Violence in early childhood

Regional framework for UNICEF in Latin America and the Caribbean

unicef for every child

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

Convention on the Rights of the Child
Article 19

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Acronyms

CM	Child Maltreatment
CRC	Convention on the Rights of the Child
EC	Early Childhood
ECD	Early Childhood Development
IPV	Intimate Partner Violence
LAC	Latin America and the Caribbean
LBW	Low Birth Weight
RELAF	Red Latinoamericana de Acogimiento Familiar
SDGs	Sustainable Development Goals
UN	United Nations
UNICEF	United Nations Children's Fund
VAC	Violence Against Children
VAW	Violence Against Women

Key messages

Scientific evidence indicates that early childhood is not only a period of special sensitivity to risk factors…

Infants and young children are particularly at risk of violence by primary caregivers and other family members because of their dependence and limited social interactions outside the home[1].

Children exposed to violent discipline systematically show lower levels of socio-emotional development and are more likely to show violent behavior towards other children and adults[2].

Young children are generally most vulnerable to serious injury from physical violence, with fatal cases often found among infants[3].

In cases of sexual abuse among young children, the perpetrator is often is a trusted caregiver[4].

Young children who grow up in residential care show higher levels of developmental delay, stunting, aggressive behavior, inattention and hyperactivity and are more frequently exposed to violence when compared to children who grow up in a family environment[5].

…but early childhood is also a critical time when the benefits of early intervention are amplified and the negative effects of risk can be reduced[6].

Parenting support programmes that promote nurturing care and protection can enhance the positive effects of basic interventions on early child development outcomes[7].

Providing parents with child-rearing strategies and techniques as well as economic support can help mitigate children's risk of physical abuse[8].

Engaging men in caregiving can contribute to a range of positive outcomes for children, including a reduction of violence[9].

"Engaging men in caregiving can contribute to a reduction of violence against children."[9]

1. Introduction and strategic vision

UNICEF´s commitment to the protection of children against all forms of violence is enshrined in the Convention on the Rights of the Child (CRC, 1989), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW, 1979) and the Convention on the Rights of Persons with Disabilities (CRPD, 2006).

UNICEF promotes a holistic definition of Early Childhood Development (ECD) grounded in a child's right to develop to "the maximum extent possible" (CRC, Article 6) and "the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development" (CRC, Article 27).

The importance of ensuring safe environments for young children is at the core of the global development agenda. The Sustainable Development Goals (SDGs), which reinforce the commitment to invest in early childhood and to eliminate all forms of violence against children through specific goals (4.2 and 16.2), provide an excellent opportunity to gain momentum for an approach that integrates these two global priorities.

Violence against children is a human rights violation and a global health problem, and the health sector is taking important steps to articulate its role both in prevention and response to violence against children. Protection from violence is also included in the UNICEF multidimensional poverty framework and the Multiple Overlapping Deprivation Analyses (MODA), which is anchored in the CRC and defines child poverty as non-fulfillment of children's rights to survival, development, protection and participation.

In response to the growing recognition of the wide-ranging impacts of violence against children in early years, in particular on growth, safety, learning and development, the need to collectively address this problem—not exclusively from the angle of child protection—is becoming increasingly evident. While the child protection sector intervenes upon alert, other sectors such as health and education have a strategic role in preventing and detecting situations of risk due to their natural interaction with young children and their families.

It is in this context that UNICEF LACRO is presenting a comprehensive, multi-sectorial framework that aims to provide guidance to UNICEF country offices on how to improve programme interventions and synergies between programme areas in order to enhance young children's development potential by reducing their exposure to violence. While early childhood is understood as the period from conception until age 8, the framework emphasizes the critical period from age 0-3. Taking advantage of the broad UNICEF mandate in the area of child rights, the framework outlines inputs and gains for all UNICEF programmes areas by investing in the elimination of violence in early childhood. Finally, it aims to bring more clarity to how UNICEF can support governments towards the achievement of results in a number of key priorities within the sustainable development agenda related to child development and the elimination of violence.

