

Violence in early years: a desk review for Latin America and the Caribbean

Summary of policy and programme recommendations

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Introduction

While addressing violence against children has been part of the UNICEF and global child rights agendas for many years, recent developments, including in neuroscience research, have focused increased attention on the especially damaging and lifelong effects of violence against young children under age 3. Yet traditionally, the majority of violence prevention interventions have focused on school-aged children, while interventions for younger children have been limited. These developments have prompted the UNICEF Latin America and Caribbean Regional Office (LACRO) to assess the situation in the region in order to support country offices in developing programmatic approaches to preventing and combatting violence against young children.

In 2016, LACRO commissioned a desk review¹ of the existing studies on the subject. The review aimed to provide a deeper understanding of the prevalence, signs and consequences of the violence, abuse and neglect experienced by young children with an emphasis on the first three years of life. It took as its starting point earlier efforts by UNICEF such as the 2012-2013 Technical Paper on the Prevention and Response to Violence, Abuse and Neglect in Early Childhood and the UNICEF LACRO 2015 Model for Preventing Abandonment and Institutionalization of Young Children. The desk review was intended to provoke in-depth dialogue, advocacy and guidance within UNICEF, both regionally and globally, for future programme design. Given the need for greater understanding about the roles of the different sectors in the protection of young children, it aimed in particular to inform the development of an intersectoral framework for UNICEF in Latin America and the Caribbean.

This policy brief has been prepared to provide an overview of the report's analysis of the current research on the effects of violence against young children and to summarize its recommendations.

We invite you to join our efforts to ensure every child's right to live and grow up free from violence.

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¹ Onochie, Maite, Violence in Early Years: A Desk Review for Latin America and the Caribbean, internal document, UNICEF Latin America and Caribbean Regional Office, Panama City, April 2016.



I. Background

Extensive biological and developmental research over the past 30 years has generated substantial evidence that young children who experience violence, abuse or severe neglect suffer a range of adverse consequences. This scientific evidence powerfully illustrates how, although children of all ages may experience abuse, children under three are at greatest risk for unresponsive care, neglect, physical violence and even death from abuse.

The Convention on the Rights of the Child, specifically Article 19, calls upon States to protect all children against all forms of violence and abuse without any form of discrimination. States parties are obligated to ensure that children thrive in a family environment and to render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities. The Sustainable Development Goals (SDGs) recognize — for the first time in international development — that violence against children is an impediment to sustainable development and acknowledges the importance of laying the foundation in a child's early years for the long-term success of individuals, families, communities, countries and a peaceful future. With early childhood development (ECD) and violence against children specifically mentioned in targets 4.2 and 16.2 respectively, there are now global indicators that measure integrated child development to serve as a benchmarks by which to monitor optimal well-being outcomes in the early years.

Current trends place greater emphasis on prevention of violence, abuse and neglect by enhancing key protective factors following the bio-psychosocial ecological framework. The desk review was thus based on the assumption that young children and their families exist in an ecological system and that young children, in a nurturing care environment, including free from violence, can develop to their full potential due to positive/protective influences at different levels of their environment. The most proximal environment, the family system, is the most influential, followed by the intermediate environment of community and services and the most distal environment of policies, laws and the State. Prevention strategies must therefore be targeted at these multiple levels: the young child; parents/caregivers/family systems; and frontline service providers, communities and society at large.

While countries in the region have made progress in creating protective environments for children, research indicates that not enough is being done to buffer the effects of multiple adversities to which young children and their families are exposed. Efforts are largely fragmented, poorly funded and focused on symptoms and consequences rather than causes. The gap between evidence and action is still wide. Significant illustrations of this gap are government failures to provide sufficient support to families in their parenting responsibilities and skills - evidenced through the high number of children in residential care - and the alarming number of children exposed to violent discipline despite increasing support for a legal ban. There is a clear need to generate comprehensive knowledge and information about the effects of violence in the early years and examples of how to counteract it.

II. Definitions

Article 19 of the Convention on the Rights of the Child defines violence against children as "all forms of physical or mental violence, injury and 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." The World Report on Violence and Health defines physical violence as "the intentional use of physical force or power, threatened or actual, against a child, by an individual or group, that either results in or has a high likelihood of resulting in actual or potential harm to the child's health, survival, development or dignity" (Krug, et al., 2002).

