

# Violence against children

## What can paediatricians do?

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# Why focus on Violence?



*NO VIOLENCE AGAINST CHILDREN IS JUSTIFIABLE, AND  
ALL VIOLENCE AGAINST CHILDREN IS PREVENTABLE.*



# Why focus on Violence?

- Why not....Violence is increasingly visible
- Scale of the problem is Huge, common drivers
- Violence against children (VAC) is both a human-rights violation and a public health problem
- Evidence: neuroscience, developmental psychology, social science & epidemiology confirm that VAC has far reaching consequences
- Violence against Women: has had successful partnership of women's health and violence prevention initiatives working together



# End violence against children...Sustainable Development Goals



**16.2** End abuse, exploitation, trafficking, and all forms of violence against and torture of children

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**5.2** Eliminate all forms of violence against all women and girls in public and private spheres, including trafficking, and sexual and other types of exploitation

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**5.3** Eliminate all harmful practices, such as child, early and forced marriage, and female genital mutilation

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**8.7** Elimination of the worst forms of child labour, including slavery, human trafficking, and recruitment and use of child soldiers, and by 2025 end child labour in all its forms

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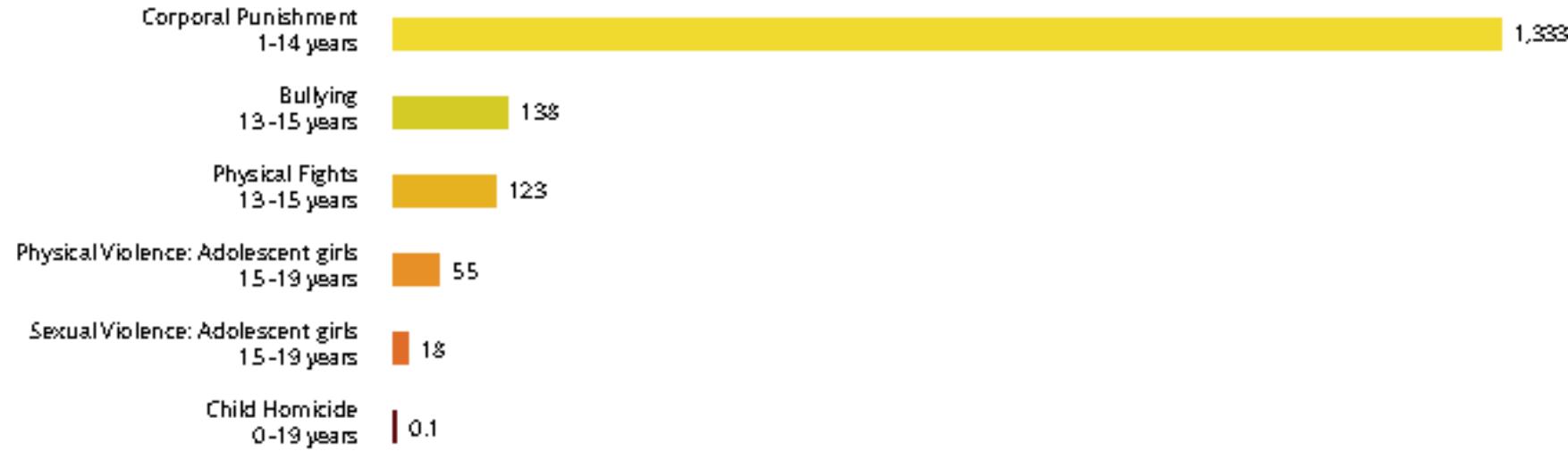
**4.a** Provide safe, non-violent, inclusive, and effective learning environments for all



