



ECUADOR, 2001, Children attend soccer school at El Juncal, north of Quito.

VIOLENCE AGAINST CHILDREN IN THE COMMUNITY

Introduction	285
Human rights instruments	286
Background and context	286
Nature and extent of the problem	287
Physical violence	287
Homicide	287
Non-fatal physical violence	290
Violence within adolescent intimate and dating relationships	291
Sexual violence	292
Coerced first sex	292
Sexual violence by strangers in the community	293
Issues of special concern	294
Violence against children living on the street	295
HIV and violence in the community	296
Violence by police	297
Violence by other authority figures	298
Violence against sexual minorities	298
Violence against child refugees, returnees and internally displaced persons	299
Trafficking of children	300
Factors contributing to violence	301
Individual and family factors	301
Situational factors	302
Firearms	302
Alcohol	303
Physical environment	303
Gangs	304
Situations of unrest or conflict	307

Societal factors	309
Urbanisation	309
Poverty, inequality and social exclusion	310
Responses to violence against children in the community	317
Individual and family-level	318
Community-level	318
Community-level support for education and socialisation	318
Community-level situational prevention	321
Services for victims of violence	326
Societal-level	330
Economic opportunity and equality	330
Reducing access to alcohol and illegal drugs	330
Reducing access to, and demand for weapons	331
Reducing exposure to violence in the media	332
Children's participation at all levels	333
Data collection and research	333
Recommendations	335
References	338

INTRODUCTION

No community is free of violence. However, the risk of encountering violence, both *against* as well as *by* children, is much higher in some communities than in others. In some settings, especially those where weapons are in wide circulation, violence has today assumed frightening proportions. These are primarily urban areas in regions with high levels of poverty, economic disparity and social inequality, sometimes complicated by ongoing political or economic instability. At the same time, also in relatively wealthy and stable societies, especially where there are clear inequalities, alarming levels of violence against children have been documented.

Much of this chapter focuses on older children, particularly those in their teenage years. Children tend to experience their teenage years as a time of excitement, when they begin independent exploration both of the physical spaces of their community, and of the roles they will assume in adulthood. For some, the daily walk or bus-ride to school, or going out to shop for their family, may be their first independent exposure to the community; it may also be their first exposure to its risks of violence.

Communities everywhere are subject to stresses which have the effect of reducing the protections available to children. These include rapid urbanisation, political instability, environmental insecurity, and large-scale population movement. In some parts of the world, the AIDS epidemic has greatly increased numbers of orphaned children. Many communities have also had to cope with rising misuse of drugs,

alcohol and firearms, increases in trafficking of children for labour or sexual exploitation, and growing exposure to violent and pornographic images through globalised media and new information and communications technologies.

Yet it is important to emphasise that the community can also be a source of protection and solidarity. Indeed, without the cooperation of the community – however it is defined – little can be done to stop violence against children. In many minds, the weakening of social and community cohesion in today's world is at the heart of the violence which threatens so many young lives today. Equally, the building of child-friendly communities by supporting the delivery of basic infrastructure and services, and by offering communities help in building or rebuilding positive group values and neighbourhood solidarity, is a promising remedy.

For the purposes of this chapter, the community includes any space used or occupied by children other than homes, schools, institutions, and organised workplaces, which are the subjects of other chapters in the report. However, it must be remembered that the community is not only a physical space, but a social environment. Children are born and grow up under its framework of behaviours, attitudes, customs and beliefs and are thereby socialised through it to engage with the wider world, including learning how to deal with the network of relationships and institutions that provide the non-familial context of their lives.

The issues considered here include physical and sexual violence, assault by authority

“A paradigm shift is needed. We have the knowledge to prevent violence against children from occurring. We must do more to balance our investment so that the same level of attention is paid to prevention as to the punishment of perpetrators.”

Dr Etienne Krug, Director of the Department of Injuries and Violence Prevention, WHO

figures such as the police, violence associated with gangs and traffickers, and the special risks faced by certain groups such as children living on the street and those living in camps for displaced persons. Also examined is violence in the mass media, including new information and communications technology.

BACKGROUND AND CONTEXT

A child’s vulnerability to violence in the community increases with age and maturity and increased contacts with the wider world. Homicide and violence-related injury among children occur in community settings all over the world, but are more frequent in poverty-stricken urban areas characterised by lack of employment, poor standards of housing, over-

HUMAN RIGHTS INSTRUMENTS

Provisions in the Convention on the Rights of the Child (CRC), the International Covenant on Civil and Political Rights, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention against Torture and Other Cruel, Inhuman and Degrading Treatment and Punishment and other treaties, in particular regional human rights treaties, apply to violence against children in the community. These address harmful traditional practices, slavery, servitude, torture and cruel, inhuman or degrading treatment and punishment. The Palermo Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children establishes legal obligations to address trafficking, and the CRC’s Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography sets out standards relating to prostitution and pornography.¹

The obligations contained in these treaties are imposed on States, and only States or their agents can commit human rights violations. State obligation for human rights violations is incurred if the State or its agents violate the terms of a treaty which the State has accepted. State obligation is also incurred if the State fails to ensure children’s rights to protection against violence by permitting such violence, or failing to take appropriate measures, or to exercise due diligence to prevent, punish, investigate or redress the harm caused by the acts of individuals, groups or entities. Therefore, where violence in the community is concerned, States are required to put in place appropriate laws, policies and programmes to prevent such violence, investigate it if it takes place, ensure that perpetrators are sanctioned and redress the harm which may result.

crowding and low standards of education and social amenities. Young and rapidly growing populations – particularly boys – in these areas may express frustration, anger and pent-up tension in fights and anti-social behaviour. Where firearms and other weapons are widely available, fights are more likely to lead to severe injuries and death. Violence may be more common in situations where boys are encouraged to exhibit aggressive masculinity, weapons skills, private codes of loyalty and revenge, and general risk-taking.^{2,3,4}

In many places children – particularly girls – face increased exposure to violence in the community as they grow older and the domestic tasks they are required to perform take them further and further away from the household. Many children in rural Africa and Asia report feeling threatened or being attacked when they fetch water, fuel or fodder, tasks which may require walking a considerable distance in isolated areas.^{5,6} Older children may encounter violence in intimate and dating relationships, peer groups, sports and other recreational activities, as well as in the context of religious groups, traditional associations, and political or social movements.

NATURE AND EXTENT OF THE PROBLEM

The following sections examine the types of violence faced by children in the community, including both physical and sexual violence, and violence that occurs within intimate and dating relationships between young people. It also considers groups of children who face

especially high risks of violence, including children living on the street, young members of ethnic minorities, children in camps for refugees or displaced persons, and those victimised by trafficking or abduction.

It should be noted that, in the quantitative data discussed below, data are rarely aggregated in ways that clearly distinguish children (defined as being under 18 years of age) from adults. More often, data are collected and aggregated in four-year age groups: 0–4; 5–9; 10–14, and 15–19. Sometimes inferences have to be made from data covering young people up to the age of 25.

PHYSICAL VIOLENCE

In countries with reliable data, a sudden, steep increase in the rates of violent victimisation and perpetration is noted at around the age of 15, indicating that a number of factors come together at adolescence to make physical violence – including much that is between teenagers – more common.⁷ Such violence follows clear patterns in respect of where it occurs, when it occurs, whom it is most likely to affect, and factors (such as alcohol use and economic inequality) associated with its occurrence. Being highly predictable, in principle, it is preventable through population-level interventions.

Homicide

The WHO global burden of disease estimates for the year 2002 indicate that 52,904 children aged 0–17 years died as a result of homicide.⁸ Of these child homicide victims, 21,995 or nearly 42% were aged 15–17 years, nearly

75% of whom were boys. These global estimates do not indicate the settings in which homicides occur, but country-level data from police statistics, injury surveillance systems and special studies suggest that a majority of homicides in the 15–17-year age group occur in community settings.

In some regions, notably in Latin America, the highest homicide rates of any age group across the population occur among 15–19-year olds. In others, including Africa, Eastern Europe and Central Asia, homicide rates continue to rise after the age of 15–19, peaking among young adults in their twenties, or even later. In every region, however, homicide rates in boys aged 15–17 are at least three times greater than those of boys aged 10–14, while homicide rates in girls aged 15–17 are nearly twice those of girls aged 10–14. This sudden increase in violence in the over-15 age group occurs even in regions with low overall homicide rates, and implies that measures to curtail violent behaviour are critical before and during the early and mid-teens, to prevent further increases in later years.

Over 95% of homicides in 15–17-year olds occur in low- and middle-income countries, where the homicide rate for boys aged 15–17 years is 9.8 per 100,000 population compared with 3.2 per 100,000 for boys in high-income countries. Girls in high-income countries have a homicide rate of 1.5 per 100,000 population, versus 3.5 per 100,000 for girls in low- and middle-income countries. Apart from the USA, most of the countries with the highest adolescent homicide rates are either developing countries or those experiencing rapid social

and economic change. The countries with low rates of adolescent homicide tend to be in Western Europe or in Asia, while the countries with high rates tend to be in the Americas and Africa (see Table 7.1).

The marked variation in homicide rates across regions at different levels of social and economic development mirrors even sharper differences in homicide rates observed between communities within countries. For instance, provincial and city-level studies from high- and low- to middle-income countries including Brazil,⁹ Colombia,¹⁰ Jamaica,¹¹ the Russian Federation,¹² South Africa¹³ and the UK¹⁴ show that homicide rates follow a recurrent geographical pattern of inequity, with homicide rates in the most deprived communities being many times greater than in wealthier communities. For instance, in Cape Town, South Africa, just a few kilometres separate shanty towns where male homicide rates exceed 200 per 100,000 from wealthier, well-established suburban areas where male homicide rates are four times less, at around 50 per 100,000.¹⁵

Relatively few studies have examined the victim–perpetrator relationship and the typical scenarios that underlie homicide in 15–17 year olds. Those which have been conducted suggest that perpetrators are often friends or acquaintances of the victim, and that much of this homicidal violence occurs in neighbourhoods and local hang-outs, and is linked to inter-personal arguments which develop into fights – over girls, possessions, rivalries, broken loyalties or group codes – and to intoxication with liquor or drugs. The availability of fire-

arms may mean that this violence results in serious injury or death.^{16,17,18,19}

Sex differences in adolescent homicide rates raise questions about how male socialisation and norms regarding masculinity contribute to violence against children in community settings. In almost all countries (and with the exception of young children whose male/female homi-

cide rates are similar), homicide rates among children are substantially higher among males than females. Homicide rates among boys aged 15–17 are nearly three times greater than those among girls of the same age. In the Americas, Africa, and Eastern Europe, where some of the highest adolescent homicide rates are found, the rates among 15–17-year-old boys are two to six times higher than those among girls of the

**TABLE 7.1 – Homicide rates by region for males and females:
estimated adolescent homicide rates by UN region, 2002**

REGION	MALES (AGE GROUP, YR)		FEMALES (AGE GROUP, YR)	
	10 – 14	15 – 17	10 – 14	15 – 17
All	2.08	9.06	1.49	3.28
High-income countries	0.56	3.25	0.40	1.53
Low-income countries	2.25	9.75	1.61	3.48
Africa	5.09	15.64	4.62	9.45
Asia	1.21	3.93	0.69	1.48
Australia/New Zealand*	0.41	1.60	0.31	0.48
Europe	0.89	5.72	0.75	1.67
Latin American & Caribbean	4.01	37.66	1.81	6.50
Northern America	1.09	6.37	0.72	1.60
Oceania**	2.00	0.13	0.85	2.14

* Rate is based on less than 100 cases

** Excluding Australia and New Zealand. Rate is based on less than 100 cases.

Source: WHO (2006). Global Estimates of Health Consequences Due to Violence against Children. *Background Paper to the UN Secretary-General's Study on Violence against Children*. Geneva, World Health Organization.

same age group. Preliminary data from the City of Cape Town and Burden of Disease Unit of South Africa's Medical Research Council show that a boy celebrating his 15th birthday in the Cape Town informal settlement of Nyanga would have a greater than 1 in 20 chance of being shot dead by the age of 35.²⁰ Data from Colombia show that a youth celebrating his 18th birthday in the Department of Antioquia would have a greater than 1 in 20 chance of being shot dead by the age of 25.²¹

Non-fatal physical violence

The consequences of non-fatal physical violence occurring in the community and involving children range from minor to severe injuries. Severe injuries may require resource-intensive emergency medical treatment and inpatient care and result in lifelong disabilities such as brain damage, paraplegia, or may require amputation. Additionally, physical fights often precede even more serious forms of violence such as homicide.

WITNESSING VIOLENCE

In addition to those who suffer violence directly, large numbers of children witness violence in the communities in which they live (for a discussion on children who witness domestic violence see the chapter on violence against children in the home and family). A wide range of research has established that children who witness community violence are at risk of a variety of psychological, behavioural, and academic problems, as well as difficulty in concentrating, impaired memory, anxious attachments to caregivers, or aggressive behaviour.^{22,23,24}

Much of the pioneering research on children's exposure to violence in the community and consequences of such exposure has been carried out in the USA, focusing on urban communities where high levels of violent crime and multiple risk factors are present. For example, in a study of 95 'high-risk' boys aged 6–10 in New York City, 35% reported witnessing a stabbing, 33% had seen someone shot, 23% had seen a dead body in their neighbourhood, and 25% had seen someone killed.²⁵

Even when they have not directly witnessed the violence, children can be harmed when the victim is someone close to them. In Colombia, a 2001 study of 5,775 children aged 12–18 found that 11% of these adolescents reported having had a family member murdered or kidnapped, or receiving a death threat in the past year. This figure doubled for adolescents residing in Medellin, a city with particularly high levels of gun crime.²⁶ In Jamaica, 60% of 9–17-year-old children reported that a family member had been a victim of violence, and 37% had a family member who had been killed.²⁷

Few countries have information systems to monitor non-fatal violent injuries, and existing systems typically record only data on violent injuries with victims presenting at hospital emergency departments. Data from those sites cannot be compared directly, given the marked differences among and within countries in the availability and accessibility of emergency medical services. Furthermore, most studies do not report their findings using age categories that comply with the definition of the child in the (CRC) as a person aged between 0 and 18 years.

Special studies on youth violence occurring among 10–29-year olds do, however, provide some insight into the magnitude of the problem. For instance, it is estimated that for each of the approximately 200,000 homicides among youths aged 10–29 years that occurred in the year 2000, around 20–40 victims of non-fatal physical violence received hospital treatment.²⁸ In other words, between 4 and 8 million young people are treated in hospitals for violence-related injuries each year. As with homicide, rates of non-fatal violent victimisation are substantially higher among males than females; for instance, in Eldoret, Kenya, there were 2.6 males for every female victim of violence who received hospital emergency treatment; in Jamaica, the ratio was 3 males per female, and in Norway the ratio was between 4 and 5 males per female.^{29,30,31}

Studies on non-fatal physical violence leading to hospital emergency room treatment show that, as in the case of homicide, rates increase dramatically during mid-adolescence and early adulthood.^{32 33,34,35} Also as for homicide,

violence-related injuries leading to hospital treatment are sustained largely in the course of male-on-male violence, with the majority of the perpetrators being friends or acquaintances of the victim, and a large proportion of victims and perpetrators having consumed alcohol shortly before or during the violent incident. Unlike homicidal violence, however, the largest proportion of non-fatal violent injuries are not caused by firearms, but by knives, blunt objects, fists and feet.³⁶

Violence within adolescent intimate and dating relationships

Intimate and dating relationships with peers of the opposite sex (and, less frequently, of the same sex) are part of growing up for many adolescents. The forms the relationships take range from simply spending time together and casual dating to more formal courtship and marriage (for partner violence within early marriage, see the chapter on violence against children in the home and family). Dating is common in industrialised countries, whereas other cultural traditions may prohibit relationships between boys and girls before marriage.³⁷

The Global School-Based Student Health Survey, conducted with students aged 13 to 15, collected information on dating violence between 2003 and 2005. Preliminary analysis of the data has shown significant levels of physical violence within intimate relationships in a wide range of countries. Asked if they had been hit, slapped or hurt on purpose by their boyfriend or girlfriend in the past 12 months, 15% of the girls and 29% of the boys in Jordan responded 'yes'. This was also reported by 9%

of the girls and 16% of the boys in Namibia, 6% of the girls and 8% of the boys in Swaziland, and 18% of the girls and 23% of the boys in Zambia (see Figure 7.1).³⁸

A 2001 study of intermediate and secondary school students in the USA (75% of them under the age of 18) found similarly high levels of physical violence, and also psychological violence. It also found that physical violence rarely occurred in the absence of psychological violence, such as name-calling, insults, swearing, and threats of physical violence.³⁹

The International Dating Violence Study, conducted at 31 universities in 16 countries across Asia, Latin America, the Middle East and North America, found a high prevalence of physical violence perpetrated by both males and females against their dating partners (17% to 38% of males and 17% to 48% of females).⁴⁰ Although this study surveyed young adults (mean age: 22 years), the findings point to the reality that intimate relationships among young adults and adolescents worldwide are characterised by high levels of aggression.

SEXUAL VIOLENCE

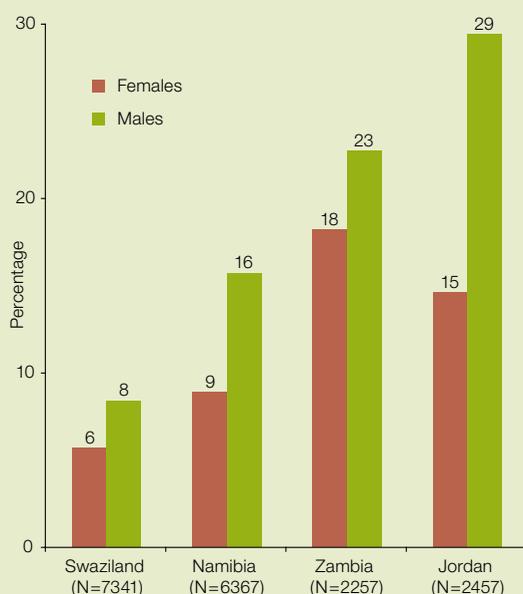
Sexual violence against children can have a devastating impact on both physical and mental health, and can lead to suicide, HIV infection, or murder of the victim in the case of 'honour killings'.⁴¹ Far too often, the violence is carried out with total impunity for the perpetrator.

Coerced first sex

For many adolescents, the first experience of sexual intercourse is unwanted or actively coerced; Figure 7.2 shows the prevalence of forced sexual initiation reported in studies from several countries, and illustrates the extent of sexual violence among adolescents. Outside child marriage (see the chapter on violence against children in the home and family), much of this initial sexual coercion is perpetrated by peers, including in the context of an intimate relationship.

Research indicates that the younger the age of sexual initiation, the more likely that it was coerced in some way.^{42,43,44,45} This is particularly true for girls, who face a greater risk of forced first sex than boys. The WHO's Multi-Country Study on Women's Health and Domestic Violence against Women found that women reporting first sex before the age of 17 were more likely to report forced sexual initiation than women who reported later sexual initiation. Of women who reported first sex prior to age 15, between 11% and 45% reported that it was forced.⁴⁶

In addition to forced sexual initiation, many children experience ongoing sexual coercion from boyfriends or girlfriends (see Table 7.2). While available studies suggest that physical violence in intimate relationships (see above) occurs at similar rates for girls and boys, girls are at much greater risk than boys of sexual violence within intimate and dating relationships.⁴⁷ One study of sexual coercion among young people in Kenya found that for females who had experienced sexual coercion,

FIGURE 7.1**Percentage of students whose boyfriend or girlfriend hit, slapped or hurt them on purpose in the last 12 months**

Source: Analysis provided to the Study by the Global School-Based Student Health Survey: The World Health Organization (<http://www.who.int/chp/gshs> or <http://www.cdc.gov/gshs>) for surveys conducted in 2003-5 for Jordan, Namibia, Swaziland, Zambia.

boyfriends were the most common perpetrators (51%), followed by husbands (28%) and acquaintances (22%).⁴⁸ A study in Thailand found that 54% of adolescent and young women's experiences of forced sexual intercourse occurred with steady or casual partners, and an additional 27% with acquaintances.⁴⁹ The Australian Study of Health and Relationships found that most sexual coercion of both males and females occurred at or before the age of 18. Among women who reported sexual coercion, one-third said that the first experience occurred between the ages of 9 and 16, and 40% of men reporting sexual coercion were between the ages of 9 and 16 at the first occurrence.⁵⁰

Sexual violence by strangers in the community

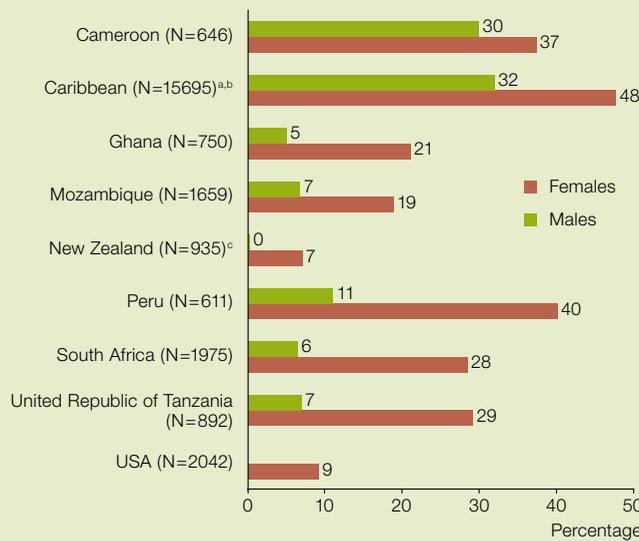
Sexual violence against children is more commonly perpetrated by someone known to the child, either from the family or within the family circle, but people outside these circles also perpetrate a significant number of sexual assaults on children in many countries.⁵² Perpetrators can include a wide variety of people, some who may have planned the assault. A selection of available studies shows the range and seriousness of sexual violence by people the child did not know. In a survey of South African women who reported having been raped before they were 15 years old, 21% identified strangers or recent acquaintances as the assailant⁵⁷. Chinese college students in the Hong Kong Special Administrative Region of China reported that 28% of the perpetrators of sexual abuse were strangers.⁵⁸ In Hungary, 34% of under-18 girls treated at a hospital

“In all countries children with disabilities continue to experience violence at equal to or higher rates than children without disabilities. They are often perceived as not worthy of dignity and respect. We must remember that children with disabilities are first and foremost children. They, like children without disabilities, must have the right to be free from violence, they too have the right to be respected and protected. It is our legal responsibility to ensure that this happens”.