Nonetheless, definitions of violence against children vary within countries and regions, which can result in controversy as to the acceptability of different forms of discipline—physical or psychological—to manage children's behaviour. Often these are culturally determined and what is considered abusive in one society may not be in another. Disagreements between and within countries about how to define violence against children ultimately results in failures within child protection systems to the detriment of children's well-being and safety (Santos Pais, et al., 2009).

The report provides internationally agreed legal definitions of the different types of violence and neglect of children, based on the General Comment No. 13 of the Committee on the Rights of the Child, with abridged versions in the table below.

Much of the literature related to violence against children uses any of the above interchangeably with the term "child maltreatment." In 2002, the World Health Organization (WHO) defined child maltreatment in the World Report on Violence and Health as including "all forms of physical and/or emotional or sexual abuse, deprivation and neglect of children or commercial or other exploitation resulting in harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power".

Term	Definition for this review				
Physical violence	Includes all corporal punishment and all other forms of torture, cruel, inhuman or degrading treatment or punishment as well as physical bullying and hazing by adults or by other children. "Corporal" (or physical) punishment is defined as any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light.				
Sexual violence	Comprises any sexual activities imposed by an adult on a child against which the child is entitled to protection by criminal law. Sexual activities are also considered as abuse when committed against a child by another child if the offender is significantly older than the victim or uses power, threat or other means of pressure.				
Mental violence	Is often described as psychological maltreatment, mental abuse, verbal abuse and emotional abuse or neglect.				
Neglect or negligent treatment	Means the failure to meet children's physical and psychological needs, to protect them from danger or to obtain medical, birth registration or other services when those responsible for their care have the means, knowledge and access to services to do so. It includes: (a) physical neglect: (b) psychological or emotional neglect; (c) neglect of a child's physical or mental health; (d) educational neglect; and (e) abandonment.				



III. Key findings

A. Overview of global and regional situation of violence against young children

Violence remains one of the most under addressed issues faced by young children, with sparse data available on the situation. A 2009 survey across 18 Latin American and Caribbean countries found that 19 per cent of respondents personally knew of a child who was beaten or physically mistreated by a family member in the previous 30 days. Reported rates in the region were highest in Bolivia, (29 per cent), Peru (27 per cent) and Guatemala (25 per cent) (Covell and Becker, 2011).

According to regional MICS data², physical punishment (such as shaking, slapping or hitting) and psychological aggression (such as shouting or calling the child "dumb," "lazy" or other offensive names) are extremely common. In the LAC region, two out of three young children between the ages of 2 and 4 years experience violent forms of discipline at home. Violent discipline is also suffered by very young children, i.e., under 1 year old. Given their vulnerability and dependence on adults, the first year is the most dangerous period of a child's life with respect to the risks of survival, including those due to abuse and neglect.

We do not yet know who uses violent discipline and corporal punishment in the home.³ What we do know is that parental attitudes towards violent forms of discipline do not always correlate with violent practices. Only 1 in 10 caregivers, according to LAC MICS data, recognized violent disciplining as an appropriate form of caregiving and a tool for educating their children. The differences between attitudes and practices may be due to the fact that mothers/primary caregivers are not entirely responsible for a child's discipline. Fathers, older siblings and other relatives living in the household may use physical punishment even when mothers/primary caregivers do not support the practice.⁴ The gap between attitudes and practices may also reflect the perceived absence of alternative or non-violent methods for disciplining children. Other contributing factors may be parental frustration, differing expectations of what a child should be able to do and/or know at different stages of development, social pressures and expectations regarding "good child rearing," little knowledge about the impact and implications of violence against children and high levels of stress.

Exposure to violence, abuse, and neglect during early childhood has a lifelong impact



2 out of **3** children under 5 years old regularly experience violent discipline at home (emotional aggression or corporal punishment).

1 out of 20 children under 5 years old is subjected to severe corporal punishment.

Risk for severe corporal punishment is **5** times higher among children from the poorest households.

3.2 million children under 5 years old in LAC are not registered.

² The data referred to in this section, including the infographics throughout this document is based on the ECD Regional Report "Identifying the Gap to Act: Early Childhood Development Outcomes and Determinants in Latin America and the Caribbean."