**4.7** Ensure that all learners acquire knowledge...[for] promotion of a culture of peace and non-violence

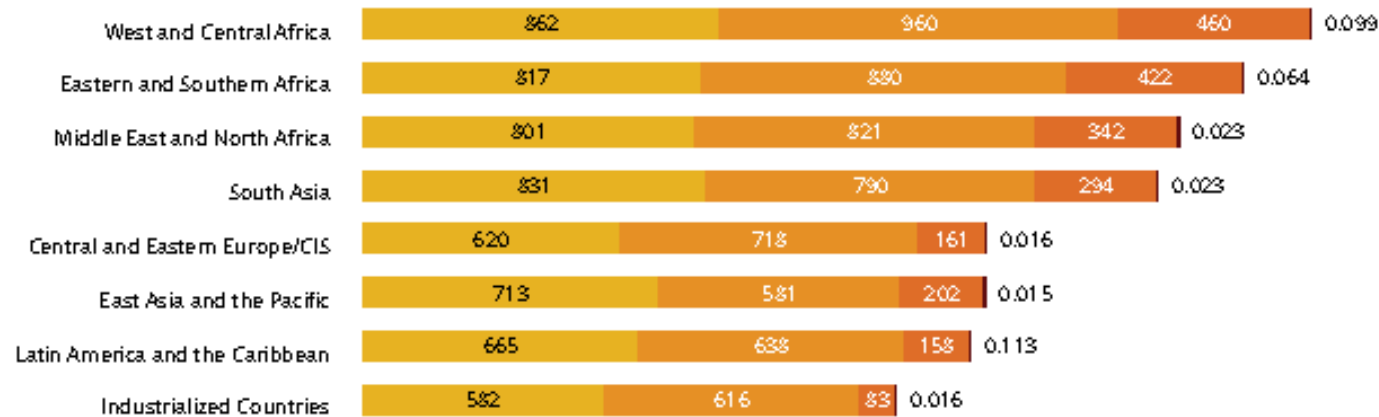


# Globally 1.7 million children experienced violence in 2015



Children abused in a previous year (in millions)

Source: Shiva Kumar and others 2017 for Know Violence in Childhood 2017.



Numbers abused per 1,000 children in that age cohort

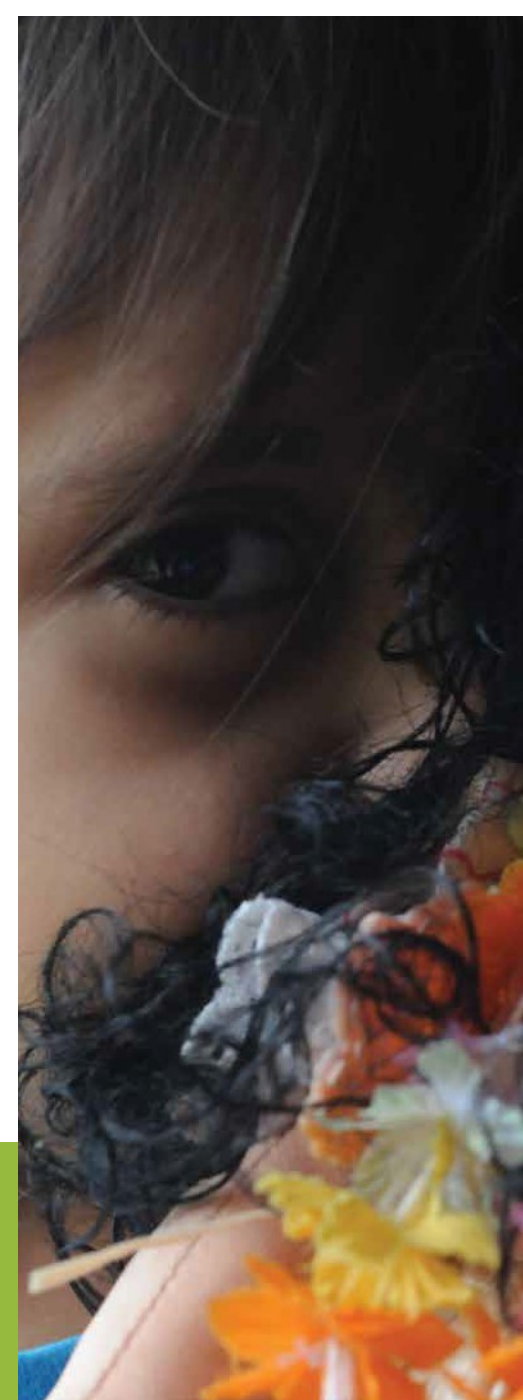
● Corporal punishment (1-14 years)
 ● Bullying and physical fights (13-15 years)
 ● Physical and sexual violence against adolescent girls (15-19 years)
 ● Child homicide (0-19 years)

Source: Shiva Kumar and others 2017 for Know Violence in Childhood 2017.



