she says she didn’t have it, that she can’t give what she didn’t have [...] and she tells me that she had a period in childhood of great difficulty [...] (I2)” (Carlos et al., 2020).

The evidence suggests that having positive relationship role models, as well as positive parenting, acts as a protective factor, not only against violence, but also to help children after violence has occurred. A study in Peru with 385 caregiver-child pairs from a high-risk neighbourhood in San Juan de Lurigancho district in Lima, Peru, suggests that caregiver resilience and positive parenting contributes to building child resilience across indicators, including both adjustment problems and prosocial skills (Miller-Graff et al., 2020). The authors define caregiver resilience as “the convergence of resources and strengths across multiple social ecological levels, including caregivers’ unique profiles of individual, relational and community assets” (Miller-Graff et al., 2020, p. 3).

Several studies globally have found increased risks in terms of insecure attachments and higher risk of violence perpetrated by stepfathers. A unique and robust study investigated whether or not, and if so why, fathers in a Colombian sample physically abused their stepchildren more than their genetic children. Fathers (n=86) and their partners living in Bogotá were interviewed, with half of the fathers having been reported to authorities for physical child abuse, the other half matched controls. This study found that both groups of stepfathers were 10 times more likely to perpetrate abuse than genetic fathers (Nobes et al., 2020). Ordinal regression showed that stepfathers were more than six times as likely to be more frequent abusers than genetic fathers (Nobes et al., 2020). Several indicators of adversity, including young parental age and previous experience of abuse, father’s chronic stress, and mother’s poor communication with the child were all associated with both abuse and step-parenthood. Models including these variables indicated that they accounted for much of the higher rates of abuse by stepfathers. However, the study found that, in alignment with the socio-ecological model, much of the greater prevalence and frequency of abuse by stepfathers in this sample was likely to have resulted from confounding variables, rather than from the step relationship directly.

Similarly, a secondary analysis of data from the Sistema de Informação de Agravos de Notificação (SINAN) provided by the State Health Department in the state of Minas Gerais, Brazil explored the characteristics of sexual violence. The administrative data found that stepfathers were the predominant offenders. When the offender was the father, there was an association with an unknown place of occurrence, followed by the child’s residence, abuse of male children between 0 and 9-years-old, and living in municipalities from 200,000 to 500,000 inhabitants (Kataguiri et al., 2019).

Other parental factors, such as parental mental ill-health, were also identified as risk factors for violence against children. For example, a study by Jiménez Flores et al., with a sample of 409 mothers of children from public elementary schools in Mexico, suggested that poor maternal mental health has significant effects on aggressive behaviour problems in children, which are mediated by disciplinary practices (Jiménez Flores et al., 2019).

Despite the existing high prevalence of violence in the family, the review shows that caregivers in the region do not identify the home as a potential risky space for violence against children. In a survey carried out in 13 countries, the majority of respondents (55% percent) said that children are more likely to be at risk when they are outside their home (World Vision, 2017). Such narratives can diminish the possibility of identifying signs of violence against children within the family environment (Fornari et al., 2018; Von Hohendorff et al., 2017).

Parent’s own childhood experiences of violence and beliefs around the use of violence were found to be risk factors for violence against children, and childhood violence was also a risk factor for violence as an adult. Using a representative sample mothers of children younger than five, Cuartas et al. (2019) found that a mother’s prior exposure to corporal punishment by her own parents and attitudes towards domestic violence were significant family-level predictors of corporal punishment (i.e., hitting with objects and spanking) in Colombia.
Studies in this systematic review reaffirmed the strong evidence-based links between violence against women and violence against children. This relationship has been highlighted in the previous chapter with data from several countries and through a previous secondary analysis conducted by PAHO, which found that the prevalence of experiencing IPV is significantly higher among women who reported experiencing physical or sexual abuse in childhood. Also, children growing up in domestically violent households or in households where women were abused more likely to experience violence (PAHO, 2020).

A recent report by UNICEF (2020e) shows six intersections between violence against children and violence against women (VAC and VAW) in Latin America and the Caribbean region:

- **Social norms and gender norms.** This refers to social norms that condone and justify both violence against women and violence against girls and boys in homes, families, communities, schools and other private and public spaces. Social norms in the region lead to blaming the survivors, which discourages them from seeking help.
- **Co-occurrence.** Children who live in homes where intimate partner violence occurs are more likely to suffer child protection issues, compared to other children.
- **Shared risk factors.** Estos incluyen factores como el uso nocivo de alcohol y drogas, la exposición a la violencia en los primeros años de vida, conductas de control de hombres sobre mujeres, así como sistemas de respuesta institucional deficientes.
- **Intergenerational effects.** There is a connection between violence during childhood and the risk of suffering or perpetrating other forms of violence during adolescence or adulthood.
- **Common and aggravating consequences.** These affect children and women’s overall well-being, and increase the possibility of polyvictimization, which has cumulative and mutually exacerbating effects.
- **Adolescence.** Data shows that it is at this age that several meeting points are generated between the two types of violence. For example, there are greater risks of sexual harassment, sexual exploitation, intimate partner violence and peer violence during adolescence. It is also the stage of life at which there is a risk of other harmful practices, such as early marriage/union, early pregnancy and early motherhood.

In line with the report by UNICEF (2020e), a recent study in Brazil on the co-occurrence and shared risk factors of VAC and IPV against women, found 5% of co-occurrence of both types of violence. The analysis showed that the overlap of IPV and child maltreatment was strongly associated with neighbourhood violence, absence of the child’s biological father, paternal antisocial behaviour in general, and a mother-partner relationship characterized by high levels of criticism, maternal depression and young maternal age.

Studies in the review suggest that there is a common belief about the need to use violence to raise children and resolve conflict in the region. This understanding of violence could lead caregivers to use violence and overlook the consequences for children’s well-being. For instance, Monteiro et al. (2018) interviewed 30 adult mothers who had children ranging from 5 to 12-years-old to explore the meaning of violence against children in Brazil. The study found that caregivers identified physical and sexual violence as the most dangerous types of violence for children, overlooking other types of violence, such as psychological violence. The results also show a common trend in the region: mothers condemn the physical violence that causes visible harm in children; however, they acknowledged using it as a disciplinary measure. Similarly, Mas Camacho et al. (2020) explored domestic violence among the Bolivarian population in Ecuador, looking at caregivers’ relationships and the repercussions of domestic violence for children’s education and care. The researchers surveyed 1,586 participants aged 18 and above. A total of 42% said that they agree with the statement “discipline at home is achieved with punishment”, 69% said that punishment and scolding by their parents “taught them to be better”, whereas only 2% said that the punishments were useless (Mas Camacho et al., 2020, p. 24).

Studies in Caribbean countries analysing pre- and post-2015 data show existing social norms that accept the use of violence in schools as a disciplinary method (Fielding & Ballance, 2020 in the Bahamas; Smith, 2016 in Jamaica). For example, in a literature review on the Bahamas, Fielding and Ballance (2020) found that corporal punishment is the historically-accepted method of disciplining children, and schoolteachers typically see corporal punishment as a useful classroom management tool (Fielding & Ballance, 2020).
Although the use of violence as a disciplinary tool seems to be a common trend in the region, literature studies also show that this is complex and dynamic. A few studies show that although adults use violence as a disciplinary measure, they also express some knowledge about the negative impacts on children and themselves. For instance, in the study by Mas Camacho et al. (2020), 36% of participants said they scold their children, but parents also recognized that this practice makes them feel sad (42%) or guilty (33%). Furthermore, a mother in the research carried out by Monteiro et al. (2018) also pointed out that the use of violence can change over time, she said, “with my first child I did not have patience, I really beat him. But not nowadays, I understand today that beating is not appropriate [...]” (M28, Monteiro et al., 2018). Furthermore, as seen in the previous chapter, the relationship between beliefs and use of violence varies greatly between countries in the region. A recent global status report on interventions to prevent VAC in the region highlighted that respondents to a survey believe there are weaknesses in the enforcement of laws banning violent discipline (PAHO, 2020).

Another risk factor highlighted by the literature is the prevalence of gender social norms that justify and promote the acceptability of violence. Studies show that these social norms are highly enforced by adults (PAHO, 2020), as well as adolescents and young people (CDC et al., 2014; Government of Colombia, Ministry of Health and Social Protection, 2019; Government of El Salvador, Ministry of Justice Public Security, 2019; Government of Honduras & Sub-Secretariat of Security in Prevention, 2019). For example, the analysis of DHS data across the region shows that the acceptability of wife-beating for at least one reason varies widely by country, ranging from 2.9% among women in Jamaica (in 2008/09 to 38.2% in Ecuador (in 2004) (PAHO, 2020).

Living in environments with such social norms can increase the risk of suffering violence and can also reinforce the culture of silence and blaming girls, particularly for sexual abuse. This was exemplified in the study carried out by Fornari et al. (2018) that explored the experience of sexually abused adult women in Brazil, by
analysing Tweets as part of the social media prevention campaign. One analysed Tweet was “I was 9 years old and a neighbour touch my boobs. I went to tell an adult, and everyone laughed. I was blame because of it” (Fornari et al., 2018).

These gender socialization norms may also intersect with norms around childhood, which have the potential to impact on parenting. For instance, beliefs about obeying the male authority were found in the Ecuadorian research conducted by Mas Camacho et al. (2020), in which 44% participants stated that the image of the father is that of greatest respect for children, while 27% said that it is the maternal figure, 19% the grandparents and 9% one of the siblings. A Peruvian survey, with 1,574 adults above 18-years-old in 19 regions, found links between beliefs about obeying authority and parenting styles. In this study, 86% of respondents said that it is more important to promote obedience in children than help them to develop a sense of responsibility for their actions (Instituto de Opinión Pública, 2017). The vast majority of respondents (90%) said that it is better to promote obedience than freedom of thought. When they were asked if children must respect their elders or think for themselves, 82.9% of respondents reported believe that children must respect their elders and only 6.7 said that children must think for themselves (Instituto de Opinión Pública, 2017). While these responses may be linked to patriarchal and vertical relationship thinking related to gender social norms shaped by machismo culture, we did not find studies that explored social norms around childhood as they relate to risk of violence, which is a gap in the literature that should be explored.

Recent studies confirm previous knowledge that when violence occurs in children’s closest surroundings, most of the perpetrators are known by the child and their family. Furthermore, this proximity to the abuser makes it difficult for children to identify signs of violence, particularly sexual abuse, and report and seek support. Fornari and colleagues (2018) conducted a life history study of adult women survivors of child sexual abuse; in the narratives they found that women reported that perpetrators took advantage of common childhood activities, such as games, to carry out the sexual abuse (a practice known as grooming, which is widely recognized in sexual abuse literature). When reflecting back on their childhood, these women found that it was difficult for them to recognize the signs of violence as children and, as a consequence, to report the abuse. Similarly, Said and Costa (2019) conducted a documentary research on three boys who attended a health service, and found that the proximity and consanguinity of the aggressor, in combination with the longer duration of the abusive situation, contributed to non-disclosure in cases of sexual abuse.

Evidence suggests that when caregivers know how to identify and prevent violent situations, they are more likely to seek support and protect children. Findings of a research on knowledge of child sexual abuse in El Salvador, with 478 parents (average age 35.27), suggests that parents who are informed on the topic of child sexual abuse reported greater confidence in knowing who to report suspected physical and sexual abuse to, and were more likely to report such abuse, than parents who did not have knowledge on the topic (Salloum et al., 2020).

Specialist in the field of online risks suggest that a significant existing gap in the region is caregivers’ knowledge on how to protect children online. The intergenerational difference combined with other structural factors, like connectivity issues makes it harder for adults to learn and obtain resources to protect children when navigating online. A regional report on Central America and the Dominican Republic on the rights of children in online platforms showed that 42% of the adolescents who responded the survey (719) felt supported by an adult when using the Internet. However, during workshops, adult caregivers admitted that, due to their unfamiliarity with the Internet, they felt unable to accompany their children, thus, to protect them (Organización de los Estados Americanos [OEA] & Instituto Interamericano del Niño, la Niña y Adolescentes [IIN], 2018).

Experiencing one type of violence can be a catalyst for experiencing other types of violence. For example, a longitudinal study in Argentina by Resett (2019) with 450 adolescents (average age 15.6) investigated the co-occurrence and interrelation of victimization, cyber victimization, bullying and cyberbullying, at four time periods over two years. The analysis indicated that previous victimization scores were predictors of later victimization. Similar scores were found between cyber victimization, bullying and cyberbullying.
Likewise, the study found bidirectional effects between victimization and cyber victimization throughout the four periods, as well as between bullying and cyberbullying. Similarly, a national survey on polyvictimization in Chile, found that polyvictimized children and adolescents are more likely to experience other types of violent situations or be involved in criminal acts with respect to children who are not polyvictims (Ministerio del Interior & Seguridad Pública, 2018).

A secondary analysis published in 2020 of the Brazilian National Alcohol and Drugs Survey, which is a probabilistic household survey that collected data from 4,283 Brazilians aged 14 years and older in 2012, found that respondents with a history of childhood sexual abuse were 16.5 times (95% CI=10.1, 26.7) more likely to report having been raped. Similarly, a history of child prostitution also increased experiences of rape by five times and those who reported witnessing violence during childhood were twice as likely to also report having ever experienced rape (Diehl et al., 2020).

**Individual level**

While children of all ages are at risk of experiencing violence, studies carried out in the region between 2015 and 2021, indicate that older children are more prone to both experiencing and perpetrating violence.

For instance, studies indicate that the likelihood of experiencing corporal punishment increases with age. Trujillo et al. (2020) conducted a study on the prevalence of corporal punishment with 853 parents in Colombia. The study found that after the child is 1-year-old, the prevalence of corporal punishment increases until its highest point when the child is four years old (84%). Furthermore, parents maintain the use of corporal punishment in over 50% of children until they are 12-years-old when corporal punishment use peaks again at 84%. Studies also show that older children are more likely to be recruited for criminal activities (Boerman & Golob, 2020; Chaux et al., 2017). Other studies found that being older put children at more risk when navigating online (Trucco & Palma, 2020; Yudes-Gómez et al., 2018).

Just as the likelihood of suffering violence increases with age, the post-2015 literature indicates that, in comparison to younger children, older children are more prone to be perpetrators of violence, particularly bullying, and cyberbullying (Mallmann et al., 2018; UNESCO, 2019), and to become involved in community violence including gangs (Chioda, 2017). Thus, it appears that early adolescence may be a key age for prevention in the region, in addition to the early years.

**Sex and gender were also identified as risk factors for violence against children in Latin America and the Caribbean region.** Being a female or a male can increase the likelihood of a child experiencing or perpetrating different types of violence in the region. These dynamics vary depending on the context in which the violence takes place. Recent data from the region (e.g., VACS data, see Chapter 3 on the magnitude of violence) highlights that boys are at a higher risk of experiencing physical violence including community violence and homicide (WHO, 2019), as well as bullying, than girls (VACS data).

**In comparison to girls, boys are more likely to be perpetrators and victims of violence at the community level.** Boys are at least 10 times more likely to be the victim of homicide (Chioda, 2017). Homicide rates among young boys—aged 10–14 (4.2 per 100,000), 15–19 (56.0 per 100,000), and 20–24 (92.4 per 100,000)—are double those for the general population (Chioda, 2017). Despite this scenario, men tend to worry less about crime (Chioda, 2017). This statement is confirmed by a survey carried out with 4,000 households in Ecuador. The results show that the perception of insecurity is higher among women and girls than among boys and men: 36% of women and girls reported feeling unsafe when walking outside the neighbourhood, while only 29% overall reported having this feeling. Regarding public transport, 43% of women and girls expressed insecurity, compared to 37% of male respondents (CARE Ecuador et al., 2016). In comparison, girls are at higher risk of experiencing psychological and sexual violence (CDC et al., 2014; Government of Colombia, Ministry of Health and Social Protection, 2019; Government of El Salvador, Ministry of Justice Public Security, 2019; Government of Honduras & Sub-Secretariat of Security in Prevention, 2019), as well as more likely to be exposed to harm and sensitive content on the Internet (Trucco & Palma, 2020). However, both boys and girls experience corporal punishment in similar numbers (CDC et al., 2014; Government of Colombia, Ministry of Health and Social Protection, 2019; Government of El Salvador, Ministry of Justice Public Security, 2019; Government of Honduras & Sub-Secretariat of Security in Prevention, 2019),
highlighting the need for further studies on whether or not there are nuanced gendered dynamics influencing this type of violence.

**Having beliefs that condone the use of violence can increase the risk of both being a victim and perpetrating violence, which are closely linked with gender roles.** For example, a study in Mexico with 195 adolescents (92 men and 103 women) found that perpetrators of violence reported higher levels of belief that the use of violence was legitimate, moral disengagement, vertical individualism, and attitudes toward violence as enjoyment, in comparison to victims and witnesses. Furthermore, moral disengagement and attitudes toward violence as enjoyment were found to be the most important predictors of bullying and victimization in the study (Orozco & Del Mercado, 2019). Researchers explained that higher scores for moral disengagement indicate that participants have attitudes and beliefs that are unrelated to moral values; while vertical individualism relates to hierarchical relationships, for instance, having the belief “It bothers me when other students perform better than me” (Orozco & Del Mercado, 2019).

There is strong evidence to suggest that gender-based social norms that accept and justify violence between men and women increase the risk that men perpetrate violence and women experience violence, particularly intimate partner violence during adolescence. Research shows that some common gender-based social norms are the idealization of romantic love and beliefs that see jealousy and control as demonstrations of love (Campeiz et al., 2020b; Pereira & Brandelli Costa, 2019; Rueda et al., 2019). For instance, participants in a qualitative study in Brazil with 15 adolescents in 11th grade high school raised jealousy as a natural aspect of relationships. Although participants recognized jealousy as a trigger for violence in their relationships, they also pointed out that at a moderate level “you may be jealous, not much, because that is love” (IF2, Ferriani et al., 2019, p. 5). Studies in the region also found that the jealousy-control dynamic is commonly expressed in controlling the partner’s use of social media, for example, by sharing electronic passwords, or deciding the content of posts (Campeiz et al., 2020b; Rueda et al., 2019).

The Global Early Adolescent Study explored how expressions of gender norms are related to sexual behaviours among boys and girls in different cultures. The study covered 15 cities worldwide, including Cuenca in Ecuador and Cochabamba in Bolivia, with adolescents aged 11–14 years (Mmari et al., 2017). The study found that adolescents often have stereotypical attitudes, such as male toughness versus female vulnerability, about relationship expectations, homosexuality, freedom to express and behave as oneself (gender expression), and freedom to express sexual feelings (sexual expression). The findings also show that boys have more stereotypical attitudes than girls (Mmari et al., 2017). Similarly, in a Caribbean study, boys from Barbados and Grenada were more accepting of male physical domestic violence, social norms regarding physical violence against girls, as well as use of violence in general, than with girls from the two countries (Boduszek et al., 2017).

Pereira and Brandelli Costa (2019) explored adolescent’s narratives around affective relationships. The authors state that participants expressed a romantic vision of love that relates to gender-stereotypical beliefs and behaviours, which can lead adolescents to justify violent and unfair situations in relationships. Interestingly, although the discourse of some participants did not condone gender-based violence against women, when talking about LGBTQ couples the narratives included justifications for violence. It was noted by the researchers that these narratives could lead to violence and discrimination against this group. For instance, one participant said: “Well, these are the normal relationships we see daily [heterosexual]. And… for me these are abnormal relationships [homosexual]. Well, it’s my opinion, ah, I’m not against, but I have nothing in favour. (Amanda, 16 years old, urban school)” (Pereira & Brandelli Costa, 2019).

**Data from the Violence Against Children and Youth Surveys shows that adolescents and young people highly endorsed traditional gender norms and sexual behaviour and negative IPV norms, among both males and females in the four countries conducting the survey.** The highest endorsement rate of traditional norms about gender, sexual behaviour and IPV among 18–24-year-olds was found in Haiti (73.8% of females and 69.4% of males) and lowest in Colombia (18.9% of females) and El Salvador (37.3% of males) (see Figure 36) (CDC et al., 2014; Government of Colombia, Ministry of Health and Social Protection, 2019; Government of El Salvador, Ministry of Justice Public Security, 2019; Government of Honduras & Sub-Secretariat of Security in Prevention, 2019). Traditional gender norms refer to the heteronormativity of roles taken
by females and males, where males represent only the masculine and females only the feminine according to their biological sex. Additionally, traditional gender norms assume that any affective relationship is heterosexual (between males and females) (Government of Colombia, Ministry of Health and Social Protection, 2019). This was measured by asking participants if they endorsed one or more of the following: it is acceptable for a husband to beat his wife if she goes out without telling him; neglects the children; argues with him; refuses to have sex with him; or is suspected of having an affair.

The number of participants who endorsed traditional norms around gender, sexual behaviour and IPV was higher among current teenagers in all countries, with the exception of Haiti where it was higher among young adults. Among 13–17-year-olds, the highest rate was found in Honduras (63.1% of females and 68.7% of males) (Government of Honduras & Sub-Secretariat of Security in Prevention, 2019; see Figure 36).

When looking specifically at attitudinal behaviours justifying IPV among teenagers, between one in every five to one in every four teenage boys and girls endorsed justifications for IPV across five countries. From DHS data, among women and men aged 15–19-years-old, the highest prevalence of the justification of IPV was found in Nicaragua (25.4% of females) (Instituto Nacional de Estadisticas y Censos & ORC Macro, 2002) and Guyana (25.1% of males) (Ministry of Health et al., 2010). The lowest prevalence was found in Guatemala (13.5% of females and 12.3% of males) (MSPAS et al., 2017; see Figure 37). Data were not available for males in Nicaragua.

Figure 36. Endorsement of traditional norms about gender, sexual behaviour, and intimate partner violence among adolescents—VACS (2012–2018)

DHS data across countries in Latin America and the Caribbean show a few different scenarios for beliefs around IPV. It is important to note that not all countries have this data, but for those that measure it in the DHS, the following scenarios emerged, (see country specific graphs in Appendix B):

- **Scenario 1.** Countries where adolescent boys have the highest level of belief (compared to other age groups for both sexes) justifying the use of IPV in certain scenarios (Guyana and Honduras): In Guyana, a quarter (25.1%) of adolescent boys aged 15 to 19 surveyed agreed that IPV is justified in certain situations, compared to 17.7% of females of the same age, and compared to a lower percentage among the wider community of those aged 19 years and over. Unfortunately, Guyana did not collect any IPV violence data from adolescent girls (Ministry of Health et al., 2010). Similarly, adolescent boys in Honduras were the group that most frequently agreed with IPV justification beliefs (17.7%), compared to adolescent girls (15.2%) and the wider community. A similar percentage of adolescent girls reported experiencing IPV (15.1%) (Ministry of Health et al., 2010; Secretaría de Salud et al., 2013).

- **Scenario 2.** Countries where adolescent girls have the highest level of belief (compared to other age groups for both sexes) justifying the use of IPV in certain scenarios (Haiti): In Haiti, adolescent girls aged 15 to 19 were the most likely age group, among both sexes, to agree with justifications for IPV in certain scenarios, with 23.3% of surveyed adolescent girls agreeing with these beliefs, compared to 15.2% of adolescent boys of the same age. Haiti also had some of the highest self-reported experiences of IPV among adolescent girls in countries in the region (20.6%) (IHE & ICF, 2018).

- **Scenario 3.** Countries where IPV justification beliefs are similar between adolescent boys and girls and the wider community (Guatemala): Adolescent girls aged 15 to 19 in Guatemala were the mostly likely age group, among both sexes, to agree with justifications for IPV in certain scenarios. However, the percentages in Guatemala for adolescent females (13.5%) and adolescent males (12.3%) are very similar. These percentages are also similar to that for community beliefs, as well as adolescent girls’ actual experiences of IPV (11.3%) (MSPAS et al., 2017).

- **Scenario 4.** In Nicaragua it is impossible to compare male and female beliefs, because no data is available; the level of beliefs of adolescent females are among the highest in the region for countries with DHS data (compared to adolescent females from other
One study in Chile found that children who display emotional, cognitive or behavioural issues are more likely to be a target of violence. This was found in a study exploring peer victimization and mental health risks with a sample of 10,532 Chilean school children. Results from this study showed that the odds of being victimized by peers were five times greater for students who were identified as at risk of mental health problems based on parent reports and twice as much for students identified by teachers with attention and concentration difficulties (López et al., 2018).

Having a disability was also found to be an associated risk factor for experiencing violence. For example, a qualitative study with 17,374 Chilean students aimed to identify individual and school-related factors predicting sexual harassment victimization. The results found that having a disability was one of the strongest predictors of experiencing sexual harassment by peers (López et al., 2020).

Consuming alcohol or other substances increases the odds of perpetrating violence. A mixed cross-sectional study with 2,667 school students in Costa Rica found that adolescents who consume energy-alcohol mixed drinks were more likely to engage in risk-taking behaviours, such as physical violence (fighting), use of weapons and cyberbullying than those who do not consume these mixed beverages (Nuñez-Rivas et al., 2020). A secondary analysis of the 2015 National Adolescent School-based Health Survey (PeNSE) in Brazil found that consuming substances like alcohol, cigarettes or marijuana was higher among bullying perpetrators and victims, than among adolescents who did not perpetrate or experience bullying (Woolley & Macinko, 2018).

Being ‘different’ from the ‘norm’ is also a risk factor for experience bullying. For instance, being from a different ethnic group or socio-economic level or having a different physical appearance (e.g., being obese) has been found to be a cause of harassment between peers at school (Da Silva et al., 2019; Trujillo et al., 2020). Males in a Brazilian study by Loch et al. (2020), who had black skin colour and studied in public schools were more frequently both bullies and bully-victims.

A few studies suggest that children may have ambivalent perceptions about the use of violence, which is linked to their experiences of interpersonal, community and political violence, which may potentially contribute to justifying the use of violence in other situations. For example, studies on intimate relationships during adolescence show that while adolescents recognize some expressions of violence, such as verbal or physical aggression, other forms of violence are understood as expressions of love related to jealousy or control of the other (Ferriani et al., 2019; Pereira & Brandelli Costa, 2019). Another study by Pineda de Forsberg (2018), found that while children value friendship and dialogue to solve conflicts, they also unanimously justified responding violently to provocation.

At the community level, a study was conducted in Chile exploring children’s social representation of the coup in Chile, which took place in 1973. The study included a sample of 1,053 children aged 11–18, and found that those children who had knowledge about the event recognized the negative consequences at a social and personal level, such as human rights violations, death, suffering and political violence. However, these perceptions were combined with the belief that the event was foundational violence that was required to make social progress possible in Chile (Faúndez et al., 2020).
to be 7.4% across the group, victims were more likely to be from minority groups and vulnerable social or family backgrounds, have mothers without any schooling, attend public schools, feel lonely, not have any friends, skip lessons, and/or smoke (Malta et al., 2019). Similarly, a study of 21 obese adolescents in Colombia found that 86% of participants had experienced some form of bullying, with 61.1% reporting that it most frequently occurred in the school environment—typically in the classroom and most commonly in the form of verbal aggression and social exclusion (Berlese et al., 2017).

In terms of gender, young people who self-report that they do not fulfill the heteronormative gender roles are also more frequently bullied at school. Research carried out in Brazil by De Souza et al. (2015) with 808 adolescents (57% females) between 12 and 18-years-old found that homophobia is the motivation for many verbal bullying practices among adolescents. Being discriminated against due to sexual orientation, ethnic origin, and disability were the strongest predictors of sexual harassment victimization by peers in Chilean schools (López et al., 2020).

The school environment can be a place of social violence and exclusion, with obesity, lack of maternal education, and low socio-economic background being risk factors for bullying. Obesity among adolescents often leads to social violence and exclusion, a study conducted by Berlese et al. found that 86% of the obese adolescents that took part reported suffering some kind of bullying. The participants in the study cited that the school environment had the highest occurrence of bullying, with 61.1% of respondents selecting it and stating that it usually occurs in the classroom (Berlese et al., 2017). An analysis of data from the 2015 National Adolescent School-based Health Survey in Brazil identified that children involved in child labour with an uneducated mother tend to be more likely to be bullied, as are children who have no friends, suffer from insomnia, skip lessons without parental permission, and smoke (Carvalho Malta et al., 2019). In a study conducted by Da Silva and colleagues in Brazil, it was concluded that children living in the southeast region of the country who were male and younger were more likely to participate in bullying (Da Silva et al., 2019). Substance misuse has also been identified as a factor in perpetrating bullying, as well as being a victim of bullying, compared to no drug use at all (Woolley & Macinko, 2018).

A qualitative study in Jamaica found that being different also can lead to other types of violence, such as being sexual abused by relatives. The study analysed the experiences of childhood sexual abuse and sexual assault among 10 adults aged 18 to 29 years. Participants reported that their first experience with sexual abuse was typically unwanted touching and, in many instances, the abuse was by an older male family member. For many participants, being gender nonconforming or feminine during their early childhood years made them more vulnerable to sexual violence than those who appeared more masculine (Harris & Dunn, 2019).

The post-2015 literature also show some protective factors. Peer-support, social skills and knowledge of how to protect themselves were highlighted in the literature as being protective factors for children in the region. Studies in the region show that children who have social skills to resolve conflict without the use of violence, as well as those who develop resilient capacities, such as empathy, were more likely to self-report violence (Mallmann et al., 2018; Moreno López et al., 2019). On the contrary, not being able to identify the signs of violence or to seek support are risk factors that may increase the likelihood of children experiencing abuse. In their study of boy survivors of sexual violence, Von Hohendorff et al. (2017), suggested that silencing, discrimination and repression are common barriers for children to report cases of sexual violence and seek help when needed. Studies on sexual abuse also suggest that this culture of silence creates a risky environment, in which perpetrators are able to abuse with impunity (Fornari et al., 2018; Von Hohendorff et al., 2017).

Uniquely, several recent studies in Latin America and the Caribbean region have shown links between physical activity and risk and protective factors related to violence. A study in Colombia with 991 children aged 7–17-years-old found that students who did not regularly engage in physical activity had a higher probability of being victims of bullying (OR 1.3 [95% CI: 1.1–1.6]) and higher levels of general aggression (OR 1.4 [95% CI: 1.1–1.8]). Additionally, females who did not regularly engage in physical activity self-reported having less control over their feelings (OR 1.6 [95% CI: 1.1–2.5]) (Herazo-Beltrán et al., 2019). Similarly, a study in Ecuador with a group of
Health sector at the forefront of preventing and responding to violence against children in the Latin America and the Caribbean

Pioneers in the field. The field of child protection has been strongly influenced by public health and the health sector plays a crucial role. The World Health Organization has led many seminal studies that have generated the evidence-based for prevention. Violence against children does not exist in only certain countries or among certain population groups—it impacts on children and families in every country where it has been measured. This was highlighted in the key synthesis publication by WHO, the World Report on Violence and Health (Krug et al., 2002), which galvanized the field of child protection forward. In the LAC region, the Pan American Health Organization (PAHO) has been at the forefront of establishing the link between violence against women (VAW) and violence against children (VAC) in the region. The landmark Violence Against Women in Latin America and Caribbean Region report from 2012 (Bott et al., 2012), which included a secondary analysis of 12 Demographic and Reproductive Health Surveys from the region, set the stage for increased cross-country data analysis and also evidence-based programming and policy in the region for violence prevention.