³ The data referred to in this section was analysed by the UNICEF LACRO M&E section explicitly for this effort. It is based on data available from both the Child Discipline and Early Childhood Development module from the Multiple Indicator Cluster Surveys (MICS). Any reference to regional averages are to be considered as averages solely based on the information currently available from 13 countries (Argentina, Barbados, Belize, Bolivia, Costa Rica, Cuba, Guyana, Haiti, Jamaica, Panama, St. Lucia, Suriname, and Uruguay). This analysis has yet to be published.

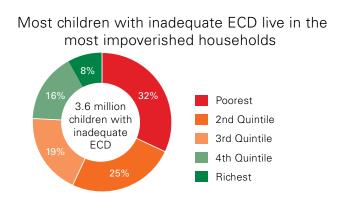
⁴ Note that respondents of MICS surveys are often the child's mother or primary caregiver.

Violence against children is associated with violence against women

Another area of concern is the co-occurrence between violence against women and violence against children. An analysis in the region conducted by PAHO in 2012 specifically confirmed that greater numbers of children experience harsher physical discipline in households where women experienced intimate partner violence, further demonstrating the intergenerational effects of violence against women (Bott et al., 2012).

Violence is a phenomenon affecting all children, but some are more vulnerable than others

Certain categories of children being at increased risk of becoming victims of violence or witnessing violence in their early years: children with developmental difficulties or disabilities; preterm/low-birth-weight babies; young indigenous children; children with malnutrition; children on the move; children of adolescent mothers; young children living in institutional care; and children from the poorest quintiles.



Distribution of children 3-4 years old with inadequate ECD by wealth quintiles.

Regional challenges regarding data collection, analysis and application

Understanding the exact prevalence of violence against young children in Latin America and the Caribbean remains complex. It is difficult to fully understand the scale and scope of the problem, partly due to the tendency to underreport cases of violence against young children to child protection agencies and partly due to definition and measurement issues among countries in the region. Furthermore, violence against children remains undocumented and unmeasured as a result of poor investments in data collection and dissemination (UNICEF, 2014a). Efforts are being made to build and strengthen reliable and standardized sources of information and evidence through the inclusion of both the ECD and Child Discipline MICS modules in household surveys.

B. Impact of early violence exposure: scientific findings

The forms of violence that children are exposed to tend to increase with age; however, the potential impact of violence is greater when it occurs at younger ages, with early and prolonged exposure leading to potentially more adverse effects (UNICEF, 2014a). Younger children appear to exhibit higher levels of psychological and emotional distress as a result of violence than older children. This may be in part due to older children being more resilient, having developed coping strategies to alleviate the effects of violence, or possibly being able to protect themselves and avoid certain threatening situations.

The latest evidence from the science of early childhood development continues to reaffirm that the early years matter: the brain develops fastest in the first three years, early development sets the foundation for later life, and responsive environments and supportive relationships contribute to shaping these early foundations positively (UNICEF, 2014b; Centre on the Developing Child, 2007). The early years represent a period of both tremendous opportunity and tremendous vulnerability.

A child exposed to violence and stress early will find it more difficult to metabolize key nutrients that enable brain development, instead producing higher levels of the hormone cortisol, which impairs brain development, damages health due to nutritional deficiencies and negatively impacts present and future learning and social behaviours. Thus, early experiences of violence have cumulative consequences and may confer lasting damage at the basic levels of the nervous, endocrine and immune systems and can even influence genetic alteration of DNA (Hillis, et al., 2016). Key factors addressed by the review include the negative effects on children's physical and emotional development of:

- Exposure to intimate partner violence as early as during the mother's pregnancy and in the home;
- 2. **Prenatal and postnatal stress**, including maternal depression and the emotional/mental situation of often poorly paid care workers;
- **3. Toxic stress** and its effects on the architecture of the brain. Toxic stress occurs when children experience extreme and/or frequent adversity, such as physical, emotional or sexual violence and/or chronic neglect when buffering relationships are unavailable to the child;
- 4. The intergenerational transmission of violence;
- **5.** The **impact of neglect** (the persistent absence of responsive care). Children who experience neglect in their early years are more likely to have cognitive problems, delays in language acquisition, deficits in executive function skills and difficulties regulating emotions.