Charlotte McClain-Nhlapo, Editorial Board of the UN Secretary-General’s Study on Violence against Children

FIGURE 7.2

Rates of forced sexual initiation involving adolescents for the period 1993–1999



Rates are based on those who have had sexual intercourse.

a) Antigua, Bahamas, Barbados, British Virgin Islands, Dominica, Grenada, Guyana, Jamaica and Saint Lucia

b) Percentage adolescents responding that first intercourse was forced or “somewhat” forced

c) Longitudinal study of cohort born in 1972-1973. Subjects were questioned at 18 years of age and again at 21 years of age about their current and previous sexual behaviour

Source: Krug EG et al. (Eds) (2002). *World Report on Violence and Health*. Geneva, World Health Organization

following sexual assault reported having been assaulted by a stranger.⁵⁹ In some cases, sexual violence is accompanied by or associated with abduction or trafficking.

ISSUES OF SPECIAL CONCERN

Reports of violence experienced by specific groups of children, or particular situations in which children seem to be at high risk of vio-

lence, were received by the Study. Children with disabilities may be targeted by others in the community, fuelled by stigma and prejudice. Services that cater well for their needs are still the exception. The vulnerability of children living on the street was strongly emphasised in Regional Consultations. Physical and sexual violence by figures of authority such as coaches, religious leaders and teachers was widely mentioned, although hard data

“It is easy to get beaten if you are a street boy. People can rape you. Men can beat a boy and rape him. There is nothing you can do but run away if you are lucky.”

Boy, 12, living in the street, Eastern and Southern Africa, 2005¹



TABLE 7.2 – Adolescents reporting sexual coercion: selected surveys, 1999 – 2005

COUNTRY	STUDY POPULATION	YEAR	SAMPLE		PERCENTAGE REPORTING FORCED SEXUAL INTERCOURSE	
			Sample size ^a	Age group (yr)	Females	Males
China ⁵¹	Hong Kong	1999	8,382	15 – 18	16.9	17.0
Kenya ⁵²	Nyeri District	2001	2,712	10 – 24 ^b	20.8	11.0
Nigeria ⁵³	Plateau State	2000	4,218	12 – 21	45.0	32.0
Thailand ⁵⁴	Chiang Rai Province	2001	832	15 – 21	28.1	n/a
USA ⁵⁵	National	2005	13,953	13 – 18 ^c	10.8	4.2

a) Total number of adolescents in the study. Rates are based on those adolescents who have had sexual intercourse.

b) Of the 1753 respondents included in the analysis, about 6% of the males and 30% of the females had never been married.

c) High school students grades 9 to 12 reporting on coerced sexual intercourse.

are scarce. In regions with large numbers of refugees and displaced persons, concern was voiced about the safety of children in camps or dispersed within the community, while contributors from all regions were concerned about trafficking, and the plight of children affected by HIV/AIDS.

Violence against children living on the street

‘Street children’ are a large and ill-defined category of children. Since the 1980s, analysts have drawn a distinction between children *on* the street and children *of* the street.^{60,61} A relatively small proportion – less than 10%

– of those visible on the streets have actually adopted the street as their habitat. This group is normally characterised by the term ‘street children’; although the term can be used pejoratively, it is also used by many children and their representative organisations, sometimes with considerable pride.

In the past, it was thought that millions of rootless children lived on the streets in various countries of Asia and Latin America. However, research established that many of these children actually have functioning families. Nonetheless, there are cities in many regions where large numbers of children have become based

“They treat you badly. You don’t feel like walking in the street, they give you names. They whisper when you pass. They take it that when one person in the house is sick, all of you in that house are sick.”

Girl, 16, Eastern and Southern Africa, 2003¹¹

in the street, and who rarely or never go home. In Nairobi, for example, local NGOs estimate numbers to be as high as 20,000.⁶² In China, one countrywide estimate was 150,000,⁶³ and in Indonesia it was 170,000.⁶⁴ The majority of children living on the street everywhere are boys.⁶⁵

Discrimination and violence against children living on the street often stems from the stigma associated with having no family (of course, many do have families) and with the activities they may have to adopt to survive. Children living on the street everywhere report being demonised for activities which – even they involves petty offences – in no way warrant the kind of cruel and gratuitous violence to which they are often subjected.⁶⁶

Murder of children living on the street has been reported from Colombia, Brazil, Guatemala, and the Philippines.⁶⁷ Appalling brutality has been documented in the Haitian capital of Port-au-Prince where the 3,000 children who live on the streets are frequently targeted by armed vigilantes.⁶⁸ The extent of serious human rights violations may be much greater than the few and unreliable available figures indicate. Many cases are not reported because of the lack of witnesses, or because victims or their relatives live on the fringes of society, and tend to remain anonymous. The World Organisation against Torture reported that in Ciudad Bolívar, Bogotá, Colombia, 850 children and adolescents were assassinated between 2000–2004, and that 620 were abducted between August 2003 and August 2004. The national police force was among those cited as being responsible for this.⁶⁹



UKRAINE, 2005, *Two boys sniff glue in a sewage pipe in the port city of Odessa.*

Girls and boys living on the street are vulnerable to sexual abuse from many individuals, including from passers-by and from those who offer them shelter.⁷⁰ They also risk being recruited by pimps and traffickers for sexual and economic exploitation, or having to resort to ‘survival sex’ (sex in exchange for food or shelter).⁷¹

HIV and violence in the community

Children whose parents are ill because of HIV/AIDS or those who have been orphaned by the disease face psychological violence, stigma and discrimination. They may be rejected by their friends and schoolmates, as well as at health centres. In addition to the grief and loss they feel, the estimated 15 million orphans due to AIDS face growing up without adequate bond-

ing and emotional support from parents. Many of these children find themselves without family or extended family support, either because the initial solution was unsustainable or because they had no options available. While there are no meaningful estimates of the numbers or proportions of children orphaned by HIV/AIDS who live on the street, there are clear indications that the overall numbers of street children are rising in many sub-Saharan towns and cities, most likely because of the increasing number of children orphaned by HIV/AIDS. In Brazzaville, Congo, almost 50% of street children are orphans. In Lusaka, Zambia, the majority of children living on the street are orphans.⁷²

Psychosocial trauma can continue even when orphans move to foster families or to extended families. They may be treated as second-class family members – discriminated against in the allocation of food, perhaps, or in the distribution of work. Orphans in Zambia have reported a lack of love and a feeling of being excluded, as part of outright discrimination. Many of these children are vulnerable to abuse (physical, emotional and sexual) from extended family members and other members of their communities, and girls are particularly vulnerable to sexual abuse.⁷³

Violence by police

The level of violence against children by police was rated a serious issue in a number of Government responses to the Independent Expert's questionnaire⁷⁶, and was a common theme in regional reviews and consultations. Even in societies where systems of justice are far more deeply embedded and socially accessible than

in many other parts of the world, police violence against children (or inaction against perpetrators) is rarely investigated. The level of impunity such conduct enjoys is an important reason for its continuation.⁷⁷ Without independent monitoring systems, children have no one to report police violence to, except other police, from whom they understandably fear reprisals. This, combined with the perception that children's presence on the street equates with 'juvenile delinquency', places many children at risk of police violence.

Since the 1990s, international human rights NGOs have drawn attention to police violence against children living and working on the street. Studies in Bulgaria, Egypt, Guatemala, Papua New Guinea, Sudan and elsewhere reveal widespread brutality, including beatings, sexual assault, and torture. This may take place casually on the street; during arrest on the way to the police station; and subsequently in police lock-ups.⁷⁸ Kenya reported in its questionnaire response to the Study⁷⁹ that children living on the street are frequently harassed and arrested by police; they may be charged with loitering or petty offences, and without representation in court, deprived of their liberty for years in corrective institutions.

In Honduras, a total of 59 children and young people under the age of 23 died in detention centres between May 2002 and March 2004. Local NGOs allege that 41 of these victims were extra-judicially executed by agents of the State.⁸⁰ Following her visit to Brazil in 2004, Asma Jahangir, the UN Special Rapporteur on extrajudicial, summary or arbitrary executions,

WHEN TRADITION MEETS SUPERSTITION

Violence against children labelled as witches or sorcerers has been documented in many countries. Reports from West Africa (notably Benin, Cameroon, Gabon, Liberia and Nigeria) have documented cases of children who have been driven out from their families, marginalised by society, and subjected to physical violence including torture, sometimes resulting in fatalities.⁷⁴ In the Democratic Republic of the Congo, where churches specialising in the exorcism of evil spirits have increased in number, accusations of sorcery are no longer exclusively made against older women living alone (the traditional target of such charges) but also against children, many of whom swell the 30,000 children already living on Kinshasa's streets.⁷⁵

reported that victims of police violence and summary executions tend to be young Afro-Brazilian males between the ages of 15–19 years, who are often involved in criminal gangs.⁸¹

Violence by other authority figures

While police are the authority figures most often mentioned in relation to community violence against children, it is clear that many other people with responsibility to supervise or defend children regularly abuse the trust implicit in their positions. These include sports coaches, religious authorities, youth club workers, and teachers (the latter are discussed in the chapter on violence against children in schools and educational settings).

In recent decades, long-held assumptions about the purely positive impacts of organised activities for children have been shattered by reports of physical and sexual violence against children in sport- and faith-based activities. In 1998, studies in Canada and Norway revealed that over one-third of young athletes had had

negative and uncomfortable experiences, ranging from mild sexual harassment to abuse. A Danish pilot study (1998) also revealed that about 25% of athletes under 18 knew about or had experienced situations of harassment by a coach or trainer. A Norwegian study comparing the prevalence of sexual harassment in and outside the context of sport suggests that twice as many athletes as non-athletes have experienced sexual harassment from coaches and other authority figures.⁸² In the case of faith-based organisations, information tends to be limited to media reports and systematic data from various faiths is seriously lacking.

Although these cases do not represent the complete spectrum of situations, they are warning signs that should be taken very seriously.

Violence against sexual minorities

Media reports, cases documented by human rights groups, and anecdotal evidence by victims themselves indicate that violence against young lesbians, homosexuals, bisexuals and

*“At the river we are beaten by the owners of the wells, the women. They shout at us
“Why didn’t you come with your own wells from [your own country]?”
They beat us with hands but also beat us with bottles and sticks.”*

Girls, Eastern and Southern Africa, 2005¹¹¹



transgendered individuals is widely prevalent, with perpetrators including family members, peers, teachers, clergy and police.^{83,84,85}

Laws outlawing same-sex behaviour which exist in some countries, as well as stereotypical attitudes, can encourage violence against sexual minorities. Discriminatory attitudes are also ingrained in both traditional and popular culture, in much the same way as attitudes that accept domestic violence and corporal punishment.

Violence against child refugees, returnees and internally displaced persons

It is estimated that there are 19.2 million refugees and displaced people globally. Although well-run camps can be safe havens for their inhabitants, physical insecurity can be a serious problem in camps and settlements for refugees and displaced persons, particularly in terms of gender-based violence.^{86,87,88,89} Many camps lack secure buildings, good lighting, regular law enforcement, sanctuary for survivors of attack, and means of reporting and redress.^{90,91} Moreover, the traditional assignment of certain jobs to women and children – notably the fetching of firewood, water and other domestic supplies – creates conditions of high risk of sexual assault as they carry out these tasks. Communities may be forced to rely on informal or traditional methods of security, and where fathers or husbands are not present (as is the case for many refugee families, particularly those displaced by war), this represents particular difficulties.

In 2006, the United Nations High Commissioner for Refugees published a study carried out in 13 countries (Bangladesh, Côte d’Ivoire, Ethiopia, Guinea, Kenya, Mexico, Nepal, Pakistan, Sierra Leone, the United Republic of Tanzania, Thailand, Yemen and Zambia), including information on violence against children in refugee camps.⁹² These countries currently have 52 camps and a total population of nearly one million refugees.

Of particular concern was the study’s finding that a high proportion of crimes and disputes in all the surveyed refugee camps fall under the broad category of sexual and gender-based violence. Domestic violence – which can include violence against spouses, children, and other members of the family such as daughters-in-law – was widespread in all the countries surveyed, and was the most commonly reported form of sexual and gender-based violence. In Sierra Leone for example, domestic violence was second only to theft as the most pervasive justice issue arising in the camps.

In many cases, little formal protection or redress was available to victims of such violence through camp dispute resolution systems, many of which are administered by traditional elders from among the refugees themselves. For example, the study found that rape of girls and women often draws only negligible punishments. Some rapists were absolved if they agreed to marry the survivor, although if the victim was a minor, a small fine or a minimal length of detention might be imposed. The study cites two examples from one refugee camp, where men confessed to raping young

girls who were described respectively as “one physically and one mentally handicapped minor.” As punishment, the men received six months detention for crimes which would have resulted in far lengthier prison terms under the national law of their host countries.⁹³

Violence may also be perpetrated by people in authority or in support positions. A recent report from Liberia found that girls between the ages of eight and 18, especially from age 12 upwards, had been regularly selling sex to camp officials, humanitarian workers, peace workers, and Government employers, usually because of extreme want.⁹⁴

When dispersed in urban settings, it is much more difficult for assistance programmes to identify, monitor and support displaced persons. They may be hidden among already underserved, poor local populations in shanty towns or scattered over broad, densely populated areas with limited infrastructure and access.

Children who are resettling in their home country can also be at higher risk of violence.⁹⁵ A study of children in Zambia, South Africa and Angola who had been long-term refugees reported children suffering from violent discrimination because of their status both as refugees and as returnees.⁹⁶ This treatment comes on top of the harrowing violence witnessed (or experienced directly) by many children in their country of origin or on the journey to their host nation, a problem which was not always addressed by the services available. However, emerging studies on resilience suggest that family support and having structured education and recreational activities are important

for children to recover and regain a sense of routine and normalcy. Although many factors can affect children’s coping mechanisms, culturally relevant forms of counselling and specific support to restructure the way they think about their experiences and develop positive skills can be of assistance.⁹⁷

Trafficking of children

Since the 1990s, the substantial traffic in human beings, including children, within countries and across international borders has aroused major international concern. Statistics on trafficking are imprecise, but the International Labour Organization (ILO) estimated in 2003 that 1.2 million children are trafficked every year.⁹⁸ The phenomenon is complex, and interacts with poverty, labour migration flows, demand for cheap labour, and perceptions or misinformation relating to a better life ‘elsewhere’. Where children are not registered, the lack of identification documents compounds the trafficking problem in that children become easy targets for traffickers, and once trafficked they are effectively ‘lost’.⁹⁹

In certain settings, infants are at particular risk of abduction for trafficking. For example, in Central America there are reports of infant kidnapping for the US adoption market, sometimes directly from the hospital shortly after birth.¹⁰⁰

In some areas, there are reports of young children being trafficked for begging. At the Cambodian border, parents sell or lease their children for use as members of begging groups in Thai venues.¹⁰¹ Begging in transport hubs,

“My job was to make 2-3,000 beedis (cigarettes) in 24 hours. I didn’t know how to make beedis so they used to beat me up and I was in a lot of pain because of that. I realized they were trying to traffic me somewhere else so I tried to run away, but they noticed and I was tortured.”

Boy, 13, trafficked from Bangladesh to India, South Asia, 2001^{IV}



car parks and public places is a characteristic of child work in Romania and is ‘exported’ through the trafficking of children domestically and into other parts of Europe.¹⁰²

Trafficking may involve abduction, but in many cases it begins with deception or enticement. For example, many recruiters and traffickers deal directly with the parents, who may believe they are being offered an opportunity to improve the child’s chances in life, gain a well-paid job, and that the child can remit money home to help the family. Once the child is away from the home and the community, however, he or she is vulnerable to many forms of violence. These include physical and sexual abuse experienced by a significant proportion of victims during the course of their voyage, being held captive while waiting for ‘job’ placement, and the kind of situations into which they are trafficked. Such situations range from low-paid domestic work to prostitution, or labour on agricultural plantations in conditions of servitude or debt bondage (see the chapter on violence against children in places of work).¹⁰³

For example, in India, reports of professional traffickers recruiting girls from poor village communities in coastal areas suggest that, while the girls’ expectation is of domestic employment and city life, the reality is entry into the sex trade in various cities. Traffickers similarly operate in Nepal for outlets in India, and in Myanmar for Thailand. Thousands of children from Bangladesh have been trafficked into sexual exploitation in Pakistan and the Middle East, as have teenage girls from West Africa into Italy. The trade from Eastern

Europe into Western European cities is similarly well documented.¹⁰⁴

Victims often face stigma if they manage to escape: because they are viewed as immoral or ‘unclean’, girls are often rejected by their family and community, and may return to a life of prostitution. A trafficked child is generally undocumented and often unable to speak the language of the host country, so will have difficulty in finding or reaching home. In many cases, children go home to unchanged social circumstances, and so risk being re-trafficked.

Where trafficked children are rescued or escape, they may be detained by the police or immigration authorities, and risk deportation to their country of origin.¹⁰⁵ This has been reported from countries in every region and typically occurs without referral either to the courts or other authorities. Repatriation takes place without any attention paid to the child’s best interests or to their right to be consulted when making decisions affecting their future. Child victims of trafficking are often treated as if they were criminals because of their supposed or actual involvement in offences committed as a result of being trafficked, or of coercion by their captors, such as theft, prostitution, or illegal immigration.

FACTORS CONTRIBUTING TO VIOLENCE

INDIVIDUAL AND FAMILY FACTORS

Many key factors contributing to violence against children are found or begin in the

*“When I come out of my house the people point at me and say. Why don’t you stay in, look at you!
You cannot walk properly.”*

Boy, 12, with physical disabilities, South Asia, 2005^v

home, and have therefore been covered at some length in the chapter on violence against children in the home and family. For the purposes of the present chapter, it is important to point out that these include *individual factors* (biological make-up and personal history of both the child and his or her family members) and *relationship factors* (how the child interacts with parents and siblings) which affect the likelihood that a child will become a victim or perpetrator of violence. For example, children who show early signs of hyperactivity and poor attention span (individual factors), or who grow up with poor parental supervision, parental aggression and harsh discipline (relationship factors), are at a higher risk of involvement in violence either as victims or perpetrators in later years.

Many of these factors – as well as the physical and psychological symptoms that indicate a child’s experience of violence – may be identifiable by trained professionals such as teachers, social workers or medical staff, but also by members of the community. This is particularly true if community members’ awareness of violence against children has been raised by interventions.

The important point to draw from this is that while these risk factors are located at individual and family level, it is at community level that many of the key preventive interventions and responses to violence must be delivered. These are discussed below in the section on responses.

SITUATIONAL FACTORS

Many years of research and experience confirm that the presence of several key situational fac-

tors in the community can precipitate violent events that might not otherwise occur. Three of the most important are: widespread access to firearms, alcohol consumption, and the characteristics of the physical environment. In situations where these factors are present, young people who have no prior history of violent behaviour and who are not continuously violent may nevertheless react violently, and with serious consequences. A fourth important situational factor is the presence of gangs or organised armed groups within the community.