# The facts

- *HOMICIDE* – In 2012, homicide took the lives of about **95,000 children and adolescents** – almost **1 in 5** of all homicide victims that year
- *PHYSICAL PUNISHMENT* – **6 in 10 children** regularly subjected to physical punishment by carers
- *BULLYING* – **> 1 in 3 students** between the ages of 13 and 15 regularly experience bullying
- *FORCED SEX* – **120 million girls** < 20 years (about **1 in 10**) have been subjected to forced sexual intercourse or other sexual acts at some point in their lives
- *INTIMATE PARTNER VIOLENCE (IPV)* – **1 in 3 adolescent girls** worldwide have been the victims of emotional, physical or sexual violence committed by their intimate partners



# The facts

- **Three quarters of the world's 2- to 4-year-old children** – ie 300 million – experience psychological aggression and/or physical punishment by caregivers at home
- **15 million adolescent girls** aged 15 to 19 have experienced forced sexual intercourse or other forced sexual acts in their lifetime
- Globally, **every 7 minutes** an adolescent is killed by an act of violence.



# What about Consequences of VAC?

## Adverse Childhood Experiences (ACE) Study



Almost 2/3 reported at least one ACE; >20% reported 3 or more ACEs!

# How the ACES Work

## Adverse Childhood Experiences

- Abuse and Neglect (e.g., psychological, physical, sexual)
- Household Dysfunction (e.g., domestic violence, substance abuse, mental illness)



## Impact on Child Development

- Neurobiologic Effects (e.g., brain abnormalities, stress hormone dysregulation)
- Psychosocial Effects (e.g., poor attachment, poor socialization, poor self-efficacy)
- Health Risk Behaviors (e.g., smoking, obesity, substance abuse, promiscuity)