Theorizing about violence prevention. The World Health Organization has been a key institution in the theorization of violence and the first to apply the socio-ecological model developed by Bronfenbrenner (1975) to violence against children (Maternowska et al., 2018). The Public Health approach to violence was also adopted to understand ‘risk’ factors (which increase the chances that perpetration or victimization will occur) and ‘protective’ factors (which prevent violence from happening, even if risk factors are present) (Maternowska et al., 2018).

Mapping the evidence base and providing technical support. Recently, the World Health Organization has led, with other actors, the development of INSPIRE, which includes the evidence base, technical handbook and indicators to inform prevention programming (WHO, 2016b). PAHO has recently published a regional status report on INSPIRE for the LAC region (PAHO, 2020).

50 adolescents using psychoactive substances aged 14 to 17 years found that being engaged in physical and sports activities was reported by adolescents to reduce and channel aggression, as well as improve their social skills (Tarqui, 2017). The links between physical activity and the prevention of youth violence were highlighted in the global World Health Organization report on youth violence prevention (WHO, 2015).
Producing comparable data. The health sector also produces the bulk of comparable data on violence against children in the region and globally. This includes the Global School Based Student Health Surveys of 13 to 17-year-olds, Demographic Health Surveys and Reproductive Health Surveys, as well as being a major player in the development of the Violence Against Children and Youth Surveys and Multiple Indicator Cluster Surveys. Much of the administrative data on violence against children also comes from the health sector including referral pathways, hospital admissions, violence against indigenous children and case management.

Mental health and psychosocial support. During the COVID-19 pandemic, the health sector has been at the forefront of the links between VAC and mental health, promoting the need for mental health and psychosocial support services, which is built on a strong health evidence base in the region.

Mental and physical health impacts of VAC. Much of the evidence base on the consequences of VAC is linked to mental and physical health impacts. While mental ill-health can be both a cause and consequence of VAC, the evidence base in the region shows a vast range of mental and physical health consequences of VAC from recent studies including: low self-efficacy; psychological distress, including fear and loneliness; suicidal ideation or attempts; self-harm; physical injury; lack of adequate sleep; impacts on the overall quality of children’s physical health (e.g., low quality of oral health); health related quality of life; neurobiological disorders; increase in co-occurring conditions; risky sexual behaviours; and impacts on sexual and reproductive health.

Providing services. Providing services to victims and perpetrators of violence against children can potentially disrupt cycles of violence by decreasing the reoccurrence of violence, including by providing services for children who have already been victimized and by mitigating the negative mental health consequences of violence against children, which can also be risk factors for further violence exposure (Saran et al., 2020f). The health sector plays a key role in protecting children in the region; however, it also faces difficulties when identifying and reporting violence (Martins-Júnior et al., 2019). Health professionals are often unaware of national protocols and lack the training, resources, and support to respond to cases of VAC throughout the region (Wirtz et al., 2016).

Health sector plays key role in effective interventions. Uniquely, several recent studies in the LAC region have shown links between physical activity and risk and protective factors related to violence (Herazo-Beltrán et al., 2019; Tárqu, 2017). Response and support services including counselling and therapeutic approaches, as well as screening and training, which includes reporting combined with interventions such as training health professionals, social workers and teachers to identify possible exposure or risk of exposure to violence, have been shown to be effective in the region. Parenting programmes, such as Nobody is Perfect (NEP), which has been implemented for more than 30 years in Canadian primary care and was also implemented in Chile as part of the Chile Crece Contigo system and the National Health Strategy (2011–2020), have been shown to be effective in the early years (World Bank, 2017).

Mandate and roadmap for health systems. In 2016, the 2030 Global Plan of Action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women, girls and children, was approved by PAHO’s Directing Council, which is composed of Ministers of Health from 38 member states (WHO, 2016a). This plan offers a concrete roadmap for health systems to address the region’s priorities in the area of violence against women and girls. Adopted by ministries of health at the World Health Assembly in 2016, the Global Plan of Action is fully aligned with PAHO’s Strategy and Plan of Action (PAHO, 2015) and provides a strong mandate for health systems to address VAW and VAC as urgent public health problems (WHO, 2016a).
Chapter 5. Consequences of violence against children

“Protecting the health and well-being of children is central to protecting our collective health and well-being, now and for the future.”

– Dr Tedros Adhanom Ghebreyesus, WHO Director-General
What was known before 2015

The exiting pre-2015 literature on the impacts of violence against children provides strong evidence on the consequences for children’s health and well-being. Adverse childhood experiences encompass various forms of violence, such as physical and emotional abuse and neglect and are defined as stressful events occurring in childhood including: domestic violence, parental abandonment through separation or divorce, a parent with a mental health condition, being the victim of abuse (physical, sexual and/or emotional), being the victim of neglect (physical and emotional), a member of the household being in prison, and growing up in a household in which there are adults with alcohol and drug use problems.

The CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study was one of the first studies on the impact of violence in childhood on later health and well-being outcomes for adults. Conducted from 1995 to 1997 in the United States, 17,337 participants (54.0% females and 46.0% males) completed confidential surveys regarding their childhood experiences and current health status and behaviours. The study found that as the number of adverse childhood experiences increased, so did the risk of experiencing a range of health conditions in adulthood (Felitti et al., 1998). This study was pivotal in making strong links between violence against children and a wide range of negative health and well-being outcomes. Since then, there have been numerous other studies using the same questionnaire that have had similar findings in countries around the globe, including in the LAC region.

Hillis et al. (2017) conducted a review on the consequences of exposure to childhood violence. These researchers reviewed peer-reviewed articles, grey literature, systematic reviews, book chapters and Medline searches. They found the following consequences of VAC: injuries, HIV and other infection diseases, mental health issues, reproductive health consequences, chronic diseases and long-term psychosocial effects, as well as biological mechanisms linking violence exposure to health outcomes, among other things.

New data from this review

Studies conducted in the past six years provide strong evidence on the impacts of violence against children in Latin America and the Caribbean region. The studies cover a wide variety of focus areas and sample populations. In terms of age, these studies included children, young adults and adults, as well as elderly participants.

Four key outcome areas emerged from the analysis of these studies: (1) physical and mental health, (2) behavioural, (3) education and (4) social consequences. The findings provide further evidence of the impacts of experiencing or witnessing violence during childhood on health—particularly mental health—and education. The post-2015 literature in the region also provides evidence of the multidimensionality of the impacts of violence at a community level (such as armed violence) on children, their families and their communities. The data also shows the links between social norms that perpetuate violence.

15 Visit the Centers for Disease Control and Prevention website to learn more about the original of ACE, as well as additional ACE studies and resources: https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html.
**Mental and physical health impacts**

The post-2015 literature in Latin America and the Caribbean strongly indicates an association between violence against children and mental and physical health. **Mental health outcomes as a result of experiencing violence in childhood, such as distress, anxiety, and post-traumatic stress disorder (PTSD), have been found in a number of studies in the region.** A study of 1,558 Chilean children and adolescents aged 4 and 18-years-old (793 males and 765 females) found the development of mental ill-health and mental disorders due to psychological, physical and sexual abuse. The researchers found a higher prevalence of symptoms of anxiety and disruptive disorders in children who had experienced violence (psychological, physical or sexual abuse), than among those who had not experienced violence (Riquelme et al., 2020). In the case of adolescents, the study found that the experience of childhood sexual violence was associated with the development of mood disorders (Riquelme et al., 2020). Martinez et al. (2018) found similar results in a Mexican study with 55 12–17-year-old female adolescent victims of maltreatment (sexual, physical and emotional abuse). The results showed that more than half of the participants presented significant scores for mental illness symptoms, including post-traumatic stress disorder, depression, and anxiety. In the previously mentioned study by Vallejos et al. (2017) in Argentina, the researchers found that out of the 51 participants (male patients diagnosed with schizophrenia between the ages of 18 and 63-years-old), 94% had experienced at least one adverse childhood experience and 63% had four or more disruptive child events. The study also showed a moderately significant relationship between patients who suffered adverse events during childhood and the presence of auditory hallucinations (Vallejos et al., 2017). In an analysis of the 2015 VACS in Honduras (Kappel et al., 2021), suicide ideation and self-harm during adulthood were associated with experiences of sexual and emotional violence, as well as witnessing violence at home during childhood.

A cross-sectional study explored the health-related quality of life (HRQoL) of 113 maltreated children and adolescents between 8 and 17-years of age who attended a service centre in Brazil (Da Freire Silva et al., 2018). Researchers used The KIDSCREEN-52 to measure participants’ HRQoL, which includes 10 dimensions of health and well-being: physical well-being, psychological well-being, moods and emotions, self-perception, autonomy, parent relations and home life, financial resources, social support...
and peers, school environment, and social acceptance (bullying). The findings revealed that girls and adolescents had a lower overall HRQoL score ($p < 0.05$). Children who suffered from sexual abuse had a lower score on the moods and emotions dimension than children who suffered from physical abuse ($p < 0.05$) (Da Freire Silva et al., 2018).

**Low self-efficacy was also indicated as a consequence of violence against children in Latin America and the Caribbean.** This was found by Guerra and colleagues (2018) in a study conducted in Chile with 106 female adolescents victims of sexual abuse. The researchers found that experiencing sexual abuse was negatively related to levels of self-efficacy. Additionally, self-efficacy was negatively associated with the symptomatology of PTSD, depression, and anxiety (Guerra et al., 2018).

**Besides mental health disorders, the literature also provides evidence that violence can lead to psychological distress, including fear and loneliness,** which can affect children’s overall well-being. For example, children in the study carried out by Mas Camacho et al. (2020) in Ecuador expressed that they feel fear when they witness fights among their parents. The study found that finances and jealousy were the most common reasons for these fights. An analysis of the 2017 VACS in Honduras, carried out by Kappel et al. (2021) assessed the impacts of adverse childhood experiences on psychological distress during adulthood. The study applied the Kessler Screening Scale for Psychological Distress, which includes questions about feeling nervous, hopeless, restless, sad, and worthless. Experiencing sexual and emotional violence, as well as witnessing violence in the home during childhood, was significantly associated with a higher likelihood of psychological distress in adulthood (Kappel et al., 2021).

**Students who report being bullied in school are also more likely to report feeling lonely.** Students who participated in the GSHS were asked if they felt lonely in the month preceding the survey and whether or not they were also bullied in that month. Students who reported being bullied had, on average, a three times higher prevalence of also feeling lonely in Latin American countries and two times higher prevalence in Caribbean countries. Feeling lonely and being bullied was highest in Jamaica, with nearly a third of students (32.8%) who were bullied also feeling lonely, and lowest in Costa Rica, with 15.6% of bullied students (WHO, n.d.; see Figures 38 and 39).

**Studies in the region provide further evidence that the consequences of violence could last for many years after the adverse experience occurred.** For example, cross-sectional research with 260 participants aged 60 and above in Brazil found that geriatric depression was associated with experiences of childhood maltreatment (Gomes Jardim et al., 2019).

**Studies included in this systematic review highlight that the impacts of childhood violence on mental health could increase and be heightened by other conditions that increase vulnerability.** For instance, a longitudinal study in Barbados analysed the relationship between child maltreatment, mental health and malnutrition. Data on 139 adults with a mean age of 43.8 years (77 malnourished individuals and 72 in a healthy control group) showed that experiencing violence during childhood was found to be related to high levels of paranoid, schizoid, schizotypal, and avoidant personality disorders. Furthermore, the researchers found that those participants who were exposed to both malnutrition and maltreatment had greater scores for personality disorders (Hock et al., 2018).

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**Experiencing sexual and emotional violence, as well as witnessing violence in the home during childhood, was significantly associated with a higher likelihood of psychological distress in adulthood.**
Figure 38. Prevalence (%) of students aged 13–15 who felt lonely who were bullied, versus non-bullied, in 11 Latin American countries—GSHS (2007–2017)

Source: GSHS datasets https://www.who.int/teams/noncommunicable-diseases/surveillance/data (WHO, n.d.)

Figure 39. Prevalence (%) of students aged 13–15 who felt lonely who were bullied, versus non-bullied, in 16 Caribbean countries—GSHS (2007–2017)

Source: GSHS datasets https://www.who.int/teams/noncommunicable-diseases/surveillance/data (WHO, n.d.)
The post-2015 studies in Latin America and the Caribbean region provide strong evidence that experiencing or witnessing violence during childhood increases the odds of suicidal ideation or attempts. For instance, a study in Colombia with 350 students between the ages of 10 and 17 found that school bullying was highly associated with depressive symptoms and suicidal ideation (Ceballos-Ospino et al., 2019). Similarly, a research, carried out by Levey et al. (2019), in Peru with 2,062 pregnant women found that 22.6% of participants had suicidal behaviours, 22.4% reported a lifetime history of suicidal ideation, 7.2% reported a history of planning suicide, and 6.0% reported attempting suicide. History of childhood abuse was most strongly associated with suicidal behaviour, accounting for a 2.57-fold increase in the likelihood of suicidal ideation, nearly 3-fold increase in the likelihood of planning suicide, and 2.43-fold increase in the likelihood of attempting suicide (Levey et al., 2019). The researchers called attention to this situation, because of the consequences not only for women and their unborn children, but also for newborns due to maternal depression and suicide ideation. Rivas et al. (2020) found similar results in Nicaragua; they compared adult women who experienced abuse during childhood and adult women who did not report such experiences. The results showed that women with a history of violence at an early age were more likely to report a history of suicide attempts (Rivas et al., 2020). In Argentina, a study with 177 adult female patients (18–63-years-old) admitted by hospital emergency departments for attempting suicide or active suicidal ideation explored the relationship between child sexual abuse and suicide attempts (Daray et al., 2016). Of the total sample, 72 patients (40.7%) reported a history of child sexual abuse, with an average age of onset of abuse of 8.5 years (SD=3.89, range: 3–17). The average number of previous suicide attempts was 4.22 (SD=5.16) (Daray et al., 2016). Given previous suicide attempts had values of skewness and kurtosis suggesting a non-normal distribution, it was recoded as 1, 2, 3, 4, and 5 or more. Patients with a history of child sexual abuse (mean age=2.65, SD=1.86) had a higher number of previous suicide attempts, compared to patients who did not report a history of child sexual abuse (mean age=1.92, SD=1.82). Hence, being a victim of child sexual abuse was directly related to suicide attempts (Daray et al., 2016, p. 94).

Students who reported being bullied in the last month also had a higher prevalence of reporting suicide ideation than those who had not been bullied in both Latin America and Caribbean countries. In all 27 countries in the region where it was measured through the GSHS, bullied students reported higher levels of suicide ideation than non-bullied students, ranging from 1 in 4 to 1 in 3 bullied students actively thought about taking their own lives. The highest prevalence was in Anguilla with 41.6% of bullied students also reporting suicide ideation. This data highlights the tremendous burden that bullying may have on adolescent suicide in the region (WHO, n.d.; see Figures 40 and 41).

Self-harm is among the top five causes of death for both younger and older adolescents in the region. Among younger female adolescents, it is the top cause of death for countries that measure this data. Self-harm ranked in the top five causes of death for older adolescent boys (15 to 19-year-olds) in eight countries. Notably, self-harm ranked at the top (rank 1 or 2) among four Caribbean countries (Trinidad and Tobago, Suriname, St Vincent and Grenadines, and Guyana) among younger adolescent girls (10 to 14-year-olds) (see Figure 42). While the ‘causes’ of this self-harm are not recorded in the WHO data, when compared against the GSHS data presented above we can hypothesise that violence and bullying may be a contributing factor.

The Brazilian research carried out by Loch et al. (2020) with a sample of 2,680 adolescents explored the prevalence of bullying (perpetrators and victims) and its negative health outcomes. The results found that internalizing behaviours (including symptoms of anxiety and depression) and self-harm (such as cuts to arms, tearing wounds open and hitting their head) were associated with bullying, as victims only and as bullies and victims (Loch et al., 2020).
Figure 40. Prevalence (%) of students aged 13–15 who seriously considered attempting suicide who were bullied, versus non-bullied, in 11 Latin American countries—GSHS (2007–2017)

Source: GSHS datasets https://www.who.int/teams/noncommunicable-diseases/surveillance/data (WHO, n.d.)

Figure 41. Prevalence (%) of students aged 13–15 who seriously considered attempting suicide who were bullied, versus non-bullied, in 15 Caribbean countries—GSHS (2007–2017)

Source: GSHS datasets https://www.who.int/teams/noncommunicable-diseases/surveillance/data (WHO, n.d.)
Figure 42. Rank of self-harm among top five causes of death in the Caribbean countries, by age and gender—WHO (2016)

Not being able to sleep at night was a commonly reported co-occurring outcome with bullying among children in the region. Lack of adequate sleep can also impact on other health as well as education outcomes. Students in all 27 countries in the region that participated in the GSHS found that lack of sleep co-occurred more frequently for students who also reported being bullied in the last month preceding the survey, with a quarter (25.8%) of bullied students in Antigua and Barbuda reporting these outcomes (WHO, n.d.; see Figures 43 and 44).

A report by Save the Children in the Northern Triangle (El Salvador, Honduras, Guatemala) provides information about the impact of gangs on children’s lives (Ranieri, 2019). Participants’ narratives, including children and teachers, show that living with fear and anxiety is part of their daily experience. As a 14-year-old participant from El Salvador said, “When they [the gangs] do shootings, they go to the area of San Ramon, where our school is. Since we are girls, they always follow us. It’s scary, knowing that sometimes strange things happen”. Another participant, also from El Salvador, said, “I can’t sleep, I’m quite scared. I feel scared all day, but at night I am not sleepy, or I feel that the same fear does not let me sleep” (17-year-old participant) (Ranieri, 2019, p. 40).

Studies in contexts with high rates of armed violence, such as those with organized crime, armed conflict or the presence of gangs, also show impacts on the mental health of children and their families. A recent study, conducted by Quiroga et al. in (2015), explored the links between exposure to any type of violence, depression and childhood well-being in Mexico. The study included a sample of 606 children (53.6% female) aged between 11 and 16-years-old. The findings suggest that exposure to street violence and collective violence can increase levels of depression in children, negatively affecting child well-being. A study in Colombia analysed the links between the incidence of violent crime and children’s mental health (Cuartas & Leventhal, 2020). The research included a representative sample of 404 children aged between 7 and 11 years (mean age=8.99) and longitudinal geocoded data on violent crime from the Colombian national police. The results show that the incidence of violent crime in close proximity to children’s homes is linked to increases in children’s mental health problems, and having parents with mental health issues exacerbates children’s issues (Cuartas & Leventhal, 2020). Another Colombian study found that children’s indirect exposure to violence at the community level is related to PTSD (Cuartas & Roy, 2019). With a sample of 300 adolescents between 12 and

Figure 43. Prevalence (%) of students aged 13–15 who were so worried they could not sleep at night who were bullied, versus non-bullied, in 11 Latin American countries—GSHS (2003–2017)

![Figure 43](https://www.who.int/teams/noncommunicable-diseases/surveillance/data/WHO, n.d.)
17-years-old (mean age=14.52), researchers found that one standard deviation increment in local homicides was associated with an increment of 0.17 standard deviations on the mental health disorder index and a 0.14 standard deviation increase in PTSD scores. This shows a dose response effect, meaning more crime means more mental health disorders and PTSD among children. Furthermore, the study suggests that the symptoms of PTSD were worse for those directly exposed to violence and for those living in poverty conditions, than in those who perceived their residential neighbourhood as relatively safe (Cuartas & Roy, 2019).

The body of pre-2015 literature highlights injury as a common outcome of physical violence against children. The post-2015 literature in Latin America and the Caribbean provides further evidence of the impact on the overall quality of children’s physical health. For instance, a study assessed and compared the Oral Health-Related Quality of Life (OHRQoL) of 48 child abuse victims and 144 non-abused children aged 10 years in a Southern Brazilian city (Da Silva-Júnior et al., 2018). Researchers applied the Child Perceptions Questionnaire questions 8–10 (CPQ8-10), which address oral symptoms, functional limitations, emotional well-being, and social well-being, as well as dental caries (through a clinical examination). The results showed that child abuse victims had deficient health indicators, scoring higher on the overall CPQ scale and on the oral symptoms and functional limitations subscales (Da Silva-Júnior et al., 2018). Obesity and adolescent inflammation were also found to be associated with adverse childhood experiences in a research in Chile (Reid et al., 2020). A higher prevalence of motor difficulties was found in children who had experienced parental neglect and domestic violence in a study carried out by Flores et al. (2017). The study sampled 82 children between 8 and 9-years-old, 41 were living in social economic vulnerability and had experienced parental neglect and domestic violence, and 41 were also living in challenging condition but did not report a history of childhood abuse. A Brazilian study, mentioned previously, with 2,680 adolescents, found that negative self-reported health was associated with being a victim of bullying (Loch et al., 2020).
Neurobiological disorders were also highlighted as a consequence of violence during childhood. One study, carried out by Araújo et al. (2020) in southern Brazil, investigated the impact of exposure to polyvictimization on hair cortisol levels. The study found that elevated cortisol levels were associated with increased risk of mental health problems (Araújo et al., 2020). The research included 83 children (mean age=10.84) and showed the association between exposure to multiple forms of victimization and higher concentrations of hair cortisol; the results also showed that cortisol levels and mental health problems were associated with the severity of polyvictimization. Calderon-Delgado et al. (2020), in their research in Colombia, used brain imaging technology (fMRI) and behavioural task performance and found that a deficit in executive functioning for emotionally laden stimuli might be triggered by PTSD, primarily due to chronic exposure to socio-political violence.

Behavioural impacts

The existing evidence shows that internalizing and externalizing behaviours were also found in children who were facing violence, as well as in adults with experiences of violence during childhood. The recently published literature highlights the use of substances, such as drugs or alcohol, and aggressive behaviour.

Consistent evidence about the relationship between substance use and adverse childhood experiences was found in the studies published in the last six years. Studies with samples of both females and males, as well as studies that included female-only samples and male-only samples, found an association between these variables. For example, a study carried out by Priolo-Filho and Williams (2019) in Brazil used the Alcohol Use Disorders Identification Test (AUDIT) and questions about child abuse history. The study employed 1,376 surveys, involving 724 females (52.6%) and 652 males (47.4%), between the ages of 18 and 30 (mean age=21.1). The results showed that child abuse and polyvictimization during childhood were related to higher alcohol intake and binge consumption in adulthood in the three months before the survey (Priolo-Filho & Williams, 2019).

The analysis by Kappel et al. (2021) of ACEs and health outcomes using the 2015 VACS for Honduras showed that ACEs are related to risky behaviours, such as use of substance abuse. The study found that sexual violence was significantly associated with drug use and STIs, but not binge drinking, smoking, or early pregnancy. Emotional violence was also significantly associated with drug use, but, similarly, not binge drinking, smoking or early pregnancy. Witnessing violence in the home was significantly associated with binge drinking, drug use and STIs. Experiencing physical violence and witnessing violence in the community was significantly associated with higher odds of all health issues and risk behaviours, including binge drinking and drug use (Kappel et al., 2021).

A study in Mexico analysed the links between child sexual abuse and the consumption of psychoactive substances (Mendoza-Meléndez et al., 2018). Researchers interviewed 101 women with an average age of 19.2 years who sought treatment for substance use in Mexico City. Out of the total, 68% reported having been victims of sexual abuse and rape, the average age of reported sexual abuse was 12.2 years. The study found that sexual abuse...
was also associated with detention by police for drugs, forced prostitution, and consumption of substances during pregnancy (Mendoza-Meléndez et al., 2018).

**Early smoking initiation was also found to be higher for students who were bullied across the 22 countries in the region that measure this in the Global School Based Student Health Survey.** Figures 45 and 46 highlight the percentage of students who report both being bullied and using tobacco in the month preceding the survey. For example, over a third of bullied students in Chile (34.9%) also reported tobacco use. In some countries, such as Jamaica and Guyana the percentage of bullied students who also report smoking is nearly double that of non-bullied students and over six times higher in the Dominican Republic.

Drug and alcohol use is also highlighted in the recent literature as occurring more frequently among children who have been victimized by violence. A longitudinal study in Brazil with a sample of 113 children, mostly males who used city streets as spaces for socialization and survival (street-involved youth) (mean age=14.18, 80.5% males), used the ACE questionnaire and found that sexual abuse was significantly associated with illicit drug use and physical health symptoms among children (Raffaelli et al., 2018).

A study with 136 Nicaraguan women above 18-years-old (mean age=31.67, SD=8.92), all victims of gender-based violence before and after 18-years-old, found that survivors of different episodes of violence in childhood reported that they consume alcohol and drugs in excess. Furthermore, the analysis suggests that sexual abuse, particular at an early age, is a highly significant predictor of substance abuse in adulthood (Rivas-Rivero et al., 2019).

**Figure 45. Percentage (%) of students who currently use tobacco who were bullied, versus non-bullied, in the month before the survey, in 9 Latin American countries—GSHS (2007–2013)**

Source: GSHS datasets https://www.who.int/teams/noncommunicable-diseases/surveillance/data (WHO, n.d.)
Alcohol use among adolescents was also reported more frequently among students who reported being bullied in the past month in all countries in the region that measured this data as part of the GSHS, except for Barbados. Reported alcohol use among adolescents was high in most countries among all students, especially in Colombia and several Caribbean countries. The percentage difference between bullied and non-bullied students was greatest (approaching 20% difference) in the two sites in Ecuador and in Vallenduar City, Colombia and nearly 15 percentage points more in two additional sites in Colombia (Bogota and Cali City), Costa Rica, Dominican Republic, Jamaica and Suriname (WHO, n.d.; see Figures 47 and 48).
Figure 47. Percentage (%) of students who currently use alcohol who were bullied, versus non-bullied, in the month before the survey, in 10 Latin American countries—GSHS (2007–2012)

Figure 48. Percentage (%) of students who currently use alcohol who were bullied, versus non-bullied, in the month before the survey, in 12 Caribbean countries—GSHS (2007–2017)

Source: GSHS datasets https://www.who.int/teams/noncommunicable-diseases/surveillance/data (WHO, n.d.)
Substance abuse was not only associated with being a victim of violence, but also the perpetration of bullying. The results of a cross-sectional study that used data from the 2015 National Adolescent School-based Health Survey in Brazil (Woolley & Macinko, 2018) found that the odds of using any substance in the month preceding the survey (i.e., alcohol, cigarettes or marijuana) was 3 times higher for bullying perpetrators only and 2.5 times higher for perpetrator/victims, compared to adolescents who had no experience of bullying or being bullied. While the odds of substance use were also 4 times significantly higher for perpetrators only and 3.5 times higher for perpetrator/victims than those who reported no experience of bullying in the month preceding the survey (Woolley & Macinko, 2018). Victimization only was associated with a 14% increase in the likelihood of substance use among adolescents.

Data from the GSHS found that students who reported being bullied in the last month also more frequently reported using marijuana in that same month. Figures 49 and 50 show the use of marijuana by adolescents who report being bullied versus those who did not in the month preceding the survey. The greatest difference in marijuana use between bullied versus non-bullied students is found in Guatemala, Bolivia and the Dominican Republic. These relationships are statistically significant, however, caution should still be used in interpreting bullying as a causal link to the various outcomes reported in the GSHS (WHO, n.d.; see Figure 49).

Along with substance abuse, aggressive behaviour was also mentioned as a consequence of experiencing childhood violence in the LAC region in the post-2015 literature. For example, a study that included a sample of 593 youth-mother pairs in Chile indicated a positive association between adolescent exposure to violence in the family and at the community level and a wide range of behavioural problems, particularly aggression (Ma et al., 2016). Debowska et al. (2018) conducted a study in two Caribbean countries, Barbados and Grenada, with 662 males (mean age=13.02 years) and 689 females (mean age=12.95 years) between the ages 9 and 17-years-old. Findings from this study suggest that participants who had experienced high/moderate levels of various forms of violence, including those who were abused in multiple ways in and outside the family (`high overall abuse'), were significantly more likely to engage in violent and hostile behaviour, than those who reported low levels of abuse. Using data from 1,857 Colombian adolescents in urban settings, Gaias et al. (2019) found that conflict, community violence victimization, and witnessing community violence were positively associated with externalizing behaviours, and only armed violence was negatively associated with developmental competence.

Figure 49. Percentage (%) of students who currently use marijuana who were bullied, versus non-bullied, in the month before the survey, in 6 Latin American countries—GSHS (2010–2016)
Educational impacts

While the prevalence of violence against children at and near schools in the region has diminished in recent years, the impacts on education and learning outcomes and relationships remain a matter of concern. The post-2015 literature shows that being a victim of any type of violence increases the odds of poor learning outcomes, cognitive difficulties, and school dropout, among other outcomes. Nuñez et al. (2017) assessed the global cognitive profile, prevalence of intellectual deficits, and presence of clinical symptoms in a sample of maltreated children in Brazil. The study employed two samples of children aged 6 to 12, one of 60 children exposed to one or more types of maltreatment and a control group of 25 children who had reported no maltreatment. Researchers found more pronounced cognitive impairments in those children with experience of violence in all tasks, with a high prevalence of borderline and extremely low intelligence levels (Nuñez et al., 2017).

A similar study conducted by Cunha et al. (2015) in Colombia explored executive cognitive dysfunction in a sample of 15 maltreated adolescent substance abusers (mean age=14.47) and 15 non-maltreated healthy adolescents (mean age=13.80). The academic performance of the two groups was significantly different. Participants with experience of violence performed below the control group in almost all domains of executive cognitive function, including abstract ability, cognitive flexibility, motor planning, and sensitivity to interference (Cunha et al., 2015). Maltreated adolescents also completed fewer years of formal education in comparison to the control group (Cunha et al., 2015).

The impact of witnessing violence among caregivers on children’s school attendance was investigated in a Mexican study by Scolese et al. (2020). Researchers studied a sample of 659 women enrolled in a randomized controlled trial in Mexico City who reported having a child under age 18. Overall, 23.3% of the women reported their child’s school attendance was disrupted due to IPV (Scolese et al., 2020).
However, a study in Argentina showed that the relationship between bullying and poor academic performance is not always direct (Zalba et al., 2018). Using a sample of 375 children, Zalba et al. (2018) explored peer bullying over an entire school year and its correlation with academic performance. The findings showed no association between these variables. The researchers explained that further analysis would be needed to understand the educational impacts of violence, as academic performance depends on a confluence of individual (cognitive capacities, learning styles) and interpersonal (relationship with teachers and caregivers) factors.