Figure 1: The interdependent nature of programming and results
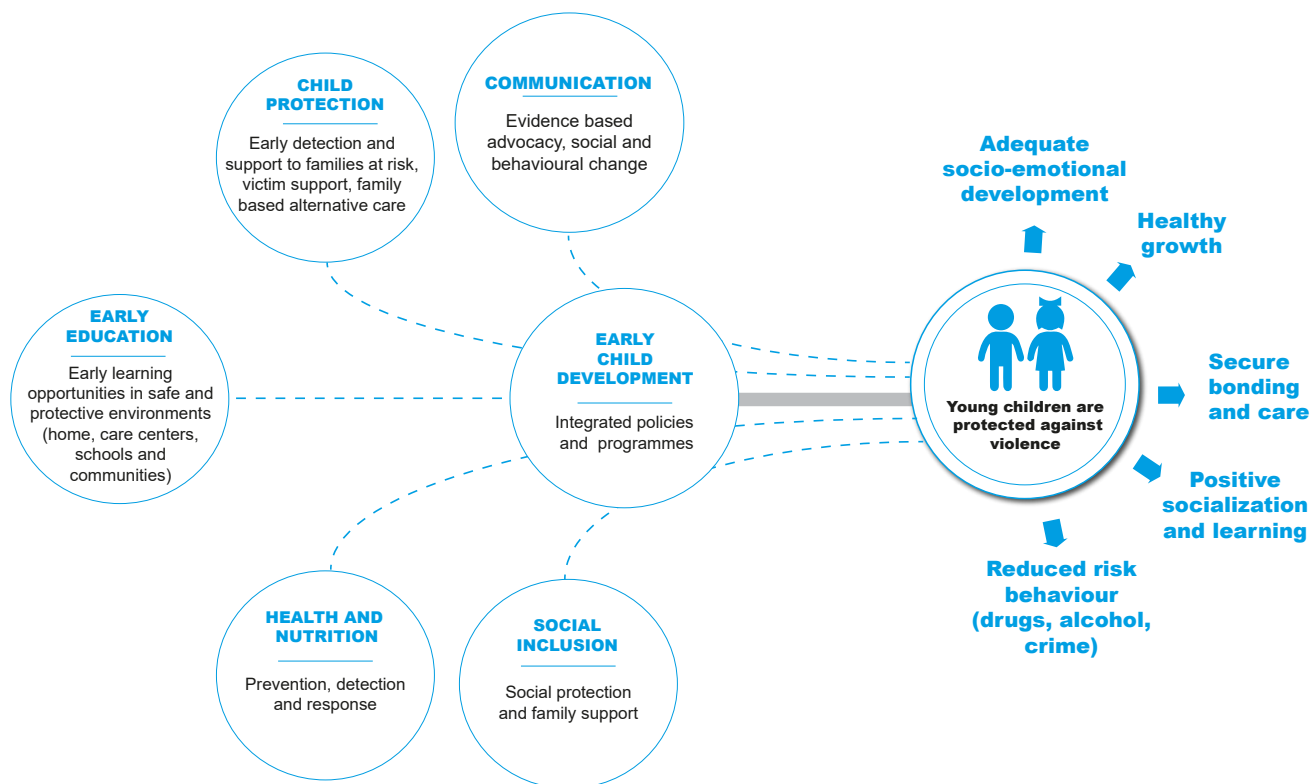
UNICEF's Early Childhood Development programmes offer interventions that combine nutrition, protection, stimulation and support to parents, caregivers and communities – to help vulnerable children to get a fair start in life. Research indicates that there is much to gain by further strengthening violence prevention in the context of ECD programmes.

2.

The case for protection in early years

2.1. Violence in early childhood is a widespread phenomenon

While countries in Latin America and the Caribbean (LAC) have made progress in legal harmonization and the consolidation of child protection systems, not enough is being done to buffer the effects of multiple adversities to which young children and their families are exposed[10].

A growing body of evidence suggests that infants and young children are particularly at risk of violence by primary caregivers and other family members because of their dependence and limited social interactions outside the home[11]. While MICS data indicate that a minority of the population supports corporal punishment, violent discipline in early childhood actually takes place on a large scale throughout the region and across social strata, even in children as young as one year of age. In fact, two out of every three children aged 2-4 in LAC regularly experience some kind of violent discipline -psychological aggression or coroporal punishment- in the home.

While specific data is not available for all countries, global research has consistently found a high prevalence of child maltreatment (abuse and neglect) in almost every country where studies have been conducted[12]. The hidden nature of violence against children adds to the difficulty of obtaining trustworthy data.

2.2. Violence in early childhood has multiple consequences across areas of child development

In fact, guaranteeing children's right to health, safety, welfare and wellbeing during the early years of life is a pre-condition not only for their protection in early childhood, but also to ensure their healthy growth and future development.

Children who receive inadequate care—especially in the first year of life and often from mothers who themselves were neglected or abused—are more sensitive to the effects of stress and display more behavioural problems than children who receive adequate care[13].

While to a large extent invisible to the public eye, violence in early childhood may contribute to physical and mental health problems over a lifetime. Research documents how the effects of childhood trauma substantially increase risks for a range of negative outcomes, including dropping out of school, drug abuse, depression, suicide, further victimization, or involvement with violence and crime.

There is solid evidence across countries in the region of the negative effects of violence on early child development, socio-emotional skills and behaviour. Data from MICS studies[14] reveal that the percentage of children between 36 and 59 months with adequate development is systematically lower among those who have suffered violent disciplinary methods, and children who suffer corporal punishment at home are more likely to be involved in violent conduct against other children and adults.

2.3. There are positive gains to be made: Engagement of routine service providers

The recognition of the need to prioritize violence in early childhood is based on increasing evidence highlighting the lifelong positive consequences of early preventive interventions, in particular through the fostering of safe and nurturing family environments paired with the provision of specialized help and support for families at risk. For this to happen, actors across multiple sectors who provide services targeting young children and their families need to be engaged and accountable in prevention, identification of risk and response to violence.

2.4. Violence against children and early childhood development in the SDGs

At the global level in UNICEF, both protection against violence and early childhood development are increasingly being recognized as key foundations for human development, and ensuring safe environments for young children is at the core of the global development agenda.

The SDGs recognise that violence against children is an impediment to sustainable development, acknowledging that early childhood development can help drive the transformation we hope to achieve. As illustrated in Annex 1, specific targets (4.2, 5.2 and 16.2) have been dedicated to these ends, and a number of other goals and targets are indirectly linked.

The present framework aims to integrate the agendas of child survival, early childhood development, social inclusion, child protection and gender, and to strengthen coordination between different UNICEF programme areas as a first step in the development of an integrated approach for addressing violence against young children in UNICEF activities and programmes throughout the region.

