



Ukraine, 2005, Artem, 14, sits on a wall outside 'Way Home', a shelter in the port city of Odessa. Artem arrived at the shelter three months ago after living for two years on the streets.

AN END TO VIOLENCE AGAINST CHILDREN

Introduction	3
Making a real difference	3
Prevention is the key	6
A global problem	6
Settings in which violence occurs	7
Hidden dimensions of violence against children	10
Range and scale of the problem	11
Risk factors and protective factors	12
The devastating impact of violence	13
Principles and recommendations	17
Overarching recommendations	18
Implementation and follow-up	24
National and regional level	24
International level	25
References	26



“The children must, at last, play in the open veldt, no longer tortured by the pangs of hunger or ravaged by disease or threatened with the scourge of ignorance, molestation and abuse, and no longer required to engage in deeds whose gravity exceeds the demands of their tender years.”

Nelson Mandela, Nobel Peace Prize Laureate

1

INTRODUCTION

The full range and scale of all forms of violence against children are only now becoming visible, as is the evidence of the harm it does. This book documents the outcomes and recommendations of the process of the United Nations Secretary-General’s Study on Violence against Children.

‘The Study’ is the first comprehensive, global study on all forms of violence against children. It builds on the model of the study on the impact of armed conflict on children, prepared by Graça Machel and presented to the General Assembly in 1996, and follows the World Health Organization’s 2002 *World Report on Violence and Health*.¹

The Study is also the first United Nations (UN) study to engage directly and consistently with children, underlining and reflecting children’s status as rights holders, and their right to express views on all matters that affect them and have their views given due weight.

The central message of the Study is that *no violence against children is justifiable, and all violence against children is preventable*. The Study reveals that in every region, in stark contradiction to States’ human rights obligations and children’s developmental needs, much violence against children remains legal, State-authorized and socially approved. The Study aims to mark a definitive global turning point: an end to the justification of violence against children, whether accepted as ‘tradition’ or disguised as ‘discipline’.

There can be no compromise in challenging violence against children. Children’s uniqueness – their human potential, their initial fragility and vulnerability, their dependence on adults for their growth and development – make an unassailable case for more, not less, investment in prevention and protection from violence.

In recent decades some extreme forms of violence against children, including sexual exploitation and trafficking, female genital mutilation (FGM), the worst forms of child labour and the impact of armed conflict, have provoked international outcry and achieved a consensus of condemnation, although no rapid remedy. But in addition to these extreme forms of violence, many children are routinely exposed to physical, sexual and psychological violence in their homes and schools, in care and justice systems, in places of work and in their communities. All of this has devastating consequences for their health and well-being, now and in the future.

MAKING A REAL DIFFERENCE

A number of linked and profound developments suggest that the process and outcomes of the Study are timed to make a real difference to the status and lives of children.

First, recognition of human rights obligations to eliminate violence against children has intensified with the adoption and almost universal ratification of the Convention of the Rights of the Child (CRC). The latter underlines children’s status as rights holders. Yet, as

“Children are not mini-human beings with mini-human rights. But as long as adults continue to regard them as such, violence against children will persist.”

Maud de Boer-Buquicchio, Deputy Secretary General of the Council of Europe

MANDATE AND SCOPE OF THE STUDY

In 2001, on the recommendation of the Committee on the Rights of the Child, the General Assembly in its resolution 56/138 requested the Secretary-General to conduct an in-depth study on the question of violence against children and to put forward recommendations for consideration by Member States for appropriate action. In February 2003, I was appointed by the UN Secretary-General to lead this Study.

The Study adopts the definition of the child as contained in article 1 of the Convention on the Rights of the Child (CRC): “every human being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier.” The definition of violence is that of article 19 of the CRC: “all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.” It also draws on the definition in the *World Report on Violence and Health* (2002): “the intentional use of physical force or power, threatened or actual, against a child, by an individual or group, that either results in or has a high likelihood of resulting in actual or potential harm to the child’s health, survival, development or dignity.”²

In my capacity as Independent Expert, I submitted a report to the UN General Assembly, and this book is intended to complement that report. Child-friendly materials have also been produced. This book elaborates on the five different settings where violence against children occurs: the family, schools, alternative care institutions and detention facilities, places where children work, and in their communities. It does not address the issue of children in armed conflict, as this is in the mandate of the Special Representative of the Secretary-General for Children and Armed Conflict, but it considers related issues, such as violence against child refugees and other displaced children.

The Study and its secretariat in Geneva were supported by three UN entities: the Office of the United Nations High Commissioner for Human Rights (OHCHR), the United Nations Children’s Fund (UNICEF), and the World Health Organization (WHO), and were also informed by a multidisciplinary Editorial Board of experts.