C. Contexts and settings viewed through the ecological model

The review looks at young children and their families as co-existing within an ecological system and lays out the different settings, contexts and conditions in which violence, abuse and neglect occur.

- 1. The home environment: most of the violence against very young children takes place in the home. Cultural and social norms guide child-rearing practices and allow the acceptability of corporal punishment and other forms of violence against young children, against women and between boys. Gender norms and dynamics promote the view that girls are fragile and inferior and that boys need to be "tough" and stoic. Young single mothers can be overburdened with responsibilities, stress and frustrations, eventually leading to the adoption of violent caring practices.
- **2. Institutional care settings/services:** Studies confirm that early institutional care damages the social, behavioural and cognitive development of children. UNICEF estimates that 240,000 children and adolescents are living in institutional care in the LAC region, 10 per cent of them (24,000) between 0 and 3 years of age.
- **3. Social violence** is considered any type of violence committed by individuals or a community that has a social impact, including gang violence, terrorism by extremist groups, terrorism by drug cartels, forced displacement or violence through racial discrimination/segregation (CEECD, 2011 2015).
- **4. Fragile and conflict-affected settings.** Recent research is starting to indicate that repeated exposure of very young children to wartime trauma can have profound and lasting effects on their mental health and a conflict setting is not a conducive environment for integrated child development.

"In the LAC region, physical discipline and psychological aggression as part of childrearing continue to be widely accepted. Although there is progress in terms of legislation banning parents from using physical discipline on their children, the challenge is the enforcement of these laws."

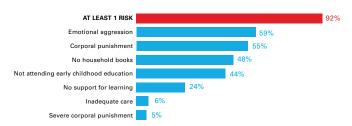
D. Risk factors contributing to violence against young children and protective factors associated with reduced violence

In analysing the risk and protective factors, the desk review adopted the ecological model which has been internationally accepted as a useful framework describing the various systems that a young child inhabits with her/his immediate family. Each part of the overall system within which the young child functions interacts with all of the others, and all attempts to predict possible future abuse rely on the identification of factors within this complex and multifaceted environment which research has indicated may, if present, put the child "at risk" or conversely "protect."

9 out of **10** children 3-4 years old in LAC are exposed to at least one risk factor.

Emotional aggression and corporal punishment are the most prevalent risk factors, followed by the lack of learning opportunities such as availability of books, access to early childhood education and early support for learning.

Prevalence of risk factors for an adequate Early Childhood Development



PROTECTIVE FACTORS ASSOCIATED WITH REDUCED VIOLENCE AGAINST YOUNG CHILDREN

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Child Resilience

Micro system (Child level)

- Secure attachment of the child to an adult family member
- High levels of non-violent, equitable paternal care during childhood
- Warm and supportive relationship with a non-abusing parent
- Social and emotional competence of children

Micro system (Family level)

- Supportive family environment and social networks/connections
- Nurturing parenting skills
- Stable family relationships
- Stable household income and employment; parent educational level
- Consistent caregiving arrangements

Meso (and Esosytem)

- Supportive adults outside of family who serve as role models/mentors to child
- Communities that support parents and take responsibility for preventing abuse
- Concrete supports in times of need

Macro system

- Access to quality health care (i.e. safe motherhood), early education and social protection services
- Consistent parental employment, maternity protection and parental leave
- Adequate housing support

RISK FACTORS CONTRIBUTING TO VIOLENCE AGAINST YOUNG CHILDREN

Micro system (Child level)

- Undesired pregnancy or premature birth
- Children younger than 3 years of age
- Crying pattern or separation anxiety (infant under 1 year old)
- Special needs that may increase caregiver burden (e.g., disabilities, developmental delays, Low birth weight, malnutrition and chronic physical illnesses)

Knowledge of child development

- Unrealistic parental expectations about children
- Parental lack of understanding of children's needs, child development and parenting skills

Parental characteristics

- Parents' young age and/or parental age differential (older man/younger girl) and the related discriminatory gender power relations, low education, single parenthood, large number of dependent children
- Unwanted/unplanned pregnancy
- Non-biological, transient caregivers in the home (e.g., mother's male partner)
- Parents' history of child violence, abuse and neglect in family of origin
- Substance abuse and/or mental health issues, including maternal/paternal depression in the family
- Social isolation
- Family disorganization, dissolution, and violence, including IPV