Findings from a secondary analysis of TERCE data on the prevalence of bullying among 6th graders in 15 countries in the LAC region found that a child’s self-reported fear in school was the most robust and consistent bullying indicator associated with lower reading scores. The association between bullying and reading scores was the weakest for physical bullying and strongest for psychological bullying (Chávez et al., 2021). Research carried out in violent contexts at the community level, such as armed conflict and gangs, also shows associations with low academic performance outcomes for children. La asociación entre el acoso escolar y los puntajes en lectura fueron más débiles cuando había acoso escolar físico y más fuertes cuando había acoso escolar psicológico (Chávez et al., 2021). La investigación realizada en contextos violentos a nivel comunitario, como conflicto armado y pandillas, también muestra asociaciones con resultados bajos en términos de logros académicos para las niñas y los niños y adolescentes. The association between bullying and reading scores was the weakest for physical bullying and strongest for psychological bullying (Chávez et al., 2021). Research carried out in violent contexts at the community level, such as armed conflict and gangs, also shows associations with low academic performance outcomes for children. Munevar et al. (2019) analysed students’ performance in national learning standardized tests including ‘Saber’ in primary (3rd grade) and secondary school (9th grade) in communities exposed to conflict and armed violence in Colombia. The results suggest that the armed actions intensified the percentage of students with unsatisfactory academic performance. Furthermore, this analysis found that students who were more advanced in their education trajectory in secondary school and in the contexts that were exposed to the armed violence for the longest time were the most impacted and had the worst academic performance, compared to students in primary school (Munevar et al., 2019). The results also found that armed violence negatively affected language skills more than mathematics (Munevar et al., 2019).

The post-2015 literature indicates that the impacts of violence against children on education go far beyond the effects on learning processes and outcomes, particularly when violence is perpetrated at a community level. Ranieri (2019) carried out research in the Northern Triangle (El Salvador, Honduras, Guatemala) about the impacts of gangs on children’s education. The analysis shows that gangs generate climates of generalized fear that affect the quality of relationships and student’s academic performance. The study highlights the occurrence of fights, theft, robbery, coercion, acts of vandalism, harassment and drug dealing perpetrated by gang members at schools. For instance, the researcher cited data from the Violence Observatory of the Autonomous University of Honduras, which indicates that in 2017 at least 400 Honduran schools reported serious incidences of internal violence due to bullying, as well as armed robberies by gangs (Ranieri, 2019). Schools are also under threat of gang attacks, shootings and murders, which occur at and near schools, threatening the lives of children and school staff (see the section on school violence in Chapter 3 on the magnitude of violence for an overview on prevalence in the region). A 13-year-old girl from El Salvador explained this challenging situation; she said, “I am from an area where there are those boys [the gang members]. My school is located in another area. It is difficult for me, for many days I cannot go to school, because there are shootings, my parents won’t let me go. It is really awful. Several days they have stopped me of going to school, because they [the gangs] have threatened us […]” (Ranieri, 2019).
Social impacts

Research conducted between 2015 and 2021 shows that the social consequences of violence in childhood includes impacts on relationships among children and significant adults in their lives, social norms that condone violence, such as machismo, and demographic and societal changes that impact on children’s well-being.

The literature reviewed provides evidence that experiencing violence—as a victim or a witness—can negatively shape a child current and future relationships with their peers, caregivers and members of their communities. The GSHS data highlights that students who reported being bullied in the month preceding the survey also reported not having close friends. While not having close friends could be both a perceived cause as well as a consequence of bullying, data shows that those who reported bullying also reported not having a close social network of peers, with the exceptions of Trinidad and Tobago and Suriname, where more non-bullied students reported not having close friends (WHO, n.d.; see Figures 51 and 52).

Participants in a qualitative Colombian study talked about how being victims of, or witnessing, violence impacted on communication skills within families, as well as the trust and relationship between children and their caregivers. A 17-year-old participant said the following about her relationship with her parents: “For example, we get along, but I don’t tell them everything. It’s like that feeling, I’ve always had, that if I tell them something, what’s going to follow right away is the belt, to hit me or punish me or take my things away. It’s better I save it and tell a friend (Browne et al., 2019). As discussed in the previous section, the lack of communication with caregivers and significant adults, could lead to other violent or risky situations, such as early pregnancy (Sámano et al., 2017). Harris and Dunn (2019) interviewed and conducted focus group discussions with 10 adult males between the ages of 18 and 27 who were sexual abused or assaulted during childhood. Participants reported problems in their relationships with others in adulthood. For instance, they described not trusting others, poor communication, low self-esteem, difficulty interacting with others, and a generalized fear of older men they perceived as having a sexual interest in them (Harris & Dunn, 2019).

Figure 51. Percentage (%) of students who report having no close friends who were bullied, versus non-bullied, in the month before the survey, in 11 Latin American countries—GSHS (2003–2017)

Source: GSHS datasets https://www.who.int/teams/noncommunicable-diseases/surveillance/data (WHO, n.d.)
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Figure 52. Percentage (%) of students who report having no close friends who were bullied, versus non-bullied, in the month before the survey, in 15 Caribbean countries—GSHS (2007–2017)

The post 2015–2021 studies show that children who have experienced violence are at an increased risk of replicating violent behaviours.

A study that included a sample of 124 women with experiences of various forms of polyvictimization throughout their lives explored the intergenerational transmission of violence. The findings indicate that the prevalence of violence in childhood is related to the mother’s victimization history (Rivas-Rivero et al., 2020). The reviewed studies revealed that experiencing violence can also impact on children’s attitudes and beliefs around violence, heightening the risk of perpetuating social norms that condone violence, such as machismo, or accepting the use of violence as a method to solve conflict. For instance, Browne et al. (2019) conducted research on children’s experiences in Colombia after the peace agreement in 2016. This qualitative study included 20 interviews with 14 boys (12–17-years-old). The findings highlighted that being a victim of violence at home or in the community can lead boys to learn and perpetuate social norms that condone violence. For example, participants spoke about protection as a man’s role, for which the use of violence to protect others is allowed. A young participant (17-years-old) said that he teaches his younger brother to protect himself by using violence (Browne et al., 2019):

Respondent: I teach him to be brave because he used to be squeamish and everyone would pick on him and well, no.

Interviewer: How did you teach your brother?

Respondent: To respond by going at him hard.

Similarly, a Brazilian qualitative study with 15 adolescent (10 female; 5 male) survivors of domestic violence who also experienced bullying (as perpetrators or victims), investigated participant’s perceptions about their support networks (Fernandes et al., 2020). When participants were asked about their family environment, they reported more positive ties than negative ones. When analysed further, adolescents who experienced domestic violence—such as physical and psychological violence or abandonment—cited their own aggressors as positive contacts. Researchers suggest that this contradiction is due to the belief among adolescents that certain violent practices, particularly the use of physical violence, are socially accepted and recognized as a disciplinary methods (Fernandes et al., 2020).
A qualitative study with 35 adolescents, who participated in armed violence in Colombia, found that the most widely used mechanisms of moral disconnection used by adolescents while they were still active within armed groups were attribution of guilt to others and positioning themselves as victims, moral justification and distortion of consequences—that is, consequences are ignored, minimized or misunderstood (Gómez Anyerson et al., 2019). This study also found that shifting responsibility was one of the key factors identified by a third of respondents for self-justifying their engagement in violent and aggressive behaviours. Respondents highlighted that the dehumanization of the victim reduced the probability of prosocial behaviours oriented towards obedience or altruistically motivated (Gómez Anyerson et al., 2019).

A study with 526 nursing students (49 males; 477 females) in Argentina found that the consequences of violence could also increase gender-based inequities. For instance, the research found that those students who self-reported experiencing physical violence in childhood and who also reported not having enough family protection factors were more likely to report being an adolescent parent (87.5%), suffering gender-based violence (83.7%), and early sexual initiation (75%) (Grellert et al., 2017). Similarly, Da Silva et al. (2020) explored the effects of sexual violence in childhood and adolescence in a study of undergraduate students in Brazil. The results showed that out of the 858 participants aged between 17 and 24-years-old, 71 (8.3%) were victims of sexual violence, of which 52 were girls (73.2%). In comparison to those who had not reported any experience of sexual violence in childhood, the survivors group had significantly more students with early sexual initiation and adolescent pregnancy (Da Silva et al., 2020). Another quantitative study in Brazil compared the consequences of being pregnant between adolescents with and without a history of violence, indicating that those adolescents with a history of violence had less schooling, higher rates of school dropout, and lower family income (Miura et al., 2020).

Furthermore, the post-2015 literature shows that experiencing violence during childhood increases the likelihood of being a victim of intimate partner violence in adulthood. For example, Castro et al. (2017) analysed data from a sample of 19,131 adult women from the 2016 Demographic and Health Survey in Peru. The findings suggest that the most significant risk factors for intimate partner violence include having witnessed parental domestic violence and having experienced physical punishment during childhood, with increased odds of 1.49 and 1.30, respectively, for also experiencing intimate partner violence, compared to those who had not experienced violence in childhood (Castro et al., 2017).

Studies conducted during the 2015–2021 period in the region also highlight that child migration and forced displacement are often a consequences of institutional and community violence. The post-2015 literature highlights that such demographic changes also present risks for children, including violence and other violations of children’s rights. Research in Central America, for instance, shows that institutional and community violence is one of the main reasons why children and their families flee their homes and countries. For example, a study in El Salvador with 445 participants (aged 13–30; 49% aged 13–16) from a community-based programme, found that 42% of participants intended to migrate. The younger respondents (aged 13–16) were significantly more likely to have such intentions. Participants reported feeling unsafe where they lived, and 61% said that at least one murder had occurred in their neighbourhood in the previous year (Roth & Hartnett, 2018). The post-2015 research also highlights that migration due to violence may put children in vulnerable situations in the new host country. For example, Belize is one of the Caribbean countries that hosts migrants from bordering Central American nations, such as El Salvador, Nicaragua and Guatemala. A recent study in Belize on the situation of migrant students found that children who fled violence in their home countries were less likely to attend school and had lower academic performance than those who left their countries for economic or other non-violent reasons (Näslund-Hadley et al., 2020).

Organized crime and conflict were among the reported reasons for forced displacement in Colombia in the last several years. Two secondary analyses of the National Mental Health Survey Colombia 2015 showed the impacts on the mental health of displaced children. The research carried out by Gómez-Restrepo et al. (2018) on 100 children between 7 and 11-years-old displaced by the conflict in Colombia found a high prevalence of mental illness in the participant group compared to non-displaced children. The scores for post-traumatic stress were more than double among displaced children, compared to non-displaced children (Gómez-Restrepo et al., 2018). Marroquin et al. (2020) analysed data on 1,754 Colombian
adolescents; out of the total participants, 5.3% (95%, CI 4.1 to 6.9) mentioned a change in residence due to violence and the prevalence of mental health conditions and disorders, including post-traumatic stress, anxiety and depressive disorders (Marroquín et al., 2020).

Another study, with 471 adolescents and young people between 13 and 28-years of age, who were victims of forced displacement in three Colombian cities, also revealed impacts on overall well-being. The results showed a prevalence of any mental disorder in the last years of 24.4% and any substance use disorder of 4.7%. The most prevalent disorders were specific phobias (6.8%), PTSD (5.7%) and major depressive disorder (5.1%) (Santillán & Acosta, 2021). Substance use was also found: dependence on marijuana was 2.1% and alcohol abuse 1.9%. In addition, 14.6% of adolescents and young people when forcibly displaced had considered committing suicide at some point in their life. Having a functional family and adequate social support were protective factors from mental disorders (Sánchez Acosta et al., 2019).

Cumulative effects of violence against children

Exposure to a greater number of types of violence produce cumulative effects and have multidimensional consequences for children. The effects are even more pronounced when children live in risky environments with high levels of community violence. For example, a study carried out by De Oliveira et al. (2018) in one of the cities with the highest crime rates in Brazil included 347 adolescents aged 11–17-years-old (mean age=13.28 years; 48% female). Participants in this study belonged to a school located in a deprived and violent urban area, where two communities competed in the drug trade. One of the findings of this study highlighted the link between the number of types of violence experienced and the psychiatric symptoms among adolescents. Exposure to a greater number of types of violence was associated with more severe symptomatology (De Oliveira et al., 2018). Similarly, Cuartas and Roy (2019) found significant differences in the impact of community violence among adolescents living in an area with high levels of crime, compared to those who felt that their neighbourhood was relatively safe. The researchers analysed mental health outcome data for 300 adolescents (12–17-year-olds) in Colombia and geocoded data on violent crimes recorded by the national police. The results show that indirect and direct exposure to local homicides increase the probability of developing PTSD in adolescents (Cuartas & Roy, 2019). The estimated effect for PTSD was larger for adolescents who were directly exposed to violence and for those living in multidimensional poor households. On the contrary, the results did not show detectable effects on PTSD in the group of adolescents who perceived their neighbourhood to be safe (Cuartas & Roy, 2019). Being a survivor of violence can exacerbate existing vulnerable situations of children. A study on children living in streets in Brazil found that experience of sexual violence among street children was significantly related to drug abuse and physical health symptoms (Raffaelli et al., 2018).
Positive coping mechanisms and agency

Children are able to develop positive coping mechanisms and resilience skills, such as seeking social support and becoming involved in sports and other recreational activities (Browne et al., 2019). Post-2015 research highlights that there are some protective factors that could mitigate the impacts of violence against children. For instance, a study in a poor rural area in Colombia showed no statistically significant association between a high-risk ACE score and developmental delays in pre-schoolers. The researchers suggested that the extensive support networks at the community level where the data was collected could have helped children to generate strong relationships that provide emotional support, serving as protective factors for children and mitigating the impact of ACEs (Von Sneidern et al., 2017). Likewise, a study in Mexico of 606 secondary students between the ages 11 and 16-years-old found that the impact of experiencing violence on girl’s depression was stronger when girls had low parental support than when parental support was relatively high (Quiroga et al., 2017).

Data from the Violence Against Children and Youth Surveys shows that children have knowledge and seek support when experiencing violence. Among 18–24-year-olds who had experienced any sexual violence prior to age 18, more than half of respondents in Haiti (64.6% of males and 74.6% of females) and Colombia (54.3% of males and 49.4% of females) knew of a place to go for help. In addition, 34.2% to 72.9% of respondents had ever told someone about their experiences. However, data shows that service seeking and access was very low in all four countries, including no males seeking or receiving services for sexual violence in El Salvador (CDC et al., 2014; Government of Colombia, Ministry of Health and Social Protection, 2019; Government of El Salvador, Ministry of Justice Public Security, 2019; Government of Honduras & Sub-Secretariat of Security in Prevention, 2019).

Among 13–17-year-olds, the VACS found that 33% of adolescents in Honduras who had experienced sexual violence in the past year, up to 69.7% in Colombia, knew of a place to seek help. Nearly a third in El Salvador up to 83.7% in Colombia had ever told someone about their experience of sexual violence victimization. Similar to ever experiencing sexual violence, children who experienced violence in the past year often did not seek or access services. In particular, none of the male respondents reported seeking or receiving help for any experiences of sexual violence in El Salvador (Government of Colombia, Ministry of Health and Social Protection, 2019; Government of El Salvador, Ministry of Justice Public Security, 2019; see Figure 53).

More than one in every three children reported knowing about services for physical violence (e.g., a hospital/clinic, police station, family commissariat, people’s court, attorney, justice house, indigenous court, helpline or legal office) (ranging from 38.6% to 48.1%) and nearly one in every two children who experienced physical violence told someone about it (ranging from 46.7% to 59.6%) in Honduras, El Salvador and Colombia. Boys’ knowledge of places to seek help about an experience of physical violence in Honduras (41.6%), El Salvador (39.3%) and Colombia (48.1%) was slightly higher than their female counterparts (39.2%, 38.6% and 46.2%, respectively). However, disclosing an experience of physical violence to someone was higher among females in all three countries where this question was asked of 18–24-year-olds who had experienced physical violence before the age of 18. Whereas in both Honduras (56.9%) and El Salvador (59.6%), females were substantially more likely to confide in someone compared to their male counterparts (47.5% and 46.7%, respectively). Comparable data was not available from Haiti (CDC et al., 2014; Government of Colombia, Ministry of Health and Social Protection, 2019; Government of El Salvador, Ministry of Justice Public Security, 2019; Government of Honduras & Sub-Secretariat of Security in Prevention, 2019).
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Figure 53. Disclosure, service seeking and receipt of services for any incident of sexual violence, among 13–17-year-olds who had experienced any sexual violence in the past 12 months, in 4 Latin America and the Caribbean countries—VACS (2012–2018)


Similar to sexual violence, help-seeking and access to services by children who had ever experienced physical violence was lower than the prevalence of disclosure across the four countries with VACS data. Nearly one in ten (10.2%) females who had experienced physical violence in Haiti sought help and 7.7% of them reported receiving help. Both males (22.4%) and females (15.6%) in Haiti reported the highest rates of help seeking for any experience of physical violence among the four countries (11.9% of males and 11% of females). Females (7%) and males (7.7%) who had ever experienced violence in Honduras sought help at similar rates, but only 3.3% of females reported receiving help, compared to 6% of males. Finally, only 5.8% of males in Colombia reported seeking help and 3.7% reported receiving help for any experience of physical violence. No data was available regarding the receipt of services for any physical violence among females aged 18–24-years-old in Colombia. Data was also not available on service seeking and receipt among males aged 18–24-years-old who had experienced physical violence in El Salvador (CDC et al., 2014; Government of Colombia, Ministry of Health and Social Protection, 2019; Government of El Salvador, Ministry of Justice Public Security, 2019; Government of Honduras & Sub-Secretariat of Security in Prevention, 2019).

In Colombia (52.1%) and Honduras (45.6%) of 13–17-year-old males who had reported experiencing any physical violence in the past 12 months had a higher level of awareness about places to seek help, compared to their female counterparts, 48.2% and 42.9%, respectively. On the contrary, in El Salvador females reported higher levels of awareness of places to seek help (38.1%), compared to their male (33.6%) counterparts. Rates of disclosure about an experience of physical violence among 13–17-year-olds who had reported an experience of physical violence in the past 12 months was higher among females in all three countries—Colombia (63.6%), El Salvador (63.5%) and Honduras (69.4%)—where this question was asked (CDC et al., 2014; Government of Colombia, Ministry of Health and Social Protection, 2019; Government of El Salvador, Ministry of Justice Public Security, 2019; Government of Honduras & Sub-Secretariat of Security in Prevention, 2019).

Patterns of disclosure, help-seeking and access to services among 13-17-year-old females who had experienced past year physical violence was higher than among females aged 18–24 who reported ever experiencing physical violence in childhood. Data was not available on disclosure or
help-seeking for any form of physical violence among participants aged 13–17-years-old who had experienced any physical violence in the past 12 months in Haiti. Yet 6% of females and 7.3% of males reported receiving help for an experience of physical violence. Compared to young people who reported ever experiencing violence during their childhood, a higher percentage of adolescent females who experienced violence in the year preceding the survey reported that they told someone about the violence, knew of a place to get help, sought help, and received help. El Salvador and Colombia were exceptions to this, with higher levels of self-reporting for ever seeking help among young adults than among adolescents who experienced physical violence in the past year. Similarly, young adults from El Salvador and Haiti self-reported receiving more help at some point in their childhood than adolescents who experienced physical violence in the last year (CDC et al., 2014; Government of Colombia, Ministry of Health and Social Protection, 2019; Government of El Salvador, Ministry of Justice Public Security, 2019; Government of Honduras, Ministry of Health and Social Protection, 2019; Government of Honduras & Sub-Secretariat of Security in Prevention, 2019) (see Figure 54).

Males (13.1%) from El Salvador and females (13.2%) from Honduras reported the highest levels of help seeking for past year experiences of physical violence among 13–17-year-olds across the four countries that administered VACS. Similarly, the highest rates of receiving help were reported by males in El Salvador (12.2%) and females in Honduras (10.9%). In Colombia, 8.8% of females reported seeking help and 8.3% receiving help, compared to 12.3% of males (seeking help) and 8.9% (receiving help) for any experience of physical violence (CDC et al., 2014; Government of Colombia, Ministry of Health and Social Protection, 2019; Government of El Salvador, Ministry of Justice Public Security, 2019; Government of Honduras, Ministry of Justice Public Security, 2019; Government of Honduras & Sub-Secretariat of Security in Prevention, 2019) (see Figure 54).

**Figure 54. Disclosure, knowledge of services, service seeking and receipt of services for any incident of physical violence, among 13–17-year-olds who had experienced physical violence in the past 12 months, in 4 Latin America and the Caribbean countries—VACS (2012–2018)**

Chapter 6. Evaluated INSPIRE interventions

“Peace is not only the absence of war; while there is poverty, racism, discrimination and exclusion we can hardly achieve a world of peace.”

– Rigoberta Menchú, Nobel Peace Prize 1992
This review identified a total of 60 post-2015 evaluated interventions addressing violence against children in Latin America and the Caribbean region. We know from reviews in other regions (Fry et al., 2020) that many interventions addressing VAC are not evaluated and, of those that are, only a small percentage are written up for publication. From this review, we found 47 evaluation studies and reviews published in journal articles, 12 in the grey literature, and 1 thesis. The majority of evaluated interventions in this review focused on
1) parenting and caregiver support,
2) income and economic strengthening, and
3) education and life skills with gender norm programming. Few focused on the areas of response and support services to prevent violence against children, or the implementation and enforcement of laws, despite the abundance of programming in these areas.

There has been an improvement in the robustness of evaluation methods used in recent studies. Published study evaluations post-2015 are more likely to include randomized or cluster-controlled trials, have quasi-experimental designs, with specific violence related outcome variables, and to address INSPIRE strategies, than research conducted in the previous decade. This does not mean that all evaluations are as robust as they could be, as there are still a lot of pre- and post-test designs (or post-test only) without control groups that only measure knowledge or awareness or reviews of laws without comparison groups.

The pre-2015 violence prevention space was starting to shift towards more holistic and systemic approaches to child protection, including the following reports and initiatives:

- WHO 2004 and 2014 reports on violence prevention
- PAHO work on violence against women (Bott et al., 2012)
- Regional reviews on youth violence prevention interventions (Moestue et al., 2013)

A lot of interventions are being undertaken in the region—only a small percentage of which are evaluated. For example, the Government of Colombia, with the support of UNICEF, has recently undertaken a mapping of INSPIRE interventions in the country, which includes 28 interventions (UNICEF Colombia, personal communication, 06 April 2021). UNICEF Mexico has also conducted a mapping of interventions in schools to prevent violence against women and children (UNICEF Mexico, 2020). Despite these reviews and the shift to systems thinking, there is still a dearth of interventions on preventing violence, both in the region and globally, that have been documented and evaluated, compared to the number of interventions implemented.
Global context since 2015

The post-2015 era saw the greatest advancements in initiatives to preventing violence against children. The field of child protection is now embedded within the SDGs, which have several targets that address violence against children directly, as well as targets that address the risk factors and drivers of violence. In addition, the Global Partnership to End Violence Against Children has been established to work alongside countries globally in using data, evidence and learning to develop solutions to prevent violence against children. Three specific post-2015 data initiatives have also been significant in strengthening the evidence base in the region:

- Know Violence in Childhood (2017)
- WHO (2016b) and PAHO INSPIRE Regional Status Reports (2020)
- Campbell Collaboration and UNICEF INSPIRE Evidence Gap Map (Pundir, et al. 2020)

Todas ellas fuertemente representadas en los datos resaltados en esta revisión.

One of the biggest advancements in the field of preventing violence against children is the INSPIRE Technical Package launch by the World Health Organization, which has been endorsed by those working in the field and advanced by PAHO in the LAC region. INSPIRE is our current best understanding of ‘what works’ in the field—or interventions that are proven or highly likely to prevent violence against children. UNICEF’s Office of Research, Innocenti has recently published research briefs on the state of the evidence for each of the seven strategies, based on the Campbell Collaboration and UNICEF INSPIRE Evidence Gap Map.\(^\text{16}\)

PAHO has conducted a survey to take stock of country-level progress under the areas in the INSPIRE framework in the LAC region. Thirty-one countries (89% of PAHO member states) responded to the survey through a consensus approach led by national data coordinators, usually from the various ministries of health or a partner government sector involved in the prevention of and response to violence against children. The findings were published in the Preventing and Responding to Violence Against Children in the Americas: Regional Status Report 2020 (PAHO, 2020). Key findings from this survey include:

- 81% of countries reported having at least one published/written action plan for the prevention of violence against children, yet many struggled with getting these national action plans fully funded and only 19% of countries were able to specify indicators to measure progress towards reducing violence against children in their plans.
- 94% of countries reported having a national or subnational coordination mechanism.
- 65% of countries reported having conducted at least one nationally representative survey measuring violence against children in the past five years, of which school-based surveys were the most popular.

\(^{16}\) See https://www.unicef-irc.org/research/violence-against-children/ for all UNICEF Office of Research, Innocenti research briefings and publications.
Figure 55. Percentage of countries reporting national-level support for INSPIRE prevention and response approaches, by type of approach—
PAHO Regional Status Report (2020)

Source: PAHO (2020)
INSPIRE’s Seven Strategies to prevent VAC

This section introduces each of the INSPIRE strategies, recent global evidence and pre-2015 regional evidence, before delving into the new findings from this systematic review in the subsequent section.

**Strategy 1:**

**Implementation and enforcement of laws**

According to INSPIRE, laws prevent violence by defining the scope and definition of violence against children and nationally endorsing that these violent behaviours are not acceptable, which may help to shape social and legal norms (WHO, 2016b). In addition, legal frameworks can help to disrupt the key risk factors and drivers of violence identified earlier in this report, as well as ensuring consequences for those who do not follow the laws, which can disrupt notions of impunity for perpetrating violence against children (Fry, 2016; WHO, 2010). The INSPIRE Evidence Gap Map defines law as including legal action, with examples such as banning violent discipline, criminalizing or increasing the legal consequences for the perpetration of sexual abuse and exploitation of children, and limiting youth access to alcohol and firearms, among other things (Saran et al., 2020a).

However, laws are not enough on their own to prevent violence, hence, the enforcement of laws is also included as a crucial part of this INSPIRE strategy (WHO, 2016b). Developing and strengthening legal protections and policies for children must be combined with the means to enforce these protections, often through criminal justice systems. Criminal justice systems can include treatment programmes and other safeguards for juvenile offenders in the system, police and judicial systems for child protection, access to informal justice, and community-based legal aid and paralegal programmes, among other things (Saran et al., 2020a).

The Campbell Collaboration and UNICEF INSPIRE Evidence Gap Map, which is a comprehensive global systematic review of evaluated interventions, found that this strategy within the INSPIRE framework was the one with the least amount of evidence and where many knowledge gaps remain (Saran et al., 2020a). The review found that there was a lack of ‘high confidence’ systematic reviews and impact evaluations and that evidence is concentrated on only a few countries (Saran et al., 2020a).17

**Strategy 2:**

**Norms and values**

Beliefs about what others do, and what others think we should do, maintained by social approval and disapproval by those important to us, often guide a person’s behaviour, including using violence against children (Bicchieri, 2015). Recent conceptual frameworks have sought to bring the concept of power much more centrally into social and gender norm theories (Pulerwitz et al., 2019). This framework argues that the role of power in decisions to adhere (or not adhere) to existing norms and who benefits from those norms is central to changing social and gender norms (Pulerwitz et al., 2019). Norms are difficult to measure (Mackie et al., 2015), but, despite this, there is growing evidence of the effectiveness of approaches to address norms and values, particularly gender norms, globally (Saran et al., 2020b).

The global INSPIRE Evidence Gap Map explores interventions related to norms and values in three main areas:

1) community mobilization programmes, which include community-wide interventions to raise awareness of child violence,

2) bystander interventions, which include interventions to empower bystanders to intervene and prevent violence, and

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17 At the time of writing, the Campbell Collaboration and UNICEF Innocenti were still finalizing the findings from searches published in additional languages including French, Spanish and Portuguese.
3) media campaigns, which include mass media and education campaigns and edutainment highlighting the issue of child violence (Saran et al., 2020b). Overall, this Evidence Gap Map found that, globally, these interventions are most likely to be targeted towards IPV and peer violence and less towards other forms of VAC, and most likely to take the form of community mobilization programmes (Saran et al., 2020b).

A higher proportion of these evaluated interventions were identified in Sub-Saharan Africa and South Asia and no studies were found from the LAC region in the initial English language search (Saran et al., 2020b). This review found that interventions on norms and values were most likely to be combined with education and life skills, which is expanded upon in the next sub-section, echoing the findings from the INSPIRE Evidence Gap Map on VAC.

In the INSPIRE Evidence Gap Map, safe environments had some of the least evidence globally. Of the evidence that does exist, the systematic reviews and impact evaluations that were identified and assessed for level of confidence (low, medium, or high) in their findings, found that a significant proportion had methodological limitations (Saran et al., 2020c). That being said, most of the global evidence for this INSPIRE strategy does come from the LAC region, due to the high levels of community violence and the need for interventions to address this.

Two reviews on youth violence in the region based on pre-2015 studies highlight 9 and 11 studies, respectively (Atienzo et al., 2017; Moestue et al., 2013). Of these interventions, the majority were school-based programmes to prevent interpersonal youth community violence and crime among adolescents and young adults. One of the reviews found that the interventions were effective in changing perceptions of violence, but there were mixed reports on the impact on violence perpetration and victimization (Atienzo et al., 2017). Community-based interventions may hold more promise in this regard in that the most recent review found that homicides and adolescent crime were reduced in three interventions, two of which were community-based (Atienzo et al., 2017). These interventions included a broad community-based programme covering a group of eight main interventions18 (Berk-Seligson et al., 2014) and another broad community-based programme that included policing interventions19 (Silveira et al., 2010), both of which were found to be effective, using robust evaluation methods, in reducing homicide. The third intervention was a school reform to extend the hours at school, which also documented a reduction in juvenile violent crime, including homicide, according to official registries within the municipality (Berthelon & Kruger, 2011).

3) Strategy 3: Safe environments

Safe environments prevent violence by creating child friendly spaces and ensuring that built environments and public spaces eliminate risks for children (WHO, 2016b). These types of interventions may include those that aim to reduce violence by addressing hot spots, interrupting the spread of violence by improving the built environment (e.g., safe homes, schools), urban upgrading programmes, zoning strategies to reduce violence, elements of child protection services including safe orphanages/homes for children and interventions that seek to create safe places including within schools and through infrastructure development (Saran et al., 2020c).

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18 (1) social entrepreneurship skills for young people and leaders; (2) vocational training; (3) theatre, painting and puppetry; (4) counselling programmes for at-risk-youth and their families; (5) grants for school equipment; (6) youth clubs; (7) conflict mediation among teachers, students, parents and community leaders; and (8) radio-based interventions.