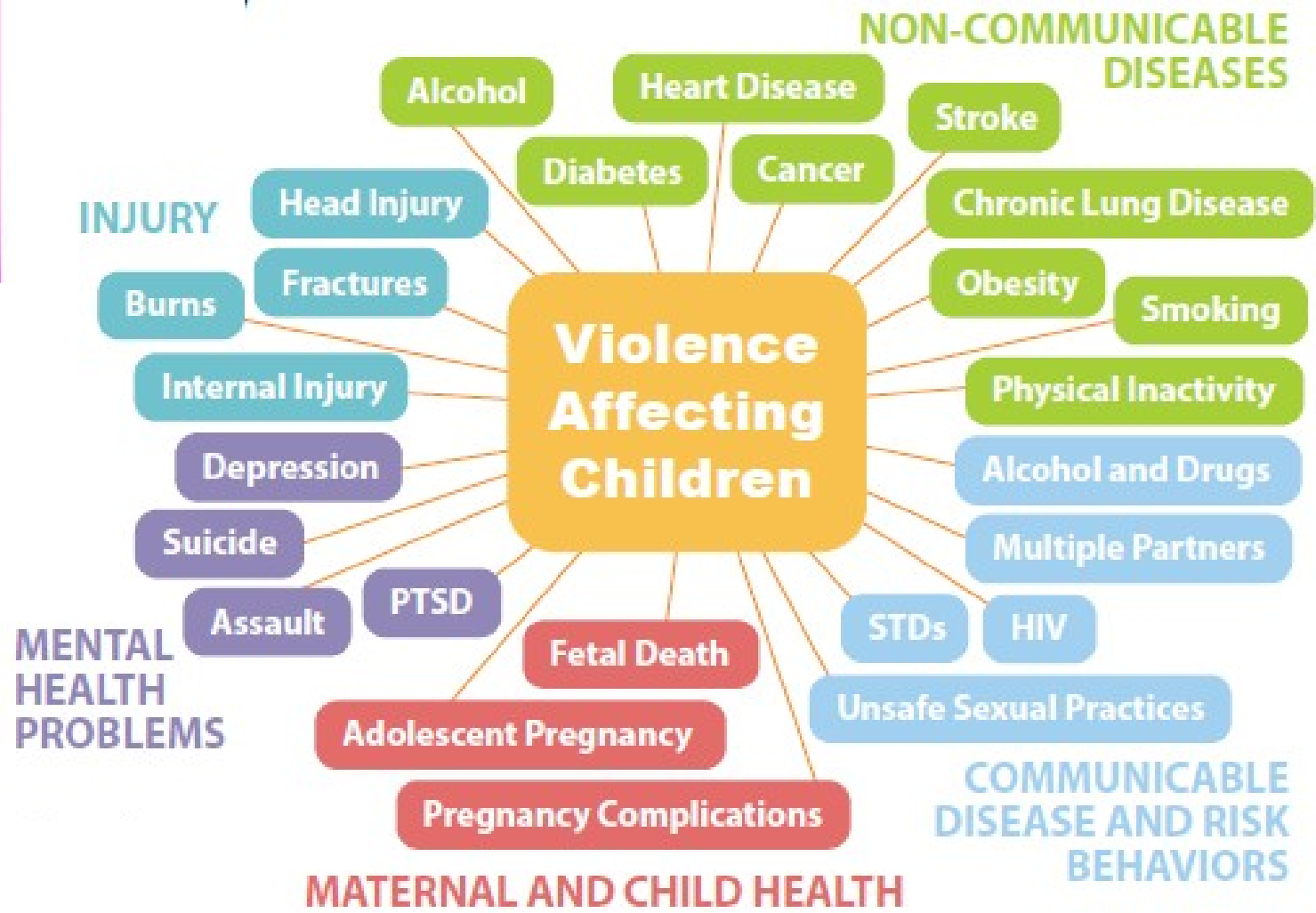
## Long-Term Consequences

### Disease and Disability

- Major Depression, Suicide, PTSD
- Drug and Alcohol Abuse
- Heart Disease
- Cancer
- Chronic Lung Disease
- Sexually Transmitted Diseases
- Intergenerational transmission of abuse

### Social Problems

- Homelessness
- Prostitution
- Criminal Behavior
- Unemployment
- Parenting problems
- High utilization of health and social services
- Shortened Lifespan



## Violence against children- effects on health and wellbeing



# Consequences and impacts of VAC

- **Impacts experienced during childhood**
- **Impacts carried over into adulthood**
- **Impacts carried over from one generation to the next**



# Exposure to violence through stages of childhood



**Prenatal and birth**



**HOME**

Sex selective abortion  
Witnessing intimate partner violence



**Early childhood  
0-4**



**HOME**

Witnessing domestic violence  
Violent discipline at home  
Neglect  
Homicide



**Middle childhood  
5-9**



**HOME**

Violent discipline at home  
Corporal punishment at school  
Witnessing domestic violence  
Bullying by peers at school  
Physical fights at school  
Sexual violence



**SCHOOL**



**Early adolescence  
10-14**



**HOME**

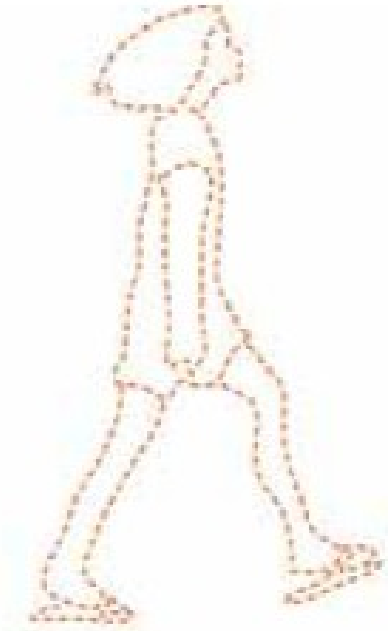
Sexual violence  
Bullying by peers at school  
Physical fights at school  
Witnessing domestic violence



**SCHOOL**



**COMMUNITY**



**Late adolescence  
15-19**



**HOME**

Intimate partner violence  
Sexual violence  
Physical violence  
Homicide



**SCHOOL**



**COMMUNITY**

# Burden of child maltreatment in East Asia & Pacific region

- DALYs lost to VAC as % of GDP ranged from 1.2% - 3.5% across sub-regions
- Estimated economic value of DALYs lost to child maltreatment totalled US \$194 billion
- Accounts for 2% of the East Asia Pacific region's GDP



# Specific typologies of VAC

- Guided by typologies in *WORLD REPORT ON VIOLENCE AND HEALTH*
- Focus on typologies pertinent to children and young people globally
- Interpersonal violence
  - family and intimate partner violence
  - Community violence
- Collective violence
  - Armed conflict