(Family level)

Micro system

Patterns of child-caregiver interactions

- Parenting stress
- Poor parent-child relationships due to poor bonding and negative interactions
- Lack of self-regulation, self-control and self-esteem

Family Systems (Characteristics)

- Size
- Poverty and related stress (more specifically uneven division of unpaid care work/stress related to balancing unpaid care work at home and paid work outside the home, esp. for women)
- Lack of social support
- Domestic violence

Social and Cultural Norms

- Acceptance of corporal punishment and other forms of violence against young children
- A notion that letting a child cry will "toughen him or her up and avoid spoiling him or her"
- Young children being considered passive participants of their development and recipients of care and attention
- High levels of tolerance towards violence (media, crime, war)

Meso (and Esosytem)

Gender Norms and Dynamics

- Acceptance of views that boys need be raised to be physically "tough" and emotionally stoic, while girls are seen as fragile, inferior and/or subordinate to boys and men
- Rigid gender roles/female discrimination
- Increase in the number of female headed households and the resulting over-burdened and stressed women

Disasters, Fragile or Conflicted-affected Settings

- High community violence characterized by urban/gang violence
- Concentrated neighbourhood disadvantage, including high poverty and residential instability, the tolerance and normalization of violence, high unemployment rates, a high density of alcohol outlets and poor social connections

Poverty and Economic Inequalities

- Inadequate socioeconomic, health and education policies that result in poor living standards, socioeconomic inequality and instability; limited educational and employment opportunities
- Lack of effective child protection legislation
- Lack of family support services
- Lack of coordination and effective referral systems between services
- Lack of adequate training/resources for frontline service providers
- Corruption, impunity, organized crime, drug-trafficking and collapsed prison systems
- Discrimination, isolation and lack of support networks

Sources: WHO, 2007; Landers, et al., 2013; Landers, 2013.

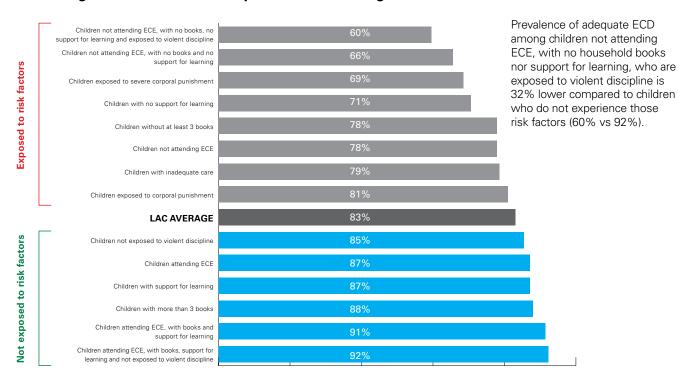
Macro system



IV. Promising violence prevention and intervention strategies

In the LAC region, some countries more than others have significantly invested in early childhood development interventions and policies. Though they do not set out to prevent specific forms of violence, they may do so by their very holistic nature. Data in this regard are limited because programmes and services directed at young children and their families have largely focused on addressing preschool readiness and reduction of malnutrition and are not being monitored or evaluated for their capacity to reduce early violence.

Percentage of children with adequate ECD according to risk factors



The review cites an emerging trend suggested by a recent exhaustive analysis of the landscape of violence prevention strategies in early childhood (Landers, 2014), which is that efforts to prevent violence against young children are being developed through an ecological approach grounded in a public health perspective that addresses the range of conditions that place children at risk for abuse or neglect, not just at the individual and family levels but also at the community and societal levels. The combination of rights-based and public-health approaches is serving as a strategy to change policy and laws in some countries in the region.

The approaches discussed by the review include:

A. Family and parenting support

Empowering and educating families, caregivers and parents in their child's early development increases the likelihood that they will use positive disciplining methods, support, promote and encourage their children's development and learning, and provide stable and engaged family environments. Promoting protective nurturing care may also reduce the risk of violence within the home.