19 (1) mobilization of police (search and seizure of arms, search and arrest warrants, police occupation of trafficking places); (2) policing of special risk areas; (3) workshops and events (sporting, cultural, citizenship, health and professional) for youth for 20 hours per week; (4) working groups to solve local problems (health, education and productive involvement).
**Strategy 4:**

**Parent and caregiver support**

Parent and caregiver support prevents violence between caregivers/parents and their children, but can also prevent the early development of violent behaviour in children by enabling safe, stable and nurturing relationships and by addressing the risk factors that impact on parental capacity, knowledge, skills, and social support, as well as attachment between parents/caregivers and their children (WHO, 2010). Several global reviews of parenting programmes exist including the review of reviews of violence prevention through parenting programmes undertaken as part of the Know Violence in Childhood initiative (Desai et al., 2017), a review of Campbell reviews on parenting (Barlow & Coren, 2018), a review of the transportability of parenting programmes developed in high-income contexts to low and middle income countries (LMICs) (Gardner et al., 2016) and the recent review of parenting interventions and impacts on adolescents in LMICs conducted by the Gender and Adolescence: Global Evidence (GAGE) programme, among others (Marcus et al., 2019).

Findings from all these reviews suggest that parenting programmes can impact directly on preventing violence against children (Desai et al., 2017; Gardner et al., 2016) and on reducing risk factors that cause violence (Barlow & Coren, 2018; Marcus et al., 2019). The review of reviews on violence prevention found that there is a lack of good evidence from LMICs (Desai et al., 2017). Similarly, the INSPIRE Evidence Gap Map found 48 studies globally (21 systematic reviews and 27 impact evaluations), with very few LAC countries represented (Brazil was the LAC country most represented) (Saran et al., 2020d). The INSPIRE Evidence Gap Map found that the majority of global interventions are parent education and training focused to address physical and/or emotional violence and, similar to other INSPIRE strategies, and there is a lack of rigorous study design (Saran et al., 2020d). A review of challenges faced in LMICs when implementing parenting programmes include: whether parenting programmes are considered a top-level priority, gaps in the existing local knowledge base, and several other implementation challenges (Mejia et al., 2017).

**Strategy 5:**

**Income and economic strengthening**

Empowering families economically prevents violence by reducing parental stressors linked to poverty, improving mothers’ access to financial resources, which are often used for children, and preventing intimate partner violence and thus reducing children’s exposure to family violence (Saran et al., 2020e). Emerging evidence from the INSPIRE Technical Package suggests that income and economic strengthening (IES) efforts are more likely to have the intended impact when they are combined with interventions that strengthen social assets, such as parent support programmes, life-skills education, or gender-norms change and gender-equity training (WHO, 2016b). These programmes should also be carefully monitored to assess implementation and impact, particularly the influence of unanticipated factors (including for children) and they should also be linked to broader social services and systems (WHO, 2016b).

According to INSPIRE, IES requires careful assessment of safety risks to children and women, as well as additional child protection efforts linked to the programme. It is important to monitor children’s safety and time-use patterns to make sure that the programme is not harming them (WHO, 2016b). Two areas that IES programmes have focused on are: (1) addressing either violence directly or indirectly by addressing economic risk factors, and (2) cash transfer programmes for resource constrained households and IES for adolescents directly. A recent global review by Peterman and colleagues (2017) of 11 completed evaluations found that cash transfer
programmes have protective impacts in some of the programmes, whereas others show no statistically significant links to violence prevention (Peterman et al., 2017). The conclusion of this review is that more research is needed before cash transfer programmes can be claimed to reduce childhood violence in different LMICs (Peterman et al., 2017). Similarly, a global review on the impact of cash transfers on reducing intimate partner violence examined 23 studies (14 quantitative, 9 qualitative) including studies from Brazil, Colombia, Ecuador, Mexico, Peru and Uruguay (Buller et al., 2018). This review found that cash transfers have the potential to reduce IPV by improving the economic security and emotional well-being of women and families (Buller et al., 2018). However, the review also found that cash transfer programmes may reduce or increase IPV, depending on whether or not additional cash aggravates or soothes relationship conflict and how men respond to women’s increased empowerment (Buller et al., 2018).

A pre-2015 global review of cash transfers found that while programmes may reduce physical violence, emotional violence or controlling behaviour may increase. A global review that included 23 studies from the LAC region (dominating the field of cash transfer evaluations) found that non-physical violence, such as emotional abuse or controlling behaviour, often increased, despite decreases in physical violence, a finding, which is reminiscent of studies evaluating schools where physical corporal punishment is banned giving rise to more psychologically and verbally aggressive discipline (Bastagli et al., 2016).

Finally, while child labour was not included in the inclusion criteria for this systematic review, it is important to note that several reviews have found that cash transfers have also impacted positively on reducing child labour in the region, thus potentially also reducing exposure to VAC associated with certain forms of child labour (Hoop & Rosati, 2014; Kabeer & Waddington, 2015). The review by de Hoop and Rosati (2014) explored 23 evaluation studies of LAC cash transfer programmes and the meta-analysis by Kabeer and Waddington (2015) explored 44 studies conducted in the LAC region. The Kabeer & Waddington meta-analysis (2015) also found that (conditional cash transfer) programmes reduce the incidence of boys’ child labour by 7 percentage points on average and that these programmes enhance family resilience in relation to shocks and help them to avoid negative coping strategies.

**Strategy 6:**

**Response and support services**

Providing services to victims and perpetrators of violence against children can potentially disrupt cycles of violence by decreasing the reoccurrence of violence, including by providing services to children who have already been victimized and by mitigating the negative mental health consequences of violence against children, which can be a risk factor for further exposure to violence (Saran et al., 2020f). The INSPIRE Evidence Gap Map defines response and support services as including several different types of interventions, including: (1) counselling and therapeutic approaches, (2) screening and training, which includes reporting combined with interventions such as training health professionals, social workers and teachers to identify possible exposure or risk of exposure to violence, (3) children in care, which includes alternative family care (foster or kinship care) or institutional care (orphanages, group homes, juvenile detention centres, or residential treatment centres) and interventions involving social welfare services, shelter and crisis centres, and (4) media and communication interventions, which includes awareness on access to services and reporting (Saran et al., 2020f). The INSPIRE Evidence Gap Map found 36 English language studies (20 systematic reviews and 16 impact evaluations) globally, and, again, Brazil was the most represented country in the LAC region (Saran et al., 2020f). The majority of the studies focused on screening and training, followed by counselling and therapeutic interventions. No impact evaluations were found in the English language search focusing on children in care (Saran et al., 2020f).

In 2016, the 2030 Global Plan of Action to strengthen the role of the health system within a national multisectoral
response to address interpersonal violence, in particular against women and girls and against children, was approved by PAHO's Directing Council, which is composed of ministers of health from 38 member states (WHO, 2016a). This global action plan offers a concrete roadmap for health systems to address the region's priorities in the area of violence against women and girls. Adopted by ministries of health at the World Health Assembly in 2016, the Global Plan of Action is aligned fully with PAHO's Strategy and Plan of Action (PAHO, 2015) and provides a strong mandate for health systems to address VAW and VAC as urgent public health problems (WHO, 2016a).

**Strategy 7:**

**Education and life skills**

Life skills and education prevent violence by fostering cognitive, emotional, interpersonal and social skills, which foster self and social awareness, positive relationships, and responsible decision-making (Saran et al., 2020g). This area has some of the most evaluated interventions post-2015 in Latin America and the Caribbean region. The INSPIRE Evidence Gap Map further classifies interventions included in this strategy as including gender-transformative approaches, which includes sexual and reproductive health education and life and social skills training, such as violence prevention, bullying prevention programmes, self-defence, and interventions to prevent abusive behaviour in adolescent peer relationships (Saran et al., 2020g).

A global systematic review of reviews of evaluated interventions to prevention school violence was conducted and 36 studies were found globally focusing on preventing IPV and peer aggression in schools, mostly from North America (Lester et al., 2017). This review found that only a handful of programmes demonstrated promise in preventing IPV in schools. Cognitive behavioural, social-emotional and peer mentoring/mediation programmes showed promise in reducing the perpetration of peer aggression in schools (Lester et al., 2017).

**INSPIRE cross-cutting considerations**

In order for these discrete strategies to work together to contribute to the common goal of ending violence against children, the INSPIRE Technical Package highlights that governments need to ensure they are:

- embedded in a well-coordinated, resourced and regulated child protection system
- overseen and supported by qualified and mandated professionals
- informed by systems to monitor progress and evaluation effectiveness
- multisectoral spanning health, social services, education, and justice sector (WHO, 2016b)

While INSPIRE is one of the most significant achievements in the field of violence prevention to date, the original publication includes largely northern-developed and tested interventions, which reflects the historical development of prevention evaluation research globally. This systematic review sought to identify evaluated interventions in the LAC region since the adoption of the SDGs in order to add to the regional and global evidence-base for prevention.
Violence against children in Latin America and the Caribbean 2015-2021
A Systematic review
New data from this review

Legislation

Over the last decade, advancements have been made in child protection legislation across the region, however, several key gaps remain. A recent review of legislation conducted between 2018–2019 exploring publicly available legislation, legal documents, and the Concluding Observations from the Committee on the Rights of the Child for each country, as well as the shadow reports sent to the Committee by UNICEF national offices and civil society organizations, found that most countries in the region have legal codes for children and adolescents, which encompass general principles of children’s rights and the basics of child protection systems (Iud, 2019).

Legislation in Latin America and the Caribbean region changes rapidly. This section is based on a systematic review of published policy reviews between 2015 and 2021, which, by the time of publication, may already be outdated. Where possible, with publicly available data, we have indicated the current situation at the time of finalizing this report (July 2021) in terms of legislation and policies. However, it is important to note that this study should not be viewed as a comprehensive report on the legislation and policies in place in relation to VAC in the LAC region, as that is beyond the scope of this review.

Only 11 countries in the region ban corporal punishment in all areas—family, school, and other institutions—and some legislation does not provide specific sanctions or consequences for the violation of this prohibition, calling into question the enforcement of these laws (Iud, 2019). Other countries prohibit corporal punishment in one sphere, such as within the family or school environment, but have not established a clear rule in other areas (Iud, 2019).

A review of the legislation by Iud in 2019 found that there was a need to work on legislation to make it suitable for preventing child sex trafficking in the region. The study notes that although in the last decade there has been progress in this area with legal reforms in countries like Uruguay, El Salvador, Costa Rica, Nicaragua and Honduras, in some countries the criminalization of human trafficking has not yet been aligned with the Palermo Protocol (Iud, 2019).

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20 Argentina, Bolivia, Brazil, Colombia, Costa Rica, Honduras, Nicaragua, Paraguay, Peru, Uruguay and Venezuela

In 2020, the General Law on the Rights of Children and Adolescents 2014 was amended to prohibit corporal punishment of children and adolescents in all settings. However, the Law will come into force only after it is domesticated by all federal entities. (https://endcorporalpunishment.org/reports-on-every-state-and-territory/mexico/).
A 2018 review has highlighted the progress made by Central American countries in enacting legislation to respond to online violence. An estimated 4 out of 10 households in the region have access to the Internet, which can introduce risks as well as benefits for children. A study in 2018 focused on laws related to online violence in Central America (specifically Guatemala, El Salvador, Honduras, Costa Rica, Panama and the Dominican Republic), conducted by the Department of Social Inclusion of the Secretariat for Access to Rights and Equity of the Organization of American States and the Inter-American Institute for Children and Adolescents (OEA & IIN, 2018). This study found that the participating countries all had norms that protect the rights of children and adolescents specifically, as they relate to online violence through, for example, their national constitution and secondary laws and codes for children and adolescents. These rights include the right to information, protection against inappropriate content, the reservation of information, the right to image and dignity, and the right to non-interference with privacy, among other things (OEA & IIN, 2018). Some countries also have special telecommunications laws that regulate information and communication technologies (ICTs), as well as their access and use (OEA & IIN, 2018).

A 2015 review on legislation on cybercrime against children in the Latin American region used five instruments to score countries based on the Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography. As most of the indicated instruments are not binding in Latin American countries, the author notes that this analysis served to provide an idea of the adequacy of the legislation, when compared to the ideal (Dos Santos Lemos Fernandes, 2015). The highest average scores, reflecting adherence to the standards in the Optional Protocol reached, by the 18 countries were the items related to: (1) adequate treatment of children as victims, not offenders (100%), (2) criminalization of the production of child pornography (100%), (3) appropriateness of provisions regulating the forfeiture of assets (95%), (4) criminalization of the distribution of child pornography (94%), (5) criminalization of the sale of child pornography (89%), (6) existence of legislative provisions related to violence against children committed through the Internet (80%), (7) existence of legislative provisions related to mandatory reporting requirements for professionals who work with children (75%), (8) criminalization of the dissemination of child abuse images (72%). The lowest average scores were related to: (1) criminalization of accessing and viewing child abuse material (0%), (2) existence of mandatory requirements for Internet service providers (ISPs) to monitor and inform about the existence of child pornography on the Internet (11%), (3) criminalization of virtual child pornography (48%), and (4) criminalization of online grooming (49%) and (e)retention and data preservation provisions (50%) (Dos Santos Lemos Fernandes, 2015). The highest scores were achieved by Brazil (78%), Ecuador (77.5%), Peru (73.5%), El Salvador (70.5%), Chile (69.5%), and Panama (69.5%), but it is recommended that all countries improve their legislative frameworks (Dos Santos Lemos Fernandes, 2015).

While significant progress has been made in relation to online violence legislation, it is still scattered throughout various criminal codes and laws, which are not harmonized in the countries of the region. In terms of criminal codes, which define the different crimes that are committed through the Internet and using ICT, some examples from the region includes: criminal legislation on sexual exploitation (Dominican Republic), violation of privacy laws (Dominican Republic, Panama and Guatemala), dissemination of images without consent legislation (Dominican Republic), public insult legislation (Dominican Republic), sex tourism legislation (Panama and Honduras), child pornography legislation (Costa Rica), and specialized laws such as Decree No. 260 ‘Special Law against Computer and Related Crimes’ (El Salvador), Law No. 8934 ‘Protection of Children and Adolescents against Harmful Content on the Internet and Other Electronic Media’ (Costa Rica), Law No. 22, 2007 ‘Measures for the Protection of Minors in Relation to the Exhibition and Production of Pornographic Material’ (Panama) and Law No. 53-07 on ‘Crimes and High-Tech Crimes’ (Dominican Republic) (OEA & IIN, 2018).

The countries of the region are working to adapt their legislation to protect migrant and refugee children. Peru’s migration law, for instance, establishes specific protection measures for foreigners in vulnerable situations, including victims of human trafficking and the smuggling of migrants (Article 226 [b]); people in an irregular migration situation (Article 226 [b]); boys, girls and adolescents in general (Article 226 [g])
and unaccompanied boys, girls and adolescents (Article 226 [n]) (IIN, 2019). Costa Rica also includes in its legal framework the need to guarantee migrant children’s rights (Article 6 of the Law of Migration). Significant progress has been made in many countries in the region; for example, Mexico, Guatemala, and El Salvador have included laws against detaining migrant children. Mexico has also recently updated its migration law, which now stipulates that children will not be deprived of their liberty for migratory reasons (Article 11). In Ecuador, the Law on Human Mobility includes the principle of the child’s best interests (Article 2), and prohibits the detention of migrant children as well. Recently, Colombia has passed the Temporary Statute for the Protection of Venezuelan migrants, which includes specific measures to protect migrant children (UNICEF LACRO, personal communication, 21 July 2021).

Data from Guatemala suggests that criminal justice response interventions may also be effective in increasing the reporting of sexual violence crimes against children and changing social norms around reporting. The International Justice Mission’s (IJM’s) programme in Guatemala included community-based awareness of crimes, consistent apprehension and punishment of perpetrators of sexual violence against children, and training for key criminal justice professionals (IJM, 2019). As a result of the intervention, in which the IJM worked in partnership with the public ministry (prosecution service) and the national police from 2005 to 2017, more than 287 individuals were arrested and charged, contributing to 267 convictions against individuals in the project area, and the provision of support to 465 victims of sexual violence against children and their families (IJM, 2019). The IJM conducted a baseline and endline study of the Guatemalan government’s response to child sexual assault reports, evaluating case files from the period 2008–2012 and repeating the study for the period 2013–2017. The study found a 136% increase in the number of complaints of sexual violence against children filed as a result of the intervention (IJM, 2019).

While laws and policies may exist for preventing VAC, the recent INSPIRE Regional Status Report found that the enforcement of these laws is still a significant issue (PAHO, 2020). In the report, PAHO collected data about the perceived enforcement of laws and policies in the region in the INSPIRE areas (see Appendix C for a table of responses). This data highlights that there are differences across countries in terms of perceived enforcement of major legislative elements of VAC. Specifically, bans on corporal punishment are largely seen as low or medium in terms of enforcement, as is legislation related to sexual violence against children. In this survey, most of the legislation was identified as national, which may also influence enforcement at sub-national levels (PAHO, 2020). A spatial and statistical analysis of geographic patterns of violence conducted in Mexico City found that social crime prevention may be more effective than traditional law and order measures, such as increasing police deployment and incarceration (Vilalta & Muggah, 2016).

A qualitative study on the enforcement of legislation to ban the use of physical violence for purported educational purposes through the Menino Bernardo Law (Law No. 13,010/2014) interviewed 16 professional staff members from different services in networks for the protection and care of children and adolescents at risk in a city in the state of Rio Grande do Sul, Brazil. Findings point to the social acceptance of corporal punishment in raising children and adolescents, staff not being aware of the law, and fragmentation between professional staff and the networks’ services (Trindade & Von Hohendorff, 2020). The authors highlighted that for adequate enforcement it is necessary to strengthen institutional resources and staff training to improve professional development in relation to legislation on VAC (Trindade & Von Hohendorff, 2020).

Programmes and interventions
This review also looked at evaluations of programmes and interventions in the region.

Residential care interventions
Qualitative research on institutional or residential care interventions has highlighted key points for working with drug using children and adolescents in residential care settings. A qualitative study in Brazil using semi-structured interviews with 8 care providers and 65 hours of participant observation found that residential care units were providing care to children and adolescents that use drugs. The study recommended that to ensure that the setting facilitates emotional development, attention should be paid to basic needs, such as food and hygiene, construction of a flexible routine, establishment of rules and limits together with the adolescents, and
assistance in dealing with aggression. The construction of affective bonds was also shown to be fundamental in all care relationship processes. These elements need to be considered in the construction of care policies and services for this specific population (Gomez et al., 2021).

**Parenting programmes**

The growing body of evidence in the LAC region that programmes targeting parents and caregivers in preventing and reducing violence against children are effective. An evaluation of the Roving Caregiver Programme in Grenada demonstrated that culturally sensitive parenting counselling (CSPC) can be effective in reducing the use of corporal punishment, using data from Saving Brains Grenada (Orlando, 2020). The programme provided short-term enrolment in CSPC to families that had children between the ages of 0 and 3-years-old, with the subsequent study showing that such counselling has a statistically significant positive impact on reducing the use of corporal punishment at home (Orlando, 2020).

The Nobody is Perfect (NEP) parenting programme, which has been implemented for more than 30 years in Canadian primary care, was implemented in Chile as part of the Chile Crece Contigo system and the National Health Strategy (2011–2020) (World Bank, 2017). The objective of the programme is to promote parenting skills in vulnerable families and contribute to reducing inequity gaps in child development. The intervention trains fathers, mothers and caregivers of children under 6-years of age in maintaining and increasing positive skills for healthy parenting, promotes positive interactions between parents and children through play, reading and shared activities, and uses participants’ prior knowledge to facilitate learning through discussion groups and practical activities that contribute to the resolution of the everyday problems involved in raising children and family life (World Bank, 2017). A nationally representative baseline evaluation was conducted in June-October 2011 before the start of the intervention and as a follow-up in October 2014 with a sample of 162 centres, 3,597 children (47.5% less than 2-years-old) and 2,916 caregivers (World Bank, 2017). The evaluation results were published in 2017 and thus included in this review. The evaluation found an increase in cognitive stimulation of children and a reduction in the use of negative disciplinary strategies among the intervention group (World Bank, 2017). Importantly, and in accordance with their proposed model of change, these results were supported by a change in some dimensions of parental beliefs and expectations including a significant increase in parental perception of self-efficacy and an increase in the perception of social support (World Bank, 2017). Results show greater effects for children from the most socially disadvantaged families.

Positive effects were also found in key developmental milestones for children such as language development, and those were mainly concentrated in the children of primary caregivers with a level of incomplete or lower secondary education. Equally interesting, children of caregivers with a lower educational level also showed substantial improvements in executive functions and cognitive flexibility after taking part in the programme (World Bank, 2017). It is important to note that adherence to the programme is uncertain and ranges from between 27% and 50%, depending on whether or not the data source was the administrative records of Chile Crece Contigo or the self-report of the main caregivers in the follow-up survey (World Bank, 2017).

Another parenting programme is the International Child Development Programme (ICDP) in Colombia, in which 176 parents (of whom 97.7% reported using physical discipline against their children) of children between 3 and 4-years-old attended child centres and participated in one of three groups: community activities at child centres; community activities and the ICDP; or community activities, the ICDP, and a prevention violence curriculum (Solheim et al., 2021). Six months after the programme (which ran from August 2012-August 2015), all three groups showed positive changes in preventing the use of physical violence towards children, dropping to 61.4% for the three groups combined, with the rate of very severe physical violence dropping by 98% in the group receiving all three interventions and by 89% in the group only involved in community activities.

While the reported use of severe psychological aggression decreased, the reported use of minor psychological aggression increased in all three groups (from 35.8% to 66.5%), suggesting that milder psychological discipline replaced more severe forms. In addition to positive changes in the rates of violence against children, researchers found that all groups saw an overall reduction in caregivers’ exposure to intimate partner violence, with those receiving all three interventions reporting the greatest decrease. The study suggests the potential effectiveness of not just community activities, but also targeted interventions for parents in reducing physical discipline and violence.
Another example from Chile has shown that positive parenting programmes can lead to a reduction in the use of harsh discipline and physical punishment. As part of the Day by Day programme in Chile, 178 mothers with children between the ages of 0 and 5 years participated in six two-hour weekly sessions consisting of components on affective communication, child-directed play, reinforcement and incentives, direct attention, logical consequences, and other positive parenting skills (Cova et al., 2020). Participants were then assessed on a rubric that examined caregivers’ effective communication, problem solving and interpersonal sensitivity skills, among other things, in addition to their adherence to the programme. Significant differences were found before and after the intervention with regards to behaviour problems and concern for this behaviour, parental involvement and inconsistency, and harsh discipline and physical punishment. In particular, following the intervention, participants showed higher levels of parental involvement and lower levels of harsh discipline and physical punishment, providing further evidence of the efficacy of some parenting programmes in reducing and preventing violence against children in the region.

The Lobi Mi Pikin (LMP) parenting programme in Suriname has been found to be effective in both promoting positive behaviour in children and decreasing the use of corporal punishment by parents and caregivers (Van der Kooij et al., 2018). As part of this initiative, 72 parents and caregivers in and around Paramaribo, Suriname, whose children (aged 3–12 years) were found to have mild externalizing behaviour problems participated in a group parenting training intervention, which emphasized the parent-child relationship, everyday skills, behaviour, reward and punishment, positive attention, and setting limits without using corporal punishment over six sessions. Following the intervention (the first one to be evaluated in Suriname), parents and caregivers reported displaying more positive behaviour towards their children and a stronger ability to use rules to discipline them rather than corporal punishment, suggesting positive findings that may help to reduce child maltreatment.

Other programmes have been shown to be effective at improving positive parenting and reducing parental stress, among other factors, but have not been evaluated to determine their direct impacts on reducing violence. In one such intervention, a randomized controlled trial in Brazil targeted mothers with a history of using corporal punishment, who participated in eight sessions of the second phase of Projeto Parceria’s Positive Parenting Programme (Triple P), which included training sessions on positive parenting, role-playing, and live feedback on managing children’s behaviour (Santini & Williams, 2016). The intervention led to a significant increase in the frequency of positive interactions (praise, positive verbal/physical contact, and positive social attention) by mothers who participated, significantly more than those who did not, and mothers in the experimental group exhibited fewer depressive symptoms following the programme. However, no significant changes were found in children’s behaviour as a result of the programme and the impact on mothers’ use of corporal punishment was not measured. In Triple P, 34 parents of children attending primary care were targeted to participate in a pilot programme in Chile intended to promote positive parenting, improve relationships between children and parents, and prevent children’s behavioural and emotional problems (Errázuriz et al., 2016). A qualitative analysis of the programme showed that parents found that the programme improved parenting skills, reduced parental stress, and improved communication among caregivers, with additional benefits reported in terms of positive changes in children’s behaviour.

Cash transfer programmes
Several high-quality evaluations have also been conducted of cash transfer programmes throughout the region. These programmes tend to focus on IPV, child labour or community violence. While globally some of the evidence is mixed in relation to the impact of cash transfers on VAC, In the region, evaluations of cash transfer programmes show positive impacts on IPV in the household, especially for educated women, however, a couple of studies have highlighted how families with a large number of children who receive cash transfers may be at increased risk of IPV and further research is needed in this area. Evaluations have been conducted of the Bolsa Familia Programme in Brazil (Litvin et al., 2019), Familias en Acción programme in Colombia (Rodriguez, 2015), Bono Desarrollo Humano programme in Ecuador (Hidrobo & Fernald, 2013), World Food Programme also in Ecuador (Buller et al., 2016; Hidrobo et al., 2016), Oportunidades programme in Mexico (Adato et al., 2000; Bobonis et al., 2013; Bobonis et al., 2015; Maldonado et al., 2005; Rivera et al., 2005), Juntos programme in Peru (Ritter, 2014), Ingreso Cuidadanos and Plan de Equidad programme in Uruguay (Borraz & Munyo, 2017), and Red de la Protection
Social in Nicaragua (Adato, 2004), among others. Many of these evaluations are outside the timeframe of this particular systematic review, but it is important to highlight key learnings that these multiple evaluations have found over time. Many of these interventions show promising results for women's livelihood and decreases in IPV. However, a few studies highlight some findings that are important to keep in mind, such as that positive impacts on IPV are strongest for women with higher levels of education (Bobonis et al., 2013; Hidrobo & Fernald, 2013; Litwin et al., 2019). An analysis conducted with data from Mexico found that there was increasing aggressive behaviour in households with more than two children and also households with larger cash transfers (Angelucci, 2008). Similarly, the evaluation in Peru found that IPV effects were worse for women with a higher number of children or for women who were themselves exposed to violence as a child (Litwin et al., 2019). An evaluation of the Bolsa Familia programme also found an unanticipated association between cash transfers and the separation of families, especially families with children (Litwin et al., 2019). An evaluation of Oportunidades in Mexico found that when money was used for children's education, men felt less threatened than when women kept it (Maldonado et al., 2005).

**Cash transfers have also been found to have a positive impact on reducing community violence and lessening the impact of crime on youth and adolescents.** One example is the Bolsa Familia programme in Brazil, a conditional cash transfer (CCT) programme. In 2008, the programme was continued for students at 15-years old to 17-years, covering roughly 59 more students per school. Making use of a unique dataset combining detailed school characteristics with geo-referenced crime information from the city of São Paulo, an evaluation of the programme found that expanded CCT coverage in school led to less crime in neighbourhoods near schools, with larger numbers of children staying in school due to the economic incentive provided by the CCT; such neighbourhoods experiencing a 21% reduction in crime (94 fewer crimes per school per year). An additional benefit of the expanded CCT and increased income in a household may be that children and adolescents may be less at risk of victimization or other negative impacts, as it may be correlated with parents and caregivers having more time to supervise their children. As such, the expanded CCT has been shown to reduce community violence in public spaces near schools and has been linked to less involvement in crime by youth as well as reduced risk of victimization (Chioda et al., 2016).

Another evaluation of the Bolsa Familia programme in Brazil used panel data from all 5,507 Brazilian municipalities between 2004 and 2012 to determine if the programme impacted on homicides. The association between coverage level of the cash transfer programme and homicide rates seemed to follow a dose-response pattern, meaning that Bolsa Familia programme coverage of 30–70% of households in municipalities receiving cash transfers decreased homicide rates by 16% and hospitalizations from violence by 10%, while coverage of over 70% decreased both violence outcomes by 23% (Machado et al., 2018). The length of time of the cash transfer programme coverage in municipalities also influenced the effect on both homicide rates and hospitalizations from violence, with a peak effect at four years (Machado et al., 2018). An evaluation study in Mexico also found positive impacts of the CCT programme on reducing homicides and sexual violence (Muggah, 2017).

**Response and support services**

Response and support services in Latin America and the Caribbean region have been largely found to be effective in responding to and supporting children’s well-being following violence, particularly interventions aimed at providing children with mental health and psychosocial support services. In a qualitative study in Chile with 20 children between the ages of 8 and 18 who had been sexually abused and subsequently completed psychotherapy, participants reported improvement in their psychological well-being and feeling empowered and better equipped to retake control of their lives and overcome future challenges (Capella et al., 2016). In Brazil, a cognitive behavioural group therapy programme known as Superar has been shown to be effective for children and adolescents who have been victims of sexual violence, and individual therapy with adolescent girls between the ages of 9 and 16 is anecdotally reported to decrease symptoms of depression, stress, and diagnostic criteria linked to PTSD (Schneider & Habigzang, 2016).

In addition to children who have faced sexual abuse and violence, mental health and psychosocial programmes have also been shown to be
effective for children in other settings. In a screening of 107 children who worked on the streets in Brazil and who had participated in a psychosocial programme two years prior, it was found that the children were less likely to have mental health problems (56.1%) than before participating in the programme (67.5%) (Hoffmann et al., 2017). In this instance, the absence of child physical neglect was closely linked to lower levels of mental health problems for children participating in the study, among other factors, suggesting a need to also target caregivers and parents in such interventions. Similarly, a culturally adapted form of Spiritually Oriented Trauma-Focused Cognitive Behavioural Therapy (SO-TFCBT) has been used in Haiti for child victims of restavek (a form of modern-day slavery that primarily impacts on children from poor rural families who are sent to work as indentured servants) (Wang et al., 2016). In a study of 58 children and adolescents between the ages of 6 and 20, who were identified by teachers or school administrations as having experienced some form of physical or sexual trauma, it was found that participants receiving this form of therapy over a period of 12 sessions experienced a medium-to-large effect in the reduction of symptoms of post-traumatic stress, compared to the natural recovery process, as well as a reduction in spiritual struggles (Wang et al., 2016). These studies suggest that in addition to being effective, mental health and psychosocial support programmes and interventions may be adaptable for use in different settings and to respond to different forms of violence in the region.