# Child maltreatment

- Henry Kempe described battered child syndrome 1962
- Variation over time and between cultures about what is deemed abusive to children
- 4 main types
  - Physical abuse
  - Sexual abuse
  - Neglect
  - Emotional abuse

# Domestic/Family Violence

- ‘Domestic violence’ or family violence mainly refers to intimate partner violence (IPV)
- WHO definition: “any behaviour within an intimate relationship that causes, physical, or sexual harm to those in the relationship”
- 3 forms of childhood violence (physical abuse, sexual abuse, and witnessing IPV) are highly predictive of adulthood IPV
- Children are at risk of IPV: as victims of abuse and as witnesses to it
- Exposure to IPV has negative impact on children’s development



# Schools: bullying, corporal punishment

Bullying: only recently recognised, widespread

- Bullying can take many forms including:
  - physical assault
  - teasing
  - making threats
  - name calling
  - cyber bullying
- Globally 1 in 3 teenagers between 13 and 15 are regularly bullied

Corporal punishment: still a long way to go

- Many short and long term negative effects of both forms of violence



# Institutional violence

- Millions of children spend varying lengths of time in institutional care
- Many reasons for children to get into institutions
  - Foster care
  - Physical and mental health conditions that require institutional care
  - Juvenile justice
  - Militaries that conscript children
  - Children displaced by war and conflict
- Many profound short and long term negative effects of institutional care



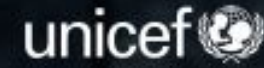
# Child labour

- Work that deprives children of their childhood, their potential and their dignity--harmful to their physical, mental development
- 168 million children work, many full-time worldwide
- Child trafficking: 50% of victims worldwide are children
- Trafficking: includes labour, domestic work, sexual exploitation, military conscription, marriage, illicit adoption, sport, begging and organ harvesting
- Best response: language of CRC to guide recognition, response and advocacy campaigns against it



# CHILD LABOUR

» in INDIA



**10.1 million** Children engaged in work in **INDIA**

Number of **Children** engaged in **work** between **5 to 14 years**

**4.5 million** | **5.6 million**

(According to 2011 Census)

• **Child Labour** most prevalent in:

- 2.1 M | Uttar Pradesh
- 1.0 M | Bihar
- 0.84 M | Rajasthan
- 0.7 M | Madhya Pradesh
- 0.72 M | Maharashtra



Child labour constitutes for **13%** of the workforce in **INDIA** (2001 Census)

Census report **2001** v/s **2011**

Rural	11.3 million	↓	8.1 million
Urban	1.3 million	↑	2 million

## A RECENT CHANGE

Child labour is now invisible because the location of the work has changed from factories to the homes of business owners and workers.