"Family support" is a broader concept that deals with the family as a social unit and concerns its ecological balance—the relationships and resource flows between members as well as how well the family is embedded within supportive networks. Family support is oriented to family stability and general family functioning in contrast to the more parent-centred objectives of parenting support (Daly, et al., 2005).

B. Early childhood home visiting programmes

The studies reviewed suggest that early home visitation programmes are effective in reducing risk factors for child maltreatment, but whether they directly reduce measures of maltreatment is less clear-cut (Mikton and Butchart, 2009; WHO, 2010; (MacMillan, et al., 2009).

The LAC region has a history of home visiting programmes combined with various types of support to parents through strengthening parental competencies and exchanging of information. However, as would be expected, there is a great deal of diversity among these programmes in terms of objectives, target populations, family risk levels, content and approach of the programme, frequency and number of visits and the profile of the home visitor (Araujo, 2013). Most importantly, violence prevention is not at the core of any of the above-mentioned programmes.

C. Positive parenting programmes

"Positive responsive parenting" interventions can be delivered through the health system, home-visiting programmes, childcare services, kindergartens and preschools, day care centres, community-based social services or social protection schemes. By strengthening a caregiver's competencies and focusing on minimizing conflict in families, positive parenting interventions have demonstrated a reduction in harsh punishment, a reduction in verbal and psychological violence in the familial context, and a reduction in authoritarian styles of parenting, as well as an improvement in open communication between children and caregivers. Key findings in terms of programming include indications that attitudes around child discipline are best improved in group settings (UNICEF, 2014c).

Other reviews concluded, however, that while the evidence shows improvements in risk factors for child maltreatment, evidence of an effect on actual child maltreatment remains insufficient (Mikton and Butchart, 2009). Furthermore, there is still controversy as to what is implied by "positive parenting," as this can be culturally specific and varies from programme to programme and country to country. This clearly indicates that more work needs to be done to arrive at an agreed-upon definition. In addition, both the content and the approach to "positive parenting" interventions need to be reviewed from a child rights perspective and to purposely seek to involve men.

D. Community social support networks

In addition to a focus on parents and their relationships with their young children, increased attention is being paid to prevention efforts designed to improve the community environment in which young children grow up.

E. Existing knowledge gaps and future research

More rigorous evaluations of prevention programmes, using actual child maltreatment as outcome measures rather than risk factors for child maltreatment, are needed regionally and further study is needed to understand how programmes can be successfully replicated in different cultural contexts.

F. Health, nutrition and education services as entry points for violence prevention

The review analyzed potential entry points for reaching vulnerable children and families for violence prevention, including health and nutrition services, early learning and education programme and social protection services/interventions. These included:

- 1. Early integrated interventions: UNICEF/WHO Care for Child Development intervention has shown promising opportunities for reaching, supporting, empowering and building parenting skills of families, improving children's nutritional status, growth and developmental and health outcomes, and reducing maternal depression.
- 2. Early learning centres and preschools. Considering the increasing rates of enrolment in pre-primary education in the LAC region (an increase of 75 per cent since 2000), the potential to reinforce such programmes with violence prevention components needs to be seriously considered.

G. A systems approach to violence prevention

A systemic approach towards violence prevention in the early years calls upon all sector systems to be articulated to ensure that the foundation for healthy development is established through the multiplicity of services they provide for families and young children:

- 1. Young child-sensitive social protection systems. Social protection interventions that have specific provisions for households with young children at risk of violence, abuse and/or neglect can not only achieve immediate impacts but also sustain long- term outcomes by building family resilience, lowering the burden of stress and supporting the ability to care for and nurture their young ones.
- 2. Parental leave and affordable childcare services. Measures that promote maternity protection and parental leave appear to serve as positive entry points for violence prevention and child development.
- 3. Advocacy, public awareness and communication for development. Evidence suggests that public awareness campaigns may be an effective means of increasing awareness about prevention of child maltreatment. There is also some evidence that public awareness campaigns may influence parenting behaviours.