The community-based programme, The Equilibrium Program (TEP), implemented in São Paulo, Brazil, provides reintegration for traumatized and neglected children and adolescents with behavioural and mental problems living in foster centres, such as group shelters, or under vulnerable conditions with their families. For children living with their families, the aim of the intervention is to reinforce family relationships and provide a safe family environment. The programme team supported this process by providing family and individual therapy (using a wide range of approaches suited to specific needs) and reintegration workshops, and by orienting families toward available government benefits. All activities were integrated within the community centre to create a flexible and accepting social environment. A primary case manager was assigned to each participant to ensure coordination and the continuity of care between programme activities and external agencies and to promote school, family, and social reintegration. Over 92,000 appointments were completed, with 47.1% of children reintegrated into families (Horvath et al., 2015). A qualitative evaluation of the key challenges found that (1) creation of a multidisciplinary service in a safe and non-stigmatized setting in the vicinity of the user’s residence that was safely accessible to providers was a challenge, (2) the development and maintenance of partnerships including between a university, other service providers (such as social services, schools, health providers, and child welfare agencies) and the municipal government took continuous effort, (3) measuring outcomes was something identified by the programme team as a challenge including the evaluation of the programme’s impact on the community. Key lessons learnt centred around providing support to reduce caregivers’ work stress, improving stability, and providing a suitable environment in group shelters as an essential strategy that can contribute to positive children’s outcomes (Horvath et al., 2015).

In spite of this, additional attention is needed for enhancing the capacity, skills, and knowledge of service providers who respond to incidents of violence against children. A study of education, health, and social service providers in the south of Brazil found that in spite of the obligation to do so, health professionals did not routinely record or report incidents of violence against children and adolescents (Da Arruda Silva et al., 2019). This may be attributable to the lack of a centralized instrument for reporting violence, with health, education, and social assistance secretariats each having their own mechanism. This leads to underreporting, incomplete data, and the invisibility of cases of violence in practice. Like in Brazil, an analysis of the gaps in responding to child sexual abuse in Trinidad and Tobago as part of the Breaking the Silence project has included the need for a seamless multidisciplinary response that bridges multiple sectors, as well as for guidelines that are workable and culturally relevant (Reid et al., 2019).

Health professionals throughout the region are often unaware of national protocols and lack training, resources, and support to respond to cases of VAC. The PAHO/WHO, in collaboration with UNICEF, undertook a comprehensive review of national health sector efforts in the prevention of, and response to,
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VAC by examining national protocols for the identification and provision of health care to child survivors of violence, abuse and neglect within the LAC region (Wirtz et al., 2016). Health sectors guidelines and protocols related to VAC were obtained from 22 of the 43 (51%) countries in the region and an additional 97 publications on the topic were also reviewed. The main objectives of the protocols varied from broad guidelines (e.g., responding to domestic violence) to more specific guidelines (e.g., protocols related to standards of care and treatment for reporting and investigating cases of VAC). Protocols intended for a broad audience (e.g., police, teachers, or health care professionals) included general guidance and focus on details for VAC documentation. Over half of the protocols included in the review (n=13, 59%) targeted health care professionals as the sole intended audience. The review found that while these protocols may exist, many health professionals do not use them or know of them (Wirtz et al., 2016). The review also highlighted the challenges with coordination between health and social protection services (this coordination challenge is also highlighted in Chapter 4 on the drivers of violence against children) (Wirtz et al., 2016).

**Faith-based programmes**

Qualitative evidence on faith-based programmes for violence prevention provide insight into the importance of these interventions for communities. World Vision’s work on gender equality in Nicaragua highlighted that situating the issue of violence prevention within religious doctrines allowed them to strengthen the coordination mechanisms with communities and establish coordination and alliances with churches and community networks (World Vision, 2019). Similarly, a qualitative study with sexual violence survivors and faith leaders in a community of internally displaced survivors in Medellin, Colombia found that the offering by churches of a spiritual response to a traumatic event and its consequences, as well as a sense of community and belonging, contributed to the coping ability and healing process of displaced survivors (Le Roux & Valencia, 2019). The authors conclude that a theological approach to address sexual violence can ensure that sexual violence prevention and response is seen as part of the core mandate of churches and mainstreamed in their activities, and by leveraging their ability to influence community and individual beliefs and behaviours, churches can counter the inter-generational cycle of intra-familial violence (Le Roux & Valencia, 2019).

**Education and life skills programmes**

Evaluated studies have shown that the some of the strongest evidence for reducing and preventing violence against children in the region comes from education and life skills interventions, which are frequently focused on changing norms and values; this is particularly true for interventions intended to reduce bullying and intimate partner violence. The **Active-Start programme in Chile**, **True Love programme in Mexico**, and Theatre of the Oppressed in Brazil have all been evaluated and found to be effective in reducing violence against children, including intimate partner violence, bullying, and physical aggression. Other evaluated experiments in education settings have also been shown to shift children’s attitudes, norms, and values around violence and to increase their knowledge of self-protection strategies against violence.

In Chile, the **Active-Start programme** has been shown to reduce bullying victimization in a group of socially disadvantaged 4th grade students (8 to 10-years-old) (Hormazábal-Aguayo et al., 2019). The participating children took part in an 8-week-long before-school physical activity programme in a deprived area of Santiago, including recreational and cooperative activities five days a week, before their first classes, which facilitated interactions between participants. An evaluation of the programme found a statistically significant reduction in the probability of suffering physical or verbal bullying following the 8-week programme, with 6.8% of the intervention group reporting physical bullying (compared to 30.9% before the intervention and 27.6% of the control group) and 5.7% reporting verbal bullying (compared to 29.3% before the intervention and 19.0% of the control group) following the programme. Additional feedback from teachers indicated a reduction in violent behaviour among children following the programme.

Intended to reduce dating violence in Mexico, the **Amor pero del Bueno (True Love) programme** has shown positive results in reducing the prevalence of perpetrated and experienced psychological violence, as well as a significant reduction in attitudes and beliefs used to justify sexism and violence in dating relationships (Sosa-Rubi et al., 2017). The programme took place in two urban low-income high schools in Mexico City, consisting of both school-level and individual level components on gender roles, dating violence and strategies for dealing with it.
as well as sexual rights. In male high school students receiving individual-level components in addition to school-level components, a 58% reduction in the perpetration of psychological violence was observed, compared to those receiving only school level components; similarly, a 55% reduction in experiencing psychological violence was observed. Females receiving both school and individual components additionally saw a 6% reduction in beliefs justifying dating violence and sexism (similarly, there was a 7% reduction for males).

The use of Theatre of the Oppressed in Brazil has shown some small, but positive results in reducing violence, in a quasi-experimental study conducted with first-year high school students (Alencastro et al., 2018). In a follow up assessment of this programme in Cuiabá, Mato Grosso with 231 students six months after the programme ended, students receiving the intervention showed a reduction in direct physical aggression (from 9.6% to 8.7%) and direct physical victimization (from 7.8% to 7%), but the control group showed a significant increase in direct physical aggression (from 10.4% to 14.6%) and victimization (8.7% to 11.3%). Indirect physical aggression was not significantly reduced in the intervention group, but increased significantly in the control group, which was also true of relational aggression. According to the authors of the evaluation, the increases in the control group may be attributable to students in the control group resorting to violence as a form of self-protection to avoid becoming victims, among other factors.

A whole school approach to decreasing levels of school violence, increasing student engagement, and improving teachers’ well-being was found to be effective in reducing violence against children in Brazil. The intervention consisted of twelve 90-minute sessions for educators on school violence prevention, involving presentations, discussions and classroom exercises. An evaluation of the intervention was conducted, before 2015, with 71 students (21 from the intervention school and 50 from the control group school) and 15 educators (8 from the intervention school and 7 from the control group school) in two public schools in Brazil (Stelko-Pereira & De Albuquerque Williams, 2016). Findings showed significant reductions in self-reported perpetration of violence by students and of teachers’ mental health problems in the intervention school, as compared to the control school. However, the intervention did not improve school engagement or reduce student victimization by staff or teacher victimization by students (Stelko-Pereira & De Albuquerque Williams, 2016).

A brief teacher-training programme in Jamaica was found to reduce violence against young children by teachers and improve the quality of the classroom environment. Two different trials were conducted of the IRIE Classroom Toolbox, a school-based teacher training programme that was adapted and successful transported from the Incredible Years programme in the United States (Baker-Henningham et al., 2019). In the trial conducted with children in grade 1 classrooms in Jamaica, teachers were trained through a combination of workshop and in-class support sessions, receiving a mean of 11.5 hours of training (range=3–20) over an 8-month period. Fourteen primary schools were randomly assigned to receive training in classroom behaviour management (n=7 schools, 27 teachers/classrooms) or to a control group (n=7 schools, 28 teachers/classrooms).

Four children from each class were randomly selected to participate in the evaluation (n=220 children). The trial found that teachers in intervention schools used significantly less violence against children, but that there was no significant effects on child aggression in the classroom (Baker-Henningham et al., 2019). The trial also found that intervention teachers provided a more emotionally supportive classroom environment, compared to control group teachers. The intervention benefitted children’s early learning skills, especially oral language and self-regulation skills, although no benefits were found for maths, reading and spelling (Baker-Henningham et al., 2019). Another single-blind, cluster-randomized trial was conducted with 76 preschools (38 preschools with 119 teachers and 441 children in the intervention group, and 38 teachers with 110 teachers and 424 children in the control group) in Kingston and St Andrew, Jamaica (Baker-Henningham et al., 2021). In this trial, all assessors were masked to group assignment which means that those doing the evaluation did not know who had received the intervention and who was part of the control group. All teachers and classrooms in the selected schools participated in the study. Similar to the other trial findings, this evaluation showed fewer counts of violence against children by teachers in the intervention schools, compared with control schools post-intervention and at the one year follow-up. No differences between groups were found in class-wide child aggression at post-intervention (Baker-Henningham et al., 2021).
In addition to reducing violence, several programmes had positive impacts on influencing beliefs and attitudes relating to violence, aggression, gender stereotypes, and other factors that might lead to or facilitate violence (particularly intimate partner violence), but have not been shown to have a direct impact on violence reduction, which was often not measured as an outcome of these interventions. In Colombia, the evaluation of a gender-based intimate partner violence prevention programme for primary school students (average age 7.8 years) found that participants in the intervention group scored lower on gender stereotypes, acceptance of peer aggression, and acceptance of physical violence against women, and higher on affective empathy, compared to the control group following the intervention (Garzón & Carcedo, 2020). The use of the prosocial video game Jesse in Barbados was linked with significant increases in affective responsiveness towards victims of intimate partner violence in both boys and girls (aged 9 to 17 years) for up to one week after exposure to the game, but did not see a statistically significant change in cognitive responsiveness (Boduszek et al., 2019). In addition, the evaluation of the Mexfam comprehensive sexuality education course for students from 14 to 17-years-old in a vocational secondary school in Mexico City has been linked to several changes in attitudes toward intimate partner violence and dating violence, including critically reflecting on and shifting attitudes related to violence and relationships; critically reflecting on gender, sexuality, and relationships; increasing communication about relationships and sexuality; and additional preventive actions related to violence and health, including sharing information from the course and intervening in violence around them (Makleff et al., 2020). Similarly, restorative justice circles have been successfully used as part of the Change from Within programme in Jamaica to teach school leaders, teachers, students, and parents skills on decision making, communication, and solving conflict, among other things. Originally implemented with the intention to reduce violence, the programme has shown positive results with regards to student behaviour, academic performance, interpersonal relationships, and classroom management by promoting education for sustainable development and global citizenship education (Ferguson & Chevannes, 2018).

Education interventions for child sexual abuse self-protection strategies have also been shown to improve children’s knowledge. In Ecuador, after children between the ages of 7 and 12 participated in a 10-week education programme on self-protection strategies (including identifying trusted adults, identifying appropriate and inappropriate touching, improving self-esteem, avoiding risky situations, practising the right to say ‘no’, and disclosing abuse), an evaluation showed that children had increased and maintained their knowledge of child sexual abuse six months following the end of the programme (Bustamante et al., 2019).

Despite important school-based programmes, many families may not be engaging with schools. A qualitative study with five education counsellors in four schools in the Federal District of Brazil found that one of the greatest challenges facing them was the absence of families from schools. This study found that perceptions of educational professionals was that parents often “can’t deal with their children”, but according to the parents who the education counsellors work with, the bad behaviours they identify in their children are due to the school (Seabra & Oliveira, 2017). The authors highlight that there needs to be a greater articulation between families and schools so that they are on the same page for programming.

A qualitative case study approach was used to examine how teachers of early years children respond to the needs of children from adverse environments in Jamaica and Belize. Four teachers were interviewed to create the case studies. The thematic findings highlight teachers’ limited knowledge about helping children and the teacher’s own fear, both for themselves and students. The author highlights that there is a need for ongoing professional development for teachers to enable them to better meet the needs of young children in these settings (Kinkead-Clark, 2019).

Armed violence prevention programmes
Programmes intended to address armed violence against children, both in conflict and non-conflict settings, have been shown to be effective in preventing and reducing violence, as well as mitigating some of the impacts of violence. Certain policing methods—particularly hot-spots policing, which focuses resources on a small
number of areas with high crime rates, and problem-oriented policing, a preventive strategy that tailors the response to increasing the chances of apprehending an offender and reducing opportunities for criminal behaviour—have been shown to be effective at reducing community violence (Chioda, 2017). In addition, evidence shows that school-based interventions may also be effective in preventing and responding to community violence and armed conflict..

Social norms interventions, such as the Cure Violence adaptation in Honduras, have also been shown to be effective in reducing armed violence. Developed in Chicago, the Cure Violence model is a programme that reduces violence through changes to norms and behaviour. The Honduras adaptation of the programme was implemented in San Pedro Sula, one of the cities with the highest homicide rates in the world. The programme began in 2013 and results were analysed in two periods, 2014 and 2015 (compared to 2013 and 2014, respectively), and published in 2017 (and, hence, included in this review). Findings showed a significant reduction in shootings and a minor reduction in the number of homicides (Ransford et al., 2017).

Another example is the Aulas en Paz (Classrooms in Peace) programme in Colombia, which involved 1,154 students from 7 schools located in neighbourhoods with high levels of youth gangs, drug cartels, and armed violence in two cities. Implemented over the course of two years, the programme included multiple interventions, including a classroom curriculum for all students in the class, home visits with the 10% most aggressive children and workshops for their parents, and extracurricular groups that paired two aggressive children with four prosocial children. According to teacher reports, the programme was successful in promoting prosocial behaviour and reducing aggressive behaviour among students, while students reported increased assertiveness and reduced verbal victimization. While the intervention faced implementation and evaluation challenges, with only half of planned activities actually being implemented, the low implementation cost (US$ 25 per student per year) was found to be a benefit (Chaux et al., 2017). Similarly, research shows that school environment can mitigate the effects of exposure to violence. For example, a study conducted in Colombia an area affected by conflict showed that school environment (e.g., safety, connectedness, and services) can moderate the consequences of exposure to violence in adolescents, reducing the development of externalizing behaviour (Gaia et al., 2019).

Interventions aimed at improving children’s mental health and psychosocial well-being when facing high levels of organized crime or armed violence have also been shown to be effective. In Comuna 13, a community in Medellin, Colombia with high levels of civil conflict and organized crime, an initiative that blended improving caregivers’ capacity for empathy, positive parenting approaches, and community empowerment methods has been shown to be effective in improving outcomes for children and families and bolstering young children’s psychosocial well-being. Over the course of eight weeks, parents were provided with caregiver training on emotional dialogue, comprehension dialogue, and regulative dialogue in order to enhance infant-caregiver empathy. The programme also included neighbourhood awareness raising, home-to-home family visits, and other community activities, which were found to strengthen both formal and informal child protection systems in a violent neighbourhood of Colombia (Cook et al., 2017). In addition to being preventative, such programmes can also help to address the psychological problems of children and adolescents who have been victims of violence during armed violence, as shown in a recent evaluation of the Well-Being Programme, a rural primary care mental health programme in Colombia. The programme consisted of multiple interventions, including establishing a basis for mental health care, psychosocial support, and prevention activities; nine 2-hour sessions for participants to develop coping and conflict resolution skills; and an education programme on healthy lifestyles and life skills over nine 2-hour sessions. Following a sample of 127 children, 162 adolescents, and 677 adults, the programme was found to significantly decrease most psychological problem scores of children and adults who participated in the programme, with many changing from the clinical range to the normal range of psychological problem scores. In addition, both adolescents and adults were found to reduce their use of negative coping skills after participating and fewer internalizing and externalizing behaviours were found in the group of children who participated following the intervention (Hewitt-Ramirez et al., 2020). These two programmes suggest that even when exposed to armed violence or community violence, programmes that include community-based components may be helpful to support children and adolescents who have experienced violence.
A recent theory-driven and case study evaluation of UNICEF’s Phase 2 (2014–2017) of the Armed Violence Prevention and Reduction Programme has been effective in several areas. First, UNICEF’s work through its country offices in the region and the LACRO has been effective in supporting the generation of data and statistics on armed violence prevention and reduction (AVPR). Second, AVPR programming has been documented in creating safe spaces, child-friendly activities, and developing life skills among at-risk adolescents. Third, the programme has also made significant efforts to keep at-risk children in school (Universalia, 2019). Findings from the programme assessment highlight that the focus on broader VAC programming may not adequately address the drivers, consequences and interventions related to AVPR for children and that much more targeted programming may be more effective (Universalia, 2019).

Involving children and adolescents
Increasingly, interventions are also involving children and adolescents in meaningful ways in their design and implementation. In the Colombia Protecting Early Childhood From Violence Project, adolescents and youth demonstrated a strong interest in, and capacity for, both mentoring younger children and engaging local institutions (e.g., schools, libraries) in this process (Cook et al., 2017). A qualitative study was conducted with Mexican adolescents to identify gender norms in order to develop better teen dating violence interventions. The study found that when asked about healthy and unhealthy relationship characteristics, much of youth dialogue revolved around what they feared or did not desire and that teen dating violence prevention efforts should be multi-tiered and include parents, schools, and counsellors to help youth to think critically about how cultural discourses around sexuality and dating can promote or hinder healthy relationships (Rueda et al., 2019). Similarly, a survey conducted with 709 adolescent boys and girls as part of Peru’s Dare to Raise with Love campaign to gather their input to help inform parenting programmes (Acción por los Niños et al., 2019) found that adolescents felt that bad behaviour should be corrected through actions or measures that do not involve humiliation or violence. Qualitative participatory research, based on the Culture Circles of Paulo Freire was conducted with 12 adolescents leaders in Brazil to inform a bullying prevention programme. This programme in particular encouraged youth leaders to engage with school nurses to support education practices in collaboration with anti-bullying programmes (Brandão Neto et al., 2020).
Chapter 7. Conclusion and gaps in data on violence against children

“All neglected issues have bad data.”

– Dr Lincoln Chen, Global Chair Know Violence

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This review has found that children experience multiple forms of violence and that this violence has a significant impact on their health, well-being and other outcomes. There has, however, been significant progress made in the region on preventing violence against children. This landscape has changed significantly from 2015 to include more prevalence and evaluation data. Post-2015 has also seen the completion of more nationally representative Violence Against Children and Youth Surveys, in addition to those conducted in Haiti, Colombia, Honduras and El Salvador. The evidence base has also shifted since 2015 to include more data on the intersection of individual factors and inequalities with risk factors to better understand children’s experiences of violence, although more could be done to better disaggregate data, especially by age, ethnicity and gender.

This review highlights how the prevention landscape has shifted with some key initiatives since 2015 and identifies some promising evaluated interventions that can end violence against children, including interventions that can be conducted in school-based settings and those focused on parenting, as well as the potential for cash transfer programmes to contribute to preventing violence against children. The review also highlights that there are types of violence against children—such as homicide and armed violence—both of which sit under the larger umbrella of community violence, that appear to be rising in certain countries. There are some prevention programmes that have been shown to be effective in reducing homicide and armed violence, including small arms reduction policy work, multi-component community-based programmes often including vocational training elements, hot-spots policing, and cash transfer programmes, many of which also have norm change components. In addition, there are forms of violence that are neither increasing or decreasing over time in terms of prevalence—these may be more entrenched types of violence and indeed we see that these (including all types of gender-based violence and emotional violence against children) are heavily influenced by norms, particularly machismo, but also the acceptability of violence, as identified in this review.

This review highlights that the region is active in implementing all of the INSPIRE strategies, with a particular focus on cash transfers, parenting, and education and life skills programmes. What is unique is that a lot of these programmes have significant norms components, such that norms programming did not appear to stand alone in the interventions evaluated. This sits well with new thinking about the INSPIRE accelerators concept, which aims to identify the combinations of INSPIRE strategies that have the largest impact across the most SDGs.

There are other norms, besides machismo, that have been recently documented in the region. The one gaining quite a bit of traction in recent research is around the acceptability of violence for children growing up in conflict and armed violence environments. This is an area that could help influence programme messaging quite significantly and should be explored further. Norms also appear to be changing globally due to the COVID-19 pandemic, which is important to keep in mind for future planning in the region. These include the reduced stigma and increased normality of talking about mental health issues and the increased normalcy of virtual and hybrid environments for programming.

Throughout this review, the instrumental involvement of the health sector in measuring, responding to and preventing VAC was identified. New findings also point to the impetus for engaging the education sector, as the links between VAC and education and learning outcomes are clearly highlighted in recent data. Cross-sectoral work is needed to tackle the various forms of VAC—including the continuum of online and offline violence and the fluidity of violence across settings, as was seen with armed conflict and gang violence. More research is needed to understand these continuums and more prevalence data is needed to understand the magnitude of online exploitation and abuse.

This review also highlighted the need to engage children and adolescents more in research and programme
design elements for prevention programming. Several programmes have done this successfully, presenting examples to ensure that children’s voices are heard and reflected in VAC prevention and response measures. But more research, in which children are meaningful engaged, is needed to generate more data on what creates resilience and protects children from violence.

Finally, the review highlighted some key research gaps in the region, including the following:

- **It is important to understand the interconnections between the individual, collective and structural roots of violence in the LAC region**, which combine to affect different children in different ways. For example, there is evidence on the consequences of community violence (e.g., gangs, armed conflict), however, there are few studies on violence perpetrated by the State, or how repressive government measures to fight violence can impact on children, particularly in terms of the perception and norms surrounding interpersonal violence.

- **There is a need to develop systematic data collection systems that provide disaggregated data (subnational, urban/rural, age, ethnicity and gender), data on whether or not VAC was perpetrated with armed violence, and gaps in child protection services.** This review has highlighted that systematic data collection efforts are piecemeal—only measuring parts of the puzzle. More disaggregated data is needed especially among indigenous communities and in conflict settings. Age disaggregated data should allow for the first and second decade (e.g. 0 to 10 and 11-17) disaggregation at a minimum. Furthermore, more evaluation studies of interventions need to include gender disaggregation and a gender analysis of findings.

- **A comprehensive set of violence variables is lacking in ongoing longitudinal data collection efforts in the region.** Following the same children over time enables the exploration of how children’s experiences of and responses to violence change with age and how past experiences shape later experiences, outcomes and trajectories.

- **There is a gap in recent data on children who may be vulnerable to violence, including children living with disabilities and children in residential care settings.** Limited recent evaluated interventions were found on programmes addressing violence among these groups.

- **More data is needed on the education and economic impacts of violence against children in the region, including on education, employment, wage earnings, human capital and GDP outcomes.** Part of this would involve more research on the impact of violence against children on education in the early years and how this may set inequitable trajectories for certain children over time.

In conclusion, evidence from this systematic review shows how violence against children is prevalent in the LAC region and can be deeply damaging to children and adolescents. Analyses show how violence conspires unevenly to create and maintain inequalities between and within countries. Data from the region adds new findings to the global evidence base and strong evaluation data also shows that violence against children is preventable.

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Appendices

Appendix A:

Additional graphs on prevalence and beliefs around the justification of IPV

Guatemala

In Guatemala, the prevalence of justification of IPV among 15-19-years-old adolescents and the prevalence of physical IPV experienced by this age group are similar. In Guatemala, for example, in 2014/15, 13.5% of adolescent girls and 12.3% of adolescent boys agreed with one of the five scenarios justifying IPV and self-reported physical IPV among ever-married adolescent girls was at 11.3%. In addition, community norms and adolescent norms around justifications for IPV are similar (11% of females aged 15–49 and 7.3% of males aged 15–49, compared to 13.5% of adolescent girls and 12.3% adolescent boys) (MSPAS et al., 2017).

**Figure A1.** Guatemala: Prevalence (%) of males and females aged 15–19 (adolescents) and males and females aged 15–49 (community) who believe wife-beating is justified, and prevalence (%) of physical IPV among ever-married women aged 15–19 by their spouse—DHS (2014/15)

**Figure A2.** Guatemala: Trend in prevalence (%) of men and women aged 15–49 (community) who believe wife-beating is justified in any of the five scenarios—DHS (2014/15)
Guyana

In Guyana, adolescent norms and community norms around justifications for IPV are also similar, but this is more pronounced for adolescent girls (25.1% of adolescent boys and 17.7% of adolescent girls, compared to 19.3% of males aged 15–49 and 16.3% of females aged 15–49 in 2009). We were not able to compare the prevalence of justifications for physical IPV among married adolescent girls aged 15–19-years-old and their experiences of physical IPV due to the lack of data (Ministry of Health et al., 2010).

**Figure A3.** Guyana: Prevalence (%) of males and females aged 15–19 (adolescents) and males and females aged 15–49 (community) who believe wife-beating is justified, and prevalence (%) of physical IPV among ever-married women aged 15–19 by their spouse—DHS (2009)

**Figure A4.** Guyana: Prevalence (%) of men and women aged 15–49 (community) who believe wife-beating is justified in any of the five scenarios—DHS (2009)

Source: Ministry of Health et al. (2010)
Haiti

In Haiti, there is little variation between community norms and adolescent norms around justifications for IPV (23.3% of adolescent girls and 15.2% of adolescent boys, compared to 16.6% of females and 10.9% males aged 15–49 in the wider community in 2016/17). There is also a closer match between the adolescent norms around justification for IPV and the prevalence of physical IPV experienced by adolescent girls (20.6% of ever-married adolescent girls reported experiencing physical IPV in 2016/17) (IHE & ICF, 2018).

Furthermore, trend data from the DHS in Haiti shows that agreement with negative gender norm statements justifying IPV has declined among adolescent girls (from 41.9% in 2000, to 23.3% in 2016/17), among adolescent boys (from 30.1% in 2000, to 15.2% in 2016/17), and in the wider community (from 20.2% for male in 2000, to 10.9% in 2016/17; from 40.2% for female in 2000, to 16.6% in 2016/17) in the last decade. In terms of physical IPV victimization among adolescent girls, this has slightly increased from 18.4% in 2000 to 20.6% in 2016/17 (Cayemittes et al., 2001; Cayemittes et al., 2007; Cayemittes et al., 2013; IHE & ICF, 2018).

Figure A5. Haiti: Prevalence (%) of women aged 15–19 (adolescents) and women aged 15–49 (community) who believe wife-beating is justified in any of the five scenarios, and prevalence (%) of physical IPV among ever-married women aged 15–19 by their spouse—DHS (2016/17)

Figure A6. Haiti: Trends in prevalence (%) of males and females aged 15–19 (adolescents) and males and females aged 15–49 (community) who believe wife-beating is justified, and prevalence (%) of physical IPV among ever-married women aged 15–19 by their spouse—DHS (2000, 2005/06, 2012, 2016/17)
Honduras

Overall, adolescent justification of IPV is slightly higher than community-wide gender norms in Honduras (15.2% of adolescent girls and 17.7% adolescent boys, compared to 12.4% of females and 9.9% males aged 15–49 in the wider community in 2011/12). There is a much closer match between the prevalence of the justification of IPV and the experiences of physical IPV among ever-married adolescent girls (15.2% of girls and 17.7% of boys agreed with one of the five scenarios justifying IPV and 15.1% reported physical IPV victimization in 2011/12) (Secretaría de Salud, Instituto Nacional de Estadística, & ICF International, 2013). Honduras’ trend data shows that the agreement with negative gender norm statements justifying IPV has declined among adolescent girls (from 18% agreeing in 2005/06 to 15.2% in 2011/12). In terms of the prevalence of physical IPV among adolescent girls, the data was only available in 2011/12, which was reported at 15.1% (Secretaría de Salud, Instituto Nacional de Estadística, & ICF International, 2013).

Figure A7. Honduras: Prevalence (%) of women aged 15–19 (adolescents) and women aged 15–49 (community) who believe wife-beating is justified in any of the five scenarios, and prevalence (%) of physical IPV among ever-married women aged 15–19 by their spouse—DHS (2011/12)

Figure A8. Honduras: Trend in prevalence (%) of men and women aged 15–49 (community) who believe wife-beating is justified in any of the five scenarios—DHS (2005/06, 2011/12)

Figure A9. Honduras: Trends in prevalence (%) of women aged 15–19 (adolescents) who believe wife-beating is justified in any of the five scenarios, and prevalence (%) of physical IPV among ever-married women aged 15–19 by their spouse—DHS (2005/06, 2011/12)
In Nicaragua, the prevalence of justifications around IPV among adolescent girls is higher than that in the wider community (25.4% of adolescent girls, compared to 16.9% of females aged 15–49 in the wider community, agreed with at least one of the IPV justification statements in 2001) (Instituto Nacional de Estadísticas y Censos & ORC Macro, 2002). The prevalence of physical IPV among adolescent girls was not available.

**Figure A10.** Nicaragua: Prevalence (%) of women aged 15–19 (adolescents) and women aged 15–49 (community) who believe wife-beating is justified in any of the five scenarios—DHS (2001)

**Figure A11.** Nicaragua: Trend in prevalence (%) of men and women aged 15–49 (community) who believe wife-beating is justified in any of the five scenarios—DHS (2001)
Appendix B:

Additional graphs on prevalence and beliefs around use of physical punishment

**Argentina**

In Argentina, an over 8 percentage points difference was found between the highest prevalence of severe physical punishment in North Western Argentina (15.3%) and the lowest prevalence in Great Buenos Aires (7.1%) in 2011/12 (Secretaría Nacional de Niñez, Adolescencia y Familia & UNICEF, 2013).

**Figure B1.** Argentina: Prevalence (%) of physical punishment among boys and girls aged 1–14 and prevalence (%) of caretakers/mothers of children aged 1–14 who believe physical punishment is needed to bring up, raise, or educate a child properly—MICS (2011/12)

![Argentina Prevalence Chart](chart.png)


**Barbados**

St Michael, Barbados reports the lowest prevalence of caregiver beliefs in the necessity of physical punishment, however, this region has the highest prevalence of severe physical punishment (10.6% in 2012) (Barbados Statistical Service & UNICEF, 2014).