Firearms

It is estimated that several hundred thousand people die from firearm-related injuries each year. A large proportion of these deaths are due to homicide and suicide.¹⁰⁶ The number of non-fatal firearm-related injuries is unknown, but is likely to be many times greater than the number of deaths. Adolescents and young adults are the primary victims and perpetrators of firearm-related violence in almost every region of the world.¹⁰⁷

For instance, firearm-related mortality in Brazil has increased significantly for all age groups since 1991, but death rates due to firearms have risen the most among children and adolescents aged 10 to 19. In 1991, 55.7% of homicides involving 15–19-year-olds were firearm-related, while in 2000 the proportion amounted to 77%.¹⁰⁸ In the State capitals with the highest adolescent firearm-related mortality rates (between 102 and 222 per 100,000), rates are 5 to 11 times those of the overall rate for all age groups.¹⁰⁹

Alcohol

Alcohol is a known factor in intimate partner violence, and children are often directly affected by this. Alcohol is also an important factor in violence against and by older children in community settings. In many societies, alcohol is common in social situations. Young people may use alcohol to bolster their self-confidence, and their aggression levels may increase and escalate to produce violent confrontations, while impaired physical control and ability to interpret warning signals in dangerous situations may make some young drinkers targets for perpetrators.¹¹⁰

Patterns of alcohol use by children and young people vary widely among countries, and are partially determined by wider cultural norms regarding the social acceptability of alcohol consumption. In general, young people are more likely than the older population to engage in heavy episodic drinking, and there is a growing concern that a youth culture of alcohol abuse is spreading.¹¹¹ The Health Behaviour in School-Aged Children Study found that across 32 European countries, regular alcohol consumption was reported by 5% of 11-year-olds, 12% of 13-year-olds and 29% of 15-year-olds. More than one-third of the children reported having been drunk twice or more, with boys more likely to use alcohol and report drunkenness than girls in all age groups.¹¹²

Several studies have demonstrated the links between alcohol and violence for adolescents: in Finland, 45% of all violent incidents reported by 12–18-year-olds involved drink-

ing on the part of the perpetrator and/or victim.¹¹³ In the Philippines, where 14% of 15–24-year-olds reported physically injuring someone through violence in the previous three months, such violence was significantly associated with drinking.¹¹⁴ Among 10–18-year-olds participating in the Caribbean Youth Health Survey, having used alcohol in the last year was significantly associated with weapon-related violence for both males and females.¹¹⁵

Studies in Finland, England and Wales and Australia have shown that levels of alcohol-related involvement in violence increase with age throughout adolescence and usually peak in the early twenties.^{116,117,118}

Physical environment

The nature of a community's physical fabric, its density of settlement and layout, and the availability of services and amenities supportive of family well-being, have an important bearing on social relationships within the community and on whether or not adults and children become prey to violence. For example, research on refugees in Africa cites the lack of safety in public spaces as a risk for sexual and gender-based violence, most of it against girls.^{119,120,121,122}

The physical design of public spaces can determine whether they are potential settings for violence. Environmental design, such as improved street lighting, can help prevent crime as well as reduce fear of victimisation.¹²³ Evidence is emerging that improved street lighting achieves reductions in crime through

increased community pride and informal social control rather than as a result of increased surveillance and deterrence.

Seriously inadequate housing, and overcrowding within both dwellings and neighbourhoods can have a damaging effect on child nurture.^{124,125} Among the most frequent community health concerns related to family housing are the inadequate supply of affordable housing for low-income people and the increasing spatial segregation of households by income, race, ethnicity, or social class into unsafe neighbourhoods.¹²⁶ The increasing concentration of poverty can result in physical and social deterioration of neighbourhoods, resulting in housing disinvestment, deteriorated physical conditions, and reduced ability of formal and informal institutions to maintain public order.

Forced evictions

Recognition of the right of the child to a standard of living adequate for his or her physical, mental, spiritual, moral and social development is set out in article 27 of the CRC, and is fundamental to ensuring children's security and to protecting them from violence. Adequate housing, along with adequate food and clothing, is considered to be an element constituting the right to an adequate standard of living (article 11 International Covenant on Economic, Social and Cultural Rights).

In its 2005 State of the World's Children Report, UNICEF reported that more than one out of every three children in the developing world live in inadequate housing (approximately 640

million children). One in five does not have access to safe water (approximately 400 million children). While child homelessness is perhaps the most visible and dire violation of children's housing rights, all violations of housing rights, from forced eviction to inadequate housing conditions, have special ramifications for children.

While forced evictions are universally detrimental to all their victims, they have special implications for children. Forced evictions are often accompanied by violence, particularly against women and children who are most likely to be at home when such a procedure is carried out. Evidence suggests that in response to the violence, panic and confusion so often characteristic of forced eviction, many children experience recurrent nightmares, anxiety and distrust. The impacts on family stability and the emotional well-being of children can be devastating, even when evictions are followed by immediate relocation. Children also have recounted increased incidents of violence within their own homes after a forced eviction had taken place.^{127,128}

Gangs

Gangs are an important factor in violence among and against children in many parts of the world. UNICEF Country Offices in the Philippines, Vietnam, Mongolia and Cambodia all report worrying levels of gang fights and violent gang initiation practices among some of the poorest communities, often involving children living on the street.¹²⁹ In addition to violence directed outside the gang, it may also be used against members who fail the gang, refuse to carry out a leader's order, or are in breach of its internal rules.¹³⁰

Gang membership may be drawn exclusively from among school students, exclusively from among non-school-goers, or from both. However their membership is drawn, gangs operating in and around schools can expose students and teachers to criminal activity and extreme violence. Research shows that, in many societies, physical and verbal aggression, including fighting, is considered a healthy and normal way for boys to prove their manhood and that explains, in part, why boys are more inclined to join gangs than girls and why boys' gangs enter into aggressive competition with other gangs.¹³¹ However, there are also gangs made up of girls and, like gangs of boys, they may also engage in violence.¹³²

Although gangs of boys on the streets are almost universally associated – in the public's mind – with violence, crime, and other forms of antisocial behaviour, it should be remembered that children – mostly but not exclusively boys – join gangs for a variety of reasons. In some cases, lack of nurturing and emotional support at home may prompt young teenagers to seek gang membership; in others, gang affiliation is the only means of achieving economic sufficiency or feeling safe. In the USA, an ethnographic study of immigrant school children from Mexico and Central America found that they joined gangs to find a positive cultural identity as Latinos when they felt thwarted by negative stereotypes.¹³³

In addition to adolescent street-based youth gangs, concerns were raised during the Study process about children's involvement in organised armed groups acting outside defined war

zones. These include organised crime organisations (including those in the drug trade), ethnic or religious militias, vigilante groups, and paramilitary organisations.

A recent study that investigated such groups in 10 countries (Colombia, El Salvador, Ecuador, Honduras, Jamaica, Nigeria, Northern Ireland, the Philippines, South Africa, and the USA) found that the average age at which boys tended to join such groups was 13, with the exception of Nigeria, where the average was 15–16.¹³⁴ Alarming, however, the age of gang members appears to be decreasing.¹³⁵ The study found that children working for armed groups were directly involved in acts of violence, including the murder of fellow group members and non-involved parties.¹³⁶

Many Governments have tried using repressive law enforcement tactics to deal with children involved in organised armed violence (see box). However, available evidence suggests that a focus solely on repression will tend to be ineffective for several reasons: it does not deal with the root causes of the problem; the juvenile justice and penal systems in most countries affected by this problem are inadequate and worsen the problem; and armed groups tend to become more organised and increasingly violent when faced only with repressive tactics.¹³⁷ Continued pressure from international child protection agencies must be focused on the eradication of any such legislation that would place certain minors under harsher legal regimes than others.

REPRESSIVE ANTI-GANG POLICIES IN LATIN AMERICA

Levels of youth violence are high on the agenda of public debate in Latin America.¹³⁸ Growing concern with youth violence, particularly that associated with gangs, has led some countries of the region to adopt repressive measures and legislative reforms that not only contradict human rights principles but that may also have negative effects on the levels of violence and the organisation of youth gangs.

According to the available data, children are not responsible for the large majority of crimes of which they are accused, but there is a strong belief that the adoption of international human rights standards protects children (particularly adolescents) from justified punishment and is being used as a shield by young criminals. The perceived synchronisation between the adoption of human rights standards and the increase in crime in Latin America is sometimes used to undermine important legal advances and even to question the need for accountability in cases of State violence.

The adoption of security strategies which focus on repressive measures is marked by a harsh rhetoric, the neglect of long-term preventive measures and the lack of data to guide and determine the impact of such strategies. In a visit to Central America, the Independent Expert was informed about recent legal changes lowering the age of criminal responsibility and repressively penalising young people for gang membership. The lack of reliable data does not allow an in-depth assessment of the impact of such policies.¹³⁹

Some of these legal reforms contradicted binding human rights principles relating to children,¹⁴⁰ and were subsequently abrogated. For example, the preemptive detention of adolescents on the grounds of supposed gang membership identified by tattoos or signals was ruled as being arbitrary in various cases. Large-scale arrests of supposed gang members have also resulted in a significant increase in the population of already extremely overcrowded detention centres, leading to violent conflicts within these institutions. These institutions also expose young detainees to the gang networks, thereby increasing the internal linkages of gangs and rivalry among opposing groups.^{141,142,143} Although criminal networks must be dismantled, the rise of violence in Latin America is unlikely to be curbed by harsh security policies.¹⁴⁴ Rather, this requires long-term investment in a number of policies to reinforce protective factors and limit risk factors. The identification of the best strategies to deal with this growing concern is predicated on reliable data and good data collection systems. The success of security measures is also linked to the capability of Governments to stop the violence and corruption which may exist within the security forces, and to ensure access to justice, particularly to the poor.

Situations of unrest or conflict

Some situations in which conflict or unrest are ongoing – such as in Northern Uganda and Nepal – have exposed children to mass kidnapping and abduction, so they can perform as fighters, porters, or be in support positions; girls have been used as sexual slaves.^{145,146} Other countries in which systems of public security have broken down in the wake of actual war such as Afghanistan, the Democratic Republic of the Congo, and Somalia, have developed a

‘semi-formal’ structure in which groups based on ethnic affiliation compete for authority over territory, and over lucrative forms of trade (especially drugs), or other resources. During turbulent times in Somalia’s southern and central regions, for example, one of the only ‘jobs’ available to young men was in clan militias, without whose protection civilian businesses or aid operations cannot function. These failures of Governments impact heavily on their communities.

VIOLENCE AGAINST CHILDREN IN SITUATIONS OF ONGOING CONFLICT – THE CASE OF THE OCCUPIED PALESTINIAN TERRITORY

Political violence in the community tends to affect the risks of violence in other contexts not related with the ongoing conflict. More than four decades of conflict have deeply affected the lives of Palestinian children from the Occupied Palestinian Territory (OPT). Development and human rights indicators for children, who comprise 53% (1,954,000) of the total population of the OPT, have deteriorated sharply since the start of the second *intifada* (September 2000). For example, in 2005 42.1% (822,634) of Palestinian children were living below the poverty level,¹⁴⁷ and in 2003 data related to the psychosocial well-being of Palestinian children indicates that nine out of 10 parents report symptomatic traumatic behaviour among at least one of their children.¹⁴⁸

The increasing pressure the Israeli occupation has on the lives of those in the OPT, and the renewed and reinforced restrictions on mobility which apply deeply affect relations between and within communities and families, leading to an increase in violence against children in different settings. Addressing the root causes of this violence in the OPT, rather than its symptoms, only requires contextualising the violence within the ongoing conflicts.

VIOLENCE AGAINST CHILDREN IN SITUATIONS OF ONGOING CONFLICT – THE CASE OF THE OCCUPIED PALESTINIAN TERRITORY

Violence threatens children in the streets, at school, and in the home. While there is a paucity of quantitative data on the OPT related to violence within families and the larger community, one-fifth of the children surveyed in a qualitative study indicated that the number one source of violence in their lives was the family, with community violence ranked as being the second most common source of violence.¹⁴⁹ Notably, when asked to identify the perpetrators and places of violence in their lives, 43% of surveyed Palestinian children reported having experienced violence at the hands of more than one perpetrator; and almost half of them indicated having experienced violence in more than one place, including their homes and schools.¹⁵⁰

More than 50% of the Palestinian children surveyed affirmed that their parents were unable to meet their care and protection needs.¹⁵¹ This sentiment was echoed by the parents themselves, with more than 43% of Palestinian parents feeling that they were unable to provide adequate protection and care for their children.¹⁵² Studies contextualising the root causes of violence in the family found that the combination of lack of resources in the family and subsequent stress that this places on the family caregivers is a significant predictor of family violence in the OPT.¹⁵³

At home and in the classroom, adult caregivers have noted signs of increasing anger and aggression among children.¹⁵⁴ In school, teachers have noted higher levels of stress, disobedience, irritation, and reduced concentration and confidence among students.¹⁵⁵ Teachers also report an increase in violence between students, particularly boys, while parents report that children are acting in an increasingly aggressive manner towards friends and siblings.

Safe areas for children

The lack of safe places for children to play and interact seems to be related to the prevalence of various forms of violence that take place in areas marked by conflict. Local-level partnerships between municipalities, NGOs and local authorities have been forged under the Child-Friendly Cities initiative in four locations in the OPT: two in the Gaza Strip (Rafah and Gaza City), and two in the West Bank (Jenin and Jericho).

VIOLENCE AGAINST CHILDREN IN SITUATIONS OF ONGOING CONFLICT – THE CASE OF THE OCCUPIED PALESTINIAN TERRITORY

The approach to planning takes into account the need to respond to emergencies, while developing comprehensive protection strategies for children. Participatory needs include assessments and workshops involving children: they have been conducted, and their results have been fed into City Plans of Action for Children in each location, endorsed by participating institutions.

Safe Play Areas have been developed in the most deprived areas of Rafah, Gaza and Jenin. Teams of facilitators have been trained to design and conduct weekly extra-curricular activities. Children's Municipality Councils have been established, whereby children are trained as leaders, and they themselves design and implement small projects to reach larger numbers of children. Activities include fun days, sports competitions, and community campaigns on key issues of concern for children.¹⁵⁶



WEST BANK, June 2003, On the road between Ramallah and Jerusalem, children wait as their parents try to get permission to pass through the Israeli checkpoint.

SOCIETAL FACTORS

Urbanisation

During the second half of the 20th century, the process of urbanisation in the developing world rapidly accelerated. Cities and towns are now home to around half the world's children.¹⁵⁷ In many regions, notably sub-Saharan Africa, which now contains more urban children than North America, this demographic change has come about during a period of political and economic crisis and environmental pressure. The process of relocation and its accompanying social changes, together with a lack of economic opportunity for those in the lowest educational, lowest skilled and lowest socio-economic groups, has helped to create circumstances favouring frustration and unrest, potentially leading to violence.

Although urbanisation has historically been accompanied by lower rates of child mortality, increased access to education, and improvements across all social indicators, it also has negative aspects including poverty, inequality, changes in family structure and the breakdown of social networks – factors that all contribute to violence.¹⁵⁸ Few of the environments inhabited by poor urban families are friendly to children.¹⁵⁹ A high proportion of new arrivals live in informal (and, in the eyes of the law, illegal) settlements. The pace and irregular form of urbanisation has put under severe pressure the capacity of municipal authorities to provide services and amenities. Much of the housing in newly urbanised areas is cramped, flimsy, and insecure, while the surrounding environment does not offer many opportunities for children to play and interact safely with the world about them. Outdoor space – which they enter at an early age – is often contaminated by garbage and human waste.¹⁶⁰

Poverty, inequality and social exclusion

Around 2.8 billion people today survive on less than US\$ 2 a day,¹⁶¹ of whom almost 50% are children. Poverty alone, however, is a less significant correlate of violence – as measured by homicide rates – than a combination of high income inequality and poverty. Although more research is needed to fully understand the links, emerging findings suggest that wealthier societies have lower homicide rates, even where there is a large income gap between rich and poor communities. In societies at a lower level of overall economic development, higher

homicide rates are experienced. It may be that wealthier societies are able to provide a higher level of protection and social support for their poor communities than those at a lower level of overall economic development.

Measures of economic inequality are powerful predictors of homicide rates of 10-19 year-olds, especially boys, and this association is stronger in countries with lower overall gross domestic product (GDP).¹⁶² However, the relationship between absolute poverty (as opposed to relative poverty) and violence is not entirely straightforward. Growth in GDP is associated with lower homicide rates, as might be expected, but this effect is in many cases negated by the economic inequality and social exclusion that often flourish alongside rapid economic development and urbanisation.¹⁶³

Poorer communities and their children appear to be most vulnerable to interpersonal violence when exposed to economic and population changes that contribute to community disorganisation and, ultimately, to a community's ability to control violent behaviour. Recent research has supported the theory that the imbalance between concentrations of affluence and poverty in the same urban area could be an important predictor of community variations in interpersonal violence.

The social exclusion experienced by low-income urban populations in all regions has been exacerbated by trends at the international level. The rapid pace of social and political change, and economic globalisation – the adoption of domestic deregulation, trade liberalisation and privatisation of services, a policy

paradigm which was introduced in the 1980s and intensified in the 1990s – has had enormous impacts on society generally, including on children’s well-being.¹⁶⁴ Although many people have benefited from the creation of jobs in export manufacturing industries, better access to information, and some other aspects of globalisation, the majority of the least well-off have suffered a widening gap in economic exclusion. Low-income rural people in 60 countries surveyed in the World Bank’s 2000 *Voices of the Poor* Study stated that life had become less secure, more marginal, and more threatened in recent decades. This was due to the growing precariousness of livelihoods, exclusion from services and institutions, the loss of social cohesion, the higher exposure to negative influences such as crime and alcohol, powerlessness and humiliation at the hands of authority, constant worry at home and the greater frequency of family disputes, among other factors.¹⁶⁵

Social exclusion is a problem that is by no means confined to countries in the developing world. A recent UK report estimated that one million people could be described as being socially excluded, and that 5% of the population were at risk. The characteristics of social exclusion were described in similar terms to those in Latin America: unemployment, discrimination, poor housing, low incomes, poor skills, high crime, ill-health, family breakdown. In the USA, one in four children is living in poverty, with ethno-cultural minority families representing a high proportion of those at risk, mostly in urban neighbourhoods with inadequate housing and few resources.¹⁶⁶

In view of the strong relationship between poverty, inequality and social exclusion, and violence against and among children in community settings, the urgency of State obligations to fulfil human rights – especially long-neglected social, economic and cultural rights – is clear. Although that technological advances and other resources have never been greater to accommodate these needs, worldwide there are still communities where few individuals enjoy their right to an adequate standard of living, their right to the highest attainable standard of health, their rights to social security, education, participation, and non-discrimination. In these communities, violence against children flourishes and significant prevention gains will not be made until these rights are better protected, respected and fulfilled.¹⁶⁷

CYBER-SPACE AND CYBER-THREATS – THE CHALLENGES OF INTERNET AND COMMUNICATION TECHNOLOGIES

Access to information is a child's right and has an important role in transmitting new knowledge and facilitating the adoption of life-enhancing pro-social behaviours and values. In terms of protecting children, technology has certainly helped in making information and advice more available, for example through 'child help lines' (<http://www.chiworld.org>), and also via the Internet, although the quality is difficult to regulate. Better communication has also increased the potential for protecting children. However, where children's access to the media and printed images is not appropriately supervised by parents or other caregivers, it allows exposure to violent, abusive and pornographic material.