V. Policy implications and recommendations

The transformative agenda of the SDGs offers UNICEF an opportunity to support all countries in the region to commit fully to ending violence against children, particularly young children, and promote their holistic development. UNICEF must focus advocacy efforts on preventing and eliminating institutional care of children under 3 years of age and mainstreaming the protection of young children into different working documents, operational guidelines and national goals and priorities. UNICEF is required to act on the compelling scientific evidence, to translate it into programmatic action, to allocate sufficient funds for implementation and to partner with others to sustain real improvements in young children's lives and ensure their optimal well-being. It is through effective and sufficient support of government policies and programmes that caregivers will have the information and the tools they need to ensure non-violent treatment and safe, responsive, affectionate and nurturing environments for their children, especially for the younger ones.

UNICEF programmes should work with national partners to identify areas of synergy, to share an integrated vision of protection towards young children and to coordinate messaging to improve behaviour, practices, skills, choices and the decision-making powers of families, caregivers and communities, as well as build their confidence in their abilities to support their young children's development. UNICEF, along with its partners, can support the development of such platforms by linking families across service systems to guarantee family engagement and access to the appropriate information and opportunities. Thus, a common lens and common language across systems is imperative.

UNICEF must play a leading role in encouraging the links between sectors and partners and demonstrating, through knowledge management, data and robust evaluations, the effectiveness of integrated systems working in favour of young children and their families so that they can best realize all of their rights.

A. Child and family level

Governments should aim to build on children's resilience and coping skills by promoting nurturing relationships through creating systems that can assess and connect families and their young children to the interventions most appropriate for their level of need, changing the context in which services are accessed. Offering universal supports to all parents, especially new and vulnerable ones, creates an opportunity to both normalize the process of seeking and receiving help and engage families reluctant to accept services for fear of stigmatization. Interventions should be gender-transformative; that is, they should question harmful gender norms and contribute to social justice and gender equality.

Key actions:

- 1. Ensure the foundations for healthy development from the start through integrated quality services and programmes that encourage play and pedagogical methodologies and are delivered in close partnerships with families and significant caregivers.
- 2. Improve parenting and parent-child relationships, focusing on both parental wellbeing and positive parenting behaviours through improving parenting skills and practices.
- 3. Strengthen family systems by providing varied types of support to ensure nurturing, affectionate, responsive and safe environments. The rights of the primary caregivers to physical and psychological wellbeing, freedom from violence, housing, employment, community resources, social integration and income need to be guaranteed to be fully capable of supporting the early development and protection of children.
- 4. The provision of comprehensive parenting support to mothers, fathers and other caregivers needs to be recognized as an integral component of national social policies and social investments. Ensuring comprehensive social protection provision can empower families, promote behavioural change, build parental resilience and alter social norms.
- 5. Recognize the diversity of families and their different types of arrangements so that interventions respond appropriately and include different actors within family systems. This requires engaging men in a meaningful manner, focusing on male figures in the lives of young children rather than solely on biological fathers to promote non-violent, involved and responsive parenthood.
- 6. Guarantee family support services by providing appropriate support to families as a measure to prevent violence, neglect, abandonment and/or the need for formal alternative care. In line with policy orientations of the Guidelines for the Alternative Care of Children, ensure the provision of high-quality universal services (healthcare, education and community based care) as well as special social services for families at risk or in need in terms of preventative, supportive and rehabilitative services based on an assessment of a child's particular vulnerabilities (community-based, home visits, parenting education, day care financial and welfare support, counselling and/or housing support).

B. Community level

Governments and communities should aim to improve the knowledge, awareness, attitudes and practices of caregivers working outside the home (e.g., teachers, para-professionals, social workers, health providers) and influence community social norms about child maltreatment and child development. Through a variety of community actors, they should support the development of formal and informal networks to enable families to have an ongoing ability to access positive support and relationships.

Key actions:

Promote campaigns and awareness-raising efforts to ensure public support for family-based care at every level and to spread public awareness on the harm produced by institutional care and the other wide array of manifestations of violence against young children.

Develop clear protocols for early detection of violence risks and timely and appropriate reporting and referral systems. All teachers, early childhood educators, day care workers, nurses, community health workers, social workers and health professionals (doctors, nurses) should be mandated to report any suspicions of violence or neglect towards a child to the proper authorities. Protocols and codes of conduct must be established so that frontline staff becomes confident of their crucial role in the early detection of violence risks.