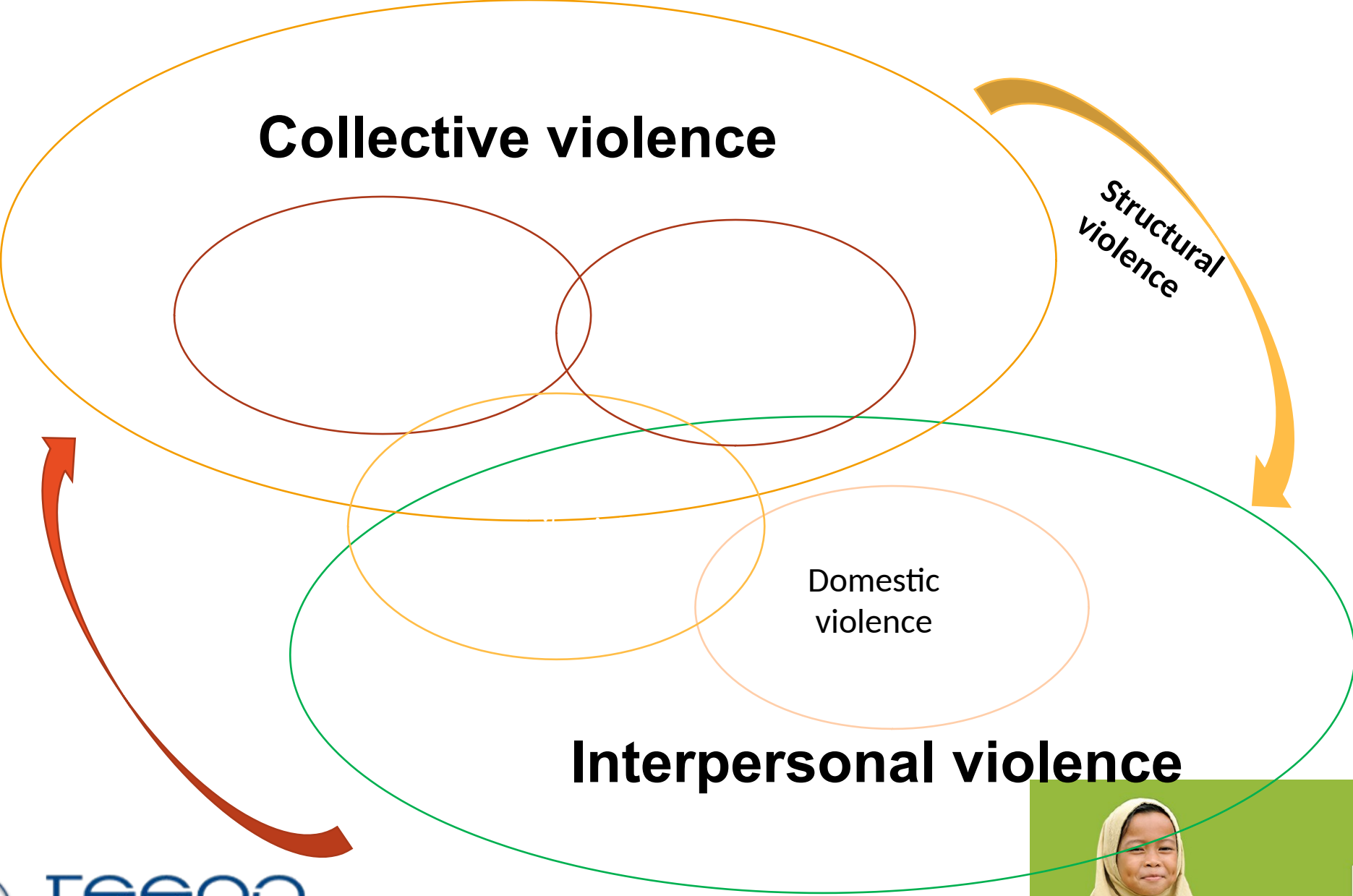
**Children are engaged in manual work which includes:**

- Cotton growing
- Match box
- Lock making factories
- Mining & stone quarrying
- Tea gardens



# Armed conflict





# Practices based on tradition, culture, religion or superstition

- Violations based on tradition, culture, religion or superstition and are perpetrated/ condoned by child's parents or community
- CRC Article 24(3): "take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children"
- Examples: **Acid attacks; Treatment of children with albinism; male circumcision; Child 'witches'; FGM; honour killings**
- Harmful traditional practices harm both boys and girls
- But gender-based discrimination rampant-include son preference, early and forced marriage and FGM.



## Intersections between Violence against Children and Violence against Women

- VAC and VAW have many shared risk factors;
- Social norms often support VAW and VAC and discourage help-seeking;
- Child maltreatment and partner violence often co-occur within the same household;
- Both VAC and VAW can produce intergenerational effects;
- Many forms of VAC and VAW have common and compounding consequences across the lifespan;
- VAC and VAW intersect during adolescence, a time of heightened vulnerability to certain kinds of violence.