Many contributors to the Study voiced concern that Governments were not doing enough to limit children's exposure to images of violence and male domination of women and girls on television, films, video games and the Internet, that endorse ideas of violence, verbal aggression and sexism as norms and lower sensitivity to violence.¹⁶⁸ A review by the International Centre for Missing and Exploited Children found an urgent need to need increase the number of countries with laws in place related to Internet child pornography.¹⁶⁹

The specific threats to children from the internet and communications technologies (ICTs) stem from exposure to violent imagery including through video and online games, and also the production, distribution and use of materials depicting sexual violence and more specifically, child sexual abuse and pornography. While the problems of exposure have been well documented in industrialised countries, little is known about what takes place in developing countries. A study in three cities of Pakistan – Karachi, Lahore, and Peshawar – in 2001, showed that many children are exposed to pornography in Internet cafes. Almost 50% of the children interviewed in the study reported visiting pornographic sites, and over 80% could name a number of such sites. Most of the children interviewed were from poor neighbourhoods, or were child workers.¹⁷⁰

Online solicitation of children or 'grooming' (securing a child's trust in order to draw them into a situation where they may be harmed) for such purposes is difficult to curtail in any jurisdiction, let alone across international borders. In addition, the phenomenon of 'cyber-bullying' is emerging in tandem with the proliferation of mobile phones.¹⁷¹ A 2006 survey in the UK showed that more than one in 10 children aged

between 11 and 15 had been harassed, bullied or victimised by threatening messages, or because someone had published misleading information about them online. Such actions can be part of complex operations involving the manipulation of photographs taken on mobile phones, and invitations to anonymous users to attack named victims on website forums.¹⁷²

According to experts, the apparent increasing interest in images of abuse may be associated with the way the online environments allow for expression that is not generally tolerated in other environments.¹⁷³ For example, in the general climate of lowered inhibitions provided by the online environment, users can alter their mood, recreate themselves sometimes with multiple self-representations, validate and justify the exchange of abusive images with others, challenge concepts of regulation, and disrupt conventional hierarchies. ECPAT research suggests that children and young people who do not have adequate parental supervision, who suffer from low self-esteem, or who have no strong mentor in their lives are particularly at risk of negative outcomes related to use of ICTs.¹⁷⁴

Media violence may give children unrealistic ideas about violence in real life. For example, there is some evidence that watching action films can lead children to believe that the human body is much tougher than it actually is, and to underestimate the serious physical damage that punches and kicks can inflict. It is also suspected that media-instilled ideas about violence and a feeling of being under threat can predispose some individuals to resort to destructive aggressive behaviour in situations of stress or perceived danger.¹⁷⁵ In addition, it is hypothesised that access to television and the Internet may promote consumer envy, and underline the gap between the lifestyles of the haves and have-nots, and thus lead to petty or violent crime.¹⁷⁶

A recent meta-review of scientific studies examined the effects of media violence on children up to 18 years of age. It concluded that there is “consistent evidence that violent imagery on television, film and video, and computer games has substantial short-term effects on arousal, thoughts, and emotions, increasing the likelihood of aggressive or fearful behaviour in younger children, especially boys.” The effects are not clear in the case of older children (including teenagers), or regarding the long-term impacts

CYBER-SPACE AND CYBER-THREATS – THE CHALLENGES OF INTERNET AND COMMUNICATION TECHNOLOGIES (ICTS)

on any age group. The researchers emphasised the difficulty of determining causation, and that aggression is related to a wide variety of factors. A number of issues remain unresolved, such as the relationship between media violence and crime, and whether individuals from violent backgrounds, or who are predisposed to aggressive behaviour, might be more susceptible than others to the effect of watching violent images. Nor is much known about violent media imagery's interaction with mental health problems, or with viewers under the influence of alcohol or drugs.¹⁷⁷

During the Regional Consultations convened for the Study, the challenges presented by ICTs to the safety of children were universally recognised. The Middle East and North Africa region underscored the importance of the involvement of the private sector, including that relating to tourism and transport industries, in partnership with others in addressing the serious problem of trafficking of women and children, including in relation to sex tourism. Two types of sexual exploitation of under-18s in relation to tourism are noted by ECPAT International: the minority are sex tourists with a specific interest in pre-pubescent children (paedophiles); the majority are ordinary tourists who take advantage of the sexual services of children, mostly aged in their mid- or upper teens, who are made available to them. The methods of organising child sex tourism have changed over time. Whereas it was initially more common for tourists to make contact through a brothel or in a well known area of such activity, in recent years the Internet has been used – transforming and multiplying the risks for exploitation of children through tourism.¹⁷⁸

While some major companies internationally are now committing themselves to the “Code of Conduct to Protect Children from Sexual Exploitation in Travel and Tourism,” to stop human trafficking, including making the links between HIV/AIDS and trafficking, Governments need to make sure that a great deal more is done.¹⁷⁹

While advances in technology have brought many benefits, efforts to extend these benefits more equitably are still needed – protecting children from the negative potential of technology is a serious challenge. The need for a *focus on prevention* as an absolute imperative in addressing child safety and ICTs was a message that was reiterated throughout the Study process. Greater attention paid to the prosecution of offenders,

to increasing the public perception and reality that offenders would be caught was also emphasised, along with the need for more effort to be dedicated to diversifying the technology to protect children. Increasing the protection of children while expanding access to ICTs was specifically included in the Tunis agenda for the Information Society from the World Summit on the Information Society hosted by Tunisia in 2005. The agenda reaffirmed the importance of “incorporating regulatory, self-regulatory, and other effective policies and frameworks to protect children and young people from abuse and exploitation through ICTs into national plans of action and E-strategies.”¹⁸⁰

From the expert meeting hosted by ECPAT, Bangkok, and also at the Study’s Regional Consultations in the East Asia and Pacific region and in the Middle East and North Africa region, it was noted that agreement is lacking within and between countries on definitions, laws and perceptions of what is acceptable regarding ICTs and their content.¹⁸¹ Some countries allow sexualised images of children within mainstream media, or permit the publication of images of abuse. There is a need for campaigns to support parents and adults to provide better understanding of ICTs, and the supervision of children and young people who use them. The vast potential for ICTs to spread positive and useful messages, including public advocacy and education, is also generally under-studied and underutilised. There is also a need for greater attention to strong international and national standards, and greater cross-border cooperation in the implementation of these standards (see Table 7.3).

TABLE 7.3 – Current worldwide Internet usage

	CURRENT INTERNET POPULATION	PERCENTAGE OF INTERNET PENETRATION
Northern Africa	9,585,000	6.30
Sub-Saharan Africa	13,152,000	17
Latin America and the Caribbean	74,735,188	14
Eastern Asia	150,173,713	11
Southern Asia	58,919,000	4
South-Eastern Asia	52,752,600	9
Western Asia	9,320,085	8
Oceania	497,550	6
Commonwealth of Independent States	33,301,700	12
Developed countries	569,056,865	59
World total	972,828,001	15.20

Source: Microsoft (2006). Current Worldwide Internet Statistics and Trends. Submission to the United Nations Secretary-General's Study on Violence against Children.

“Under the leadership of Her Majesty Queen Rania of Jordan, and growing from the work of the Arab regional network of ISPCAN, the barriers to discussing and understanding violence against children in our region are crumbling. In addition to excellent work of awareness-raising and service provision for victimised children, we look forward to expanding our approach to the prevention of violence against children in coming years.”

Dr Hussein Abdel-Razzak Al Gezairy, Regional Director for the Eastern Mediterranean, WHO

RESPONSES TO VIOLENCE AGAINST CHILDREN IN THE COMMUNITY

As the challenges facing children are multifaceted, so too are the ways in which communities can respond. While much of the research focuses on the individual level, an over-emphasis on the individual level too often locates the problem within the child alone rather than examining the broader context of family and community, and other relationships. In terms of the ecological model, the community facilitates interaction on many different levels, and strategies and services should include attention to the potential for prevention as well as risks.¹⁸²

In middle- and high-income countries, some health and criminal justice systems have reliable and comprehensive data regarding violent deaths and injuries dealt with at hospital emergency departments. Analysis of these data has demonstrated that homicide and non-fatal violent injury rates in young people (including the 15–18-year age group) are particularly sensitive to changes in societal and community-level risk factors. These factors include alcohol availability, illegal drug markets, access to firearms, type and intensity of policing, schooling and employment opportunities, and economic inequalities.

Efforts to prevent violence by and against children in community settings have been the subject of a considerable number of outcome evaluation studies aimed at providing scientific evidence for programme effectiveness. Most of these studies have been conducted in high-income countries, and few have focused exclusively on children

and adolescents up to 18 years old. Despite these limitations, important lessons have been learned about the range of policies and interventions that can be used by low- and middle-income countries to prevent violence against children in community settings. Some practical lessons from the field of violence prevention as well as public health suggest that:

- **Not all prevention strategies work, and certainly not in all communities.** The evidence base identifies a number of strategies that appear to be effective, and a larger group that show promise but which require more testing. Some are ineffective, while others actually appear to make things worse.
- **Integrated prevention efforts over time that link the contributions of different sectors are necessary (if difficult to achieve).** Effective prevention is most likely through a range of coordinated approaches that integrate legal, social, educational and economic strategies to reduce risk factors and strengthen protective factors at the levels of the individual, the family, the community and society with short- and long-term objectives.
- **Top-down and bottom-up approaches are both required.** Top-down prevention approaches that can influence society-wide risk and protective factors should be balanced against bottom-up approaches that highlight local needs and which allocate prevention responsibility to communities.¹⁸³

With these lessons in mind, the following section discusses strategies for preventing violence against children in community settings at four levels of the ecological model, namely the individual, family, community and society.

INDIVIDUAL AND FAMILY-LEVEL

Consistent with evidence that a significant proportion of adolescent violence is causally rooted in early developmental experiences, programmes targeted at infants and young children, their parents and others who influence them during early development have been shown to be among the most effective in preventing violence by and among adolescents. More specifically, family-oriented interventions to change parenting styles (increase predictability, parental monitoring, and decrease negative parenting methods) and improve relationships within the family (closeness, positive statements, emotional cohesion and communication clarity) show strong and consistent evidence for reducing the risk of children going on to engage in serious antisocial behaviour and violence.¹⁸⁴ The earlier these programmes are delivered in a child's life, the greater the benefits, although significant benefits have also been demonstrated when programmes are delivered to adolescents who have already been arrested for violent or delinquent behaviour.^{185,186} (Also see the chapter on violence against children in the home and family.)

COMMUNITY-LEVEL

Community-level support for education and socialisation

Many individual and family-level interventions are provided in community settings or use community resources. The following are interventions which have either proven effective in some settings, or are thought to have a strong potential in preventing violence by supporting high-risk children's education and socialisation.

Reducing truancy and returning dropouts to school

Schooling provides most children with their second most important source of socialisation (after the family). Research suggests that one of the most effective means of preventing violence and crime among certain high-risk children is to provide incentives for them to complete schooling, obtain vocational training and pursue higher education. Comparisons of different interventions to reduce youth violence and crime in the USA have consistently found that providing high school students with incentives to graduate was the most cost-effective intervention.^{187,188}

Programmes in schools are an important strategy, both for divesting schools themselves of gang culture and interpersonal violence, and also for preventing violence among young people in the community. In the Caribbean, a nine-country study by the Pan-American Health Organization (PAHO/WHO) found that truancy was one of the strongest risk factors for the involvement of young people aged

10–18 in violence. The strongest protective factors were positive affiliation with school, including liking the teachers, religious belief, and church attendance.¹⁸⁹ The development of such affiliation can begin with pre-school enrichment programmes which have been shown to strengthen bonds with the school and introduce children early on to the social and behavioural skills necessary for success in school.^{190,191,192,193} A few long-term follow-up studies of such programmes have found positive benefits, including less involvement in violence and other anti-social behaviours.^{194,195,196} Quality schooling, which embraces learning, support for non-discrimination, and activities to support child protection in the community, is an essential element in fostering the child-friendly environment (see the chapter on violence against children in schools and educational settings).

Non-formal learning opportunities

Children who are from disadvantaged backgrounds and groups that suffer from discrimination are more likely to be involved in anti-social behaviour, and are also likely to be excluded from school or drop out early. Community-based programmes can reach out to such children and re-introduce them to formal education via non-formal or ‘catch-up’ programmes. These can also provide adult mentors for children with family problems, who can do much to redirect such children into a safe, non-aggressive and personally fulfilling development path.¹⁹⁷

Mentoring programmes. These can sometimes match high-risk children or young people with trusted and caring adults such as older

peers, tutors, counsellors, law enforcement officers or other community members. Such positive relationships can improve the child’s school attendance and performance, decrease the likelihood of drug use, and repair his or her relationships with parents.^{198,199} These programmes may be particularly valuable for children from minority groups, or for those from difficult circumstances such as refugees and displaced persons.²⁰⁰

Programmes with and for children living on the street. Examples include drop-in centres, shelters, and other places of safety where trusted adults, food, washing facilities, education and skills-building, and other support may be available.

Many children who attend such centres have suffered injury or been traumatised by their life experience. However, many educational programmes are primarily directed at children living on the street, and aim to assist their withdrawal from the street and their access to school or vocational training. All such programmes can be regarded as helping vulnerable children to safety and providing them with protection from sources of violence, both in the immediate sense and in terms of future life and work opportunities.

Sport and youth activities. These activities and other structured leisure time are essential for child development. Although there is little research internationally on the subject, it is widely thought that properly supervised, community-based activities for children – from sports and youth clubs to social, cultural and faith-based groups – can be useful in build-

"I used to think that being a girl I don't have the right to protest when boys and men misbehave with me. But after joining the child club I came to know that I have all the right to feel safe all the time. I can protect and protest whenever someone tries to harass or abuse me. My body is mine and I have the right to protect it."

Girl, 13, South Asia, 2005^{VI}

ing protective factors such as self-confidence and developing children's potential to prevent violence.²⁰¹ Children and young people might also be attracted to places where sport and recreational activities are provided along with educational activities and programmes to reduce violence. In general, better results can be expected where these programmes are implemented along with other effective strategies, rather than as stand-alone programmes.

Research cites several ways in which community-based activities can support children's development and resilience (e.g. ability to resist pressure to join gangs or engage in peer violence), including through mentoring and tutoring, fostering identity development, and opportunities to interact with trusted adults and positive role models.^{202,203,204}

Proper supervision and other measures are important in avoiding violence in the context of youth activities. For example, since the mid-1990s European countries such as France, the Netherlands, Switzerland and the UK have taken action to increase protection of children in sport. In 2000, the Council of Europe's Committee for the Development of Sport adopted a comprehensive resolution on preventing sexual harassment and abuse of women, young people and children in both recreational and competitive sports. A wide range of measures are possible, including the adoption of child protection policies and ethical charters; criminal record checks of adults in charge (e.g. trainers or coaches); awareness-raising and training of athletes, parents, coaches and other officials; appointment of child protection officers in

sports clubs and federations; establishment of telephone help lines; and research on child protection in sport issues.²⁰⁵

Life skills-based education

Within non-formal or formal education programmes, life skills-based education can be effective in reducing youth violence, especially as part of a comprehensive effort.^{206,207,208,209,210,211} Aimed at enabling children to adopt self-protective behaviours, life skills-based education can include a wide variety of topics, for instance: learning how to avoid unwanted sexual intimacy; gaining practice in forming views and expressing them; developing problem-solving and negotiating skills, including conflict resolution by non-violent means; improving interaction between children and community authorities (including the police and judiciary), outreach workers in health and social affairs, and others the children may need to know how to approach.^{212,213,214} Such programmes have also yielded positive results for dating violence.^{215,216,217,218}

The Safe Dates Project in the USA is a successful school-based intervention that aimed to change attitudes on dating violence within both the school and the community. This intervention took a holistic approach, including both adolescent boys and girls in sessions on the role of gender norms and the positive formation of intimate relationships. It included training of teachers, community members and parent groups, a 10-week curriculum covering awareness-raising on healthy and unhealthy relationships, gender roles, sexual assault, and communications development to prevent

“Violence against children has incalculable costs to present and future generations and it undermines human development. We recognize that virtually all forms of violence are linked to entrenched gender roles and inequalities, and that the violation of the rights of children is linked to the status of women.”

The African Declaration on Violence against Girls, 2006^{vii}



dating violence. After four years, significantly less physical and sexual dating violence perpetration and victimisation was evident for the adolescents in the intervention group.²¹⁹

Some life skills-based education programmes are delivered through peer facilitators. Such programmes utilise children and young people of the same or older ages as the target group to deliver programmes designed to improve knowledge, attitudes or behaviours. While the active participation of children and young people is an important principle from a rights-based perspective, evidence that programmes facilitated by peers alone reduce violence is ambiguous at best, especially when applied in isolation from other strategies.^{220,221} Many of these programmes suffer from a lack of adequate support, and it appears that the level of support required is high for such initiatives. In addition, peer leaders are constantly ‘aging out’ of their role as they mature and move on to other things.

Community-level situational prevention

Promoting norms and values that promote respect and peaceful conflict resolution

A large number of efforts are undertaken to prevent violence by and against children in the community through public information or prevention campaigns aimed at changing community attitudes, beliefs and norms surrounding the use of violence. Multi-component prevention campaigns have been launched to address youth violence, gang violence, bullying, and sexual violence.^{222,223,224,225,226,227} Campaigns

can make the social climate more conducive to change by breaking taboos and creating public debate on issues. However, lasting change tends to require a combination of efforts beyond campaigns alone. In general, these types of campaign seem to be most effective in increasing knowledge and awareness, as well as in shifts in social norms concerning some types of violence and gender relations, and some have led to an increase in the disclosure of sexual offences.²²⁸ But such campaigns, when implemented in isolation, have not consistently led to changes in behaviour or to a reduction in violence.

Police reform and training at community level

In places where police ‘culture’ is extremely negative and discriminatory against children or young people, physical and sexual violence – among other abuses of their human rights – can be a routine occurrence, and entirely unpunished. Often the violence is not towards all children but towards certain groups such as children and young people who are poor or living on the street, refugees, returnees or internally displaced young persons. In such cases, police forces need to be sensitised to human rights in general, and children’s rights and protection issues in particular, in the overall context of system-wide reforms.

With training and motivation, police can take an active part in bringing about positive change in the lives of children instead of being ranked among their most frequently cited abusers. In Mumbai, India, for example, improved relations between the police and children working in the informal sector has led to employment

“Children are caught between the hate and fury of two groups: local delinquents and police forces (quite a global phenomenon) reinforces the sense of powerlessness in the poorer communities; and amongst youth, reinforces the idea that the use of violence is acceptable, and again, something quite pervasive.”

Nancy Cardia, Editorial Board of the UN Secretary-General’s Study on Violence against Children

RAISING VOICES IN UGANDA

Over 1,400 children were involved in research in five districts of Uganda in 2004 and 2005. It focused on the various types of violence they experience at home, in schools and in the community, how it makes them feel, and their ideas about violence-free childhoods. Also involved were almost 1,100 adults who provided their perceptions of punishment and discipline, mistreatment and how they also feel about the issues. The research fed into an evidence-based advocacy campaign, launched in 2006, directed at protecting and promoting children’s rights to live free from violence. These efforts were intended to increase public debate and break down the barriers to taking action. The campaign made an important contribution to the Ministry of Education and Sport’s initiative on banning all corporal punishment in schools in Uganda.²²⁹

for some older children as assistants in traffic control at peak hours.²³⁰

The Consortium for Street Children undertook an international research study into police child rights training programmes around the world. It documented training programmes aimed at reducing violence against children living on the street in a large number of countries, mostly under the auspices of NGOs, with cooperation from local authorities and with some donor support. Having identified a number of good practices, the Consortium compiled a manual for such training. The Consortium commented: “Widespread, consistent, long-term and sustainable change will only be possible when child rights and child protection is formally recognised and included in official curricula, manuals and collaborative agreements.”²³¹

However, training police has proved largely ineffective in changing police behaviour, where it is not accompanied by, or reinforced

by, efforts to change attitudes and organisational culture.²³² In terms of health care providers, training frequently influences changes in knowledge and awareness in the short term, but these changes are difficult to translate into behavioural change or changes in practice.^{233,234,235,236} To improve the potential of training efforts to reduce violence against children they have to be part of a wider strategy, including law reform and attitudinal change. Other potential ways to prevent police violence include increasing the numbers of women serving as police officers, providing independent complaints mechanisms, and improving the pay and status of police officers.

Accountability, and access to justice

State violence and corruption are two factors directly associated with violence in communities. Community confidence in local security and justice systems is central to the effectiveness of public policies. International legal instruments emphasise the importance of

“Religious leaders and communities of faith are well placed to confront violence against children and to work to heal its ravages. Religions for Peace helps the world’s diverse religious communities to stand together, pooling their collective moral strengths to stop violence against children in their homes and societies.”

Dr William F. Vendley, Secretary General, World Council of Religions for Peace



ensuring accountability and access to justice in the fulfilment of human rights obligations.

In addition to improving training and reforming law enforcement generally, and ensuring that it is functioning in accordance with international norms, it is fundamental to ensure independent monitoring and thorough investigation in all cases of State violence. Apart from being a core human right obligation, ensuring State accountability is crucial in building trust and improving the efficiency of security policies. Impunity for perpetrators of police violence against street children often allows such abuse to continue. Many police who commit violence against children are never investigated or prosecuted. Mechanisms must be put in place to ensure that police and other security personnel implicated in violence against children are promptly and thoroughly investigated, and held accountable. The establishment of permanent mechanisms such as ombudspersons or civilian review boards to independently receive and investigate cases of violence by the security forces can provide important support to ensure accountability.

Special measures are also required to ensure access to justice by all communities, particularly those affected by poverty and high levels of criminal activity. It is essential to provide access to independent and qualified legal assistance when required. Mechanisms can also be established to facilitate the access of marginalised groups to justice: these vary from special services within courts to the placement of special services to facilitate the mediation of small conflicts within communities.