3. The approach

3.1. Definitions[1,15]

Maltreatment, including violent punishment, involves physical, sexual and psychological/emotional violence and neglect of infants, children and adolescents by parents, caregivers and other authority figures, most often in the home but also in settings such as schools and residential care.

Neglect or negligent treatment is defined as the failure to meet children's physical and psychological needs, protect them from danger or obtain medical, birth registration or other services when those responsible for their care have the means, knowledge and access to services to do so.

Sexual violence includes non-consensual attempted or completed sexual contact; non-consensual acts of a sexual nature not involving contact, such as voyeurism or sexual harassment and other consensual sexual acts; acts of sexual trafficking committed against someone who is unable to consent or refuse; and online sexual exploitation.

Emotional or psychological violence and witnessing violence includes restricting a child's movements, denigration, ridicule, threats and intimidation, discrimination, rejection and other non-physical forms of hostile treatment. Witnessing violence can involve forcing a child to observe an act of violence or the incidental witnessing of violence between two or more other persons.

Violent discipline is a subset of child maltreatment, including both psychological aggression and physical punishment by parents, caretakers and other authority figures, and may occur in the home, in school and in other settings.

Intimate partner violence (or domestic violence) involves violence by an intimate partner or ex-partner. Although males can also be victims, intimate partner violence disproportionately affects females. It commonly occurs against girls in early unions and child/forced marriages.

3.2. Key principles

Human rights and evidence based approach

Based on the principles of a child's right to grow up in safe environments free from violence and maltreatment, as stated in numerous human rights instruments (CRC, CEDAW, CRPD), this framework is informed by the latest neuroscience research. Evidence shows that risk factors are cumulative, interrelated, have greater impacts in the very early years and have long-term consequences. Investments, therefore, need to be placed early and continuously. Early preventive interventions will be more efficient and produce more favourable outcomes than remediation later in life.

Gender

There are compelling reasons to promote the coordination of efforts addressing violence against young children and violence against women, particularly because they often share common risk factors, co-occur in the same environment and are reinforced by the same social norms. Violence against women (VAW) increases the chances of violence against children (VAC), and experiences of VAC may lead to higher acceptability of violent relationships. It is especially important to move beyond the view that gender refers only to women and girls and acknowledge the significance of relationships between men and women, boys and girls and the social norms related to masculinities and femininities. Gender norms and dynamics—specifically views that boys need to be raised to be physically "tough" and emotionally stoic while girls are seen as fragile, inferior and/or subordinate to boys and men—are socialized early and may typically underpin violence against children. On the positive side, male involvement in caregiving and parenting has proven to have great potential in challenging these stereotypes and promoting more gender-equitable child rearing[16].

Equity

The framework is further aligned with UNICEF´s equity approach with a focus on the most vulnerable and at risk of exclusion. Early Childhood Development is a powerful equalizer, as it addresses the root causes of inequality and promotes inclusion. Due to their dependence on adult caregivers, very young children are by nature particularly vulnerable to violence and maltreatment. This vulnerability is further exacerbated in children from families with limited resources and suffering multiple adversities and stress, children with disabilities, children who grow up in residential care or children who go unregistered at birth.

Nurturing care[17]

Nurturing care reduces the detrimental effects of disadvantage on brain structure and function and improves a child's health, growth and development. Multiple factors such as health, nutrition, security and safety, responsive caregiving and early learning influence acquisition of the competencies and skills that make up nurturing care. Nurturing care consists of a core set of inter-related components, including behaviours, attitudes, and knowledge regarding caregiving (e.g., health, hygiene care, and feeding care); stimulation (e.g., talking, singing, and playing); responsiveness (e.g., early bonding, secure attachment, trust, and sensitive communication); and safety (e.g., routines and protection from harm).

Family-based care

The CRC emphasizes the importance of children being raised in a safe family environment and the obligation of the State to support caregivers in their childrearing responsibilities as well as meet its obligations towards children without parental care.

Caregiver-child interaction shapes optimal child development; therefore, families, caregivers and communities need to be supported in fostering positive, sensitive, responsive and nurturing childrearing practices in safe, stable and stimulating environments for their children. Families with multiple disadvantages will need additional and varied types of support.

Following a family based-approach, programmes and interventions should be participatory, community and family-based, and transcend the "deficit model", which focuses on what people lack—both materially and financially—and instead empower families and primary caregivers by building upon the recognition of their strengths.

Child participation

A child's right to participate and express opinions in decisions that affect him or her is a fundamental principle of the CRC. Even young children should have the right to express their views in child welfare cases before decisions are made about them (including residential and contact arrangements) and to be accompanied by a person of trust. Despite difficulties in ensuring young children's participation, all possible efforts should be made, with support from experts, to ensure this participation. Child welfare authorities and courts might need specific training in listening, interviewing and giving weight to the accounts of young children.

Multi-sector approach

To make interventions successful, smart, and sustainable, they need to be implemented as multi-sector intervention packages that target multiple risks to development and be integrated into existing maternal and child health services. Programmes should be two-pronged, considering both the needs of the child and those of the primary caregiver.

Systems approach

Rather than an issue-specific approach to problems, this framework builds on the concept of systems strengthening in the different fields involved (health, social and child protection, education) and includes informal structures. The framework aims to strengthen coordination mechanisms and information management between these systems to build more efficient programming and intervention, ultimately maximising synergies and impact.