**Figure B2.** Barbados: Prevalence (%) of physical punishment among boys and girls aged 1–14 and prevalence (%) of caretakers/mothers of children aged 1–14 who believe physical punishment is needed to bring up, raise, or educate a child properly—MICS (2012)

![Barbados Prevalence Chart](chart.png)

Source: Barbados Statistical Service & UNICEF (2014)
**Belize**

In Belize, a nearly 15 percentage point difference can be observed between the region with the highest use of severe physical punishment (Toledo, 16.6%) and the lowest (Cayo, 1.8%) in 2015/16 (Statistical Institute of Belize & UNICEF Belize, 2017).

**Figure B3.** Belize: Prevalence (%) of physical punishment among boys and girls aged 1–14 and prevalence (%) of caretakers/mothers of children aged 1–14 who believe physical punishment is needed to bring up, raise, or educate a child properly—MICS (2015/16)

Source: Statistical Institute of Belize & UNICEF Belize (2017)

**Costa Rica**

Costa Rica has one of the highest prevalence of caregiver beliefs in the necessity of physical punishment in the region (ranging from 17.6% in Cartago to 29.4% in Limon in 2018). The belief in the necessity of physical punishment is much higher than the prevalence of the use of severe physical punishment by caretakers/mothers (Ministerio de Salud et al., 2018).

**Figure B4.** Costa Rica: Prevalence (%) of physical punishment among boys and girls aged 1–14 and prevalence (%) of caretakers/mothers of children aged 1–14 who believe physical punishment is needed to bring up, raise, or educate a child properly—MICS (2018)

Source: Ministerio de Salud et al. (2018)
Figure B5. Costa Rica: Trends in prevalence (%) of physical punishment (both ‘any’ and ‘severe’) among boys and girls aged 1–14, and prevalence (%) of caretakers/mothers of children aged 1–14 who believe physical punishment is needed to bring up, raise or educate a child properly—MICS (2011–2018)

Source: Ministerio de Salud et al. (2018)

Cuba

In Cuba, we can see a slight difference between the use of physical punishment between regions within the country. The difference between the highest use of severe physical punishment region (Grama, 7.1%) and the lowest (Artemisa, 0%) is only 7 percentage points in 2014. In addition, we can also see that the prevalence of caregiver beliefs in the necessity of physical punishment does not vary much across different regions (Dirección de Registros Médicos y Estadísticas de Salud & MINSAP, 2015).

Figure B6. Cuba: Prevalence (%) of physical punishment among boys and girls aged 1–14 and prevalence (%) of caretakers/mothers of children aged 1–14 who believe physical punishment is needed to bring up, raise, or educate a child properly—MICS (2014)

Source: Dirección de Registros Médicos y Estadísticas de Salud & MINSAP (2015)
**Figure B7.** Cuba: Trends in prevalence (%) of physical punishment among boys and girls aged 1–14, and prevalence (%) of caretakers/mothers of children aged 1–14 who believe physical punishment is needed to bring up, raise or educate a child properly—MICS (2014–2019)

Overall, the prevalence of caregivers’ belief in the necessity of physical punishment and the prevalence of severe forms of physical punishment are relatively low in all the regions of the Dominican Republic. Notably, however, the self-reported use of severe physical punishment (4.0%) surpassed the prevalence of attitudes related to the necessity of using physical punishment (3.0%) in South Cibao in 2014 (Oficina Nacional de Estadística & UNICEF, 2016).

**Figure B8.** Dominican Republic: Prevalence (%) of physical punishment among boys and girls aged 1–14 and prevalence (%) of caretakers/mothers of children aged 1–14 who believe physical punishment is needed to bring up, raise, or educate a child properly—MICS (2014)
El Salvador

In El Salvador, the differences between the prevalence of caregiver beliefs in the necessity of physical punishment across regions are not substantial. The prevalence of such beliefs is much higher than the prevalence of the use of severe physical punishments by caretakers/mothers (Instituto Nacional de Salud et al., 2014).

Figure B9. El Salvador: Prevalence (%) of physical punishment among boys and girls aged 1–14 and prevalence (%) of caretakers/mothers of children aged 1–14 who believe physical punishment is needed to bring up, raise, or educate a child properly—MICS (2014)

Source: Instituto Nacional de Salud et al. (2014)

Guyana

Figure B10. Guyana: Trends in prevalence (%) of physical punishment (both ‘any’ and ‘severe’) among boys and girls aged 1–14, and prevalence (%) of caretakers/mothers of children aged 1–14 who believe physical punishment is needed to bring up, raise or educate a child properly—MICS (2006–2014)

Jamaica

Figure B11. Jamaica: Trends in prevalence (%) of physical punishment (both ‘any’ and ‘severe’) among boys and girls aged 1–14, and prevalence (%) of caretakers/mothers of children aged 1–14 who believe physical punishment is needed to bring up, raise or educate a child properly—MICS (2010–2018)

Mexico

In Mexico, we can see a relatively big difference between regions in terms of the use of any physical punishment with the difference between the lowest use region (35.7% in Mexico City, Mexico State) and the highest use region (55.1% in Central Mexico) being nearly 20 percentage points in 2015. The differences between the use of severe physical punishment are not substantial (Instituto Nacional de Salud Pública & UNICEF, 2016).

Figure B12. Mexico: Prevalence (%) of physical punishment among boys and girls aged 1–14 and prevalence (%) of caretakers/mothers of children aged 1–14 who believe physical punishment is needed to bring up, raise, or educate a child properly—MICS (2015)
In Panama, we can see a big difference (over 20 percentage points differences) in terms of the prevalence of caregiver beliefs in the necessity of physical punishment across regions, with the highest prevalence reported in Ngabe Bugle (20.9%) and the lowest in Cocle (0.7%) in 2013 (Contraloría General de la República, 2014).

Figure B13. Panama: Prevalence (%) of physical punishment among boys and girls aged 1–14 and prevalence (%) of caretakers/mothers of children aged 1–14 who believe physical punishment is needed to bring up, raise, or educate a child properly—MICS (2013)

In Paraguay, the highest prevalence of severe physical punishment among boys and girls aged 1–14 is in Boqueron (11.5% in 2016), which is three times higher than the lowest prevalence in Alto Parana (1.4% in 2016). Similar to Costa Rica, the belief in the necessity of physical punishment is higher than the prevalence of the use of severe physical punishments by caretakers/mothers (Dirección General de Estadísticas de Encuestas y Censos & Ministerio de Salud Pública y Bienestar Social, 2016).

Figure B14. Paraguay: Prevalence (%) of physical punishment among boys and girls aged 1–14 and prevalence (%) of caretakers/mothers of children aged 1–14 who believe physical punishment is needed to bring up, raise, or educate a child properly—MICS (2016)
In Suriname, in terms of severe physical punishment, we can see quite a big difference (over 15 percentage points difference) between the lowest use region, which is Commewijne (4.1% in 2010), and the highest, which is Coronie (20.5% in 2010) (Ministry of Social Affairs and Housing & General Bureau of Statistics, 2012).

**Figure B15.** Suriname: Prevalence (%) of physical punishment among boys and girls aged 1–14 and prevalence (%) of caretakers/mothers of children aged 1–14 who believe physical punishment is needed to bring up, raise, or educate a child properly—MICS (2010)

**Figure B16.** Suriname: Trend in prevalence (%) of physical punishment among boys and girls aged 1–14, and prevalence (%) of caretakers/mothers of children aged 1–14 who believe physical punishment is needed to bring up, raise or educate a child properly—MICS (2010–2018)

Source: Ministry of Social Affairs and Housing & General Bureau of Statistics (2012)
**Trinidad and Tobago**

In Trinidad and Tobago, the highest prevalence of the use of severe physical punishment was found in the North Central region (5.9% in 2011) and the lowest in the South West region (1.9% in 2011). There was no large variation in terms of the beliefs around the necessity of the use of physical punishment across regions (Ministry of Social Development and Family Services et al., 2017).

**Figure B17.** Trinidad and Tobago: Prevalence (%) of physical punishment among boys and girls aged 1–14 and prevalence (%) of caretakers/mothers of children aged 1–14 who believe physical punishment is needed to bring up, raise, or educate a child properly—MICS (2011)

**Figure B18.** Trinidad and Tobago: Trends in prevalence (%) of physical punishment among boys and girls aged 1–14, and prevalence (%) of caretakers/mothers of children aged 1–14 who believe physical punishment is needed to bring up, raise or educate a child properly—MICS (2006–2011)

Source: Ministry of Social Development and Family Services et al. (2017)
Uruguay

The prevalence of caregiver beliefs in the necessity of physical punishment and the prevalence of the use of severe physical punishment are relatively low in Uruguay. Notably, the self-reported use of severe physical punishment (3.4% in 2012/13) surpasses the prevalence of attitudes related to the necessity of using physical punishment (1.5% in 2012/13) in Montevideo and Metropolitan area (MINDES & UNICEF, 2015).

**Figure B19.** Uruguay: Prevalence (%) of physical punishment among boys and girls aged 1–14 and prevalence (%) of caretakers/mothers of children aged 1–14 who believe physical punishment is needed to bring up, raise, or educate a child properly—MICS (2012/13)

### Appendix C:

Perceived levels of enforcement of VAC legislation from INSPIRE Regional Status Report (PAHO, 2020)

<table>
<thead>
<tr>
<th>Country</th>
<th>Bans on corporal punishment</th>
<th>Against statutory rape</th>
<th>Against contact sexual violence excluding rape</th>
<th>Against non-contact sexual violence</th>
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<tr>
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Note: NA means not applicable and dash means not available
Appendix D:

Country profiles
All studies of each country are included for drivers and consequences; for interventions studies, robust evaluations are included; for prevalence studies comparable data is presented and other studies signposted in the full reference list.

Table D1. Argentina country profile

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<th>Population</th>
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<tr>
<td>Total population:</td>
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<td>Percentage of population that are children (&lt;18-years-old):</td>
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<table>
<thead>
<tr>
<th>Comparable prevalence data</th>
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</thead>
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<td>a) % any physical punishment (1–14 years)/MICS data: (F6)</td>
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<tr>
<td>b) % severe physical punishment (1–14 years)/MICS data: (F6)</td>
</tr>
<tr>
<td>c) % psychological aggression as part of physical punishment (1–14 years)/MICS data: (F9)</td>
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<td>d) % sexual violence any perpetrator (15–19 years)/DHS data: (F3)</td>
</tr>
<tr>
<td>e) % intimate partner violence (15–19 years)/DHS data: (F4)</td>
</tr>
<tr>
<td>f) % any bullying in past month (13–15 years)/GSHS data: (F10)</td>
</tr>
<tr>
<td>g) % experiencing physical attacks (13–15 years)/GSHS data: (F14)</td>
</tr>
<tr>
<td>h) % bullied through sexual comments, jokes or gestures (15 years)/GSHS data: (F12)</td>
</tr>
</tbody>
</table>

Other prevalence studies on VAC – Indicative list
(for full list see References):

- 3.7% of caretakers/mothers believe that children need to be physically punished (MICS data).
- 44.2% of male students and 24.7% of female students were in a physical fight one or more times during the 12 months before the survey (GSHS datasets, WHO n.d.).
- A study conducted by Ravalli and Paoloni (2016) revealed that 78% of adolescents experienced some type of negative experiences in Internet use in the past year. The most common type of negative experience experienced by participants was the presence of unpleasant and disturbing messages (33%).

Studies conducted and published between 2015–2021 have found the following drivers, risk and protective factors for VAC Indicative list
(for full list see References):

- Poor parent-child bonding and insecure attachments were found to be risk factors for violence (Bobbio & Arbach, 2019).
- A study by Carrington et al. (2019) about women’s policies stations showed that having a proper infrastructure is a key element to prevent children’s re-victimization. The research team explained that the women’s police stations have a separate space for children that prevent them from hearing their mothers recounting their experiences of violence.
- Experiencing one type of violence can be a catalyst for experiencing other types of violence (Resett, 2019).

The following studies evaluating prevention of VAC programmes have been published (for full list see References):

N/A
### Table D2. Belize country profile

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<thead>
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<th>Population</th>
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<td>Total population:</td>
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<tr>
<td>Percentage of population that are children (&lt;18-years-old):</td>
<td></td>
</tr>
</tbody>
</table>

#### Comparable prevalence data

| a) % any physical punishment (1–14 years)/MICS data: | a) Male: 51.2%; Female: 45.1% |
| b) % severe physical punishment (1–14 years)/MICS data: | b) Male 7.8%; Female: 5% |
| c) % psychological aggression as part of physical punishment (1–14 years)/ MICS data: | c) Male: 53.5%; Female: 54.2% |
| d) % sexual violence any perpetrator (15–19 years)/DHS data: | d) N/A |
| e) % intimate partner violence (15–19 years)/DHS data: | e) N/A |
| f) % any bullying in past month (13–15 years)/GSHS data: | f) Male: 30.3%; Female: 31.1% |
| g) % experiencing physical attacks (13–15 years)/GSHS data: | g) Male: 33.6%; Female: 23% |
| h) % bullied through sexual comments, jokes or gestures (15 years)/GSHS data: | h) Male: 8.4%; Female: 5.4% |

#### Other prevalence studies on VAC – Indicative list

- 26.2% of caretakers/mothers believe that children need to be physically punished (MICS data).
- 42.7% of male students and 29.7% of female students were in a physical fight one or more times during the 12 months before the survey (GSHS data, WHO, n.d.).
- Findings from the fifth round of the Belize Multiple Indicator Cluster Survey (MICS5) suggest that among children aged 1–14-years-old, 51.6% of children experienced psychological aggression, 48.3% of children were exposed to some type of physical punishment and 6.5% of them experienced severe physical punishment (Statistical Institute of Belize and UNICEF Belize, 2017).

#### Studies conducted and published between 2015–2021 have found the following drivers, risk and protective factors for VAC Indicative list

- Gender is identified as both as a risk and a protective factor for VAC. Mariko (2018) found that females used more social media, and were more likely to take precautions for preventing others from seeing their publications, and to report cases of cyberbullying to an adult.

#### Studies conducted and published between 2015–2021 have found the following consequences of VAC Indicative list

- A study with migrant students, found that children who fled violence in their home countries were less likely to attend school and had lower academic performance than their peers who left their countries for economic or other non-violent reasons (Näslund-Hadley et al., 2020).

#### The following studies evaluating prevention of VAC programmes have been published

- N/A
### Table D3. Bolivia country profile

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<th>Population</th>
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<tbody>
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<td>Percentage of population that are children (&lt;18-years-old):</td>
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| Comparable prevalence data | | |
|---------------------------|-------------------|
| a) % any physical punishment (1–14 years)/MICS data: | N/A |
| b) % severe physical punishment (1–14 years)/MICS data: | N/A |
| c) % psychological aggression as part of physical punishment (1–14 years)/MICS data: | N/A |
| d) % sexual violence any perpetrator (15–19 years)/DHS data: | N/A |
| e) % intimate partner violence (15–19 years)/DHS data: | N/A |
| f) % any bullying in past month (13–15 years)/GSHS data: | Male: 31.7%; Female: 28.2% |
| g) % experiencing physical attacks (13–15 years)/GSHS data: | Male: 38.8%; Female: 30.3% |
| h) % bullied through sexual comments, jokes or gestures (15 years)/GSHS data: | Male: 13.2%; Female: 9.4% |

<table>
<thead>
<tr>
<th>Other prevalence studies on VAC – Indicative list</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(for full list see References):</td>
<td>45.3% of male students and 20.8% of female students were in a physical fight one or more times during the 12 months before the survey (GSHS data, WHO, n.d.).</td>
</tr>
<tr>
<td></td>
<td>The homicide rate for children aged 0–17 year is 1.8 per 100,000 (WHO, 2017).</td>
</tr>
<tr>
<td></td>
<td>18.9% of male students and 6.1% of female students aged 13–15 experienced being hit, kicked, pushed, shoved around or locked indoors once or more during the 30 days before the survey (GSHS data, WHO, n.d.).</td>
</tr>
</tbody>
</table>

| Studies conducted and published between 2015–2021 have found the following drivers, risk and protective factors for VAC Indicative list | N/A |
| (for full list see References): | |

| Studies conducted and published between 2015–2021 have found the following consequences of VAC Indicative list | N/A |
| (for full list see References): | |

| The following studies evaluating prevention of VAC programmes have been published | N/A |
| (for full list see References): | |
### Table D4. Brazil country profile

#### Population
Total population: 212.55 million
Percentage of population that are children (<18-years-old): 28.33%

#### Comparable prevalence data

<table>
<thead>
<tr>
<th>Description</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Percentage of any physical punishment (1–14 years)</td>
<td>MICS data</td>
</tr>
<tr>
<td>b) Percentage of severe physical punishment (1–14 years)</td>
<td>MICS data</td>
</tr>
<tr>
<td>c) Percentage of psychological aggression as part of physical punishment (1–14 years)</td>
<td>MICS data</td>
</tr>
<tr>
<td>d) Percentage of sexual violence any perpetrator (15–19 years)</td>
<td>DHS data</td>
</tr>
<tr>
<td>e) Percentage of intimate partner violence (15–19 years)</td>
<td>DHS data</td>
</tr>
<tr>
<td>f) Percentage of any bullying in past month (13–15 years)</td>
<td>GSHS data</td>
</tr>
<tr>
<td>g) Percentage of experiencing physical attacks (13–15 years)</td>
<td>GSHS data</td>
</tr>
<tr>
<td>h) Percentage of bullied through sexual comments, jokes or gestures (15 years)</td>
<td>GSHS data</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) WHO estimated homicide rate per 100,000 population for children aged 0–17 years: 11.6</td>
<td>WHO, 2017</td>
</tr>
<tr>
<td>b) The findings of the Latin American Kids Online Network Survey carried out in Brazil, Chile, Costa Rica and Uruguay, which investigated childhood and adolescence in the digital age, revealed that from 8% to 30% of children aged 11 years and older in Brazil have been exposed to sensitive content while using Internet. This type of content includes self-harm, discriminatory messages, drug use, and violent or gory images. Moreover, 18% of respondents in Brazil reported that they had seen sexual content online in the last year</td>
<td>Trucco &amp; Palma, 2020.</td>
</tr>
<tr>
<td>c) Using data produced by the 2015 National Adolescent School-based Health Survey, Carvalho and colleagues (2019) analysed the prevalence of bullying and its associated factors among Brazilian school children. The prevalence of bullying was 7.4% overall for both genders. Boys aged 13 years studying in public schools who worked and whose mother did not have formal education were found to be more likely to be bullied</td>
<td>Carvalho Malta et al., 2019</td>
</tr>
</tbody>
</table>

#### Other prevalence studies on VAC – Indicative list

For full list see References:

- A positive social support network is a protective factor (Alcantara et al., 2017).
- Gender-based social norms that accept and justify violence (Campeiz et al., 2020a; Pereira & Brandelli Costa, 2019)
- Children’s social skills and knowledge of how to protect themselves were highlighted in the literature as being protective factors (Campos et al., 2019).
- Living in challenging conditions, such as economic hardship, having members that participate in criminal activities, and the use of drugs and other substances, also increase the likelihood of violence against children (Carlos et al., 2020).
### Tabla D4. Perfil de País – Brasil

<table>
<thead>
<tr>
<th>Studies conducted and published between 2015–2021 have found the following drivers, risk and protective factors for VAC Indicative list (for full list see References):</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Social and economic disparities create conditions that drive violence against children (Da Oliveira, 2020; Da Arruda Silva et al., 2019).</td>
</tr>
<tr>
<td>• The drivers and risk of violence may be exacerbated in times of crises and humanitarian contexts, such as the COVID-19 pandemic (Deslandes &amp; Coutinho, 2020).</td>
</tr>
<tr>
<td>• Living in a neighbourhood with community violence is related to others types of violence against children, such as bullying and child neglect (Faus et al., 2019).</td>
</tr>
<tr>
<td>• Insufficient personnel in protection agencies/institutions, and lack of knowledge and skills to identify and respond efficiently to situations of violence are also factors diving VAC (Martins-Júnior et al., 2019).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Studies conducted and published between 2015–2021 have found the following consequences of VAC Indicative list (for full list see References):</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Neurobiological disorders: Araújo showed the association between exposure to multiple forms of victimization and higher concentrations of hair cortisol; the results also showed that cortisol levels and mental health problems were associated with the severity of polyvictimization (Araújo et al., 2020).</td>
</tr>
<tr>
<td>• Poor educational and learning outcomes (Cunha et al., 2015)</td>
</tr>
<tr>
<td>• Mental health impacts (Da Freire Silva et al., 2018; Gomes Jardim et al., 2019)</td>
</tr>
<tr>
<td>• Impacts on children’s physical health, e.g., deficient oral health care (Da Silva-Júnior et al., 2018)</td>
</tr>
<tr>
<td>• Emotional and behavioural problems (Dos Reis et al., 2020)</td>
</tr>
<tr>
<td>• Increased risk of replicating violent behaviours and social norms that underpin violence (Fernandes et al., 2020)</td>
</tr>
<tr>
<td>• Motor difficulties (Flores et al., 2017)</td>
</tr>
<tr>
<td>• Gomes Jardim et al. (2019) found that the consequences of violence could last for many years after the adverse experience occurs.</td>
</tr>
<tr>
<td>• Poor education outcomes (Nuñez et al., 2017)</td>
</tr>
<tr>
<td>• Exposure to a greater number of types of violence was associated with more severe symptomatology (De Oliveira et al., 2018).</td>
</tr>
<tr>
<td>• Substance abuse (Priolo-Filho &amp; Williams, 2019; Woolley &amp; Macinko, 2018)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The following studies evaluating prevention of VAC programmes have been published (for full list see References):</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Projeto Parceria (Partnership Project) is a cognitive-behavioural intervention programme in Brazil to teach parenting skills to mothers with a history of IPV, including two units: (1) one to deal with the emotional aspects associated with a history of IPV and other traumatic experiences; and (2) another on positive parenting (Santini &amp; Williams, 2016).</td>
</tr>
</tbody>
</table>
### Table D5. Barbados country profile

| Population | 0.28 million  
| Population | Total population:  
| Percentage of population that are children (<18-years-old): | 21.42%  
| Comparable prevalence data |  
| a) % any physical punishment (1–14 years)/MICS data: | Male: 59.2%; Female: 52.2%  
| b) % severe physical punishment (1–14 years)/MICS data: | Male: 7.1%; Female: 5.1%  
| c) % psychological aggression as part of physical punishment (1–14 years)/ MICS data: | Male: 63.3%; Female: 61.5%  
| d) % sexual violence any perpetrator (15–19 years)/DHS data: | N/A  
| e) % intimate partner violence (15–19 years)/DHS data: | N/A  
| f) % any bullying in past month (13–15 years)/GSHS data: | Male: 15.4%; Female: 11%  
| g) % experiencing physical attacks (13–15 years)/GSHS data: | Male: 30.8%; Female: 27.6%  
| h) % bullied through sexual comments, jokes or gestures (15 years)/GSHS data: | N/A  
| Other prevalence studies on VAC – Indicative list |  
| (for full list see References): |  
| • 35.7% of caretakers/mothers believe that children need to be physically punished (MICS data).  
| • A study examined the prevalence of exposure to violence in the family among children from Barbados and Grenada. Findings suggested that 52% of participating children in Barbados were exposed to verbal violence directed towards their mothers or siblings. More than 5% of children in Barbados indicated observing such behaviour almost all the time (Boduszek et al., 2017).  
| • In 2008–2013, 3,519 cases of child abuse involving 4,868 children were reported in Barbados. The most common form of maltreatment reported was neglect (41.8% of all cases), followed by physical abuse (24.5%); 836 of sexual abuse cases were also reported (Debowska et al., 2018).  
| Studies conducted and published between 2015–2021 have found the following drivers, risk and protective factors for VAC Indicative list |  
| (for full list see References): |  
| • Gender-based social norms that accept and justify violence (Boduszek et al., 2017)  
| • The impacts of childhood violence on mental health could increase and be heightened by other vulnerable conditions (Hock et al., 2018).  
| • Children who had experienced high/moderate levels of various forms of violence, including those who were abused in multiple ways in and outside the family ("high overall abuse"), were significantly more likely to engage in violent and hostile behaviour, than those who reported low levels of abuse (Debowska et al., 2018).  
| The following studies evaluating prevention of VAC programmes have been published | NA |
### Table D6. Chile country profile

<table>
<thead>
<tr>
<th>Population</th>
<th>19.11 million&lt;br&gt;25.74%</th>
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</thead>
<tbody>
<tr>
<td>Total population: Children (&lt;18-years-old):</td>
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<table>
<thead>
<tr>
<th>Comparable prevalence data</th>
<th>a) N/A</th>
<th>b) N/A</th>
<th>c) N/A</th>
<th>d) N/A</th>
<th>e) N/A</th>
<th>f) Male: 15.8%; Female: 13.9%</th>
<th>g) Male: 25.1%; Female: 16.7%</th>
<th>h) N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) % any physical punishment (1–14 years)/MICS data:</td>
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<tr>
<td>b) % severe physical punishment (1–14 years)/MICS data:</td>
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<td>c) % psychological aggression as part of physical punishment (1–14 years)/MICS data:</td>
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<td>d) % sexual violence any perpetrator (15–19 years)/DHS data:</td>
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<tr>
<td>e) % intimate partner violence (15–19 years)/DHS data:</td>
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<tr>
<td>f) % any bullying in past month (13–15 years)/GSHS data:</td>
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<tr>
<td>g) % experiencing physical attacks (13–15 years)/GSHS data:</td>
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<tr>
<td>h) % bullied through sexual comments, jokes or gestures (15 years)/GSHS data:</td>
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</tbody>
</table>

| Other prevalence studies on VAC – Indicative list (for full list see References): | • 38.2% of male students and 19% of female students were in a physical fight one or more times during the 12 months before the survey (GSHS data, WHO, n.d.). |
|                                                                            | • One study investigated the lifetime prevalence of victimization and polyvictimization in a large community sample of Chilean children aged 12–18-years-old. Findings suggested that a total of 91.8% males and 93.8% females reported at least one type of victimization in their lifetimes (Pinto-Cortez et al., 2020). |
|                                                                            | • In Chile, 10%–45% of children and adolescents who use the Internet have visited websites with sensitive content in the past year. This type of content refers to: self-harm, discriminatory messages, discussions about drug use, and violent or gory images. In addition, 29% of the respondents reported that they had seen sexual images or images of naked people in the last year (Trucco & Palma, 2020). |

| Studies conducted and published between 2015–2021 have found the following drivers, risk and protective factors for VAC Indicative list (for full list see References): | • One study suggested that children may have ambivalent perceptions about the use of violence, which is linked to their experiences of political violence. The study explored children’s social representation of the coup in Chile, which took place in 1973. Children who had knowledge about the event recognized the negative consequences. However, these perceptions were combined with the belief that the event was foundational violence that was required to make social progress possible in Chile (Faúndez et al., 2020). |
|                                                                                     | • A study found that male students, students with lower individual socioeconomic status, and those who reported school-related experiences of being discriminated against due to sexual orientation, ethnic origin, or disability were more prone to experience predictors of sexual harassment victimization (López et al., 2020). |
Studies conducted and published between 2015–2021 have found the following drivers, risk and protective factors for VAC **Indicative list** *(for full list see References):*

- Experiencing one type of violence can be a catalyst for experiencing other types of violence (Ministerio del Interior & Seguridad Pública, 2018).
- Child protection services struggle with being culturally sensitive and face challenges in effectively responding to children (Sanhueza, 2016).
- Lack of gender-sensitive laws may put trans children into more vulnerable situations (Ravetllat, 2018).

Studies conducted and published between 2015–2021 have found the following consequences of VAC **Indicative list** *(for full list see References):*

- Guerra and colleagues (2018) found that experiencing sexual abuse was negatively related to the level of self-efficacy.
- Mental health issues (Riquelme et al., 2020)
- Behavioural problems, particularly aggression (Ma et al., 2016).
- Obesity and adolescent inflammation were also found to be associated with adverse childhood experiences (Reid et al., 2020).
- Organized crime and armed conflict were among the reported reasons for forced displacements in Colombia in the last several years. Mental health conditions and disorders were observed among displaced children (Gómez-Restrepo et al., 2018; Marroquín et al., 2020).
- Poor education outcomes (Von Sneidern et al., 2017)
- Extensive support networks at the community level generate strong relationships that provides emotional support, and could serve as protective factors for children, mitigating the impacts of ACEs (Von Sneidern et al., 2017).

The following studies evaluating prevention of VAC programmes have been published *(for full list see References):*

- **Triple P** is a programme based on five fundamental principles of positive parenting: to ensure a safe and stimulating environment, create a positive learning context, use assertive discipline, have realistic expectations, and take care of yourself as a parent. Triple P incorporates five progressive levels of intervention designed to meet the different needs of parents and, depending on the level, it can be implemented by various professionals, such as: physicians, nurses, psychologists, social workers, and teachers (Errázuriz et al., 2016)
- In the **Day by Day programme** in Chile, 178 mothers with children aged between 0 and 5 years participated in a six 2-hour weekly sessions consisting of components on affective communication, child-directed play, reinforcement and incentives, direct attention, logical consequences, and other positive parenting skills (Cova et al., 2020).
### Table D7. Colombia country profile

<table>
<thead>
<tr>
<th>Population</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population:</td>
<td>50.88 million</td>
</tr>
<tr>
<td>Percentage of population that are children (&lt;18-years-old):</td>
<td>30.52%</td>
</tr>
</tbody>
</table>

#### Comparable prevalence data

<table>
<thead>
<tr>
<th>a)</th>
<th>% any physical punishment (1–14 years)/MICS data:</th>
</tr>
</thead>
<tbody>
<tr>
<td>b)</td>
<td>% severe physical punishment (1–14 years)/MICS data:</td>
</tr>
<tr>
<td>c)</td>
<td>% psychological aggression as part of physical punishment (1–14 years)/ MICS data:</td>
</tr>
<tr>
<td>d)</td>
<td>% sexual violence any perpetrator (15–19 years)/DHS data:</td>
</tr>
<tr>
<td>e)</td>
<td>% intimate partner violence (15–19 years)/DHS data:</td>
</tr>
<tr>
<td>f)</td>
<td>% any bullying in past month (13–15 years)/GSHS data:</td>
</tr>
<tr>
<td>g)</td>
<td>% experiencing physical attacks (13–15 years)/GSHS data:</td>
</tr>
<tr>
<td>h)</td>
<td>% bullied through sexual comments, jokes or gestures (15 years)/GSHS data:</td>
</tr>
</tbody>
</table>

| a) | N/A |
| b) | N/A |
| c) | N/A |
| d) | N/A |
| e) | N/A |
| f) | Bogota: Male: 36.4%; Female: 32.4% |
| Bucaramanga City: Male: 32.2%; Female: 31% |
| Cali City: Male: 28.5%; Female: 29.3% |
| Manizales: Male: 35.4%; Female: 30.5% |
| Valledupar City: Male: 28.2%; Female: 33.5% |
| g) | Bogota: Male: 38.8%; Female: 24% |
| Bucaramanga City: Male: 35.6%; Female: 21.8% |
| Cali City: Male: 30.4%; Female: 17.3% |
| Manizales: Male: 34.1%; Female: 18.8% |
| Valledupar City: Male: 26.1%; Female: 21.5% |
| h) | Bogota: Male: 12.4%; Female: 9.9% |
| Bucaramanga City: Male: 10.7%; Female: 8.5% |
| Cali City: Male: 10.3%; Female: 12.9% |
| Manizales: Male: 8.4%; Female: 7.5% |
| Valledupar City: Male: 10%; Female: 8.5% |

#### Other prevalence studies on VAC – Indicative list

(for full list see References):

- Percentage of students who were in a physical fight one or more times during the 12 months before the survey (GSHS data, WHO, n.d.):
  - Bogota: Male: 55.4%; Female: 27%
  - Bucaramanga City: Male: 48.4%; Female: 21.3%
  - Cali City: Male: 43%; Female: 24.3%
  - Manizales: Male: 45.2%; Female: 20.4%
  - Valledupar City: Male: 41.8%; Female: 21%

- Trujillo et al. (2020) assessed parental reports on the use of corporal punishment against their children in order to understand corporal punishment in Colombia. The findings showed that there is a high prevalence (77%) of corporal punishment, but with low levels of severity and chronicity (Trujillo et al., 2020).