Community organisations against trafficking

Community-level activities can be effective at preventing trafficking, particularly when working in cooperation with law enforcement and other authorities. In East Africa, there has been some success with community-based watch/vigilance systems to prevent the trafficking of children and breaches of child labour legislation. For example, in Benin, village committees backed by the provincial administration have helped to reduce the trafficking of children, both by educating families about the dangers of trafficking and by working with the police when a child from the village goes missing.²³⁷

In southern India’s Andhra Pradesh state, another example is the Society to Help Rural Empowerment and Education (STHREE), which was established in 1998 to address trafficking of women and children from rural areas. STHREE emphasises the role of the community, and has supported the formation of community-based Self-Help Groups (SHGs), Anti-Trafficking Committees (ATCs), and a Highway Mobile Committee (HMC). When it becomes known that a woman or girl has been offered work outside the community, the local ATCs ask for verification of the employer’s name, address and contact number. For those women or children being sent to Kuwait or to the Gulf, the ATCs try to verify visa status, help educate communities on the verification of expected payment details and share cases of villagers being duped. While the ATCs and the HMC work directly to prevent the trafficking

of girls and women from the region, the SHGs work on the underlying causes of trafficking through educational and awareness generation activities, as well as through providing viable livelihood options to the community members. An assessment managed by UNICEF in Andhra Pradesh found that the number of girls/women trafficked from the project area decreased between 2000 and 2004. STHREE has also managed to rescue girls and women from places as far away as Delhi, Pune and Mumbai by helping families or ATCs to file complaints with the police and by following up with police and NGO networks in other States.²³⁸

Other important initiatives to reduce the vulnerability of children to being trafficked centre on taking action to fend off the economic pressures that face families in difficult situations. In Albania, the Swiss Government Cooperation for Development funds vocational training for young people at risk of trafficking to equip them with marketable skills so that they can find work at home. In the countries of the Mekong, ILO–IPEC has supported micro-credit grants, vocational training, job placement and small business development for families at risk. All of these initiatives reinforce the coping mechanisms of families and adolescents, and reduce the likelihood that they will leave to look for dubious work, or fall prey to recruiters exploiting their desire to improve their situation.²³⁹

Providing safe physical environments

As discussed above, there is considerable evidence of a relationship between the physical

environment and violence, particularly in urban settings. A number of measures can be taken to alter the physical environment of communities in order to reduce the risk of violence by and towards children. These include improved lighting, reducing the number of 'blind' locations (alleys, underground causeways, etc.) where violence can be perpetrated unseen, and creating safe routes for children on their way to and from school and other community activities. In locations such as shanty towns and refugee camps, particular emphasis is placed on creating safe routes to communal water collection, and to bathing and toilet facilities.

At a more fundamental and long-term level, efforts should be made to improve housing and basic infrastructures (schools, health services, etc.) in crowded and squalid urban environments. A variety of approaches are possible. Some experts hold that the most effective approach to dealing with severe overcrowding in poor urban areas is to de-concentrate housing where possible, change local regulations to allow more logical use of space, and improve the quality of the surrounding environment.²⁴⁰ At the same time, efforts must be made to improve inadequate neighbourhood facilities, such as lack of places for washing and laundry, lack of toilets, lack of recreation spaces for children, and lack of community facilities such as day care and team sports.

From a political point of view, some of this may be difficult to accomplish if municipal authorities are reluctant to improve 'illegal' urban settlements through fear that this will act as an

enticement to further rural–urban migration. Considerable advocacy may thus be required to inform such authorities about the need for such approaches, both from a human rights point of view (i.e. the need for decent housing and healthy communities) and as regards the concrete objective of reducing violence. Advocacy must also be directed at professionals who

advise the authorities and carry out the work, such as architects, urban planners and engineers, few of whom may be aware of the impact of the living conditions on child development. In this regard, the Child-Friendly Cities Initiative (see box) provides a useful tool for changing attitudes and placing the needs of children at the centre of the urban agenda.

CREATING CHILD-FRIENDLY CITIES

The Child-Friendly Cities Initiative (CFCI) was launched in 1996 to act on the resolution passed during the second UN Conference on Human Settlements (Habitat II) to make cities livable, and place ‘children first’. The Conference declared that the well-being of children is the ultimate indicator of a healthy habitat, a democratic society and good governance.

All children in cities have the right to access basic services and enjoy opportunities for development. CFCI advocates the adoption of governance approaches and participatory urban management that promote the realisation of the rights of the youngest citizens. In line with the CRC, it challenges cities to conceive of themselves, of the services, amenities and quality of life they provide, in a new way.

In practice, the movement for Child-Friendly Cities has seen young citizens take part in municipal decision-making and help planners design “the city they want;” and child-sensitive quality indicators have been developed to measure progress against child-oriented goals. An International Secretariat for Child-Friendly Cities was created in 2000 at UNICEF’s Innocenti Research Centre in Florence, Italy.

Source: UNICEF (2006). Child-Friendly Cities. Florence, UNICEF Innocenti Research Centre. Available at: <http://www.childfriendlycities.org>.

Services for victims of violence

Improving pre-hospital care systems and emergency medical responses. In contrast to most of the other settings addressed in this report, violence by and towards children in community settings includes a majority of attacks involving firearms, knives and other weapons. Such violence therefore gives rise to the largest proportion of homicides across the 0–18-year period of childhood, and accounts for a significant proportion of long-term physical and mental disabilities in children who survive severe violence-related injuries.

Efforts to improve pre-hospital and emergency medical responses are therefore likely to be particularly valuable for reducing case-fatality ratios and disabilities due to violence in community settings. These should be connected to a range of services to support the physical and psychological rehabilitation of children once their immediate medical needs have been dealt with (see box).

Recovery, reintegration and rehabilitation services. When children have been exposed to violent and traumatic events, a variety of services may be needed. These may include physical rehabilitation, counselling services, and social worker follow-up to assist social reintegration. Where domestic violence, trafficking or sex work is involved, ‘safe houses’ or shelters may be necessary; however, it is important that these shelters provide for the needs of the children as well for those of their mother/caregiver. Making the access points for these services widely known, especially to vulnerable groups, is an important aspect of cre-

ating community confidence and also ensuring timely access. The Thuthuzela Centres of South Africa represent an emerging example of the importance of the integration of a range of relevant services in the interests of earlier and higher-quality service to clients.

Although it is frequently feared that children who were used in armed groups and who committed acts of violence during a conflict may continue this violence in their communities after the conflict, research suggests this is not necessarily so. A longitudinal study of former child soldiers in Mozambique shows that former child soldiers who are provided rehabilitative services, and are accepted back into their families and communities, are able to become productive, responsible and caring adults when they have received the required attention by child protection workers at the time of demobilisation. Important components in successful rehabilitation included the care and role modelling provided by trusted adults, traditional practices such as cleansing rituals, educational opportunities, apprenticeships, income generation projects, and the provision of seeds and tools.²⁴³

“Violence against children must stop now. All countries can demonstrate greater proactive leadership in this area by increasing resources for child protection, ensuring that schools are child-friendly spaces, increasing community vigilance against violence and eliminating the stigma that haunts children affected by HIV/AIDS.”

Cecilio Adorna, UNICEF Representative, India



ASSESSING THE RESPONSIVENESS OF THE CHILD PROTECTION SYSTEM IN THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA

A study was carried out in the former Yugoslav Republic of Macedonia, using quantitative and qualitative methods to assess the responsiveness of the child protection system to violence against children, particularly focusing on formal mechanisms of referral, as well as mechanisms that promote coordination within the child protection system.

Key informants in 277 institutions were interviewed, including persons from social work centres, from centres for victims of violence, schools, police stations, hospitals, residential institutions for children without parental care, and detention and correctional centres.

The pilot study revealed that only a few cases of violence against children had been officially reported by service providers in the 12-month period. Also, the findings showed that there was a lack of official criteria and procedures for recording cases of violence, or an official referral system for use by all institutions dealing with child protection. Furthermore, the findings revealed that the laws and mechanisms for coordination among institutions were insufficient, as well as the monitoring and evaluation of the quality of services provided.

The assessment provided recommendations for the strengthening of the child protection system, which included strengthening of the legislative framework in order to clearly delineate the responsibilities of various bodies and institutions dealing with child protection as well as stipulating the conditions of coordination between these institutions; the establishment of coordination mechanisms among institutions dealing with child protection; the preparation of official guidelines and protocols which regulate referral of cases and action to be taken; the provision of training for relevant professionals on violence against children; and the establishment of new centres for child victims of violence.

Without such an assessment, guided by international standards associated with child rights, it is difficult for Governments to discern the key areas requiring action, to make all parts of the system effective and accountable for the quality of the services provided.²⁴⁴

SOUTH AFRICA'S THUTHUZELA CARE CENTRES: INTEGRATED SERVICES FOR VICTIMS OF SEXUAL VIOLENCE

Thuthuzela Care Centres provide a 'one-stop' integrated response to the high rates of sexual violence against women and children in South Africa, and are increasingly held up as examples of good practice. The Thuthuzela model – the word means 'comfort' in Xhosa – aims to reduce secondary trauma for the victim (i.e. due to police, legal, medical or other responses), improve perpetrator conviction rates and reduce the lead time for finalising cases. Its integrated approach to care of rape victims is one of respect, comfort, restoring dignity on the one hand, and ensuring justice on the other. Victims who arrive at police stations are no longer required to make statements until they are transported to the Thuthuzela Centre by specially-trained ambulance staff, where they are examined by doctors and nurses, receive counselling and are given the opportunity to bath or shower. Then, and only if she is ready, does the victim make a statement. Afterwards she is given transportation home, and a variety of follow-up services are also offered including HIV testing.

The Thuthuzelas are located in public hospitals in communities where the incidence of rape is particularly high, and work closely with nearby specialised Sexual Offences Courts staffed by prosecutors, social workers, investigating officers, magistrates, health professionals and police. Although subject to funding difficulties, the centres are making efforts to become more 'child-friendly' with tools such as posters, drawings, and anatomically correct dolls to help prepare children to appear in court, should that become necessary.²⁴¹ Thuthuzela has improved the process of reporting and prosecuting rape and other sexual offences, and offender conviction rates are increasing. The Government of South Africa is working to scale-up this model to a planned 80 centres by 2010.²⁴²

Reporting services. Reporting systems that are not only available, but accessible to children and young people, can be a critical part of a comprehensive approach to protecting children. Protecting confidentiality and providing a high-quality service are also important. Such systems can also provide access or referral, in a coordinated way, to trained professionals and referral to social workers, or health professionals, or law enforcement, as needed.

An increasingly popular mechanism for community settings is the child helpline, a phone service that links children in need of care and protection to services and resources. In 2003, it is estimated that about 11.3 million calls were made to child helplines during that year. Children's reasons for calling included requests for crisis intervention, rehabilitation, counselling or just needing someone to talk to. Approximately 9% of the calls were related to abuse

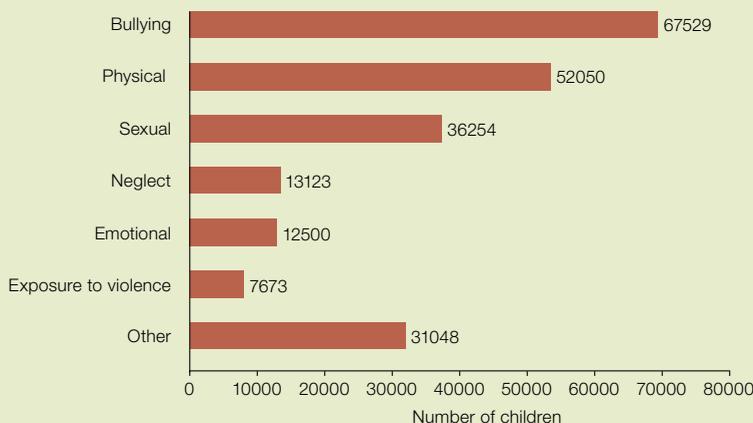
and violence, while a significant number were from children being exploited commercially, including those forced to work as beggars or involved in bonded child labour.²⁴⁵

EXTENDING ACCESS TO HELPLINES

Child Helpline International (CHI) is a global helpline network which was established in 2001 and by the end of 2005, comprised 78 network members. The greatest increase in members has been among developing countries. The global network provides support for existing helplines as well as for countries interested in initiating them, and has been active in advocating countries to set up such services. In 2005, the Tunis Agenda at the World Summit on Information Society called on every country to have a local, easy to remember, toll-free number for children to call.²⁴⁷ CHI is also extending its services to the Internet by providing an online counselling service called Chiworld (www.chiworld.org). The website is a multilingual gateway to the helpline in member countries for children who do not choose to use the telephone, but are still in need of care and protection (see Figure 7.3).²⁴⁷

FIGURE 7.3

Breakdown of violence reported through ChildHelpLines (globally)



Source: ChildHelpLine International (2005). Submission to the United Nations Secretary-General's Study on Violence against Children. Amsterdam, ChildHelpLine International.

SOCIETAL-LEVEL

Societal-level interventions can have a significant bearing on whether interpersonal violence is prevented or reduced, or the extent to which violence is tolerated and encouraged.²⁴⁸ For this reason, violence prevention among the young needs to be factored into ‘macro-level’ decision-making areas such as national poverty reduction strategies, sectoral policies to reduce social vulnerability, policies for local Government reform and administrative decentralisation, the extension and improvement of services for health, education and community infrastructure, as well as specific initiatives to advance women’s and children’s rights. The mechanisms whereby such policies are adapted and implemented at local level via community-based or group-based approaches require close attention.

Economic opportunity and equality

Two of the most critical challenges directly affecting young people, particularly those in high-risk settings, are access to positive livelihood opportunities and the possibility of upward mobility by non-criminal means. If young people feel they have a personal stake in building a safe environment and that their aspirations are realisable within the law, the personal frustration and social tension that fuel violence may be considerably defused. A framework of national political, economic and social policies therefore needs to be developed which prioritises growth, equity and sustainability in the harnessing of natural and human resources, and that replaces or rebuilds the deficits in social safety and security which have emerged.²⁴⁹

There is some evidence that policies that reduce the concentration of poverty in urban areas, for example by improving employment and education opportunities, may be effective in reducing violent behaviour by young people.²⁵⁰ For example, in a pioneering study in the USA, young people in families that received rental subsidies and assistance to move out of poor neighbourhoods were significantly less likely to engage in violent behaviour than those who did not receive this level of support.²⁵¹

The strong and consistent demonstration of a close relationship between high levels of economic inequality and increased homicide rates in adolescents and young adults indicates that policies which reduce economic inequality or minimise its effects may be of great value in preventing such violence. This appears to be especially relevant for males, since research indicates that the relationship between economic inequality and homicide is much stronger in males than in females.²⁵²

Reducing access to alcohol and illegal drugs

Interventions which reduce access to alcohol or raise its price have been shown to reduce both levels of consumption and rates of youth violence within the community. In Diadema, Brazil, the prohibition of alcohol sales after 23:00 helped prevent an estimated 273 murders (all ages) over a two-year period.²⁵³ In parts of the USA, restricting access to alcohol for underage youths has reduced disorderly conduct violations among 15–17-year olds.²⁵⁴ Conversely, the end of an anti-alcohol programme that curtailed the supply of alcohol

in the mid-1980s, as well as the socioeconomic crisis that followed the demise of the Soviet Union saw a remarkable increase in homicides among Russians under the age of 20 in the early 1990s.^{255,256}

There is also evidence that programmes which alter peer drinking habits and other social norms can reduce harmful alcohol consumption levels among young people, and thus may be useful in reducing alcohol-related violence. Modifying drinking establishments such as bars and clubs can be effective. For example, improving management and staff practice through training programmes, implementing codes of good practice, and strictly enforcing licensing legislation creates environments less conducive to violence.^{257,258,259} In wider nighttime environments, the presence of large numbers of intoxicated individuals at the end of the night increases the potential for violent confrontations.²⁶⁰ Interventions such as provision of safe late-night transport, improvements to street lighting and use of closed circuit television have been shown to help reduce alcohol-related violence around licensed premises.²⁶¹

A large proportion of the alcohol consumed in many low- to middle-income societies is produced at home or sold in unlicensed establishments.²⁶² For example, it is estimated that 80–90% of South Africa's liquor outlets are unlicensed. In such settings, increasing the price of alcohol may be less effective than other approaches such as legislation on the legal minimum age for purchase of alcohol, and efforts to regulate liquor outlets.

Reducing access to, and demand for weapons

As described earlier, access to guns and other lethal weapons are a major factor in homicides and serious injuries to children in many communities. Interventions to reduce access to such weapons include bans on certain types of firearms, waiting periods, gun buybacks, rules on licensing and registration, stricter policing of illegal possession and trafficking of guns and rules for storing them safely. In many places, there is a growing recognition of the need to also address the carrying and use of knives.

To date, relatively few interventions to reduce access to lethal weapons have included evaluation components rigorous enough to allow conclusions to be drawn about their impact on homicide rates,²⁶³ or to specifically identify impacts on children. However, examples from Australia and Colombia that have been properly evaluated suggest that reducing access to and demand for lethal weapons can be an effective means of preventing violence by and among children in community setting.^{264,265} The box that follows describes how a combination of interventions to prevent the carrying of firearms in public and to reduce alcohol consumption has helped lower homicide rates in Cali, Colombia.

FIREARMS, ALCOHOL, AND THE PREVENTION OF HOMICIDES IN CALI

The use of evidence-based strategies to reduce situational risk factors is illustrated by the Colombian city of Cali. Between 1985 and 1992, homicide rates in the city increased five-fold to reach levels of 100 per 100,000 people. In response, the city established the Development, Security and Peace Programme (DESEPAZ) in 1992 to implement strategies to prevent violence and improve security among residents.

An important step was to create a joint-agency surveillance system to identify patterns and determinants of homicide in the city. Among other important source of information, the surveillance data showed that males aged 15–19 years had a homicide rate of 250 per 100,000, that 79% of all homicides were committed using firearms, that blood alcohol concentrations in 23% of cases far exceeded the legal limit for drivers, and that homicides were clustered in specific areas of the city, particularly the most impoverished areas. Homicides were more common during weekends, especially those coinciding with bi-weekly pay days.

This information informed the development of DESEPAZ prevention policies and programmes, which had the full support of the municipal Government. Among other initiatives, the mayor restricted the hours during which alcoholic beverages could be sold, and prohibited the carrying of guns in public during high-risk weekends, holidays and election days. Although resource constraints permitted only intermittent application of the full-range of interventions, evaluation showed clear signs of success. Homicide rates fell by 14% when the ban on carrying guns in public was strictly enforced. Between 1994 and 1997, the homicide rates in Cali declined by 30%, from 124 to 86 per 100,000. Furthermore, public opinion in Cali shifted strongly from a passive attitude towards dealing with violence to a vociferous demand for more prevention activities.²⁶⁶

Reducing exposure to violence in the media

Prevention of violence against children through the media will require cooperation at the individual and community levels, but also the development of national strategies. Many contributors to the Study suggested the use of education campaigns for children and parents to inform them about the issues sur-

rounding violence in and through the mass media, and particularly about Internet risks and safe Internet behaviour. Other strategies specifically aimed at the Internet include creation of 'watchdog' organisations which monitor offensive websites, and both regulation and self-regulation of the Internet industry. Better law enforcement measures are also called for, including criminal prosecution of people who

“An evidence-based approach to preventing violence against children is essential for long term success. A priority must therefore be to expand this evidence base by supporting scientific studies that measure the effectiveness of prevention programmes everywhere, but especially in low- and middle-income countries where the problem is greatest.”

Dr Catherine Le Galès-Camus, Assistant Director-General, WHO

7

use the Internet to harm children, monitoring of known offenders once they have been prosecuted, programmes to prevent people becoming offenders, and treatment for offenders.²⁶⁷

CHILDREN'S PARTICIPATION AT ALL LEVELS

Research has shown that silence is the almost universal response of children suffering abuse.²⁶⁸ In such circumstances, special efforts are required to make it possible for them to feel safe to discuss violent incidents. Systems of local Government can play a particularly important role in this regard; whether in the context of centralised systems, decentralisation, or privatisation, they need to include the views of children and young people. A Council of Europe project on the social inclusion of young people found that genuine

youth empowerment was fundamental to developing neighbourhood strategies for violence prevention.²⁶⁹ Creating associations or support groups for specific groups such as children living on the street or survivors of child abuse, with the objective of developing a common identity and solidarity around their own issues, can be an empowering experience. It can be the springboard for taking action on behalf of their own agendas, including the promotion of other child rights, and for undertaking joint activity on behalf of vulnerable peers suffering from domestic abuse, risk of child marriage, discrimination or school exclusion.²⁷⁰

Participation is thus a key principle to be applied in all efforts to prevent and eliminate violence to and by children in the community.

DATA COLLECTION AND RESEARCH

As in all arenas of violence analysed by the Study, there is an urgent need for better data and for further research, particularly in developing countries and regions. Systems need to be put in place in the health and criminal justice sectors to collect and monitor such data, with attention given to the ages and sex of perpetrators and victims. Data sources include death certificates, vital statistics records, medical examiners' reports, hospital records, police and judiciary records, and self-reported information from victim surveys and special studies.

Special priority needs to be given to developing systems for monitoring deaths and serious injuries among children and young people in regions where homicide data are currently lacking. These include Africa, South-East Asia, the



PHILIPPINES, 1997, Children outside the Nayan Kabataan Rehabilitation Centre for street children and victims of child labour and physical abuse in Manila.

“If you want to know how to paint, you consult a painter; if you want to eat, consult a chef; so if you want to know about children’s issues, you have to consult young people.”