The ecological model

The framework is based on the assumption that young children and their families exist in an ecological system influenced by various layers of their environment, from the proximal (their families and communities) to the distal environment (the policies and legislation that govern institutions). These layers either contribute to or challenge young children's full developmental potential. The Table in Annex 2 illustrates risks and protective factors young children may be directly or indirectly exposed to through the ecological framework.

4. The strategic role of UNICEF

The overall objective of the present strategy is to **provide a framework for UNICEF across the region to implement synchronized programming that contributes to the elimination of violence against young children.** While there is a specific focus on certain forms of violence, namely violent discipline, abuse and neglect in both the home and in an institutional setting, the interventions nevertheless aim at an overall reduction of all forms of violence.

A better-coordinated and more coherent approach to programming on this particular topic, accompanied by systematic monitoring and evaluation, is expected to support the generation of evidence on effective programming and learning between countries. Particular emphasis should be placed on the comparative advantage of UNICEF as a convener across sectors to enhance cross-sector coordination and on the ability to support monitoring, evaluation and generation of evidence. Coordination, monitoring and evaluation are all cross cutting strategies that require process definition and accountability.

4.1. Strategic lines of intervention

The present framework outlines three main strategies, each with detailed outputs that aim to ensure that young children are protected from violence.

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Table 1 : Key strategies		
Desired impact	**Young children are protected from violence**	
	Family Level	**Community level**	**Institutional level**
Strategies	Support definition of roles and responsibilities across sectors in prevention and response to violence and implementation of multi-sector programming	Promote norms, values and community mechanisms that support non-violent, nurturing and gender-equitable child-rearing	Support implementation of laws and policies to prevent violence, promote nurturing care and guarantee children's right to grow up in a family environment
Outputs	1. Prevention and response to violence is mainstreamed into services for families and children	2. Demonstrated progressive social rejection of maltreatment and institutionalization of young children and support to active parenthood and gender-equitable child-rearing	3. Laws and policy framework safeguard children's right to grow up free from violence in a family environment
Key components (detailed in table below)	1.1 Strengthening of protective factors (primary prevention); 1.2 Targeted interventions for children and families at risk (secondary prevention); 1.3 Inter-sectorial response mechanisms, gatekeeping[18] and alternative care.	2.1 Social mobilization to reduce acceptance of child maltreatment, including violent discipline and institutionalization, and increase social adherence to engaged fatherhood and gender-equitable child-rearing practices. 2.2 Formal and informal community based mechanisms that are supportive of young children's protection and children's right to family and community based care	3.1 Legislation prohibits VAC in all settings[19], defines policies and mechanisms to prevent and respond to VAC and limits placement of children 0-3 in residential care; 3.2 Integrated ECD policies specifically address violence against children.
Key sectors	**ECD** **Child Protection** **Gender** **Health** **Social Inclusion**	**ECD** **Child Protection** **Communication** **C4D** **Gender** **PFP** **Social Inclusion**	**ECD** **Child Protection** **Gender** **Health** **Social Inclusion**
Monitoring and Evaluation		

4.2. A detailed overview of key components for each strategy

Strategy 1:
Support definition of roles and responsibilities across sectors in prevention and response to violence and implemention of multi-sector programming

Positive interactions between young children and their parents or caregivers are the basis for building trust, attachment and emotional bonding. During parenting programmes[20], professionals dedicate time to observing child-parent interaction, address parents' attitudes, knowledge and skills in the areas of child development, stimulation and discipline, and provide parents with guidelines for high quality interaction while strengthening their confidence as caregivers. Particular indicators of risk may enable professionals to detect situations that require special attention and follow up, and thus contribute to prevent situations of abuse and neglect.

Parenting support and educational strategies also provide opportunities to rebuild equal relations between genders and contribute to more gender-equitable child rearing. The common focus on mothers in parenting interventions may contribute to reinforcing traditional gender roles, so particular attention should be paid to father engagement in caregiving to promote equitable, nonviolent parenting practices.

A clearer definition is needed of frontline service providers' role in supporting child rearing and in fostering positive relations between children and caregivers and between caregivers themselves. While parenting support can be offered through standalone programmes, a more cost-effective solution may be to introduce key elements of caregiving, stimulation, responsiveness and safety into routine services for children and families (health, nutrition, social welfare, education). In addition to child-rearing support in terms of skills and knowledge, interventions such as cash transfers, fee waivers, and legislative protection and reform can redress some of the social and economic vulnerabilities that limit family childcare capacities, especially among the most vulnerable. Social protection programmes can also alleviate poverty related stressors that lead to violence.