Expand access to quality integrated services and programmes. Support to parents in the non-violent and positive care of their children needs to be at the forefront of all sectoral services (health, education, social protection, child protection, etc.) through integrated strategies. Examples of quality integrated services include:

- Provide prenatal and paediatric health service screening of all women, including adolescent girls and single mothers, for intimate partner violence, unwanted pregnancies, depressive symptoms and other mental health issues and extreme poverty, and offer parenting education to both parents.
- Provide health care to women who experience violence by assessing the wellbeing of children and taking steps to provide them with appropriate care. Similarly, services providing care to children who are victims of abuse should take steps to assess possible intimate partner violence at home and take appropriate action.
- Engage men and boys in meaningful ways.
- Integrate evidence-based parenting interventions (i.e. Care for Child Development) into health, education, nutrition rehabilitation, early childhood development, and family and child protection programmes. It is particularly important to guarantee the child-caregiver dyad during emergency response interventions.

C. Policy and institutional level

Legislation plays a crucial role in the prevention of violence, in the protection, reintegration, redress and reparation of victims and in the fight against impunity. It is vital to establish a clear and explicit legal prohibition of all forms of violence through appropriate institutional mechanisms, supported by sufficient financial and human resources.

To prevent the institutionalization of young children, gatekeeping, the process of referring children and families to appropriate services or care arrangements with the aim of limiting the number of inappropriate placements, will ensure that children are admitted to alternative care systems only if every option of keeping them with their parents or extended family has been exhausted.

UNICEF should continue to advocate for the participation of children in all policy drafting, decision-making and legal developments. It is important to make young children more decisively visible when promoting and supporting the development of national action plans on the protection of children from all forms of violence.

From a gender perspective, UNICEF should encourage legal reforms that promote changes in the social norms that sustain violence against women and children, violence between men, and parental use of violence against children. One avenue is to promote greater involvement of men in caregiving, health and child development issues, including more involvement in men's own health, the health of their partners and the health and development of their children. Through existing social protection and gender equality policies, UNICEF and its partners can encourage greater involvement of men in caregiving. Another avenue is to promote maternity and paternity leave and work-life policies that seek to engage men to a greater extent in caregiving.

Key actions:

- 1. Violence prevention laws, policies and national plans developed, enacted and enforced:
 - Policies eliminating institutionalization of young children under 3 and promoting alternative care. In places where early institutionalization has been a regular legal practice, policy and procedural frameworks need to be in place to ensure effective gatekeeping. In addition to availability of preventive services, this will require that the mechanisms and processes for authorizing care providers be based on established criteria and include, for example, subsequent inspections over time to monitor compliance, ensuring that siblings are not separated and ensuring that the care setting matches the child's individual needs.
 - Establish early childhood development as state policy and coordinating mechanisms at national, regional and local levels to ensure appropriate articulation between different systems and sector policies.
 - Establish and enforce laws explicitly prohibiting corporal punishment in all settings.
 - Establish maternity and paternity leave and maternity protection at the minimum in line with ILO Convention 183 as a step towards reconciliation between family and work life.

2. Improve and use of data monitoring, information and research to ensure evidence-based interventions. Documenting the magnitude of violence against children by synthesizing the best available evidence will be essential for informing policy, driving action, and monitoring progress towards the SDGs. Many countries lack the data and will require technical support to be able to evaluate progress towards targets 4.2, 5.2 or 16.2.

Data collection must take into account the links and correlation between violence against women and violence again children so that interventions are not enacted in isolation. Improving data gathering and use for decision-making, policy-making and designing interventions are equally important.

Given the broad data gaps and glaring lack of evidence that specifically addresses violence in the early years, there is a need to conduct more studies and assessments that specifically demonstrate how best to prevent violence in early childhood and more appropriate interventions considering the diverse historical and cultural circumstances in LAC countries.

Evaluations specifically from the South at multiple levels (child/family/community) are also needed because much of the evidence currently comes from the North. Furthermore, a more nuanced approach using principles of evidence-based practice matched to specific needs, priorities and challenges in local cultures and settings is needed instead of surface level modifications of intervention strategies, such as simply translating materials into the host language.

3. Link the various systems that serve young children and their families with integrated capacity-building of the workforces, intersectoral information systems and protocols for mandated reporting and codes of conduct.



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