Young person, NGO Advisory Panel to the Study, April 2004

CHILDREN AND YOUNG PEOPLE TAKING ACTION

In Europe and Central Asia: UNICEF has been supporting the development of mechanisms for the expression of children’s views, and their participation as a distinct group with their own policy agenda in civil society. In the Republic of Moldova, for examples, Local Youth Councils have been set up to strengthen their capacities and empower young people for conscious participation in community life. In Azerbaijan, youth centres have been established in areas with high concentrations of internally displaced people, and events organised to promote a dialogue among ethnic groups and the wider community.²⁷¹

The Government of Kenya: In the response to its questionnaire submitted to the Study²⁷², the Government reports that the participation of young people in fostering pro-social attitudes has been promoted through the development of the National Youth Service (NYS); through training of young citizens to engage in ‘tasks of national importance’, such as in reception centres for children living on the street. This is one example of a country facilitating the potential of young people to contribute to policy debates and assume a vanguard role in building a secure society. A similar approach has been applied under the UNICEF programme of cooperation in Somalia, where young people participated in training programmes for citizenship and are setting an example in the renunciation of violence.²⁷³

In the Caribbean ‘XChange’– creating a culture of non-violence in the English-speaking Caribbean: This project seeks to create safe and protective environments for children and adolescents in the home, school and community where they can live and reach their full potential. The project covers seven Caribbean countries: Barbados, Belize, Grenada, Guyana, Haiti, Jamaica, and Trinidad and Tobago. UNICEF teamed up with well-known Caribbean entertainer Machel Montano in 2005, to conceptualise the ‘movement’, using entertainment as an entry point for bringing about positive change among young people and adults. The campaign uses music, sports, and various forms of arts to reach and empower adolescents to adopt a positive lifestyle. XChange is a ‘youth-led movement’, and is multilevel, including parenting and building protective environments in homes, providing health and family life education, peace-building and child-friendly school initiatives; building protective communities with adolescents and young people, improving quality and access of service delivery in relevant institutions, policy development and legislative reform, and advocacy and social mobilisation. Young leaders clearly defined the vision they have for the XChange project. The second phase will need to reflect this vision by clarifying the role that XChangers will play within a clear organisational structure spearheading the initiative.²⁷⁴

*“You were not there to protect me as a child and I’ll live with that damage for the rest of my life.
But I vow, as a young person in this society, to put an end to this violence for the next generation.
You can stand by me or you can turn your back.”*

Youth leader, survivor and street involved youth, North America, 2005^{IX}

PRIORITIES IN ACTION: BUILDING A EUROPE FOR AND WITH CHILDREN

The Council of Europe’s programme “Building a Europe for and with Children” (2006-2008) comprises two closely linked strands: the promotion of children’s rights and the action programme “Children and Violence. The programme takes into account the social, legal, educational and health dimensions of violence against children, and pays particular attention to gender perspectives and to vulnerable children.”

In the strand focused on promoting children’s rights, the programme will help States to devise integrated policies and comprehensive legal frameworks, establish the requisite institutions and structures, develop networks, and produce tools and working methods, including involving children and the general public. In 2008, the Council of Europe will be able to offer member States models of national strategies, as well as instruments and methodologies, which include all elements that have proved to be necessary and effective for the protection of children’s rights.

The action programme on “Children and Violence” is designed to assist States to implement their obligations to the human rights instruments of the Council of Europe and the Convention on the Rights of the Child. The programme will ensure appropriate follow-up at pan-European level to the recommendations included in the UN Secretary-General’s Study on Violence against Children²⁷⁵

Middle East, and some parts of the Americas and Western Pacific, especially poorer countries. Studies are also needed to establish the ratio of fatal to non-fatal injuries, classified by the age of attacker, age and sex of the victim²⁷⁶. Without such basic information, it is difficult to map the issue of violence against children and adolescents in the community and develop effective preventive response. Research concerning the interactions between family and community socialisation and exposure to violence, and their full range of effects, is needed for all age groups, as is research into good practice from existing policies, programmes – official and NGO – and laws in areas such as weapons control and victim redress.

RECOMMENDATIONS

Violence prevention as a policy aim, especially by means other than repression and use of the law, needs to be given far more attention. Because the violence-prone adolescent and young adult is often the product of influences which begin early in childhood, it is clear that policies which promote child-friendly communities will need to focus on all stages of a child’s life from infancy and early childhood, via programmes and services directed at families, day care centres, schools and other social institutions which children attend. Not only is this a necessary strategy for fulfilling child rights, but it will have long-term benefits for communities and society at large.

“We believe that governments and civil societies are all individually and collectively responsible and mutually accountable to ensure that every child lives in a world free from violence. We also believe that governments have the primary responsibility and obligation to take concrete and immediate action to end all forms of violence against children, particularly girls.”

The African Declaration on Violence against Girls, 2006^x

The fact that different interventions are effective over different periods of time serves to emphasise the need for policies and funding mechanisms that permit a consistent, stable approach over several years and which address short-, medium- and long-term objectives. Decision-makers should therefore be wary of calls for immediate responses to specific headline-grabbing incidents and instead work to provide lasting support for strategies based on empirical findings.²⁷⁷

The following recommendations for the prevention of community-based violence against and among children are made with reference both to the concerns expressed by participants in the Study and to existing knowledge about the determinants and preventability of such violence.

Prioritise prevention

High-risk individuals and families

- 1. Support efforts to prevent violence in the family and home as a means of preventing violence in the community.** Governments should support efforts to strengthen knowledge and skills within families regarding child development, non-violent discipline and behaviour management options, as well as increasing social safety nets. In the long run this will contribute to the prevention of violence against children in the community (see the recommendations in the chapter on violence against children in the home and family).
- 2. Support programmes that encourage at-risk children to stay in or return to**

school, or to participate in non-formal education programmes. Research indicates that this can be an effective measure to reduce violence in the community.

- 3. Implement programmes that engage responsible and trusted adults in the lives of high-risk children.** Governments should ensure the implementation of approaches such as mentoring programmes that bring children and responsible adults together to learn and benefit from each other. These programmes can protect children from violence in their community, especially for families under stress.
- 4. Promote and support local Government and civil society initiatives to provide safe recreational and citizenship-building opportunities for boys and girls.** Sports leagues, faith-based and cultural organisations, village and neighbourhood committees, women’s groups, and others can provide constructive activities for children who might otherwise engage in high-risk activities. Governments should ensure that the safety of children participating in such activities is safeguarded by measures such as criminal record checks of adults in charge (coaches, group leaders, facilitators, etc.) and formal child protection policies.

Immediate and environmental risk factors in the community

- 5. Reduce demand for and access to alcohol and weapons, such as firearms.** Governments should ensure comprehensive prevention which requires the reduction

of both supply and demand for these two salient risk factors in community violence, including through measures such as pricing and regulation reforms, law enforcement, and public education.

6. **Reduce risk factors in the physical environment.** Governments should ensure that efforts are made in urban rehabilitation initiatives to make public spaces safer through design features such as better lighting. In addition, urban design should include safe public places and routes for children in and between communities.
7. **Train law enforcement agents to work with children, and end impunity of police who abuse the rights of children.** Governments should ensure that police need to be trained about children's rights as well the basics of child development and how to deal with particular groups such as street children or child group members. At the same time supervision of police practices must be improved, while officers who abuse children's rights must be held accountable for their actions.
8. **Increase efforts to both prevent and punish child trafficking.** Governments should ensure that measures range from primary prevention (i.e. changing the conditions that make children vulnerable to trafficking) to vigorous law enforcement action against traffickers. Children who are trafficked or used to traffic drugs and weapons are usually victims themselves of several violations of their rights, and should not be re-victimised as criminals.

They should be carefully assisted to get out of these situations, with a focus on safe and viable alternatives.

Victim services

9. **Provide improved pre-hospital care and emergency medical services.** Improved pre-hospital care and emergency medical can significantly reduce deaths from violence and improve the outcome of victims that suffer non-fatal violent injuries.
10. **Improve access and quality of support services for victims.** The impact of violence can stay with its victims throughout their lifetime. Early access to quality support services can help to mitigate the impact of the event on the victim, including preventing longer term consequences such as becoming a perpetrator of violence.
11. **Provide effective reporting systems for children.** Governments should ensure that effective reporting systems for children are established. They allow children who are victimised to reach trained professionals, who can, if necessary, refer the case to social workers, or health professionals, or law enforcement. In community settings, these may include child helplines as well as formal mechanisms such as community advocates for children.

Societal level

12. **Invest in social, housing and educational programmes that strengthen families and improve linkages and social networks within and between**

different income groups. Governments should analyse the impact of public policies on communities and their children. Local Governments in particular should be encouraged to make violence prevention explicit in urban rehabilitation schemes and rural development programmes. Governments, and their national and international partners, should strive to integrate efforts on violence against children as a key element of sustainable and culturally sensitive poverty reduction programmes.

- 13. Conduct sustained campaigns in society at large to promote social norms that emphasise respect and non-violence and gender equity.** Governments should ensure that initiatives to instil non-violent, non-sexist norms and values are carried out through media campaigns and strong leadership from public figures. Focuses should include eliminating sexual harassment and rape, and providing alternative models of masculinity which do not support violence from men and boys.
- 14. Stop the use of mass media and information technologies, including the Internet and electronic games, in violence against and sexual exploitation of children.** As well as educating children and parents, Governments should work with the industry to devise global standards for child protection, undertake research on protective hardware and software solutions, and fund worldwide education campaigns on safe use of the new technologies. Governments should also pursue law enforcement approaches, including criminalising those

who make, distribute, possess or profit from pornography involving children.

Build information systems

- 15. Implement civil registration universally, including the registration of births, deaths, and marriages.** Governments must ensure free and accessible civil registration free certification, and must remove penalties for late registration. The process must be advocated widely and facilitated and implemented in cooperation with local Government, hospitals, professional and traditional birth attendants, police, religious and community leaders, and other partners in order to ensure universal uptake.
- 16. Establish a national research agenda on preventing and reducing community violence.** Governments should develop and adequately resource research that will improve understanding of the protective and risk factors for community violence, including low-income communities and the cultural context. Such a strategy should go beyond descriptive research, to include evaluations, and more complex research to improve effective implementation at scale. This should dovetail with efforts to create a multi-layered system of data collection, including improved reporting by existing services (police, hospital emergency rooms, mortuaries, schools, local health centres, housing authorities, etc.) and population-based surveys to provide disaggregated information about the geographical location, incident characteristics, and victim and perpetrator characteristics for all reported homicides and non-fatal violent events.

REFERENCES

- 1 See <http://www.unhcr.ch/html/menu2/6/crc/treaties/opsc.htm>.
- 2 Martin F, Parry-Williams J (2005). *The Right Not to Lose Hope*. London, Save the Children UK.
- 3 Batmanghelidj C (2006). *Shattered Lives. Children who Live with Courage and Dignity*. Jessica Kingsley Publishers.
- 4 Wilson M, Daly M (1997). Life Expectancy, Economic Inequality, Homicide, and Reproductive Timing in Chicago Neighbourhoods. *British Medical Journal*, 314: 1271.
- 5 World Vision (2001). *Every Girl Counts. Development, Justice and Gender*. Girl Child Report, Ontario, World Vision.
- 6 UNICEF (2003). *From Perception to Reality: A Study on Child Protection in Somalia*. UNICEF Somalia, Ch. 3.
- 7 WHO (2006). *Global Estimates of Health Consequences Due to Violence against Children*. Background Paper to the UN Secretary-General's Study on Violence against Children. Geneva, World Health Organization.
- 8 WHO (2006). *Global Estimates of Health Consequences Due to Violence against Children*. Background Paper to the UN Secretary-General's Study on Violence against Children. Geneva, World Health Organization.
- 9 Gawryszewski VP, Costa LS (2005). Social Inequality and Homicide Rates in Sao Paulo City, Brazil. *Rev Saude Publica*, 39(2): 191–197.
- 10 Cardona M et al. (2005). Homicides in Medellin, Colombia, from 1990 to 2002: Victims, Motives and Circumstances. *Rev Saude Publica*, 21(3):840–851.
- 11 Lemard G, Hemenway D (2006). Violence in Jamaica: An Analysis of Homicides 1998–2002. *Injury Prevention*, 12(1): 15–18.
- 12 Chervyakov VV et al. (2002). The Changing Nature of Murder in Russia. *Social Science & Medicine*, 55: 1713–1724.
- 13 Groenewald P et al. (2001). *Cape Town Mortality, 2001. Part I: Cause of Death and Premature Mortality*. Cape Town, City of Cape Town, South African Medical Research Council, University of Cape Town.
- 14 Shaw M et al. (2005). Increasing Inequalities in Risk of Murder in Britain: Trends in the Demographic and Spatial Distribution of Murder, 1981–2000. *Health & Place*, 11: 45–54.
- 15 Groenewald P et al. (2001). *Cape Town Mortality, 2001. Part I: Cause of Death and Premature Mortality*. Cape Town, City of Cape Town, South African Medical Research Council, University of Cape Town.
- 16 Batalis NI, Collins KA (2005). Adolescent Death: A 15-Year Retrospective Review. *Journal of Forensic Science*, 50(6): 1444–1449.
- 17 Lemard G, Hemenway D (2006). Violence in Jamaica: An Analysis of Homicides 1998–2002. *Injury Prevention*, 12(1): 15–18.
- 18 Miller TR et al. (2001). Costs of Juvenile Violence: Policy Implications. *Pediatrics*, 107: 3–10.
- 19 South African Police Service (2003). *Annual Report of the National Commissioner of the South African Police Service, 1 April 2002 to 31 March 2003*. Pretoria, South African Police Service.
- 20 Bradshaw D, Renaud P (2006). South African Medical Research Council. Personal Communication, June 2006.
- 21 Franco S (2003). A Social-Medical Approach to Violence in Columbia. *American Journal of Public Health*, 93: 2032–2036.
- 22 Garbarino J et al. (1992). *Children in Danger: Coping with the Effects of Community Violence*. San Francisco, Jossey-Bass.
- 23 Kliewer W et al. (1998). The Role of Social and Cognitive Processes in Children's Adjustment to Community Violence. *Journal of Consulting and Clinical Psychology*, 63: 579–584.
- 24 Richters JE, Martinez P (1993). The NIMH Community Violence Project: I. Children as Victims of and Witnesses to Violence. *Psychiatry*, 56(1): 7–21.

- 25 Miller LS et al. (1999). Witnessed Community Violence and Antisocial Behaviour in High-risk, Urban Boys. *Journal of Clinical Child Psychology*, 28(1): 2–11.
- 26 Kliewer W et al. (2001). Exposure to Violence against a Family Member and Internalising Symptoms in Colombian Adolescents: The Protective Effects of Family Support. *Journal of Consulting and Clinical Psychology*, 69 (6): 971–982.
- 27 Meeks-Gardner J et al. (2003). Perceptions and Experiences of Violence Among Secondary School Students in Urban Jamaica. *Pan-American Journal of Public Health*, 14(2): 97–103.
- 28 Mercy J et al. (2002). Youth Violence. In: Krug EG et al. (Eds). *World Report on Violence and Health*. Geneva, World Health Organization, pp 25–56.
- 29 Odero WO, Kibosia JC (1995). Incidence and Characteristics of Injuries in Eldoret, Kenya. *Injury Prevention*, 1: 26–30.
- 30 Mansingh A, Ramphal P (1993). The Nature of Interpersonal Violence in Jamaica and Its Strain on the National Health System. *West Indian Medical Journal*, 42: 53–56.
- 31 Engeland A, Kopjar B (2000). Injuries Connected to Violence: An Analysis of Data from the Injury Registry. *Tidsskrift for den Norske Laegeforening*, 120: 714–717.
- 32 Cheng TL et al. (2002). Assault-injured Adolescents Presenting to the Emergency Department: Causes and Circumstances. *Public Health*, 116(1): 15–21.
- 33 Howe A, Crilly M (2000). Violence in the Community: A Health Service View from a UK Accident and Emergency Department. 7(1): 45–49.
- 34 Yacoub S et al. (2006). Violence-related Injuries, Deaths and Disabilities in the Capital of Honduras. *Injury*, 37(5): 428–434.
- 35 Zohoori N et al. (2002). Non-fatal Violence-related Injuries in Kingston, Jamaica: A Preventable Drain on Resources. *Injury Control Safety Promotion*, 9(4): 255–262.
- 36 Mercy J et al. (2002). Youth Violence. In: Krug EG et al. (Eds). *World Report on Violence and Health*. Geneva, World Health Organization, pp 25–56.
- 37 Straus M (2004). Prevalence of Violence against Dating Partners by Male and Female University Students Worldwide. *Violence against Women*, 10(7): 790–811.
- 38 Analysis provided to the Study by the Global School-Based Student Health Survey: The World Health Organization (<http://www.who.int/chp/gshs> or <http://www.cdc.gov/gshs>) for surveys conducted in 2003–5 for Botswana, Chile (metropolitan area), China (Beijing), Guyana, Jordan, Kenya, Lebanon, Namibia, Oman, Philippines, Swaziland, Uganda, UAE, Venezuela (Lara), Zambia and Zimbabwe (Harare).
- 39 Halpern CT et al. (2001). Partner Violence Among Adolescents in Opposite-sex Romantic Relationships: Findings from the National Longitudinal Study of Adolescent Health. *American Journal of Public Health*, 91(10): 1679–1685.
- 40 Straus M (2004). Prevalence of Violence against Dating Partners by Male and Female University Students Worldwide. *Violence against Women*, 10(7): 790–811.
- 41 Mercy J et al. (2002). Youth Violence. In: Krug EG et al. (Eds). *World Report on Violence and Health*. Geneva, World Health Organization, pp 25–56.
- 42 Abma J et al. (1998). Young Women's Degree of Control over First Intercourse: An Exploratory Analysis. *Family Planning Perspective*, 30(1):12–18.
- 43 Dickson N et al. (1998). First Sexual Intercourse: Age, Coercion, and Later Regrets Reported by a Birth Cohort. *British Medical Journal*, 316:29–33.
- 44 Koenig MA et al. (2004). Coerced First Intercourse and Reproductive Health Among Adolescent Women in Rakai, Uganda. *International Family Planning Perspectives*, 30(4): 156–163.
- 45 Erulkar A (2004). The Experiences of Sexual Coercion among Young People in Kenya. *International Family Planning Perspectives*, 30(4): 182–189.
- 46 WHO (2005). *Multi-Country Study on Women's Health and Domestic Violence*. Geneva, World Health Organization.
- 47 Straus M (2004). Prevalence of Violence against Dating Partners by Male and Female University Students Worldwide. *Violence against Women*, 10(7): 790–811.

- 48 Erulkar A (2004). The Experiences of Sexual Coercion among Young People in Kenya. *International Family Planning Perspectives*, 30(4): 182–189.
- 49 Allen DR et al. (2003). Sexual Health Risks among Young Thai Women: Implications for HIV/STD Prevention and Contraception. *AIDS and Behavior*, 7(1): 9–21.
- 50 de Visser RO et al. (2003). Sex in Australia: Experiences of Sexual Coercion Among a Representative Sample of Adults. *Australian & New Zealand Journal of Public Health*, 27(2): 198–203.
- 51 Wong WC et al. (2004). Correlates of Sexual Behaviours with Health Status and Health Perception in Chinese Adolescents: A Cross-sectional Survey in Schools. *AIDS Patient Care and STDs*, 18(8):470–480.
- 52 Erulkar A (2004). The Experiences of Sexual Coercion among Young People in Kenya. *International Family Planning Perspectives*, 30(4): 182–189.
- 53 Slap GB et al. (2003). Sexual Behaviour of Adolescents in Nigeria: Cross-sectional Survey of Secondary School Students. *British Medical Journal*, 326(7379): 15.
- 54 Allen DR et al. (2003). Sexual Health Risks among Young Thai Women: Implications for HIV/STD Prevention and Contraception. *AIDS and Behavior*, 7(1): 9–21.
- 55 Eaton DK (2005). Youth risk behavior surveillance – United States, 2005. *MMWR Surveill Summ*. 55(5):1–108.
- 56 Save the Children Alliance (2005). *10 Essential Learning Points: Listen and Speak Out against Sexual Abuse of Girls and Boys*. Global Submission by the International Save the Children Alliance to the UN Secretary-General’s Study on Violence against Children. Oslo, Save the Children Norway.
- 57 Jewkes R et al. (2002). Rape of Girls in South Africa. *Lancet*, 359: 319–320.
- 58 Tang CS (2002). Childhood Experience of Sexual Abuse among Hong Kong Chinese College Students. *Child Abuse & Neglect*, 26(1): 23–37.
- 59 Csorba R et al. (2005). Characteristics of Female Child Sexual Abuse in Hungary Between 1986 and 2001: A Longitudinal, Prospective Study. *Eur J Obstet Gynecol Reprod Biol*, 120(2): 217–221.
- 60 Ennew J (1994). *Street and Working Children: A Guide to Planning*. London, Save the Children.
- 61 UNICEF (1997). *State of the World’s Children*. New York, Oxford University Press.
- 62 Human Rights Watch (1997). *Juvenile Injustice – Police Abuse and Detention of Street Children in Kenya*. New York, Human Rights Watch.
- 63 United Nations Secretary-General’s Study on Violence against Children (2005). *Regional Desk Review: East Asia and the Pacific*. Available at: <http://www.violencestudy.org/r27>.
- 64 Irwanto P et al. (1999). *Situation of Street Children in 12 Cities in Indonesia*. Monograph Report for the Asian Development Bank, TA No. 3043 INO.
- 65 ILO/IPEC (2006). *Children Working in the Streets*, Factsheet. International Programme on the Elimination of Child Labour, International Labour Organization. Available at: http://www.ilo.org/public/english/standards/ipecc/publ/download/factsheets/fs_streetchildren_0303.pdf.
- 66 Wernham M (2004). *An Outside Chance: Street Children and Juvenile Justice – An International Perspective*. London, Consortium for Street Children.
- 67 Presentation by Bernardo Mondragon, Kabataan, Davao City. Cited in: United Nations Secretary-General’s Study on Violence against Children (2005). *Regional Consultation Outcome Report: East Asia and the Pacific*. Available at: <http://www.violencestudy.org/r27>.
- 68 Amnesty International (2005). *Haiti Disarmament Delayed, Justice Denied*. AI Index: AMR 36/005/2005. London, Amnesty International.
- 69 OMCT (2004). *Colombia: Murders and Criminal Organisation of Children and Girls, Teenagers and Young Men and Women in Sector of Bogota*. Caso COL271004. CC, Derechos del Niño. Geneva, World Organisation against Torture.
- 70 Jabeen et al. (2002). *Children Working as Newspapers Hawkers: A Study of Lost/Kidnapped/Runaway Children. The Situation Analysis of Street Children in Lahore*. Department of Social Work–University of Punjab. Submission to the United Nations Secretary-General’s Study on Violence against Children.