Table 2: Detailed overview of Strategy 1

Strategy 1	**Support definition of roles and responsibilities across sectors in prevention and response to violence and implementation of multi-sector programming.**
Key sector(s)	ECD, child protection, health, nutrition, gender and social inclusion.
Output	**Prevention and response to violence is mainstreamed into services for families and children.**
Key components	**1.1 Strengthening of protective factors (primary prevention.** **WHAT?** **Universal services directed at families with children:** Integrated social protection and family support programmes • Birth registration. • Social protection scheme (e.g., cash transfer). • Free day-care. • Home-based care. • Home visiting. • Maternity and paternity leave. • Flexible workplace policies. *Parenting support:* Convey information, education, skills and support to caregivers either through mainstreaming of early stimulation and counseling into frontline service provision or through standalone programmes (typically coordinated by education, social welfare or local government). *Settings:* • Home: individual sessions to improve knowledge and skills. • Community centres: group or one-to-one counseling and coaching or peer mentoring in a community context. • Primary care/health facility: during routine visits (antenatal care, delivery, post-natal care for mother and baby, routine immunization and nutrition growth checks, etc.). • Nursery or day care center: strengthen the relationship between educators/teachers and parents, develop training programmes, offer information about available resources or support programmes in the community, among others. *Modality:* • Individual or group sessions for behavior change and peer-to-peer support. • General information campaigns. • Delivered by maternal and child health services, nurses, early childhood education professionals or social workers (depending on the setting and context) to promote aspects of nurturing care during birth and labour, similar to early initiation of breastfeeding and interventions such as Kangaroo Care[21]. *Objectives:* • Informing and educating parents (usually mothers) about infant and child health and well-being. • Effective detection of risk: mechanisms to ensure frontline service providers have the necessary capacities to detect risk[22] even when symptoms are less obvious and to make necessary follow up, including referral and reporting. • Teach children about body ownership and how to recognize abusive situations, how to say no and how to disclose abuse to a trusted adult.

HOW?

Support design/adaptation of programmes across sectors to integrate the following elements:
- Caregiving (behaviors, attitudes, knowledge).
- Stimulation (talking, singing, playing).
- Responsiveness (bonding, attachment, trust, sensitive communication).
- Safety (routines, protection from harm, positive discipline).

Strengthen capacity of frontline service providers (social welfare, health and education) in primary prevention (i.e. how to inform and sensitize parents about basic elements of positive interaction and disciplinary practices) and identification of risk.

Technical assistance for design/adaptation of sectoral protocols to integrate:
- Key elements of primary prevention and nurturing care.
- Mandatory reporting (of incidences or concern) for health and education professionals.
- Pre-screening of staff.
- Standards and mechanisms for safeguarding (particularly relevant for staff in day-care and residential care facilities).

1.2 Targeted interventions for children and families at risk (secondary prevention).

WHAT?

Problem-oriented services targeted to families when risk has been detected and to families who present vulnerabilities:
- Families considered at risk of social exclusion or in marginalized sectors of the population.
- Families with children who have special needs or children of parents with special needs (including disability, HIV, depression or mental illnesses, drug abuse).
- Families where the children are considered to be at risk of neglect.

Objectives:
- Provide required support and assistance to families.
- Detect further need for support.
- Prevent child separation and institutionalization.

Services based on individual needs assessments:
- Guidance and advice for families.
- Support contact.
- Financial support (cf. social protection).
- Home visiting.

Settings:
- Support within the home.
- Parent groups.

Services may include elements from 1.1 (family and parenting support) but are designed on a case-by-case basis, with individual follow-up and monitoring.

HOW?

Strengthen capacity of routine service providers (health, education, social welfare) in detection and response.
- Guidelines and training on how to raise routine questions about violence and abuse and provide follow up.
- Training to improve health, childcare and welfare professionals' ability to recognize symptoms of violence, abuse and neglect, both obvious and less obvious.
- Manual and training for use when physical abuse is suspected, including an outline of definitions, risk factors, indicators, symptoms and key interventions[23].
- Support development of protocols to guide reporting, referral, follow-up and coordination between sectors, including community based services.
- Support development of health protocols with trauma-informed assessment, treatment, referral and follow-up care.

Key components

Technical assistance of child protection sector on design of programmes that provide support to families based on individual assessments and family counseling, with a particular view to prevent separation and institutionalization of children:
- Establish standards of care.
- Set up and manage integrated programmes for children and families in articulation with other sectors and designed on a case-by-case basis.
- Train social workers in case management, further identification of risk and necessary connection with other services.

1.3 Inter-sectorial response mechanisms, gatekeeping and alternative care.

WHAT?

Special protection services targeted to children considered to be subject to risk.
The effectiveness of special protection depends on availability of the following mechanisms and services:
- Mechanisms to ensure families are directed towards supportive or rehabilitative services based on individual assessments and follow up.
- Integrated response (health, justice, social welfare) and trauma-informed care.
- Gatekeeping[24]: a process to determine whether a child needs to be placed in an alternative care setting and to either refer the child and his/her family to appropriate forms of family support or, if alternative care is deemed necessary, to decide which alternative care arrangement best corresponds to the child's situation.
- Foster care.

HOW?

Reporting, referral and coordination:
- Support establishment of mandatory, transparent referral and reporting mechanisms to involve all relevant sectors (justice, child protection) with a feedback loop to keep the original reporter informed of progress.
- Support formalization of linkages between the health and child protection systems and services.

Follow-up services for child victims:
- Support implementation of protocols that establish health professional accountabilities while outlining referral mechanisms between health, child protection and justice systems to establish roles and responsibilities and allow confidential communication systems.
- Child friendly justice mechanisms and procedures for securing evidence of abuse.
- Municipal health and specialist servicess for child victims of violence, including sexual abuse.[25]
- Integral systems for monitoring cases.
- Surveillance systems to track number of cases.