- Marroquin and colleagues (2020) conducted a secondary analysis of the 2015 National Mental Health Survey to evaluate the effects of internally displaced individuals by armed conflict on health among adolescents in Colombia. They found that suicidal thoughts and suicide attempts were present in 19.8% and 9.1% of displaced adolescents, respectively, compared to 5.8% and 2.1% of non-displaced adolescents (Marroquin et al., 2020).
### Table D7. Colombia country profile

#### Studies conducted and published between 2015–2021 have found the following drivers, risk and protective factors for VAC

<table>
<thead>
<tr>
<th>Indicative list (for full list see References):</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Avila and colleagues (2021) concluded in their study of 551 children (12–18-years-old) that parental figures play a key role in the formation of psychosocial skills in children.</td>
</tr>
<tr>
<td>• One study suggests that community risk factors not only increase the probability of violence at the community level, but also influence the use of corporal punishment in the home (Cuartas et al., 2019).</td>
</tr>
<tr>
<td>• Having lower regular engagement in physical activity is a risk factor for being a victim of school harassment (Herazo-Beltrán et al., 2019).</td>
</tr>
<tr>
<td>• Being older puts children at more danger when navigating online (Yudes-Gómez et al., 2018).</td>
</tr>
<tr>
<td>• The social and economic consequences of the armed conflict are a risk factor for different types of violence against children (Cuartas, 2018).</td>
</tr>
</tbody>
</table>

#### Studies conducted and published between 2015–2021 have found the following consequences of VAC

<table>
<thead>
<tr>
<th>Indicative list (for full list see References):</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Participants in a research carried out by Browne et al. (2019) talked about how being victims of or witnessing violence, impacted on their communication skills within families, and on the trust and relationship among children and their caregivers.</td>
</tr>
<tr>
<td>• Calderon-Delgado et al. (2020) used brain imaging technology (fMRI) and behavioural task performance and found that a deficit executive functioning for emotionally laden stimuli might be triggered by PTSD, primarily due to chronic exposure to a context of socio-political violence.</td>
</tr>
<tr>
<td>• Mental health outcomes, including suicide attempts and ideations (Ceballos-Ospino et al., 2019; Marroquín et al., 2020)</td>
</tr>
<tr>
<td>• Studies found that community violence has impacts on children’s mental health (Cuartas &amp; Leventhal, 2020; Cuartas &amp; Roy, 2019)</td>
</tr>
<tr>
<td>• Using data on 1,857 adolescents in an urban setting, Gaias et al. (2019) found that armed conflict, community violence victimization, and witnessing community violence were positively associated with externalizing behaviours, and only armed conflict was negatively associated with developmental competence.</td>
</tr>
</tbody>
</table>

#### The following studies evaluating prevention of VAC programmes have been published (for full list see References):

| In the International Child Development Programme (ICDP), a parenting programme, 176 parents (of whom 97.7% reported using physical discipline against their children) of children between 3 and 4-years-old attended child centres and participated in one of three groups: community activities at child centres; community activities and ICDP; or community activities, ICDP, and a prevention violence curriculum (Solheim et al., 2021). |
Table D8. Costa Rica country profile

<table>
<thead>
<tr>
<th>Population</th>
<th>5.09 million 27.89%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population:</td>
<td></td>
</tr>
<tr>
<td>Percentage of population that are children (&lt;18-years-old):</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comparable prevalence data</th>
<th>a) Male: 34.6%; Female: 31.3%</th>
<th>b) Male: 3.1%; Female: 2.1%</th>
<th>c) Male: 34.5%; Female: 34.1%</th>
<th>d) N/A</th>
<th>e) N/A</th>
<th>f) Male: 18.4%; Female: 19.6%</th>
<th>g) Male: 16%; Female: 11.8%</th>
<th>h) Male: 20.1%; Female: 10.8%</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) % any physical punishment (1–14 years)/MICS data:</td>
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<tr>
<td>b) % severe physical punishment (1–14 years)/MICS data:</td>
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<tr>
<td>c) % psychological aggression as part of physical punishment (1–14 years)/MICS data:</td>
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<tr>
<td>d) % sexual violence any perpetrator (15–19 years)/DHS data:</td>
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<tr>
<td>e) % intimate partner violence (15–19 years)/DHS data:</td>
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<tr>
<td>f) % any bullying in past month (13–15 years)/GSHS data:</td>
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<tr>
<td>g) % experiencing physical attacks (13–15 years)/GSHS data:</td>
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<tr>
<td>h) % bullied through sexual comments, jokes or gestures (15 years)/GSHS data:</td>
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</table>

Other prevalence studies on VAC – Indicative list (for full list see References):
- 32.3% of male students and 12.1% of female students were in a physical fight one or more times during the 12 months before the survey (GSHS data, WHO, n.d.).
- 23.9% of caretakers/mothers believe that children need to be physically punished (MICS data).
- 9%–26% of children and adolescents aged 13 years and older who use the Internet in Costa Rica have visited websites with sensitive content in the past year. The type of content includes self-harm, discriminatory messages, discussion about drug use, and violent or gory images. In addition, 24% of children in Costa Rica reported that they had seen sexual images or images of naked people in the last year (Trucco & Palma, 2020).

Studies conducted and published between 2015–2021 have found the following drivers, risk and protective factors for VAC Indicative list (for full list see References):
- One study explored the role of the hotel industry’s (corporate social responsibility) towards children who are sexually exploited in hotels. The research shows that despite the laws to prevent childhood sexual exploration, Costa Rican hotel interviewees showed little, if any, training concerning human trafficking and child sexual exploration (Flynn Osborne, 2016).
- Schools situated in districts with higher homicide rates and cocaine confiscation were at increased risk of suffering victimization by peer physical aggression at school (Gimenez et al., 2020).
- Adolescents who consume energy-alcohol mixed drinks, are more likely to engage in risk-taking behaviours than those who do not (Nuñez-Rivas et al., 2020).

Studies conducted and published between 2015–2021 have found the following consequences of VAC Indicative list (for full list see References): N/A

The following studies evaluating prevention of VAC programmes have been published (for full list see References): N/A
### Table D9. Cuba country profile

<table>
<thead>
<tr>
<th>Population</th>
<th>11.32 million</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>21.55%</td>
</tr>
</tbody>
</table>

#### Comparable prevalence data

| a) % any physical punishment (1–14 years)/MICS data: | a) Male: 34.1%; Female: 32.1% |
| b) % severe physical punishment (1–14 years)/MICS data: | b) Male: 2.3%; Female: 1.0% |
| c) % psychological aggression as part of physical punishment (1–14 years)/MICS data: | c) Male: 30.9%; Female: 27.3% |
| d) % sexual violence any perpetrator (15–19 years)/DHS data: | d) N/A |
| e) % intimate partner violence (15–19 years)/DHS data: | e) N/A |
| f) % any bullying in past month (13–15 years)/GSHS data: | f) N/A |
| g) % experiencing physical attacks (13–15 years)/GSHS data: | g) N/A |
| h) % bullied through sexual comments, jokes or gestures (15 years)/GSHS data: | h) N/A |

#### Other prevalence studies on VAC – Indicative list

- 3.4% of caretakers/mothers believe that children need to be physically punished (MICS data).
- WHO estimated homicide rate per 100,000 population for children aged 0–17 years: 0.9 (WHO, 2017)
- One study explored the personal and family factors present in the victims subjected to domestic violence in a neighbourhood in Cuba. Findings suggested that boys made up the majority of the victims. In addition, children and adolescents aged 12–14-years-old and 9–11-years-old were found to be the most vulnerable in terms of violence victimization. A good part of the reported cases were exposed to more than one type of violence, including physical, sexual, and psychological violence (González-Sábado, 2019).

#### Studies conducted and published between 2015–2021 have found the following drivers, risk and protective factors for VAC Indicative list

- A higher number of children or other family members living in the household increased the occurrence of violence against children (Hernández et al., 2019).

#### Studies conducted and published between 2015–2021 have found the following consequences of VAC Indicative list

N/A

#### The following studies evaluating prevention of VAC programmes have been published

N/A
### Table D10. Dominican Republic country profile

<table>
<thead>
<tr>
<th>Population</th>
<th>10.84 million 36.25%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comparable prevalence data</td>
<td></td>
</tr>
<tr>
<td>a) % any physical punishment (1–14 years)/MICS data:</td>
<td>Male: 44.3%; Female: 39.0%</td>
</tr>
<tr>
<td>b) % severe physical punishment (1–14 years)/MICS data:</td>
<td>Male: 3.3%; Female: 2.4%</td>
</tr>
<tr>
<td>c) % psychological aggression as part of physical punishment (1–14 years)/MICS data:</td>
<td>Male: 54.6%; Female: 52.6%</td>
</tr>
<tr>
<td>d) % sexual violence any perpetrator (15–19 years)/DHS data:</td>
<td>Female: 1.9%</td>
</tr>
<tr>
<td>e) % intimate partner violence (15–19 years)/DHS data:</td>
<td>Female: 39.5%</td>
</tr>
<tr>
<td>f) % any bullying in past month (13–15 years)/GSHS data:</td>
<td>Male: 26.3%; Female: 22.3%</td>
</tr>
<tr>
<td>g) % experiencing physical attacks (13–15 years)/GSHS data:</td>
<td>Male: 26.4%; Female: 22.3%</td>
</tr>
<tr>
<td>h) % bullied through sexual comments, jokes or gestures (15 years)/GSHS data:</td>
<td>Male: 9.0%; Female: 21.5%</td>
</tr>
</tbody>
</table>

Other prevalence studies on VAC – *Indicative list*  
(for full list see References):  
- 6.4% of caretakers/mothers believe that children need to be physically punished (MICS data).  
- WHO estimated homicide rate per 100,000 population for children aged 0–17 years: 3.1 (2017)  
- 32.4% of male students and 19.2% of female students were in a physical fight one or more times during the 12 months before the survey (GSHS data, WHO, n.d.).

Studies conducted and published between 2015–2021 have found the following drivers, risk and protective factors for VAC *Indicative list*  
(for full list see References):  
N/A

Studies conducted and published between 2015–2021 have found the following consequences of VAC *Indicative list*  
(for full list see References):  
N/A

The following studies evaluating prevention of VAC programmes have been published  
(for full list see References):  
N/A
### Table D11. Ecuador country profile

<table>
<thead>
<tr>
<th>Population</th>
<th>17.64 million 36.22%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population:</td>
<td>Percentage of population that are children (&lt;18-years-old):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comparable prevalence data</th>
<th>a) N/A</th>
<th>b) N/A</th>
<th>c) N/A</th>
<th>d) N/A</th>
<th>e) N/A</th>
<th>f) Guayaquil: Male: 31.8%; Female: 25.3% Quito: Male: 29.3%; Female 25.9%</th>
<th>g) Guayaquil: Male: 38.5%; Female: 31.1% Quito: Male: 38.7%; Female: 33.8%</th>
<th>h) Guayaquil: Male: 9.5%; Female: 7.2% Quito: Male: 12.1%; Female: 11.7%</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) % any physical punishment (1–14 years)/MICS data:</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) % severe physical punishment (1–14 years)/MICS data:</td>
<td></td>
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<td></td>
<td></td>
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<td></td>
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<tr>
<td>c) % psychological aggression as part of physical punishment (1–14 years)/ MICS data:</td>
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<td></td>
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<td></td>
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<tr>
<td>d) % sexual violence any perpetrator (15–19 years)/DHS data:</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>e) % intimate partner violence (15–19 years)/DHS data:</td>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>f) % any bullying in past month (13–15 years)/GSHS data:</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) % experiencing physical attacks (13–15 years)/GSHS data:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h) % bullied through sexual comments, jokes or gestures (15 years)/GSHS data:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

| Other prevalence studies on VAC – Indicative list (for full list see References): | • Percentage of students who were in a physical fight one or more times during the 12 months before the survey (GSHS data, WHO, n.d.): |
|-----------------------------------------------------------------------------------| Quito: Male: 53.4%; Female: 21.3% Guayaquil: Male: 50.8% Female: 22.9% |
|                                                                                  | • Prevalence (%) of students aged 13–15 who experienced being hit, kicked, pushed, shoved around or locked indoors once or more during the 30 days before the survey (GSHS data, WHO, n.d.): |
|                                                                                  | Quito: Male: 17%; Female: 3.7% Guayaquil: Male: 20.5% Female: 4.5% |
|                                                                                  | • Jiménez-Borja et al. (2020) investigated the prevalence of child maltreatment in Ecuador using the ICASTR. Findings indicated that 69.6% of participants experienced child maltreatment: 47.6% of respondents reported experiencing physical abuse, 53% reported experiencing emotional maltreatment, and sexual abuse was reported by 15.5% of the participants (Jiménez-Borja et al., 2020). |
| Studies conducted and published between 2015–2021 have found the following drivers, risk and protective factors for VAC Indicative list (for full list see References): | • Violence among parents increases the risk for violence against children (Mas Camacho et al., 2020). |
|                                                                                  | • Social norms that allow the use of violence as a disciplinary tool (Mas Camacho et al., 2020) |
|                                                                                  | • Being involved in physical and sports activities reduce the odds of aggressive behaviours in adolescents (Tarqui, 2017). |

| Studies conducted and published between 2015–2021 have found the following consequences of VAC Indicative list (for full list see References): | • Fear (29%) was the outstanding feeling for children who have witnessed family fights, in the study carried out by Mas Camacho et al. (2020). |

| The following studies evaluating prevention of VAC programmes have been published (for full list see References): | N/A |
### Table D12. El Salvador country profile

<table>
<thead>
<tr>
<th>Population</th>
<th>6.48 million</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of population that are children (≤18-years-old):</td>
<td>35.64%</td>
</tr>
</tbody>
</table>

#### Comparable prevalence data

| a) % any physical punishment (1–14 years)/MICS data: | a) Male: 42.6%; Female: 36.2% |
| b) % severe physical punishment (1–14 years)/MICS data: | b) Male: 3.8%; Female: 2.2% |
| c) % psychological aggression as part of physical punishment (1–14 years)/MICS data: | c) Male: 33.2%; Female: 31.3% |
| d) % sexual violence any perpetrator (15–19 years)/DHS data: | d) N/A |
| e) % intimate partner violence (15–19 years)/DHS data: | e) N/A |
| f) % any bullying in past month (13–15 years)/GSHS data: | f) Male: 20.9%; Female: 24.3% |
| g) % experiencing physical attacks (13–15 years)/GSHS data: | g) Male: 20.6%; Female: 16.9% |
| h) % bullied through sexual comments, jokes or gestures (15 years)/GSHS data: | h) Male: 15.3%; Female: 11.1% |

#### Other prevalence studies on VAC – Indicative list

- 18.9% of caretakers/mothers believe that children need to be physically punished (MICS data).
- 33.9% of male students and 16.9% of female students were in a physical fight one or more times during the 12 months before the survey (GSHS data, WHO, n.d.).
- El Salvador has consistently held one of the highest homicide rates in the world in recent years (82.8 per 100,000 population in 2016) (Chávez et al., 2021).

#### Studies conducted and published between 2015–2021 have found the following drivers, risk and protective factors for VAC Indicative list

- Social and economic disparities create conditions that drive violence against children (Boerman & Golob, 2020).
- Individual and interpersonal risk factors make children more vulnerable to being recruited into gangs and experiencing gang violence (Boerman & Golob, 2020).
- Caregivers knowledge about how to identify and prevent violent situations increases the likelihood of them seeking support and protecting their children (Salloum et al., 2020).

#### Studies conducted and published between 2015–2021 have found the following consequences of VAC Indicative list

- Child migration and forced displacement as consequences of institutional and community violence (Roth & Hartnett, 2018)
- Gang violence has devastating impacts on children’s education, such as school drop-out, and creates an environment of fear (Ranieri, 2019).
- The fear (29%) was the outstanding feeling for those children and adolescents that have witnessed family fights, in the study developed by Mas Camacho et al. (2020).

#### The following studies evaluating prevention of VAC programmes have been published

N/A
<table>
<thead>
<tr>
<th>Population</th>
<th>Total population: 0.11 million</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of population that are children (&lt;18-years-old): 27.27%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comparable prevalence data</th>
<th>a) % any physical punishment (1–14 years)/MICS data: N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>b) % severe physical punishment (1–14 years)/MICS data: N/A</td>
<td></td>
</tr>
<tr>
<td>c) % psychological aggression as part of physical punishment (1–14 years)/MICS data: N/A</td>
<td></td>
</tr>
<tr>
<td>d) % sexual violence any perpetrator (15–19 years)/DHS data: N/A</td>
<td></td>
</tr>
<tr>
<td>e) % intimate partner violence (15–19 years)/DHS data: N/A</td>
<td></td>
</tr>
<tr>
<td>f) % any bullying in past month (13–15 years)/GSHS data: Male: 28.6%; Female: 26.1%</td>
<td></td>
</tr>
<tr>
<td>g) % experiencing physical attacks (13–15 years)/GSHS data: Male: 55.2%; Female: 30.0%</td>
<td></td>
</tr>
<tr>
<td>h) % bullied through sexual comments, jokes or gestures (15 years)/GSHS data: Male: 12.8%; Female: 11.3%</td>
<td></td>
</tr>
</tbody>
</table>

**Other prevalence studies on VAC – Indicative list**

- 52.7% of male students and 26.9% of female students were in a physical fight one or more times during the 12 months before the survey (GSHS data, WHO, n.d.).
- Almost 60% of children in Grenada were exposed to verbal violence directed towards their mothers or siblings and 7% indicated observing such behaviour almost all the time. In addition, 40% of children were exposed to physical violence behaviour directed against family members and 6.4% experienced this all the time (Boduszek et al., 2017).
- There were 1,503 reported cases of child victimization during 2009–2013. The most prevalent type of maltreatment was physical abuse (34.9%), followed by neglect (33.1%), and sexual abuse (29.1%) (Debowska et al., 2018).

**Studies conducted and published between 2015–2021 have found the following drivers, risk and protective factors for VAC Indicative list**

- Gender-based social norms that accept and justify violence (Boduszek et al., 2017)

**Studies conducted and published between 2015–2021 have found the following consequences of VAC Indicative list**

- Children who had experienced high/moderate levels of various forms of violence, including those who were abused in multiple ways in and outside the family (‘high overall abuse’), were significantly more likely to engage in violent and hostile behaviour, than those who reported low levels of abuse (Debowska et al., 2018).

**The following studies evaluating prevention of VAC programmes have been published**

- An evaluation of the Roving Caregiver Programme in Grenada has demonstrated that culturally sensitive parenting counselling (CSPC) can be effective in reducing the use of corporal punishment, using data from Saving Brains Grenada (Orlando, 2020). The programme provided short-term enrolment in CSPC to families that had children aged 0–3-years-old, with the subsequent study showing that such counselling had a statistically significant positive impact on reducing the use of corporal punishment at home (Orlando, 2020).
Table D14. Guatemala country profile

<table>
<thead>
<tr>
<th>Population</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population:</td>
<td>17.91 million</td>
</tr>
<tr>
<td>Percentage of population that are children (&lt;18-years-old):</td>
<td>44.16%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comparable prevalence data</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) % any physical punishment (1–14 years)/MICS data:</td>
<td>a) N/A</td>
</tr>
<tr>
<td>b) % severe physical punishment (1–14 years)/MICS data:</td>
<td>b) N/A</td>
</tr>
<tr>
<td>c) % psychological aggression as part of physical punishment (1–14 years)/MICS data:</td>
<td>c) N/A</td>
</tr>
<tr>
<td>d) % sexual violence any perpetrator (15–19 years)/DHS data:</td>
<td>d) Female: 1.1%</td>
</tr>
<tr>
<td>e) % intimate partner violence (15–19 years)/DHS data:</td>
<td>e) Female: 20.8%</td>
</tr>
<tr>
<td>f) % any bullying in past month (13–15 years)/GSHS data:</td>
<td>f) Male: 26.0%; Female: 19.6%</td>
</tr>
<tr>
<td>g) % experiencing physical attacks (13–15 years)/GSHS data:</td>
<td>g) Male: 28.5%; Female: 19.3%</td>
</tr>
<tr>
<td>h) % bullied through sexual comments, jokes or gestures (15 years)/GSHS data:</td>
<td>h) Male: 12.0%; Female: 13.4%</td>
</tr>
</tbody>
</table>

| Other prevalence studies on VAC – Indicative list | |
| (for full list see References): | |
| • 13.5% of females (15–19-years-old) and 12.3% of males (15–19-years-old) believe wife beating is justified in any of the five scenarios (DHS data). | |
| • 31.2% of females and 14.1% of males were in a physical fight one or more times during the 12 months before the survey (MICS data). | |
| • 20.1% of male students and 11.4% of female students aged 13–15 experienced being hit, kicked, pushed, shoved around or locked indoors once or more during the 30 days before the survey (GSHS data, WHO, n.d.). | |

| Studies conducted and published between 2015–2021 have found the following drivers, risk and protective factors for VAC Indicative list | |
| (for full list see References): | |
| • Social and economic disparities create conditions that drive violence against children (Boerman & Golob, 2020). | |
| • Individual and interpersonal risk factors make children more vulnerable to being recruited into gangs and experiencing gang violence (Boerman & Golob, 2020). | |
| • The barriers to providing support for child trafficking victims include the lack of specialized services for child trafficking victims (US Department of State, 2020). | |

| Studies conducted and published between 2015–2021 have found the following consequences of VAC Indicative list | |
| (for full list see References): | |
| • Gang violence has devastating impacts on children’s education, such as school drop-out, and creates an environment of fear (Ranieri, 2019). | |

| The following studies evaluating prevention of VAC programmes have been published | N/A |
| Population                                      | 0.78 million |
| Total population:                              | 37.17% |
| Percentage of population that are children (<18-years-old): | |

| Comparable prevalence data                      | Male: 55.8%; Female: 45.5% |
| a) % any physical punishment (1–14 years)/MICS data: | Male: 7.8%; Female: 5.0% |
| b) % severe physical punishment (1–14 years)/MICS data: | Male: 60.9%; Female: 54.5% |
| c) % psychological aggression as part of physical punishment (1–14 years)/MICS data: | N/A |
| d) % sexual violence any perpetrator (15–19 years)/DHS data: | N/A |
| e) % intimate partner violence (15–19 years)/DHS data: | Male: 40.2%; Female: 36.6% |
| f) % any bullying in past month (13–15 years)/GSHS data: | Male: 44.4%; Female: 33.8% |
| g) % experiencing physical attacks (13–15 years)/GSHS data: | Male: 7.4%; Female: 6.7% |
| h) % bullied through sexual comments, jokes or gestures (15 years)/GSHS data: | |

| Other prevalence studies on VAC – Indicative list (for full list see References): |
| 19.8% of caretakers/mothers believe that children need to be physically punished (MICS data). |
| 17.7% of females and 25.1% of males aged 15–19-years-old believe wife beating is justified in any of the five scenarios (DHS data). |
| WHO estimated homicide rate per 100,000 population for children aged 0–17 years: 3.3 (WHO, 2017). |

| Studies conducted and published between 2015–2021 have found the following drivers, risk and protective factors for VAC Indicative list (for full list see References): |
| A report on child trafficking highlighted the barriers to providing support for child trafficking victims include the lack of specialized services (US Department of State, 2020). |

| Studies conducted and published between 2015–2021 have found the following consequences of VAC Indicative list (for full list see References): |
| N/A |

| The following studies evaluating prevention of VAC programmes have been published (for full list see References): |
| N/A |
Table D16. Haiti country profile

<table>
<thead>
<tr>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population:</td>
</tr>
<tr>
<td>Percentage of population that are children (&lt;18-years-old):</td>
</tr>
</tbody>
</table>

**Comparable prevalence data**

| a) % any physical punishment (1–14 years)/MICS data: | a) N/A |
| b) % severe physical punishment (1–14 years)/MICS data: | b) N/A |
| c) % psychological aggression as part of physical punishment (1–14 years)/ MICS data: | c) N/A |
| d) % sexual violence any perpetrator (15–19 years)/DHS data: | d) Female: 1.7% |
| e) % intimate partner violence (15–19 years)/DHS data: | e) Female: 46.7% |
| f) % any bullying in past month (13–15 years)/GSHS data: | f) N/A |
| g) % experiencing physical attacks (13–15 years)/GSHS data: | g) N/A |
| h) % bullied through sexual comments, jokes or gestures (15 years)/GSHS data: | h) N/A |

**Other prevalence studies on VAC – Indicative list** (for full list see References):

- 23.3% of females and 15.2% of males aged 15–19-years-old believe wife beating is justified in any of the five scenarios (DHS data).

**Studies conducted and published between 2015–2021 have found the following drivers, risk and protective factors for VAC Indicative list** (for full list see References):

- Drivers and risk of violence may be exacerbated in times of crises and humanitarian contexts (Bermudez et al., 2019; Padilla & Berheim, 2020).

**Studies conducted and published between 2015–2021 have found the following consequences of VAC Indicative list** (for full list see References):

- Studies found mental health issue and experiences of violence after natural disasters (Sloand et al., 2017; Subedi, 2018)

**The following studies evaluating prevention of VAC programmes have been published** (for full list see References):

- N/A
### Table D17. Honduras country profile

| Population | 9.90 million  
| 41.11% |

| Comparable prevalence data |  |
| a) % any physical punishment (1–14 years)/MICS data: | a) N/A |
| b) % severe physical punishment (1–14 years)/MICS data: | b) N/A |
| c) % psychological aggression as part of physical punishment (1–14 years)/ MICS data: | c) N/A |
| d) % sexual violence any perpetrator (15–19 years)/DHS data: | d) N/A |
| e) % intimate partner violence (15–19 years)/DHS data: | e) Female: 27.7% |
| f) % any bullying in past month (13–15 years)/GSHS data: | f) Male: 31.5%; Female: 31.6% |
| g) % experiencing physical attacks (13–15 years)/GSHS data: | g) Male: 21.7%; Female: 19.1% |
| h) % bullied through sexual comments, jokes or gestures (15 years)/GSHS data: | h) Male: 18.5%; Female: 10.2% |

| Other prevalence studies on VAC – Indicative list |  |
| (for full list see References): |  |
| • 15.2% of females and 17.7% of males believe wife beating is justified in any of the five scenarios (DHS data). |  |
| • The homicide rate was 56.5 homicides per 100,000 population in Honduras in 2015 (WHO, 2017). |  |
| • Chávez et al. (2021) measured the prevalence of school-related violence and its association with learning outcomes. The study found that 43% of participants reported experiencing at least one form bullying and higher rates of bullying were reported for girls (Chávez et al., 2021). |  |

| Studies conducted and published between 2015–2021 have found the following drivers, risk and protective factors for VAC Indicative list |  |
| (for full list see References): |  |
| • Lack of gender-sensitive child protection services (Suazo et al., 2020) |  |
| • Parental migration was associated with psychological distress and suicide behaviour or self-harm, and STIs (Kappel et al., 2021). |  |

| Studies conducted and published between 2015–2021 have found the following consequences of VAC Indicative list |  |
| (for full list see References): |  |
| • Gang violence has devastating impacts on children’s education, such as school drop-outs, and creates an environment of fear (Ranieri, 2019). |  |
| • A study that analysed the Honduras VACS found a high prevalence of ACEs and associated negative health risks and risk behaviours (Kappel et al., 2021). |  |

| The following studies evaluating prevention of VAC programmes have been published | N/A |
| (for full list see References): |  |
**Table D18. Jamaica country profile**

<table>
<thead>
<tr>
<th>Population</th>
<th>2.96 million</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population:</td>
<td></td>
</tr>
<tr>
<td>Percentage of population that are children (&lt;18-years-old):</td>
<td>31.41%</td>
</tr>
</tbody>
</table>

| Comparable prevalence data                      | 2.96 million |
| a) % any physical punishment (1–14 years)/MICS data: | 71.4%; Male: 65.2% |
| b) % severe physical punishment (1–14 years)/MICS data: | 6.7%; Female: 4.7% |
| c) % psychological aggression as part of physical punishment (1–14 years)/ MICS data: | 74.1%; Male: 69.5% |
| d) % sexual violence any perpetrator (15–19 years)/DHS data: | N/A          |
| e) % intimate partner violence (15–19 years)/DHS data: | N/A          |
| f) % any bullying in past month (13–15 years)/GSHS data: | 26.3%; Male: 24.8% |
| g) % experiencing physical attacks (13–15 years)/GSHS data: | 34.7%; Female: 19.6% |
| h) % bullied through sexual comments, jokes or gestures (15 years)/GSHS data: | 9.7%; Male: 13.4% |

| Other prevalence studies on VAC – *Indicative list* (for full list see References): | 27% of caretakers/mothers believe that children need to be physically punished (MICS data). |
|                                                                                   | WHO estimated homicide rate per 100,000 population for children aged 0–17 years: 5.3 (WHO, 2017) |
|                                                                                   | 44.3% of male students and 25.4% of female students were in a physical fight one or more times during the 12 months before the survey (GSHS data, WHO, n.d.). |

| Studies conducted and published between 2015–2021 have found the following drivers, risk and protective factors for VAC *Indicative list* (for full list see References): | Being gender non-conforming or feminine during their early childhood years made boys more vulnerable to sexual violence than those who were masculine appearing (Harris & Dunn, 2019). |
|                                                                                   | A study with boys survivors of sexual violence found that consequences of VAC include problems in relationships with others in adulthood; for instance, not trusting others, poor communication, low self-esteem, difficulty interacting with others, and a generalized fear of older men who they perceived as having a sexual interest in them (Harris & Dunn, 2019). |

| The following studies evaluating prevention of VAC programmes have been published (for full list see References): | N/A |
|                                                                                   |     |
### Table D19. Mexico country profile

**Population**  
Total population:  
Percentage of population that are children (<18-years-old):

<table>
<thead>
<tr>
<th>Total Population</th>
<th>Percentage</th>
<th>128.93 million</th>
<th>34.53%</th>
</tr>
</thead>
</table>

**Comparable prevalence data**

a) % any physical punishment (1–14 years)/MICS data:  
b) % severe physical punishment (1–14 years)/MICS data:  
c) % psychological aggression as part of physical punishment (1–14 years)/MICS data:  
d) % sexual violence any perpetrator (15–19 years)/DHS data:  
e) % intimate partner violence (15–19 years)/DHS data:  
f) % any bullying in past month (13–15 years)/GSHS data:  
g) % experiencing physical attacks (13–15 years)/GSHS data:  
h) % bullied through sexual comments, jokes or gestures (15 years)/GSHS data:

<table>
<thead>
<tr>
<th>a) Male</th>
<th>Female</th>
<th>b) Male</th>
<th>Female</th>
<th>c) Male</th>
<th>Female</th>
<th>d)</th>
<th>e)</th>
<th>f)</th>
<th>g)</th>
<th>h)</th>
</tr>
</thead>
<tbody>
<tr>
<td>45.3%</td>
<td>42.2%</td>
<td>7.3%</td>
<td>4.6%</td>
<td>52.2%</td>
<td>54.0%</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Other prevalence studies on VAC – Indicative list**  
(for full list see References):

- 5.4% of caretakers/mothers believe that children need to be physically punished (MICS data).
- WHO estimated homicide rate per 100,000 population for children aged 0–17 years: 4.3 (WHO, 2017)
- Méndez-López and Pereda (2019) recruited a community sample of Mexican adolescents aged 12–17-years-old to analyse the prevalence of victimization and polyvictimization in Mexico. They found that nearly 80% of the adolescents reported at least one experience of violence victimization during the past year and 85.5% reported at least one experience of violence victimization in their lifetime. The most common types of victimization reported were conventional crimes (65.6%) and indirect victimization (61%). Girls reported a broader spectrum of victimization than boys.