- 71 Save the Children Alliance (2005). *10 Essential Learning Points: Listen and Speak Out against Sexual Abuse of Girls and Boys*. Global Submission by the International Save the Children Alliance to the UN Secretary-General's Study on Violence against children. Oslo, Save the Children Norway.
- 72 UNICEF (2003). *Africa's Orphaned Generations*. New York, UNICEF.
- 73 Moletsane R (2003). Another Lost Generation? The Impact of HIV/AIDS on Schooling in South Africa. *The International Journal on School Disaffection*, Trentham Books.
- 74 UNICEF (2005). *Violence against Children in West and Central Africa. A Concise Appraisal*. UNICEF West and Central Africa Regional Office.
- 75 Human Rights Watch (1995). *Violence against Children Accused of Witchcraft in the Democratic Republic of Congo*. New York, Human Rights Watch.
- 76 All responses are available at: <http://www.ohchr.org/english/bodies/crc/study.htm>. As of 20 September 2006, 135 Member States and one observer had submitted responses.
- 77 United Nations Secretary-General's Study on Violence against Children (2005). *Violence in the Community. Regional Desk Review: Europe and Central Asia*. Available at: <http://www.violencestudy.org/r27>.
- 78 Human Rights Watch (2001). *Easy Targets: Violence against Children Worldwide*. New York, Human Rights Watch.
- 79 All responses are available at: <http://www.ohchr.org/english/bodies/crc/study.htm>. As of 20 September 2006, 135 Member States and one observer had submitted responses.
- 80 *59 Youths Murdered in Honduran Jails During Maduro Administration*, 7 April 2004. Available at: <http://www.coav.org.br>. Cited in: Dowdney LT (2005). *Neither War Nor Peace*. Rio de Janeiro, Viva Rio / ISER, 7 Letras.
- 81 *Victims of Police Violence in Brazil Tend to be Afro-Brazilian Males Between 15 and 19, Says Asma Jahangir*, 21 April 2004. Available at: www.coav.org.br. Cited in: Dowdney LT (2005). *Neither War Nor Peace*. Rio de Janeiro, Viva Rio / ISER, 7 Letras.
- 82 David P (2005). *Human Rights in Youth Sport: A Critical Review of Children's Rights in Competitive Sport*. London, Routledge.
- 83 See e.g. Amnesty International (2001). *Crimes of Hate, Conspiracy of Silence*. London, Amnesty International.
- 84 Human Rights Watch (2002). *Human Rights Watch World Report*. New York, Human Rights Watch
- 85 Human Rights Watch (2001). *Hated in the Hallways – Violence and Discrimination against Lesbian, Gay, Bisexuals and Transgender Students in US Schools*. New York, Human Rights Watch.
- 86 See e.g. Human Rights Watch (2005). *Darfur: Women Raped Even After Seeking Refuge; Donors Must Increase Support to Victims of Sexual Violence*. Human Rights Watch, Press Release. Available at: <http://hrw.org/english/docs/2005/04/11/sudan10467.htm>.
- 87 Amnesty International (2004). *Lives Blown Apart: Crimes against Women in Times of Conflict*. London, Amnesty International Publications.
- 88 Okot AC et al. (2005). *Suffering in Silence: A Study of Sexual and Gender-based Violence (SGBV) In Pabbo Camp, Gulu District, Northern Uganda*. UNICEF, District Sub-Working Group on SGBV.
- 89 Gardner J, El Bushra J (2004). *Somalia, the Untold Story: The War Through the Eyes of Somali Women*. London, CIIR/Pluto Press.
- 90 Ward J (2002). *If Not Now, When? Addressing Gender-based Violence in Refugee, Internally Displaced, and Post-Conflict Settings*. The Reproductive Health for Refugees Consortium.
- 91 Mabuwa R (2000). *Seeking Protection: Addressing Sexual and Domestic Violence in Tanzania's Refugee Camps*. New York, Human Rights Watch.
- 92 da Costa R (2006). *The Administration of Justice in Refugee Camps: A Study of Practice*. UNHCR Legal and Protection Policy Research Series, Department of International Protection.
- 93 da Costa R (2006). *The Administration of Justice in Refugee Camps: A Study of Practice*. UNHCR Legal and Protection Policy Research Series, Department of International Protection.

- 94 Save the Children UK (2006). *From Camp to Community: Liberia Study on Exploitation of Children*. Monrovia, Save the Children Fund.
- 95 United Nations Secretary-General's Study on Violence against Children (2006). *Summary Report of the Thematic Consultation on Violence against Refugee and Other Displaced Children*. 25 April 2006, Geneva. Available at: <http://www.violencestudy.org/r180>.
- 96 UNHCR (2005). *Refugee and Returnee Children in Southern Africa: Perceptions and Experiences of Violence – A Qualitative Study of Refugees and Returnee Children in UNHCR Operations in Angola, South Africa and Zambia*. Pretoria, UNHCR.
- 97 Smith HE, Akinsulure-Smith AM (2004). A Global Perspective on Youth Outreach. In: Clauss-Ehlers CS, Weist MD (Eds). *Community Planning to Foster Resilience in Children*. New York, Kluwer Academic/Plenum Publishers.
- 98 ILO (2002). *A Future Without Child Labour*. Geneva, International Labour Organization.
- 99 UNICEF (2005). *Trafficking in Human Beings, Especially Women and Children in Africa. Innocenti Insight*, 2nd Edition. Florence, Innocenti Research Centre.
- 100 The Protection Project of Johns Hopkins University School of Advanced International Studies (2002). *Trafficking in Persons, Especially Women and Children in the Countries of the Americas*. Cited in: Plaza P (2003). *Stop the Traffic!* London, UNICEF National Committee.
- 101 UNICEF (undated). *Children on the Edge, Protecting Children from Sexual Exploitation and Trafficking in East Asia and the Pacific*. Bangkok, UNICEF East Asia and Pacific Regional Office.
- 102 Kane J (2005). *Child Trafficking: The People Involved*. International Programme on the Elimination of Child Labour, International Labour Organization.
- 103 UNICEF (2005). *Trafficking for Sexual Exploitation and Other Exploitative Practices*. Florence, UNICEF Innocenti Research Centre.
- 104 Boonpala P, Kane J (2002). *Unbearable to the Human Heart: Child Trafficking and Action to Eliminate It*. Geneva, International Programme on the Elimination of Child Labour, International Labour Organization.
- 105 Dottridge M (2004). *Kids as Commodities: Child Trafficking and What to Do About It*. International Federation of Terre des Hommes.
- 106 Laurance EJ (2005). Small Arms Research: Where We Are and Where We Need to Go. *The HFG Review*, pp 3–9.
- 107 WHO (2001). *Small Arms and Global Health*. Geneva, World Health Organization.
- 108 Peres MFT (2004). *Firearm-related Violence in Brazil – Country Report*. São Paulo, Centre for the Study of Violence, University of São Paulo.
- 109 WHO (2006). *Global Estimates of Health Consequences Due to Violence against Children*. Background Paper to the UN Secretary-General's Study on Violence against Children. Geneva, World Health Organization.
- 110 Room R et al. (2003). *Alcohol in Developing Societies: A Public Health Approach*. Helsinki, Finnish Foundation for Alcohol Studies and Geneva, World Health Organization.
- 111 WHO (2006). *Youth Violence and Alcohol*, Factsheet. Geneva, World Health Organization. Available at: http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/fs_youth.pdf.
- 112 Currie C et al. (2004). *Health Behaviour in School-Aged Children (HBSC) Study: International Report from the 2001/2002 Survey*. Health Policy for Children and Adolescents, No 4. Geneva, World Health Organization.
- 113 Mattila VM et al. (2005). Occurrence of Violence and Violence-related Injuries Among 12–18-year-old Finns. *Scandinavian Journal of Public Health*, 33: 307–313.
- 114 Raymundo CM, Cruz GT (2004). *Dangerous Connections: Substance Abuse, Violence and Sex Among Filipino Adolescents*. Paper presented at the 7th International Conference on Philippine Studies, 16–19 June 2004, the Netherlands. Available at: <http://yafs.com/papers.asp>.

- 115 Ohene S et al. (2005). The Clustering of Risk Behaviours among Caribbean youth. *Maternal and Child Health Journal*, 9: 91–100.
- 116 Mattila VM et al. (2005). Occurrence of Violence and Violence-related Injuries Among 12–18-year-old Finns. *Scandinavian Journal of Public Health*, 33: 307–313.
- 117 Budd T (2003). *Alcohol-related Assault: Findings from the British Crime Survey*. Home Office online report 35/03. London, Home Office.
- 118 Australian Institute of Criminology (2000). Alcohol-related Assault: Time and Place. *Trends and Issues in Crime and Criminal Justice*, No. 169. Canberra, Australian Institute of Criminology.
- 119 Human Rights Watch (2005). *Darfur: Women Raped Even After Seeking Refuge; Donors Must Increase Support to Victims of Sexual Violence*. Press Release. New York, Human Rights Watch.
- 120 Amnesty International (2004). *Lives Blown Apart: Crimes against Women in Times of Conflict*. London, Amnesty International Publications.
- 121 Okot AC et al. (2005). *Suffering in Silence: A Study of Sexual and Gender-based Violence (SGBV) in Pabbo Camp, Gulu District, Northern Uganda*. New York, UNICEF.
- 122 Gardner J, El Bushra J (2004). *Somalia, the Untold Story: The War Through the Eyes of Somali Women*. London, CIIR/Pluto Press.
- 123 Brantingham PL, Brantingham PJ (1991). *Environmental Criminology*. Prospect Heights, Waveland Press. Cited in: Yuen B (2004). Safety and Dwelling in Singapore. *Cities*, 21(1): 19–28.
- 124 Leventhal T, Brooks-Gunn J (2000). The Neighborhoods They Live in: The Effects of Neighborhood Residence on Child and Adolescent Outcomes. *Psychology Bulletin*, 126(2): 309–37.
- 125 Diez Roux AV et al. (2001). Neighborhood of Residence and Incidence of Coronary Heart Disease. *New England Journal of Medicine*, 345(2): 99–106.
- 126 Massey DS, Denton NA (1993). *American Apartheid: Segregation and the Making of the Underclass*. Cambridge, MA, Harvard University Press. Cited in: MMWR (2002). Community Interventions to Promote Healthy Social Environments: Early Childhood Development and Family Housing. A Report on Recommendations of the Task Force on Community Preventive Services. *MMWR*, 55 (No RR-1).
- 127 Bartlett S (2002). Urban Children and the Physical Environment. Paper presented at the Conference, 'Learning from International Experiences, Creating Local Solutions', 11–13 December, 2002, Amman, Jordan.
- 128 Centre for Housing Rights and Evictions (COHRE) (2005). *COHRE Submission to the UN Secretary-General's Study on Violence against Children*. Geneva, COHRE.
- 129 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: East Asia and the Pacific*. Available at: <http://www.violencestudy.org/r27>.
- 130 Martin F, Parry-Williams J (2005). *The Right Not to Lose Hope*. London, Save the Children UK.
- 131 UNICEF (2003). *Finding Our Voices, Gendered and Sexual Identities and HIV/AIDS in Education*. Nairobi, UNICEF Eastern and Southern Africa Regional Office.
- 132 Alder C, Worrall A (2004). *Girls' Violence: Myths and Realities*. Albany, State University of New York Press.
- 133 Katz SR (1996). Where Streets Cross the Classroom: A Study of Latino Students' Perspectives on Cultural Identity in City Schools and Neighbourhood Gangs. *The Bilingual Research Journal*, 20(3/4): 603–631.
- 134 Dowdney LT (2005). *Neither War Nor Peace*. Rio de Janeiro, Viva Rio / ISER, 7 Letras.
- 135 Dowdney LT (2003). *Children of the Drug Trade: A Case Study of Organised Armed Violence in Rio de Janeiro*. Rio de Janeiro, Viva Rio / ISER, 7 Letras.
- 136 Dowdney LT (2005). *Neither War Nor Peace*. Rio de Janeiro, Viva Rio / ISER, 7 Letras.
- 137 Dowdney LT (2005). *Neither War Nor Peace*. Rio de Janeiro, Viva Rio / ISER, 7 Letras.

- 138 Briseño RL, Zubillaga V (2002). Violence and Globalisation in Latin America. *Current Sociology*, 50(1): 19–37.
- 139 USAID (2006). *Central American and Mexico Gang Assessment*. Washington DC, USAID Bureau for Latin American and Caribbean Affairs, Office of Regional Sustainable Development.
- 140 For example, El Salvador was asked by the Committee on the Rights of the Child to abrogate its second Anti-Gang Law and to apply the Juvenile Offenders Act as the only legal instrument in the area of juvenile justice (CRC/C/15/Add.232).
- 141 Red para la Infancia y la Adolescencia de El Salvador (2004). *Informe Ejecutivo de la RIA de El Salvador en el Marco de Reunión con la Comisión Interamericana de Derechos Humanos, Sobre el Tema de Pandillas o Maras*. El Salvador, Red para la Infancia y la Adolescencia de El Salvador.
- 142 Casa Alianza Honduras (2006). *Informe de Ejecuciones y Muertes Violentas de Niños, Niñas y Jovenes Durante la Administración del Presidente Ricardo Maduro – Enero 2002 – Enero 2006*. Honduras, Casa Alianza Honduras.
- 143 USAID (2006). *Central American and Mexico Gang Assessment*. Washington DC, USAID Bureau for Latin American and Caribbean Affairs, Office of Regional Sustainable Development.
- 144 Arana A (2005). How the Street Gangs Took Central America. *Foreign Affairs*, May/June 2005. Council on Foreign Relations.
- 145 United Nations Secretary-General's Study on Violence against Children (2005). *Desk Review: South Asia*. Available at: <http://www.violencestudy.org/r27>.
- 146 Human Rights Watch (2003). *Uganda – Abducted and Abused: Renewed Conflict in Northern Uganda*. New York, Human Rights Watch.
- 147 Palestinian Central Bureau of Statistics (PCBS) (2005). Palestinian Children – Issues and Statistics. *Child Statistics Series*, No. 8. Palestinian Central Bureau of Statistics (PCBS).
- 148 Arafat C (2003). *Psychosocial Assessment of Palestinian Children*. The Secretariat for the National Plan of Action for Palestinian Children.
- 149 Palestinian Central Bureau of Statistics (PCBS) (2004). *Child Psychosocial Health Survey*. Palestinian Central Bureau of Statistics (PCBS).
- 150 Palestinian Central Bureau of Statistics (PCBS) (2004). *Child Psychosocial Health Survey*. Palestinian Central Bureau of Statistics (PCBS).
- 151 Arafat C (2003). *Psychosocial Assessment of Palestinian Children*. The Secretariat for the National Plan of Action for Palestinian Children.
- 152 Arafat C (2003). *Psychosocial Assessment of Palestinian Children*. The Secretariat for the National Plan of Action for Palestinian Children.
- 153 Haj-Yahia MM, Abdo-Kaloti R (2003). The Rates and Correlates of the Exposure of Palestinian Adolescents to Family Violence: Toward an Integrative-Holistic Approach. *Child Abuse & Neglect*, 27(7): 781–806.
- 154 Arafat C (2003). *Psychosocial Assessment of Palestinian Children*. The Secretariat for the National Plan of Action for Palestinian Children.
- 155 Save the Children (2004). *Living Behind Barriers – Palestinian Children Speak Out*. Save the Children UK and Save the Children Sweden.
- 156 UNICEF (2003). *The UNICEF Child-friendly Cities Project. Promoting Better Planning, Services, Opportunities and Protection for Children Living in Urban Areas*. The Child-friendly Cities Database, UNICEF Occupied Palestinian Territories.
- 157 Riggio E (2002). Child-Friendly Cities: Good Governance and the Best Interests of the Child. *Environment and Urbanization*, 14(2).
- 158 Jordan S (2000). *Adolescent Violence in Cities from a Public Health Perspective*. Lage, Verlag Hangs Jacobs.
- 159 UNICEF (2002). *Poverty and Exclusion Among Urban Children*. Florence, UNICEF Innocenti Research Centre.
- 160 Bartlett S et al. (1999). *Cities for Children, Children's Rights, Poverty and Urban Management*. UNICEF/ Earthscan.
- 161 The World Bank (2001). *Attacking Poverty*. World Development Report 2000–20001, Washington DC, The World Bank.

- 162 Butchart A, Engström K (2002). Sex- and Age-specific Relations Between Economic Development, Economic Inequality and Homicide Rates in People Aged 0–24 Years: A Cross-sectional Analysis. *Bulletin of the World Health Organization*, 80(10): 797–805.
- 163 Mercy J et al. (2002). Youth Violence. In: Krug EG et al. (Eds). *World Report on Violence and Health*. Geneva, World Health Organization, pp 25–56.
- 164 Kaufman NH, Rizzini I (Eds) (2002). *Globalization and Children: Exploring Potentials for Enhancing Opportunities in the Lives of Children and Youth*. New York, Kluwer Academic/Plenum Publishers.
- 165 Narayan D et al. (2000). *Voices of the Poor: Crying Out for Change*. New York, Published for The World Bank, Oxford University Press.
- 166 Lynch M (2003). Consequences of Children's Violence Exposure to Community Violence. *Clinical Child and Family Psychology Review*, 6(4): 265–274.
- 167 Cardia N et al. (2002). Homicide Rates and Human Rights Violations in São Paulo, Brazil: 1990 to 2000. *Health and Human Rights*, 6(2): 14–33.
- 168 Jordan S (2000). *Adolescent Violence in Cities from a Public Health Perspective*. Lage, Verlag Hangs Jacobs
- 169 International Centre for Missing & Exploited Children (2006). *Child Pornography: Model Legislation and Global Review*. International Centre for Missing & Exploited Children.
- 170 International Save the Children Alliance (2004). *Mapping Save the Children's Response to Violence against Children in South Asia Region*. Kathmandu, Save the Children Sweden.
- 171 ECPAT (2005). *Violence against Children in Cyberspace*. A Contribution to the United Nations Study on Violence against Children. Bangkok, ECPAT International.
- 172 Microsoft (2006). *MSN Cyberbullying Report – Blogging, Instant Messaging and E-mail Bullying Amongst Today's Teens*. Microsoft UK.
- 173 Presentation to the Working Group by Dr Ethel Quayle, Department of Applied Psychology, University College Cork, Ireland, and Project Director, COPINE Project. Cited in: United Nations Secretary-General's Study on Violence against Children (2005). *Regional Consultation Outcome Report: East Asia and the Pacific*. Available at: <http://www.violencestudy.org/r27>.
- 174 ECPAT (2005). *Violence against Children in Cyberspace*. A Contribution to the United Nations Study on Violence against Children. Bangkok, ECPAT International.
- 175 Carlsson U (2001). Research, Information and Sensitising the Public. In: Arnaldo CA (Ed). *Child Abuse on the Internet: Ending the Silence*. Paris, Berghahn Books/UNESCO.
- 176 Collins J, Rau B (2000). *Aids in the Context of Development*. UNRISD Programme on Social Development, Paper No. 4, Geneva, UNRISD/UNAIDS. Cited in: Commission for Social Development (2004). *A Fair Globalisation: Creating Opportunities for All*. Geneva, International Labour Organization.
- 177 Browne K, Hamilton-Giachritsis C (2005). The Influence of Violent Media on Children and Adolescents: A Public-health Approach. *Lancet*, 365: 702–710.
- 178 ECPAT (2006). *The Changing Face of Child Sex Tourism*. Bangkok, ECPAT.
- 179 National Council for Childhood and Motherhood (NCCM) (2006). *Report of the Middle East and North Africa (MENA) Regional Consultation on Violence against Children Follow-up Consultation*, 25–28 March 2006. Egypt, NCCM.
- 180 World Summit on Information Society (WSIS) (2005). *Tunis Agenda for the Information Society*. Tunis, World Summit on Information Society.
- 181 Presentation to the Working Group by Dr Ethel Quayle, Department of Applied Psychology, University College Cork, Ireland, and Project Director, COPINE Project. Cited in: United Nations Secretary-General's Study on Violence against Children (2005). *Regional Consultation Outcome Report: East Asia and the Pacific*. Available at: <http://www.violencestudy.org/r27>.
- 182 Clauss-Ehlers CS, Weist MD (2004). Advancing Community Involvement and Planning to Promote Resilience in Youth from Diverse Communities. In: Clauss-Ehlers CS, Weist MD (Eds). *Community Planning to Foster Resilience in Children*. New York, Kluwer Academic/Plenum Publishers.