Support establishment of fundamental elements and requirements for effective gatekeeping[26]:
- Dedicated team of experts that review individual cases and make recommendations for how children's interests can be best met in each case.
- Context-specific tools, protocols and standards to ensure informed decision-making.
- Human and financial resources: judges, police, teachers, health workers and community leaders are supported, guided and trained to effectively implement legal and normative frameworks.
- Continuum of high-quality services that strengthen the capacity of families (e.g., family and parenting support, and targeted services) and provide options of alternative care, addressing the range of situations faced by the individual child.

Support an effective system of foster care
- Recruitment and allocation of foster homes.
- Provision of necessary training and general guidance to foster parents.
- Availability of social protection mechanisms for foster families.
- Social workforce preparedness to provide technical and social support to child and family.
- Training of judges on existence of alternative programmes.

Key components

In Latin America and the Caribbean, 2 of every 3 children between ages 2-4 regularly experience some kind of violent discipline (psychological aggression or corporal punishment) in the home, and 5 per cent of under-5 children are victims of severe physical punishment. An estimated 240,000 children grow up in residential care, and 10 per cent for them are under 3 years of age.

Strategy 2:
Promote norms, values and community mechanisms that support non-violent, nurturing and gender-equitable child rearing.

Communities have a fundamental role in determining how children are parented and cared for. Parenting and childcare practices may be founded on culturally accepted norms and practices that will only change if the community as a whole endorses the changes.

After their parents and caregivers, young children's most immediate environment is the community, and different community-level stakeholders have a spontaneous and natural interaction with children and families. The commonly held idea that the family is a private sphere may be a risk factor for young children who are unable to speak up on violence and abuse. When children do denounce violence and abuse, they are often met with disbelief from the adults around them. Community sensitization and mobilization is therefore an important precondition to enhance children's protection from violence and neglect. Gender norms around parenting and violence also need to be addressed at the community level in order to advance more gender-equitable child rearing.

Communities actually have a double role to both support families in their child-rearing capacities through informal mechanisms and networksto be alert to possible signs of risk andand take action when needed.

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Table 3: Detailed overview of Strategy 2

Strategy 2	**Promote norms, values and community mechanisms that support non-violent, nurturing and gender-equitable child-rearing.**
Key sector(s) and stakeholders	ECD, child protection,communication, C4D, gender, private fundraising and partnerships and social inclusion.
Output	**Demonstrated progressive social rejection of maltreatment and institutionalization of young children and support to active parenthood and gender-equitable child-rearing**
Key components	**2.1 Social mobilization to reduce social acceptance of child maltreatment, and increase social adherence to engaged fatherhood and gender-equitable child-rearing.** **WHAT?** Evidence-based advocacy, awareness raising and public education and social media campaigns that address: • Prevalence of violence against young children. • Impact of violent discipline, abuse and neglect on young children's development. • Taboo culture on violence against children, in particular child sexual abuse and social norms that prioritize family privacy above victim protection. • Norms around acceptability of intimate partner violence and the sexualization of girls as objects from a very young age. • Positive forms of child discipline. • Prevalence and harm of institutional care, traditional charity models that sustain the "orphanage industry", including "orphanage tourism", alternative models that support children's right to grow up in a family environment,. • Social values that endorse gender equality, active mother and father engagement and non-violent discipline. • The importance of reporting violence and existing reporting mechanisms. • Societal factors that can provoke family breakdown such as discrimination and stigmatization towards disability and single parenthood. **HOW?** • Develop C4D and advocacy strategies based on identification of social norms that may negatively impact how children are cared for. • Establish partnership with strategic actors with influence at the community level (religious and community leaders, celebrities, potential role models). • Support definition and implementation of community based models for social change that seek to break the taboo on violence against children. **2.2 Formal and informal community based mechanisms that are supportive of young children's protection and children's right to family-based care.** **WHAT?** • Community forums based at community centres, churches, etc .Peer networks for young parents. • Virtual support networks for young parents. • Community based mechanisms for formal and informal care, protection and support at the community level. **HOW?** • Support link between formal and informal mechanisms. • Support development of material and methodologies for community based mechanisms of care and support. • Partnership with FBOs and community networks with a local level presence in marginalized areas.

Strategy 3:
Support implementation of laws and policies to prevent violence, promote nurturing care and guarantee children's right to grow up in a family environment.

Law enforcement is key to support parents' and caregivers' ability to ensure their children's protection[27]. By prohibiting all forms of violence against children, including violent discipline, countries send a message to their citizens that may influence norms and practices. Stipulating parental leave and universal childcare by law may allow parents to spend more quality time with their children and contribute to an environment that is conducive to the healthy and balanced development of young children[28].

Evidence shows that institutionalization produces serious and sometimes irreversible damage in very young children. A common myth is that children in residential care are orphans, while in reality, a large majority has been separated from their family due to poverty[29]. Both legislation and policy should therefore clearly stipulate that admission to residential care must not be determined based on a family's economic status. At the same time, legislation and policy should foresee situations where separation of a child from biological parents is considered in the best interest of the child, and through the establishment of a system of foster care, ensure that alternative care can be provided in accordance with international standards.