**Studies conducted and published between 2015–2021 have found the following drivers, risk and protective factors for VAC Indicative list**  
(for full list see References):

- Positive parenting acts as a protective factor (Bonilla Castillón et al., 2017).
- Links between violence against women and violence against children (Jiménez Flores et al., 2019)
- Having beliefs that condone the use of violence can increase the risk of both being a victim and perpetrating violence, which are closely linked with gender roles (Orozco & Del Mercado, 2019; Rueda et al., 2019).
Table D19. Mexico country profile

Studies conducted and published between 2015–2021 have found the following consequences of VAC

**Indicative list** (for full list see References):

- Mental health outcomes as a result of experiencing violence in childhood including distress, anxiety, PTSD and other things (Benjet et al., 2020; Martínez et al., 2018).
- Externalizing and internalizing symptoms (Méndez-López et al., 2020; Méndez-López & Pereda, 2019)
- Substance use (Mendoza-Meléndez et al., 2018)
- A study in Mexico with 606 secondary students aged 11–16-years-old found that the impact of experiencing violence on girl’s depression was stronger when girls had low parental support than when the parental support was relatively high (Quiroga et al., 2015).
- Disruption of child’s school attendance due to IPV (Scolese et al., 2020)

The following studies evaluating prevention of VAC programmes have been published (for full list see References):

- In a parent-child interaction therapy intervention that included therapist modelled mothers’ social approaches to children and shaped contingent delivery of approval of child obedience behaviours, the co-therapist developed rapport with the boy or girl to establish an affiliative, safe, and cooperative environment. Each pair was then asked to perform the activity in a room (Negrete-Cortés et al., 2020).
<table>
<thead>
<tr>
<th>Table D20. Nicaragua country profile</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Population</strong></td>
</tr>
<tr>
<td>Total population:</td>
</tr>
<tr>
<td>Percentage of population that are children (&lt;18-years-old):</td>
</tr>
<tr>
<td><strong>Comparable prevalence data</strong></td>
</tr>
<tr>
<td>a) % any physical punishment (1–14 years)/MICS data:</td>
</tr>
<tr>
<td>b) % severe physical punishment (1–14 years)/MICS data:</td>
</tr>
<tr>
<td>c) % psychological aggression as part of physical punishment (1–14 years)/ MICS data:</td>
</tr>
<tr>
<td>d) % sexual violence any perpetrator (15–19 years)/DHS data:</td>
</tr>
<tr>
<td>e) % intimate partner violence (15–19 years)/DHS data:</td>
</tr>
<tr>
<td>f) % any bullying in past month (13–15 years)/GSHS data:</td>
</tr>
<tr>
<td>g) % experiencing physical attacks (13–15 years)/GSHS data:</td>
</tr>
<tr>
<td>h) % bullied through sexual comments, jokes or gestures (15 years)/GSHS data:</td>
</tr>
</tbody>
</table>

**Other prevalence studies on VAC – Indicative list**
(for full list see References):
- 25.4% of females aged 15–19 believe wife beating is justified in any of the five scenarios.
- A cross-sectional study with 256 adolescent women between 14–17-years-old suggested that the prevalence of dating violence is 24.6%. In terms of types of violence, 26.3% of respondents reported psychological violence, 10.5% of participants experienced physical violence and 3.5% of respondents reported sexual violence (Chavarría, 2018).

**Studies conducted and published between 2015–2021 have found the following drivers, risk and protective factors for VAC Indicative list**
(for full list see References):
- Social and economic disparities create conditions that drive violence against children (Boerman & Golob, 2020).
- Individual and interpersonal risk factors make children more vulnerable to being recruited into gangs and experiencing gang violence (Boerman & Golob, 2020).

**Studies conducted and published between 2015–2021 have found the following consequences of VAC Indicative list**
(for full list see References):
- Experiencing gang violence has education outcomes (Boerman & Golob, 2020).
- Women with a history of violence during childhood were more likely to report a history of suicide attempts in the study carried out by Rivas et al. (2020).
- Children who have experienced violence are at increased risk of replicating violent behaviours (Rivas et al., 2020).

**The following studies evaluating prevention of VAC programmes have been published**
(for full list see References):
N/A
Table D21. Panama country profile

| Population                  | 4.31 millones  
<table>
<thead>
<tr>
<th></th>
<th>34,57%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Comparable prevalence data</strong></td>
<td></td>
</tr>
<tr>
<td>a) % any physical punishment (1–14 years)/MICS data:</td>
<td>Male: 31.3% ; Female: 27.1%</td>
</tr>
<tr>
<td>b) % severe physical punishment (1–14 years)/MICS data:</td>
<td>Male: 3.2% ; Female: 1.3%</td>
</tr>
<tr>
<td>c) % psychological aggression as part of physical punishment (1–14 years)/MICS data:</td>
<td>Male: 33.6% ; Female: 31.5%</td>
</tr>
<tr>
<td>d) % sexual violence any perpetrator (15–19 years)/DHS data:</td>
<td>N/A</td>
</tr>
<tr>
<td>e) % intimate partner violence (15–19 years)/DHS data:</td>
<td>N/A</td>
</tr>
<tr>
<td>f) % any bullying in past month (13–15 years)/GSHS data:</td>
<td>N/A</td>
</tr>
<tr>
<td>g) % experiencing physical attacks (13–15 years)/GSHS data:</td>
<td>N/A</td>
</tr>
<tr>
<td>h) % bullied through sexual comments, jokes or gestures (15 years)/GSHS data:</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other prevalence studies on VAC – Indicative list</th>
</tr>
</thead>
<tbody>
<tr>
<td>(for full list see References):</td>
</tr>
<tr>
<td>• 8.2% of caretakers/mothers believe that children need to be physically punished (MICS data).</td>
</tr>
<tr>
<td>• WHO estimated homicide rate per 100,000 population for children aged 0–17 years: 3.7 (WHO, 2017)</td>
</tr>
</tbody>
</table>

| Studies conducted and published between 2015–2021 have found the following drivers, risk and protective factors for VAC Indicative list (for full list see References): | N/A |

| Studies conducted and published between 2015–2021 have found the following consequences of VAC Indicative list (for full list see References): | N/A |

| The following studies evaluating prevention of VAC programmes have been published (for full list see References): | N/A |
### Table D22. Paraguay country profile

<table>
<thead>
<tr>
<th>Population</th>
<th>7.13 million</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population:</td>
<td>38.14%</td>
</tr>
<tr>
<td>Percentage of population that are children (&lt;18-years-old):</td>
<td></td>
</tr>
</tbody>
</table>

#### Comparable prevalence data

- **a)** % any physical punishment (1–14 years)/MICS data: Male: 43.6%; Female: 35.6%
- **b)** % severe physical punishment (1–14 years)/MICS data: Male: 5.6%; Female: 3.1%
- **c)** % psychological aggression as part of physical punishment (1–14 years)/MICS data: Male: 31.8%; Female: 31.3%
- **d)** % sexual violence any perpetrator (15–19 years)/DHS data: N/A
- **e)** % intimate partner violence (15–19 years)/DHS data: N/A
- **f)** % any bullying in past month (13–15 years)/GSHS data: Male: 19.2%; Female: 14.6%
- **g)** % experiencing physical attacks (13–15 years)/GSHS data: Male: 18.7%; Female: 13.7%
- **h)** % bullied through sexual comments, jokes or gestures (15 years)/GSHS data: N/A

#### Other prevalence studies on VAC – Indicative list

- 13.8% of caretakers/mothers believe that children need to be physically punished (MICS data).
- 26.1% of male students and 14.1% of female students were in a physical fight one or more times during the 12 months before the survey (GSHS data, WHO, n.d.).
- WHO estimated homicide rate per 100,000 population for children aged 0–17 years: 1.3 (WHO, 2017)

#### Studies conducted and published between 2015–2021 have found the following drivers, risk and protective factors for VAC Indicative list

- N/A

#### Studies conducted and published between 2015–2021 have found the following consequences of VAC Indicative list

- N/A

#### The following studies evaluating prevention of VAC programmes have been published

- N/A
Table D23. Peru country profile

<table>
<thead>
<tr>
<th><strong>Population</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population:</td>
<td>32.97 million</td>
</tr>
<tr>
<td>Percentage of population that are children (&lt;18-years-old):</td>
<td>32.08%</td>
</tr>
</tbody>
</table>

| **Comparable prevalence data** |  |
| a) % any physical punishment (1–14 years)/MICS data: | a) N/A |
| b) % severe physical punishment (1–14 years)/MICS data: | b) N/A |
| c) % psychological aggression as part of physical punishment (1–14 years)/MICS data: | c) N/A |
| d) % sexual violence any perpetrator (15–19 years)/DHS data: | d) N/A |
| e) % intimate partner violence (15–19 years)/DHS data: | e) N/A |
| f) % bullying in past month (13–15 years)/GSHS data: | f) Male: 46.7%; Female: 48.2% |
| g) % experiencing physical attacks (13–15 years)/GSHS data: | g) Male: 42.2%; Female: 32.2% |
| h) % bullied through sexual comments, jokes or gestures (15 years)/GSHS data: | h) Male: 11.6%; Female: 10.8% |

**Other prevalence studies on VAC – Indicative list** (for full list see References):

- 52.4% of males and 21.5% of females were in a physical fight one or more times during the 12 months before the survey (GSHS data, WHO, n.d.).
- 12.9% of male students and 7.2% of female students aged 13–15 experienced being hit, kicked, pushed, shoved around or locked indoors once or more during the 30 days before the survey (GSHS data, WHO, n.d.).
- WHO estimated homicide rate per 100,000 population for children aged 0–17 years: 2.5 (WHO, 2017).

**Studies conducted and published between 2015–2021 have found the following drivers, risk and protective factors for VAC Indicative list** (for full list see References):

- Caregiver resilience and positive parenting contributes to build child resilience across indicators, including both adjustment problems and prosocial skills (Miller-Graff et al., 2020).
- Child protection services struggle with being culturally and gender-sensitive, and face challenges in effectively responding to children, particularly in rural areas (Ministerio de Educación, 2017; Muñoz et al., 2020).
- Gender is identified as both as a risk and a protective factor for violence against children (Zeladita-Huaman et al., 2020).

**Studies conducted and published between 2015–2021 have found the following consequences of VAC Indicative list** (for full list see References):

- Experiencing violence during childhood increases the odds of being a victim of intimate partner violence in adulthood (Castro et al., 2017).

**The following studies evaluating prevention of VAC programmes have been published** (for full list see References): N/A
## Table D24. Suriname country profile

| Population                                      | 0.58 million  
| Total population:                               | 34.48%        
| Percentage of population that are children (<18-years-old): |                  

| Comparable prevalence data                      | a) Male: 65.3%; Female: 59.8%  
| % any physical punishment (1–14 years)/MICS data: | b) Male: 8.9%; Female: 7.1%    
| % severe physical punishment (1–14 years)/MICS data: | c) Male: 85.0%; Female: 82.1%  
| % psychological aggression as part of physical punishment (1–14 years)/ MICS data: | d) N/A  
| % sexual violence any perpetrator (15–19 years)/DHS data: | e) N/A  
| % intimate partner violence (15–19 years)/DHS data: | f) Male: 26.4%; Female: 26.0%   
| % bullying in past month (13–15 years)/GSHS data: | g) Male: 28.2%; Female: 19.2%   
| % experiencing physical attacks (13–15 years)/GSHS data: | h) Male: 9.5%; Female: 3.4%     

| Other prevalence studies on VAC – Indicative list | 23.7% of caretakers/mothers believe that children need to be physically punished (MICS data).  
| (for full list see References):                   | 30.4% of males and 12.3% of females were in a physical fight one or more times during the 12 months before the survey (GSHS data, WHO, n.d.).  
|                                                   | The Suriname 2014 MICS found that 63% of children aged 1–14 years reported experiencing some form of physical punishment, 8% were exposed to severe physical punishment, and 84% reported experiencing psychological aggression (MICS data).  

| Studies conducted and published between 2015–2021 have found the following drivers, risk and protective factors for VAC Indicative list | N/A  
| (for full list see References):                   |  

| Studies conducted and published between 2015–2021 have found the following consequences of VAC Indicative list | The literature reviewed provides evidence that experiencing violence (as a victim or as a witness) can negatively shape children’s ongoing and future relationships among peers, with their caregivers and with other members of their communities (GSHS data, WHO, n.d.).  
| (for full list see References):                   |  

| The following studies evaluating prevention of VAC programmes have been published | N/A  
| (for full list see References):                   |  

### Table D25. Trinidad and Tobago country profile

<table>
<thead>
<tr>
<th>Population</th>
<th>1.39 million</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population:</td>
<td>25.89%</td>
</tr>
<tr>
<td>Percentage of population that are children (&lt;18-years-old):</td>
<td></td>
</tr>
</tbody>
</table>

#### Comparable prevalence data

| a) % any physical punishment (1–14 years)/MICS data: | Male: 53.2%; Female: 50.4% |
| b) % severe physical punishment (1–14 years)/MICS data: | Male: 4.9%; Female: 3.3% |
| c) % psychological aggression as part of physical punishment (1–14 years)/MICS data: | Male: 74.1%; Female: 68.1% |
| d) % sexual violence any perpetrator (15–19 years)/DHS data: | N/A |
| e) % intimate partner violence (15–19 years)/DHS data: | N/A |
| f) % any bullying in past month (13–15 years)/GSHS data: | Male: 17.9%; Female: 13% |
| g) % experiencing physical attacks (13–15 years)/GSHS data: | Male: 42%; Female: 26.5% |
| h) % bullied through sexual comments, jokes or gestures (15 years)/GSHS data: | Male: 15.9%; Female: 5.4% |

#### Other prevalence studies on VAC – Indicative list

- 23.1% of caretakers/mothers believe that children need to be physically punished (MICS data).
- 44.6% of males and 27.2% of females were in a physical fight one or more times during the 12 months before the survey (GSHS data, WHO, n.d.).
- WHO estimated homicide rate per 100,000 population for children aged 0–17 years: 5.1 (WHO, 2017)

#### Studies conducted and published between 2015–2021 have found the following drivers, risk and protective factors for VAC Indicative list

- Gender is identified as a risk factor for violence against children (Léonce, 2020).

#### Studies conducted and published between 2015–2021 have found the following consequences of VAC Indicative list

- N/A

#### The following studies evaluating prevention of VAC programmes have been published

- N/A
### Table D26. Uruguay country profile

| Population                                           | 3.47 million  
| Total population:                                    | 27.37%        
| Percentage of population that are children (<18-years-old): |                

| Comparable prevalence data                           | a) Male: 34.0%; Female: 18.3%   
| a) % any physical punishment (1–14 years)/MICS data:  | b) Male: 3.3%; Female: 2.3%    
| b) % severe physical punishment (1–14 years)/MICS data: | c) Male: 52.5%; Female: 47.9%  
| c) % psychological aggression as part of physical punishment (1–14 years)/ MICS data: | d) N/A               
| d) % sexual violence any perpetrator (15–19 years)/DHS data: | e) N/A               
| e) % intimate partner violence (15–19 years)/DHS data: | f) Male: 17.1%; Female: 20.4% 
| f) % any bullying in past month (13–15 years)/GSHS data: | g) Male: 17%; Female: 12.9%   
| g) % experiencing physical attacks (13–15 years)/GSHS data: | h) Male: 22.7%; Female: 16.4% 
| h) % bullied through sexual comments, jokes or gestures (15 years)/GSHS data: |                

| Other prevalence studies on VAC – *Indicative list* (for full list see References): | • 2.3% of caretakers/mothers believe that children need to be physically punished (MICS data). 
|                                                                                   | • 38% of male students and 15.4% of female students were in a physical fight one or more times during the 12 months before the survey (GSHS data, WHO, n.d.). 
|                                                                                   | • 6.6% of male students and 2.4% of female students aged 13–15 experienced being hit, kicked, pushed, shoved around or locked indoors once or more during the 30 days before the survey (GSHS data, WHO, n.d.). 

| Studies conducted and published between 2015–2021 have found the following drivers, risk and protective factors for VAC *Indicative list* (for full list see References): | • Girls were more likely to be exposed to negative and abusive experiences or engage in risky behaviour on the Internet (Dodel et al., 2018) 
|                                                                                   | • 34% of boys experienced some form of physical punishment, compared to 18.3% of girls, (MINDES & UNICEF, 2015). 

| Studies conducted and published between 2015–2021 have found the following consequences of VAC *Indicative list* (for full list see References): | N/A 

| The following studies evaluating prevention of VAC programmes have been published (for full list see References): | N/A 


Appendix E: Search strings

Search string in English

Search string 1: Prevalence/Incidence of violence against children

(child OR childhood OR children OR adolescents) AND ('maltreatment' OR 'violence' OR 'sexual violence' OR 'sexual abuse' OR 'physical abuse' OR 'emotional abuse' OR 'mental abuse' OR 'psychosocial violence' OR 'psychological violence' OR 'neglect' OR 'corporal punishment' OR 'negligent treatment' OR 'exploitation' OR 'abuse' OR 'acoso escolar' OR 'online violence' OR 'trafficking' OR 'polyvictimisation' OR 'war' OR 'conflict' OR 'terror*' OR 'gang' OR 'homicide' OR 'community violence' OR 'armed' OR 'arms' OR 'firearms' OR 'small arms' OR 'narcotrafficking' OR 'migration' OR 'smuggling' OR 'Child marriage-early unions (CMEU)' OR 'Forced teenage pregnancy' OR 'intimate partner violence' OR 'gender-based violence' OR 'sexual exploitation' OR 'sexual harassment' OR 'rape' OR 'street harassment' OR 'survival sex' OR 'hate crimes' OR 'peer violence' OR 'Cyberacoso escolar' OR 'Online risks' OR 'Children on the move' OR 'recruitment' OR 'political violence' 'armed violence' social violence' OR 'victims' OR 'survivors' OR 'violence against women') AND ('Argentina' OR 'Belice' OR 'Bolivia' OR 'Brazil' OR 'Chile' OR 'Colombia' OR 'Costa Rica' OR 'Cuba' OR 'Dominican Republic' OR 'Barbados' OR 'Ecuador' OR 'El Salvador' OR 'Guatemala' OR 'Guyana' OR 'Suriname' OR 'Haiti' OR 'Honduras' OR 'Jamaica' OR 'Panama' OR 'Mexico' OR 'Nicaragua' OR 'Panama' OR 'Peru' OR 'Uruguay' OR 'Venezuela' OR 'Anguilla', 'Virgin Islands (UK)' OR 'Dominica' OR 'Grenada' OR 'Montserrat' OR 'St. Kitts and Nevis' OR 'St. Lucia' OR 'St. Vincent and the Grenadines' OR 'Trinidad and Tobago' OR 'Turks and Caicos Islands', 'Patagonia' OR 'Isla de Pascua' OR 'Chaco' OR 'Amazonia' OR 'Orinoquia' OR 'Andes' OR 'Llanura' OR 'Costera del Pacifico' OR 'Caribe Continental' OR 'Baja Centroamerica' OR 'Mesoamerica', OR 'Asinoamerica' OR 'South America' OR 'Caribbean' OR 'English Caribbean' OR 'Spanish Caribbean' OR 'Central America' OR 'Latin America' OR 'LGBTI*' OR 'indigenous' OR 'Afro-descendent' OR 'Northen Triangle') AND ('prevalence' OR 'incidence')

Search string 2: Drivers, risk and protective factors for violence against children

(child OR childhood OR children OR adolescents) AND ('maltreatment' OR 'violence' OR 'sexual violence' OR 'sexual abuse' OR 'physical abuse' OR 'emotional abuse' OR 'mental abuse' 'psychosocial violence' OR 'psychological violence' OR 'neglect' OR 'negligent treatment' OR 'exploitation' OR 'abuse' OR 'acoso escolar' OR 'online violence' OR 'trafficking' OR 'war' OR 'conflict' OR 'terror*' OR 'gang' OR 'homicide' OR 'community violence' OR 'armed' OR 'arms' OR 'firearms' OR 'small arms' OR 'narcotrafficking' OR 'migration' OR 'smuggling' OR 'Child marriage-early unions (CMEU)' OR 'Forced teenage pregnancy' OR 'intimate partner violence' OR 'gender-based violence' OR 'sexual exploitation' OR 'sexual harassment' OR 'rape' OR 'street harassment' OR 'survival sex' OR 'hate crimes' OR 'peer violence' OR 'Cyberacoso escolar' OR 'Online risks' 'Children on the move' OR 'recruitment' OR 'political violence' 'armed violence' social violence' OR 'victims' OR 'survivors' OR 'violence against women') AND (Argentina' OR 'Belice' OR 'Bolivia' 'Or 'Brazil' OR 'Chile' OR 'Colombia' OR 'Costa Rica' OR 'Cuba' OR 'Dominican Republic' OR 'Barbados' OR 'Ecuador' OR 'El Salvador' OR 'Guatemala' OR 'Guyana' OR 'Suriname' OR 'Haiti' OR 'Honduras' OR 'Jamaica' OR 'Panama' OR 'Mexico' OR 'Nicaragua' OR 'Panama' OR 'Peru' OR 'Uruguay' OR 'Venezuela' OR 'Anguilla', 'Virgin Islands (UK)' OR 'Dominica' OR 'Grenada' OR 'Montserrat' OR 'St. Kitts and Nevis' OR 'St. Lucia' OR 'St. Vincent and the Grenadines' OR 'Trinidad and Tobago' OR 'Turks and Caicos Islands', 'Patagonia' OR 'Isla de Pascua' OR 'Chaco' OR 'Amazonia' OR 'Orinoquia' OR 'Andes' OR 'Llanura' OR 'Costera del Pacifico' OR 'Caribe Continental' OR 'Baja Centroamerica' OR 'Mesoamerica', OR 'Asinoamerica' OR 'South America' OR 'Caribbean' OR 'English Caribbean' OR 'Spanish Caribbean' OR 'Central America' OR 'Latin America' OR 'LGBTI*' OR 'indigenous' OR 'Afro-descendent' OR 'Northen Triangle') AND ('Structural' OR 'Institutional' OR 'Community' OR 'Norms' OR 'Individual' OR 'risk factors' OR 'protective factors' OR 'drivers' OR 'causes' OR 'environment' OR 'religion' OR 'caste' OR 'ethnicity' OR 'disability' OR 'gender' OR 'gender inequality' OR 'unequal gender norms' OR 'COVID' OR 'narcotrafficking' OR 'migration' OR 'emergencies' OR 'disasters' OR 'hurricanes' OR 'earthquakes' OR 'floods')
Search string 3: Consequences of violence against children

(child OR childhood OR children OR adolescents) AND ('maltreatment' OR 'violence' OR 'sexual violence' OR 'sexual abuse' OR 'physical abuse' OR 'abuse' OR 'emotional abuse' OR 'mental abuse' OR 'psychosocial violence' OR 'psychological violence' OR 'neglect' OR 'negligent treatment' OR 'exploitation' OR 'acoso escolar' OR 'online violence' OR 'trafficking' OR 'war' OR 'conflict' OR 'terror*' OR 'gang' OR 'homicide' OR 'community violence' OR 'armed' OR 'arms' OR 'firearms' OR 'narcotrafficking' OR 'migration' OR 'smuggling' OR 'Child marriage-early unions (CMEU)' OR 'Forced teenage pregnancy' OR 'intimate partner violence' OR 'gender-based violence' OR 'sexual exploitation' OR 'sexual harassment' OR 'rape' OR 'street harassment' OR 'survival sex' OR 'hate crimes' OR 'peer violence' OR 'Cyberacoso escolar' OR 'Online risks' OR 'Children on the move' OR 'recruitment' OR 'political violence' OR 'armed violence' OR 'social violence' OR 'victims' OR 'survivors' OR 'violence against women') AND (Argentina' OR 'Belice' OR 'Bolivia ' OR 'Brazil' OR 'Chile' OR 'Colombia' OR 'Costa Rica' OR 'Cuba' OR 'Dominican Republic' OR 'Barbados' OR 'Ecuador' OR 'El Salvador' OR 'Guatemala' OR 'Guyana' OR 'Suriname' OR 'Haiti' OR 'Honduras' OR 'Jamaica' OR 'Panama' OR 'Peru' OR 'Uruguay' OR 'Venezuela' OR 'Anguilla', 'Antigua and Barbuda', 'Virgin Islands (UK)' OR 'Dominica' OR 'Grenada' OR 'Montserrat' OR 'St. Kitts and Nevis' OR 'St. Lucia' OR 'St. Vincent and the Grenadines' OR 'Trinidad and Tobago' OR 'Turks and Caicos Islands').

Search string 4: Interventions for violence against children

(child OR childhood OR children OR adolescents) AND ('maltreatment' OR 'violence' OR 'sexual violence' OR 'sexual abuse' OR 'physical abuse' OR 'emotional abuse' OR 'mental abuse' OR 'psychosocial violence' OR 'psychological violence' OR 'neglect' OR 'abuse' OR 'negligent treatment' OR 'exploitation' OR 'acoso escolar' OR 'online violence' OR 'trafficking' OR 'war' OR 'conflict' OR 'terror*' OR 'gang' OR 'homicide' OR 'community violence' OR 'armed' OR 'arms' OR 'firearms' OR 'narcotrafficking' OR 'migration' OR 'smuggling' OR 'Child marriage-early unions (CMEU)' OR 'Forced teenage pregnancy' OR 'intimate partner violence' OR 'gender-based violence' OR 'sexual exploitation' OR 'sexual harassment' OR 'rape' OR 'street harassment' OR 'survival sex' OR 'hate crimes' OR 'peer violence' OR 'Cyberacoso escolar' OR 'Online risks' OR 'Children on the move' OR 'recruitment' OR 'political violence' OR 'armed violence' OR 'social violence' OR 'victims' OR 'survivors' OR 'COVID' OR 'narcotrafficking' OR 'migration' OR 'LGBTI' OR 'violence against women') AND ('prevention' OR 'response' OR 'child protection' OR 'systems' OR 'legislation' OR 'policy' OR 'norms' OR 'parenting' OR 'program*' OR 'family support' OR 'counsel*' OR 'treatment' OR 'birth registration' OR 'life skills' OR 'education' OR 'income support' OR 'economic' OR 'shelters' OR 'hotlines' OR 'support services' OR 'reporting' OR 'referrals' OR 'police*' OR 'law enforcement' OR 'safe environments' OR 'care' OR 'alternative care' OR 'social welfare' OR 'social work' OR 'psycho-social' OR 'recovery' OR 'offender treatment' OR 'communicational campaigns' AND (Argentina' OR 'Belice' OR 'Bolivia ' OR 'Brazil' OR 'Chile' OR 'Colombia' OR 'Costa Rica' OR 'Cuba' OR 'Dominican Republic' OR 'Barbados' OR 'Ecuador' OR 'El Salvador' OR 'Guatemala' OR 'Guyana' OR 'Suriname' OR 'Haiti' OR 'Honduras' OR 'Jamaica' OR 'Panama' OR 'Mexico' OR 'Nicaragua' OR 'Panama' OR 'Peru' OR 'Uruguay' OR 'Venezuela' OR 'Anguilla', 'Antigua and Barbuda', 'Virgin Islands (UK)' OR 'Dominica' OR 'Grenada' OR 'Montserrat' OR 'St. Kitts and Nevis' OR 'St. Lucia' OR 'St. Vincent and the Grenadines' OR 'Trinidad and Tobago' OR 'Turks and Caicos Islands').

Argentina' OR 'Belice' OR 'Bolivia ' OR 'Brazil' OR 'Chile' OR 'Colombia' OR 'Costa Rica' OR 'Cuba' OR 'Dominican Republic' OR 'Barbados' OR 'Ecuador' OR 'El Salvador' OR 'Guatemala' OR 'Guyana' OR 'Suriname' OR 'Haiti' OR 'Honduras' OR 'Jamaica' OR 'Panama' OR 'Mexico' OR 'Nicaragua' OR 'Panama' OR 'Peru' OR 'Uruguay' OR 'Venezuela' OR 'Anguilla', 'Antigua and Barbuda', 'Virgin Islands (UK)' OR 'Dominica' OR 'Grenada' OR 'Montserrat' OR 'St. Kitts and Nevis' OR 'St. Lucia' OR 'St. Vincent and the Grenadines' OR 'Trinidad and Tobago' OR 'Turks and Caicos Islands').
Secuencia de búsqueda 1: Prevalencia/Incidencia de la violencia hacia niños, niñas y adolescentes

Secuencia de búsqueda 2: Determinantes, factores de riesgo y protección de violencia hacia niños, niñas y adolescentes
Secuencia de búsqueda 3: Consecuencias de la violencia hacia niños, niñas y adolescentes

Secuencia de búsqueda 4: Intervenciones para violencia hacia niños, niñas y adolescentes

Appendices
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