- 183 Tolan P (2001). Youth Violence and Its Prevention in the United States: An Overview of Current Knowledge. *Injury Control and Safety Promotion*, 8(1): 1–12.
- 184 Tolan P (2001). Youth Violence and Its Prevention in the United States: An Overview of Current Knowledge. *Injury Control and Safety Promotion*, 8(1): 1–12.
- 185 Yoshikawa H (1995). Long-term Effects of Early Childhood Programmes on Social Outcomes and Delinquency. *The Future of Children*, 5: 51–75.
- 186 Lipsey MW, Wilson DB (1998). Effective Interventions for Serious Juvenile Offenders: A Synthesis of Research. In: Loeber R, Farrington DP (Eds). *Serious and Violent Juvenile Offenders: Risk Factors and Successful Interventions*. Thousand Oaks, Sage Publications, pp 313–345.
- 187 Greenwood PW et al. (1996). Diverting Children from a Life of Crime: Measuring Costs and Benefits. Santa Monica, CA, The Rand Corporation.
- 188 Fass SM, Pi CR (2002). Getting Tough on Juvenile Crime: An Analysis of Costs and Benefits. *Journal of Research in Crime and Delinquency*, 39: 363–399.
- 189 Blum R, Ireland M (2004). Reducing Risk, Increasing Protective Factors: Findings from the Caribbean Youth Health Survey. *Journal of Adolescent Health*, 35: 493–500.
- 190 Yoshikawa H (1995). Long-term Effects of Early Childhood Programmes on Social Outcomes and Delinquency. *The Future of Children*, 5: 51–75.
- 191 Berrueta-Clement JR et al. (1984). *Changed Lives: The Effects of the Perry Preschool Program on Youth Through Age 19*. Ypsilanti, High/Scope Press.
- 192 Johnson DL, Walker T (1987). Primary Prevention of Behaviour Problems in Mexican-American Children. *American Journal of Community Psychology*, 15: 375–385.
- 193 Schweinhart LJ et al. (1993). *Significant Benefits: The High/Scope Perry Preschool Project Study Through Age 27*. Ypsilanti, High/Scope Press.
- 194 Berrueta-Clement JR et al. (1984). *Changed Lives: The Effects of the Perry Preschool Program on Youth Through Age 19*. Ypsilanti, High/Scope Press.
- 195 Johnson DL, Walker T (1987). Primary Prevention of Behaviour Problems in Mexican-American Children. *American Journal of Community Psychology*, 15: 375–385.
- 196 Schweinhart LJ et al. (1993). *Significant Benefits: The High/Scope Perry Preschool Project Study Through Age 27*. Ypsilanti, High/Scope Press.
- 197 Black M (2003). *Good Practice in Working Children's Participation: A Case Study from CWOP, Maharashtra India*. Prepared for the Save the Children Alliance Task Group on Children and Work. London, Save the Children UK.
- 198 Smith HE, Akinsulure-Smith AM (2004). A Global Perspective on Youth Outreach. In: Clauss-Ehlers CS, Weist MD (Eds). *Community Planning to Foster Resilience in Children*. New York, Kluwer Academic/Plenum Publishers.
- 199 Grossman JB, Garry EM (1997). *Mentoring a Proven Delinquency Strategy*. Washington DC, United States Department of Justice, Office of Justice Programs.
- 200 Boothby N et al. (2006) Mozambique Child Soldier Life Outcome Study: Lessons Learned in Rehabilitation and Reintegration Efforts. *Global Public Health*, 1(1): 87–107.
- 201 Fraser MW et al. (1999). Risk, Protection, and Resilience: Toward a Conceptual Framework for Social Work Practice. *Social Work Research*, 23(3): 131–143.
- 202 Stewart D, Sun J (2004). How Can We Build Resilience in Primary School-aged Children? The Importance of Social Support from Adults and Peers in Family, School and Community Settings. *Asia Pacific Journal of Public Health*, 16 (Suppl.): S37–S41.
- 203 Smith HE, Akinsulure-Smith AM (2004). A Global Perspective on Youth Outreach. In: Clauss-Ehlers CS, Weist MD (Eds). *Community Planning to Foster Resilience in Children*. New York, Kluwer Academic/Plenum Publishers.
- 204 Melendez MC, Tomlinson-Clarke S (2004). Home, School and Community. Catalysts to Resilience. In: Clauss-Ehlers CS, Weist MD (Eds). *Community Planning to Foster Resilience in Children*. New York, Kluwer Academic Publishers.
- 205 Brackenridge C (2006). *Abuse and Violence to Children in Sport – International Overview*. Submission to the UN Secretary-General's Study on Violence against Children.

- 206 Hawkins JD et al. (1992). The Seattle Social Development Project: Effects of the First Four Years on Protective Factors and Problem Behaviors. In: McCord J, Tremblay RE (Eds). *Preventing Antisocial Behavior: Interventions From Birth Through Adolescence*. New York, The Guilford Press, pp 139–161.
- 207 Farrell AD, Meyer AL (1997). The Effectiveness of a School-based Curriculum for Reducing Violence Among Urban Sixth-grade Students. *American Journal of Public Health*, 87: 979–988.
- 208 Grossman DC et al. (1997). Effectiveness of a Violence Prevention Curriculum Among Children in Elementary School: A Randomized Controlled Trial. *Journal of the American Medical Association*, 277: 1605–1642.
- 209 Samples F, Aber L (1998). Evaluations of School-based Violence Prevention Programs. In Elliott DS et al (Eds). *Violence in American Schools*. New York, Cambridge University Press, pp 217–252. *International Journal of Injury Control and Safety Promotion*, 12(2): 93–104.
- 210 Thornton TN et al. (2000). *Best Practices of Youth Violence Prevention: A Sourcebook for Community Action*. Atlanta, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.
- 211 Farrell AD et al. (2001). Evaluation of Responding in Peaceful and Positive Ways (RIPP): A School-based Prevention Programme for Reducing Violence among Urban Adolescents. *Journal of Clinical and Child Psychology*, 30: 451–463.
- 212 WHO, UNICEF, World Bank, UNESCO and UNFPA (2003). *Skills for Health*. WHO's Information Series on School Health, Document No. 9. Available at: http://www.who.int/school_youth_health/media/en/sch_skills4health_03.pdf.
- 213 Landgren K (2005). The Protective Environment: Development Support for Child Protection. *Human Rights Quarterly*, 7: 215–248.
- 214 Dahlberg L, Butchart A (2005). State of the Science: Violence Prevention efforts in Developing and Developed Countries. *International Journal of Injury Control and Safety Promotion*, 12(2): 93–104.
- 215 Jaffe PG et al. (1992). An Evaluation of a Secondary School Primary Prevention Programme on Violence in Intimate Relationships. *Violence and Victims*, 7: 129–146.
- 216 Foshee VA et al. (2004). Assessing the Long-term Effects of the Safe Dates Program and a Booster in Preventing and Reducing Adolescent Dating Violence Victim Organisation and Perpetration. *American Journal of Public Health*, 94: 619–624.
- 217 Foshee VA (2000). The Safe Dates Program: One-year Follow-up Results. *American Journal of Public Health*, 90: 1619–1622.
- 218 Wolfe DA (2003). Dating Violence Prevention with At-risk Youth: A Controlled Outcome Evaluation. *Journal of Consulting and Clinical Psychology*, 71: 279–291.
- 219 Foshee VA et al. (2005). The Safe Dates Project: Theoretical Basis, Evaluation Design and Selected Baseline Findings. *American Journal of Preventive Medicine*, 12 (2): 39–47.
- 220 Tolan PH, Guerra NG (1994) *What Works in Reducing Adolescent Violence: An Empirical Review of the Field*. Boulder, CO, The Center for the Study and Prevention of Violence, Institute for Behavioral Sciences, University of Colorado.
- 221 Kellermann AL et al. (1998). Preventing Youth Violence: What Works? *Annual Review of Public Health*, 19:271–292.
- 222 Njovana E, Watts C (1996). Gender Violence in Zimbabwe: A Need for Collaborative Action. *Reproductive Health Matters*, 7: 46–54.
- 223 Ellsberg M et al. (1997). The Nicaraguan Network of Women against Violence: Using Research and Action for Change. *Reproductive Health Matters*, 10: 82–92.
- 224 Hoefnagels C, Mudde A (2000). Mass Media and Disclosures of Child Abuse in the Perspective of Secondary Prevention: Putting Ideas into Practice. *Child Abuse and Neglect*, 24: 1091–1101.
- 225 Soul City Institute for Health and Development Communications (2004). *Soul City 4 Multimedia Campaign – Impact Evaluations*. South Africa, Soul City Institute for Health and Development Communications. Available at: <http://www.comminit.com/africa/evaluations.html>.

- 226 Mehrotra A (2000). *A Life Free of Violence: It's Our Right*. New York, United Nations Development Fund for Women.
- 227 Health Resources and Services Administration (2004). *Take a Stand. Lend a Hand. Stop Bullying Now!* Washington DC, US Department of Health and Human Services. Available at: <http://www.stopbullyingnow.hrsa.gov>.
- 228 Hoefnagels C, Baartman H (1997). On the Threshold of Disclosure: The Effects of a Mass Media Field Experiment. *Child Abuse & Neglect*, 21: 557–573.
- 229 Naker D (2005). *Violence against Children: The Voices of Ugandan Children and Adults*. Raising Voices and Save the Children Uganda.
- 230 Ennew J (1994). *Street and Working Children: A Guide to Planning*. London, Save the Children. Cited in: Bartlett S et al (1999). *Cities for Children: Children's Rights, Poverty and Urban Management*. Earthscan/UNICEF.
- 231 Wernham M et al. (2005). *Police Training on Child Rights and Protection: Lessons Learned and Manual*. Consortium for Street Children, p 31.
- 232 Heise L, Garcia- Moreno C (2002). Violence by Intimate Partners. In: Krug EG et al. (Eds) (2002). *World Report on Violence and Health*. Geneva, World Health Organization, pp 89–121.
- 233 Friedman LS et al. (1992). Inquiry about Victimization Experiences: A Survey of Patient Preferences and Physician Practices. *Archives of Internal Medicine*, 152: 1186–1190.
- 234 Fawcett G et al. (1998). *Deteccion y Manejo de Mujeres Victimas de Violencia Domestica: Desarrollo y Evaluacion de un Programa Dirigido al Personal de Salud* (Detecting and Dealing with Women Victims of Domestic Violence: The Development and Evaluation of a Programme for Health Workers). Mexico City, Population Council.
- 235 Sugg NK et al. (1999). Domestic Violence and Primary Care: Attitudes, Practices, and Beliefs. *Archives of Family Medicine*, 8: 301–306.
- 236 Sanders AB (1992). Care of the Elderly in Emergency Departments: Conclusions and Recommendations. *Annals of Emergency Medicine*, 21: 79–83.
- 237 UNICEF (2002). *La traite d'enfants en Afrique de l'Ouest : réponses politiques*. Florence, Innocenti Research Centre.
- 238 UNICEF (2005). *Trafficking for Sexual Exploitation and Other Exploitative Purposes*. Florence, Innocenti Research Centre.
- 239 Boonpala P, Kane J (2002). *Unbearable to the Human Heart: Child Trafficking and Action to Eliminate It*. Geneva, International Programme on the Elimination of Child Labour, International Labour Organization.
- 240 Bartlett S et al. (1999). *Cities for Children, Children's Rights, Poverty and Urban Management*. UNICEF/Earthscan.
- 241 Adapted from UNICEF (2006). *Thuthuzela Care Centres*. UNICEF South Africa. Available at: http://www.unicef.org/southafrica/hiv_aids_998.html.
- 242 United Nations Secretary-General's Study on Violence against Children (2005). *Regional Consultation Outcome Report: Eastern and Southern Africa*. Available at: <http://www.violencestudy.org/r27>.
- 243 Boothby N et al. (2006). Mozambique Child Soldier Life Outcome Study: Lessons Learned in Rehabilitation and Reintegration Efforts. *Global Public Health*, 1(1): 87–107.
- 244 Stamenkova-Trajkova S (2005). *Results of an Institutional Assessment of the Responsiveness of Service Providers to Violence against Children in Macedonia*. Skopje, the Institute for Social Work and Social Policy with support from UNICEF, Skopje Country Office and UNICEF Regional Office for CEE/CIS & the Baltics.
- 245 ChildHelpLine International (2005). *Submission to the United Nations Secretary-General's Study on Violence against Children*. Amsterdam, ChildHelpLine International.
- 246 CRIN (2005). *WSIS and Children's Rights*. Available at: <http://www.crin.org/resources/InfoDetail.asp?ID=6902>.
- 247 ChildHelpLine International (2005). *Submission to the United Nations Secretary-General's Study on Violence against Children*. Amsterdam, ChildHelpLine International.

- 248 Jordan S (2001). *Violence and Adolescence in Urban Settings: A Public Health Approach*. Publications Series, Research Unit, Public Health Policy. Berlin, Wissenschaftszentrum Berlin für Sozialforschung.
- 249 Narayan D et al. (2000). *Voices of the Poor: Can Anyone Hear Us?* Published for the World Bank. New York, Oxford University Press.
- 250 Centers for Disease Control and Prevention. (2002). Community Interventions to Promote Healthy Social Environments: Early Childhood Development and Family Housing. *MMWR* 51: RR-1.
- 251 Ludwig J, Duncan GJ, Hirschfield P. (2001). Urban Poverty and Juvenile Crime: Evidence from a Randomized Housing-mobility Experiment. *Quarterly Journal of Economics* (16): 655–680.
- 252 Butchart A, Engstrom K (2002). Sex- and Age-specific Effects of Economic Development and Inequality on Homicide Rates in 0- to 24-Year-Olds: A Cross-sectional Analysis. *Bulletin of the World Health Organization*, 80: 797–805.
- 253 Institute for Research and Evaluation (2004). *The Prevention of Murders in Diadema, Brazil: The Influence of New Alcohol Policies*. Calverton, MD, Pacific. Available at: http://resources.prev.org/resource_pub_brazil.pdf.html.
- 254 Wagenaar AC et al. (2000). Communities Mobilising for Change on Alcohol (CMCA): Effects of a Randomised Trial on Arrests and Traffic Crashed. *Addiction*, 95: 209–217.
- 255 WHO (2006). *Global Estimates of Health Consequences Due to Violence against Children*. Background paper to the UN Secretary-General's Study on Violence against Children. Geneva, World Health Organization.
- 256 Ryan M (1995). Russian Report: Alcoholism and Rising Mortality in the Russian Federation. *British Medical Journal*, 310: 648–650.
- 257 Mattern JL, Neighbors C (2004). Social Norms Campaigns: Examining the Relationship Between Changes in Perceived Norms and Changes in Drinking Levels. *Journal of Studies on Alcohol*, 65: 489–493.
- 258 Graham K et al. (2004). The Effect of the Safer Bars Programme on Physical Aggression in Bars: Results of a Randomised Controlled Trial. *Drug and Alcohol Review*, 23: 31–41.
- 259 Homel R et al. (2004). Making Licensed Venues Safer for Patrons: What Environmental Factors Should Be the Focus of Interventions? *Drug and Alcohol Review*, 23: 19–29.
- 260 Bellis MA et al. (2004). Violence in General Places of Entertainment. In: Pompidou Group (Ed). *Violence and Insecurity Related to the Consumption of Psychoactive Substances*. Strasbourg, Council of Europe.
- 261 Bellis MA et al. (2004). Violence in General Places of Entertainment. In: Pompidou Group (Ed) *Violence and Insecurity Related to the Consumption of Psychoactive Substances*. Strasbourg, Council of Europe.
- 262 Room R et al. (2003). *Alcohol in Developing Societies: A Public Health Approach*. Helsinki, Finnish Foundation for Alcohol Studies and Geneva, World Health Organization.
- 263 Hahn RA et al. (2003). First Reports Evaluating the Effectiveness of Strategies for Preventing Violence: Firearm Laws. Findings from the Task Force on Community Preventive Services. *MMWR Recommendations and Reports*, 52(RR14): 11–20.
- 264 Loftin C et al. (1991). Effects of Restrictive Licensing of Handguns on Homicide and Suicide in the District of Columbia. *New England Journal of Medicine*, 325: 1615–1620.
- 265 Villaveces A et al (2000). Effect of a Ban on Carrying Firearms on Homicide Rates in Two Colombian Cities. *Journal of the American Medical Association*, 283: 1205–1209.
- 266 Centers for Disease Control and Prevention (1995). Patterns of Homicide – Cali, Colombia, 1993–1994. *MMWR*, 44(39): 734–736.
- 267 Stanley J (2001). Child Abuse and the Internet. *Child Abuse Prevention Issues*, No. 15, Summer 2001. Available at: <http://www.aifs.gov.au/nch/issues/issues15.html>.

- 268 Save the Children Alliance (2005). *10 Essential Learning Points: Listen and Speak Out against Sexual Abuse of Girls and Boys*. Global Submission by the International Save the Children Alliance to the UN Secretary-General's Study on Violence against children. Oslo, Save the Children Norway.
- 269 Titley G (2004). *Young People and Violence Prevention - Youth Policy Recommendations*. Budapest, Directorate of Youth and Sport, European Youth Centre.
- 270 Black M (2004). *Opening Minds, Ppening Up Opportunities, Children's Participation in Action for Working Children and Associated Case Studies*. London, Save the Children Alliance.
- 271 UNICEF (2005). *Young People's Participation in the CEE/CIS and the Baltics*. Geneva, UNICEF Regional Office for CEE/CIS and the Baltics.
- 272 All responses are available at: http://www.ohchr.org/english/bodies/crc/c_study.htm. As of 20 September 2006, 135 Member States and one observer had submitted responses.
- 273 Black M (2004). *Somali Children and Youth: Challenging the Past and Building the Future*. UNICEF Somalia.
- 274 UNICEF (2006). *Submission to the United Nations Secretary-General's Study on Violence against Children*. UNICEF, Regional Office for Latin America and the Caribbean.
- 275 Council of Europe (2006). Building a Europe for and with children. Council of Europe. Available at: <http://www.coe.int/t/transversalprojects/children/>.
- 276 Mercy J et al. (2002). Youth Violence. In: Krug EG et al. (Eds). *World Report on Violence and Health*. Geneva, World Health Organization, pp 25–56.
- 277 Tolan P (2001). Youth Violence and its Prevention in the United States: An Overview of Current Knowledge. *Injury Control and Safety Promotion*, 8(1): 1–12.

QUOTES

- I Hall J (2003). *Inyandza Leyo! Testimonies from Abuse Survivors*. Swaziland. Cited in: United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: Eastern and Southern Africa*, p 26. Available at: <http://www.violencestudy.org/r27>.
- II UNICEF (2003). *Africa's orphaned generations*. New York, UNICEF, p 31.
- III UNHCR (2005). *Refugee and returnee children in Southern Africa: Perceptions and experiences of violence – A qualitative study of refugees and returnee children in UNHCR operations in Angola, South Africa and Zambia*. Pretoria, UNHCR, p 6.
- IV Anti-Slavery International (2001). *Golam and Roushan – Trafficked Children*. Speeches from the ASI Award ceremony. Available at: <http://www.antislavery.org/homepage/antislavery/award/award2001speeches.htm>
- V United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: South Asia*, p 59. Available at: <http://www.violencestudy.org/r27>.
- VI Save the Children Alliance (2005). *10 Essential Learning Points: Listen and Speak out against Sexual Abuse of Girls and Boys*, Global Submission by the International Save the Children Alliance to the UN Secretary-General's Study on Violence against Children, p 27.
- VII Africa Child Policy Forum (2006). *The African Declaration on Violence against Girls*. Second International Policy conference on the African Child. Addis Ababa, 11 and 12 May 2006, p 1.
- VIII WorldVision (2005). *Strongim pikinini, strongim laef b'long famili: enabling children to reach their full potential*. A contribution to the UN Secretary-General's Study on Violence against Children. Milton Keynes, World Vision International, p 7.
- IX United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: North America*, p 1. Available at: <http://www.violencestudy.org/r27>.
- X Africa Child Policy Forum (2006). *The African Declaration on Violence against Girls*. Second International Policy conference on the African Child. Addis Ababa, 11 and 12 May 2006, p 2.