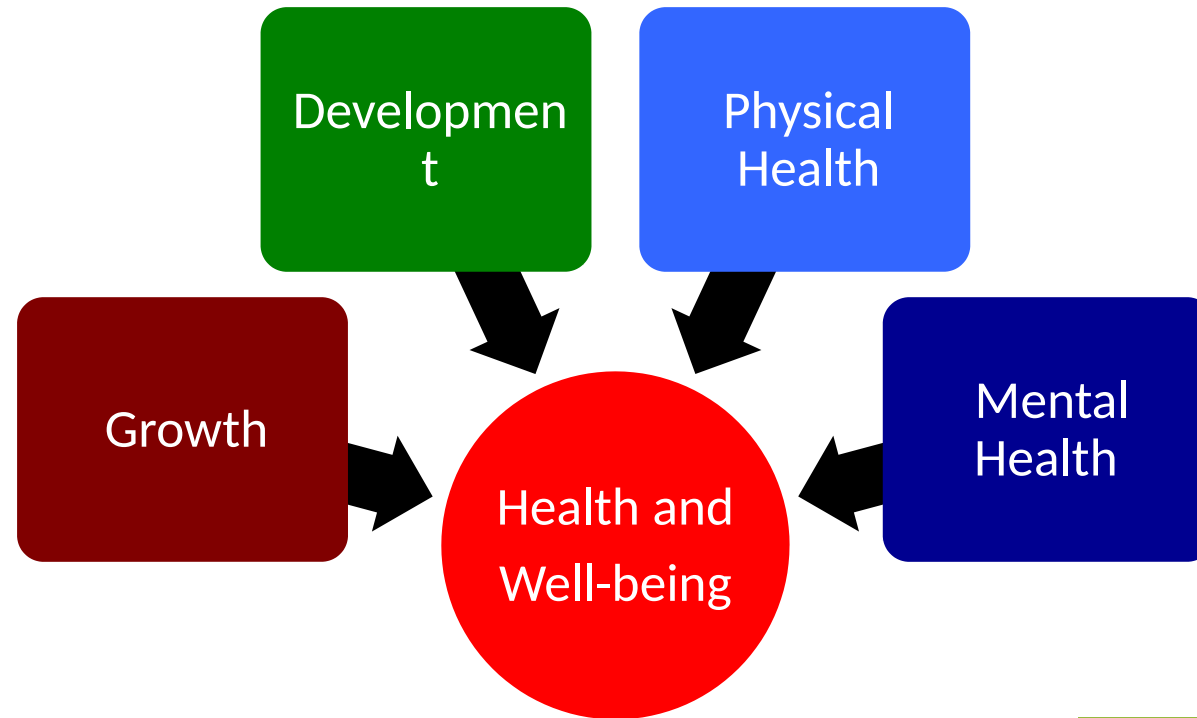


# So what can paediatricians and child health professionals do to end violence against children?



**ISSOP**  
INTERNATIONAL SOCIETY for  
SOCIAL PEDIATRICS and CHILD HEALTH

# Role of Paediatricians- Respond to Children's Needs



# Realising Children's Rights to a Violence-Free Childhood

Convention on  
the Rights of the  
Child



Sustainable  
Development  
Goals

Source: Adapted from United Nations Sustainable Development Goals and End Violence Against Children: The Global Partnership Strategy 2016-2020.



# Recommendations for action on Violence against Children

Prevention, prevention, prevention

- Global coordination
- Regional coordination
- National coordination

Specific role for professional societies: need to endorse and ensure mandatory **violence against children** training at the national level available as part of core curriculum in their professional streams.

# Prevention of VAC: a Strategic Framework



Source: KnowViolence in Childhood 2017.



# Embedding violence-prevention into all services and institutions

- Educational, welfare and social organisations should be violence-proofed: elimination of corporal punishment high priority
- **Health services** provide a child's first contact with the outside world, starting with antenatal and post-natal care for their mothers. All clinicians, including in primary health centres, sexual and reproductive health services, and mental health service-providers, should know when and how to ask about violence, what first-line care to provide, and how to refer patients for additional support. All health professionals, whether offering emergency, antenatal or primary health care should have standard screening tools to detect violence against women and children. They can then arrange appropriate referral and treatment.



# Childhood violence as a public health issue: The role of the health sector

- Recognize and address violence against small children and women in routine healthcare delivery
- Engage with adolescents on the issue of violence
- Address health provider attitudes to gender-based violence
- Establish referral care and specialized services for families and children affected by violence
- Establish hospital based crisis centers



# A call to action on Violence Against Children globally



- **Addressing children living in humanitarian contexts**
- **A public health model for population-based studies, monitoring and surveillance**
- **Intergrate more effectively the common concerns between the concerns of Violence against Women and VAC**
- **At the program and systems levels, hospitals and schools can serve as useful settings for interventions**
- **At the policy level, inter-sectoral action across all levels**



# Conclusion



- Violence against Children is a HUGE public health and clinical problem
- Paediatricians **MUST** be at the forefront of *RECOGNISING*, *RESPONDING* **and** *PREVENTING* all forms of VAC
- We **MUST** start with Prevention

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