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	Table 4: Detailed overview of Strategy 3
Strategy 3	**Support implementation of laws and policies to prevent violence, promote nurturing care and guarantee children's right to grow up in a family environment.**
Key sector(s) and stakeholders	ECD, child protection, gender, health, nutrition and social inclusion.
Output	**Laws and policy framework safeguard children's right to grow up free from violence in a family environment.**
Key components	**3.1 Legislation prohibits VAC in all settings[30], defines policies and mechanisms to prevent and respond to VAC and limits placement of children 0-3 in residential care.** **WHAT?** • Full legal prohibition of violence in all settings (home, community, school), including violent discipline (physical and mental). • National legislation and policies for maternity and paternity leave, breastfeeding break time for nursing mothers, support for breastfeeding in the work place and flexible workplace policies, nurseries in the workplace, allowances to families with young children, fiscal support for professional and regulated child day-care and early child development centres. • Legislation that supports men's presence at prenatal health visits and in the delivery room. • Legislation and policy specifying that poverty alone should never justify the admission of children into formal alternative care and limiting placement of children aged 0-3 years in residential care to very rare exceptions and for the shortest possible time[31]. • National legislation clarifying the responsibility of different services (ECD, preschool, primary school and health) to prevent and detect violence, abuse and neglect. **HOW?** • Evidence based advocacy and technical assistance for legal reform. • Training of law enforcement on standards, available services (family support) and interview techniques. **3.2 Integrated ECD policies that specifically address violence against children.** **WHAT?** • Shape an integrated approach to early childhood development by including the components of nurturing care such as attachment, bonding and stimulation in health and nutrition. • Parenting programmes to improve parenting interactions, behaviors, knowledge, beliefs, attitudes and practices. • Home visit programmes provided by skilled professionals before the onset of abusive and neglectful parenting. • Cash transfer programmes to increase pre- and postnatal care and skilled birth attendants, conditions which are associated with better child developmental outcomes. • Social protection programmes to reduce adversities such as poverty and lack of access to primary care services. • High quality child care and early education programmes through community based and institutional modalities. • Social safety net interventions combined with social protection and early childhood interventions. **HOW?** Diverse programmes to address early childhood already exist, but they rarely address violence against children. With careful adaptation, however, these existing programmes and services could incorporate violence prevention through multi-sectorial interventions that integrate nurturing care and target multiple risks to development. *In this sense, a complete family support and strengthening package must include:* • Access to quality services (e.g., antenatal care, skilled birth delivery attendance, nutrition); • Skills building (e.g., positive and responsive parenting to reduce harsh discipline and promote stimulation); • Support (e.g., social protection, family support policies, cash transfer programmes[33]).

Key components	Additionally, it should: • Combine essential interventions of health and nutrition for mother and child and the elements of care, responsivity, stimulation and protection along with breastfeeding, parental leave and flexible workplace policies. • Build strategies to strengthen educator capacities in early learning services to provide a nurturing, safe and positive emotional environment. • Strengthen social protection programmes that reduce poverty and increase access to services. • Strengthen social networks at the community level. In order for integrated early childhood interventions to be effective, national and local policies must outline appropriate mechanisms for coordination and accountability across all sectors involved.

4.3 Monitoring and evaluation

Monitoring and evaluation is particularly important in this field given the vacuum of evidence on the effectiveness of preventive action. While the framework is based on the conviction that no form of violence is tolerable and that all forms of violence are preventable, overall results may be difficult to measure. To support the generation of evidence on progress, three key "flagship priorities" have been identified and will be closely monitored through the targets and indicators outlined below.

Target	Indicators
Eliminate violent discipline against all children in LAC.	% of children age 0-5 who regularly experience some kind of violent discipline (psychological aggression or corporal punishment) in the home.
All children age 1-4 across the region show adequate socio-emotional development.	% of children age 1-4 with adequate socio-emotional development.
End institutionalization of children under age 3.	# of children age 0-3 in institutional care.

The following indicators are suggested to monitor progress at the three levels:

	Family Level	Community level	Institutional level
Outputs	**1. Violence against children is mainstreamed into services for families and children (prevention and response).**	**2. Demonstrated progressive social rejection of maltreatment and instituionalization of young children and support to active parenthood and gender-equitable child-rearing.**	**3. Laws and policy framework safeguard the fulfillment of children's right to grow up free from violence and in a family environment**
Suggested indicators	% of children age 1-4 who regularly experience some kind of violent discipline in the home. % of children age 1-4 who are suffering corporal punishment. % of children under 5 who are victims of severe physical punishment. # of children age 0-3 living in residential care. % of adult who think that physical punishment is necessary to raise/educate children (SDG 16.2.1). Number of mothers, fathers and caregivers reached through parenting programmes (SP 3.3).	% of people reporting increased confidence in the benefits of reporting. % of people reporting they believe fathers should have an active role in caregiving.	Legislation prohibits VAC in all settings. Legislation limits placement of children 0-3 in residential care. Integrated ECD policies incorporate the five dimensions of nurturing care. Existence of protocols for health sector response to VAC. Social transfers and care and support services are available for at-risk families with young children.

5. The way forward

5.1. "… If you want to go far, go together": a collaborative agenda for action

The quotation from the African proverb above highlights the importance of collaboration among humans, but the message also applies to collaboration among sectors. True inter-sectorial collaboration is often hampered exactly by the sectoral nature of programme design and implementation. While each sector is concerned about its individual targets and results, opportunities for synergies might be lost simply because mechanisms are not in place to generate synchronized programme interventions.

As the evidence on the impact of violence in early childhood continues to emerge, it becomes clear that young children's exposure to violence affects their physical and mental health, learning and behavior. Optimal performance on a number of-if not all-child development indicators can only be achieved if children are protected from violence, abuse and neglect; ensuring young children's protection should therefore be a priority across all sectors. A clearer understanding is needed, however, about how this translates into shared responsibilities and coordination. The present framework intends to provide UNICEF LAC with an instrument that helps to map the course.

Through an inter-sectorial lens, the framework suggests a different way of thinking in terms of UNICEF´s programme, leading programme staff towards defining common strategies, outputs and indicators. Naturally, the framework needs to be "interpreted locally", and country offices must make their own decisions on accountabilities and division of labour without losing the essence of integrated programming. Although the framework is flexible, the coordination would typically fit best either with child protection or ECD as main sectors, or directly with the Programme Coordinator/Deputy Representative.

UNICEF´s mandate, which covers all areas of child development, gives the organization a special advantage when supporting government efforts to develop policies and integrated programmes and interventions for children. It is critical, however, to identify the areas where our effort may need to be complemented by that of others, how to articulate programmes with other initiatives, and ultimately, how to ensure our knowledge and expertise can help set the agenda for other actors, including civil society, academia, FBOs and the private sector.

5.2. In and out of emergencies

A special focus on young children is central in UNICEF emergency response, and as in regular programming, further efforts are needed to strengthen the child protection aspect of intervention. The high levels of stress experienced in an emergency, by nature traumatic for young children, may also put them at higher risk of physical and psychological abuse and even abandonment. The breakdown of protective networks and mechanisms in an emergency also increases the risk of trafficking and exploitation, even of very young children.

The present framework is valid both for emergency and non-emergency settings. Much harm can be prevented by providing professionals across sectors, including emergency staff, with the skills and capacities to effectively promote positive child-caregiver interaction, detect high-risk situations, make necessary referrals and perform follow-up.

Non-traditional emergencies provide important opportunities to ensure violence is addressed in an integrated manner. In the specific context of the current ZIKV response, for example, health and the specially designed care and support programme is becoming the entry point to address the specific needs of families with children with disabilities, ensuring that they receive necessary assistance to prevent violence and neglect and avoid placement in residential care.

5.3. Building the evidence

The poor evidence on effective violence prevention programming hampers large-scale investment. While developing programme interventions that aim to prevent the incidence of violence, including violence in early childhood, UNICEF should pay urgent attention to the need to generate solid evidence on its cost and effectiveness to help inform political decisions of investment and enable programmes to go to scale.

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Annexes

Annex 1: SDG goals and targets that directly or indirectly address young children's right to grow up free from violence

Goal	Target
Goal 1. End poverty in all its forms everywhere.	1.3. Implement nationally appropriate social protection systems and measures for all, including floors and substantial coverage of the poor and vulnerable by 2030.
Goal 3. Ensure healthy lives and promote well-being for all at all ages.	3.8. Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines.
Goal 4. Ensure inclusive and quality education for all and promote lifelong learning.	4.2. By 2030, ensure that all girls and boys have access to quality early childhood development, care and preprimary education so that they are ready for primary education.
Goal 5. Achieve gender equality and empower all women and girls.	5.2. Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.
Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.	16.1. Significantly reduce all forms of violence and related death rates everywhere. 16.2. End abuse, exploitation, trafficking and all forms of violence against and torture of children. 16.3. Promote the rule of law at national and international levels and ensure equal access to justice for all. 16.9. Provide legal identity for all, including free birth registration.

Annex 2: Manifestations of risk, violence and protective factors illustrated through the ecological model

	Manifestations of risk and violence	Protective factors
Family level	• Maltreatment: neglect (physical and psychological), abuse (including sexual), violent discipline (physical and emotional). • Witnessing violence, including intimate partner violence. • Reproduction of gender abusive stereotyped roles. • Professionals who interact with young children and their families are not trained to address. • VAC. • Social exclusion.	• Gender equitable relations in the household and active father engagement in child up-bringing. • Family support, including universal services (day-care, home-visits). • Parenting support programmes. • Early identification of risk. • Special and individualized support for families at risk, including cash transfer programmes.
Community level	• Social norms supportive of violent discipline. • Social perception that some children, including children with disabilities and children from low income families, are better off in institutions. • Traditional perceptions of gender roles (boys expected to be tough; girls seen as fragile). • Low expectations of and support of father engagement in parenting. • Culture of silence with respect to violence in the home, including child sexual abuse. • High levels of community violence. • Charity models that support orphanage industry (including through tourism).	• Social rejection of violent discipline. • Communities that are supportive of engaged fatherhood and gender-equitable child-rearing. • Speak-up culture on VAC. • Community based networks and mechanisms to support families with young children. • Social rejection of institutionalization.
Family level	• Inadequate legal framework and poor law enforcement. • Institutionalization as the only option for special protection. • Poor inter-sectorial coordination. • Violence prevention is insufficiently covered in already under-funded early childhood policies. • Insufficient social protection and family support policies and programmes. • Lack of quality child and early learning services. • Impunity and weak implementation of laws on VAC and VAW.	• Legislation prohibits VAC • Legislation limits institutionalization of children under the age of 3. • Laws and policies that promote breastfeeding, maternity and paternity protection. • Flexible workplace policies. • Inter-sectorial coordination mechanisms on VAC. • Budgeted policies and services. • Gatekeeping and availability of foster care. • Social protection systems for excluded and/or at risk families. • Safety networks. • Childcare and early learning policies and programmes.

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