*“We have to wipe their tears and transform their gloomy faces into happy ones.
We have to kindle the flame of hope and a better tomorrow in them.”*

The First Lady of Pakistan, Begum Sehba Pervez Musharraf, 2005¹



the Study reveals, despite this broad acceptance of the CRC, children in almost all States are still waiting for full recognition of respect for their human dignity and physical integrity, and for adequate investment in actions to prevent all forms of violence against them.

Second, children themselves are speaking out on this issue and beginning to be heard and taken seriously. Children have testified at the nine Regional Consultations held in connection with the Study about the routine violence they experience, in their homes and families and also in schools, other institutions and penal systems, in places of work, and in their communities. Violence against children exists in every State and cuts across boundaries of culture, class, education, income, ethnic origin and age. Throughout the Study process, children have consistently expressed the urgent need to stop all this violence. Children testify to the hurt – not only physical, but ‘the hurt inside’ – which this violence causes them, compounded by adult acceptance, even approval of it.

Governments need to accept that this is indeed an emergency, although it is not a new emergency. Children have suffered violence at the hands of adults unseen and unheard for centuries. But now that the scale and impact of violence against children is becoming visible, they cannot be kept waiting any longer for the effective protection to which they have an unqualified right.

Third, growing recognition of the impact of violence on the mental and physical health and well-being of children throughout their lives

has given new urgency to prevention. Until the 1960s there was no significant acknowledgment, even among professionals, of the extent of death, rape and injuries inflicted on children by parents and those who have a duty of care or are in positions of trust. The problems of violence against children in schools and other settings had also only been given scant attention until recent decades.

Significantly, the expansion of research in the neurobiological, behavioural and social sciences has generated a much deeper understanding of the significance of childhood experiences to the development of the brain and the central role of early relationships in healthy brain development.³ This research clearly indicates the importance of the child’s positive bond or attachment to parents; it demonstrates that when protective relationships do not exist, exposure to stress in the form of violence can disrupt the developing nervous and immune systems, leading to greater susceptibility to physical and mental health problems. Thus, the opportunity to prevent violence against children promises to address a host of longer-term problems that impose a substantial social and economic burden on the nations of the world.

Fourth, there is increased recognition that the prevention of violence against children requires cooperation and collaboration among many partners. In effect, preventing and responding to violence against children should be everybody’s business. The Study has benefited from collaboration between UN agencies addressing human rights, child protection and public health, and from input from a very broad range of sectors.

“There is a large gap between what we know about violence against children and what we know should be done. We know that violence against children often causes lifelong physical and mental harm. We also know that violence erodes the potential for children to contribute to society by affecting their ability to learn and their social and emotional development. Given the importance of children to our future the current complacency cannot continue – we must place “preventing” violence against children among our highest priorities.”

James A. Mercy, Editorial Board of the UN Secretary-General’s Study on Violence against Children

No longer can different professions afford to address this problem while working in isolation. Public health, criminal justice, social services, education, human rights organisations, media and businesses – all have a common interest in eliminating violence against children, and can find more efficient and effective ways to achieve this goal by working together.

PREVENTION IS THE KEY

Despite the emerging picture of the scale of violence against children, there is a great opportunity now to move towards its elimination. Violence is not an inevitable consequence of the human condition. Governments are increasingly acknowledging and enforcing their human rights obligations to children, and recognising the prevalence and long-term impact of violence. The Study has confirmed that the knowledge and capacity to prevent violence against children and reduce its consequences exist. The science base for developing effective violence prevention strategies and therapeutic interventions is expanding; the existence of evidence-based strategies demonstrates that – with sufficient commitment and investment – creative approaches to prevention can make a difference. Moreover, protecting young children from violence has vast potential for reducing all forms of violence in society, as well as reducing the long-term social and health consequences of violence against children.

Every society, no matter what its cultural, economic or social background, can and must stop violence against children now. This requires transformation of the ‘mindset’ of societies,

and the underlying economic and social conditions associated with violence.

As the Report of the United Nations Secretary-General’s Study on Violence against Children notes: “The core message of the Study is that no violence against children is justifiable; all violence against children is preventable. There should be no more excuses. Member States must act now with urgency to fulfil their human rights obligations and other commitments to ensure protection from all forms of violence. While legal obligations lie with States, all sectors of society, all individuals, share the responsibility of condemning and preventing violence against children and responding to child victims. None of us can look children in the eye if we continue to approve or condone any form of violence against them.”⁴

A GLOBAL PROBLEM

Reports of infanticide, cruel and humiliating punishment, neglect and abandonment, sexual abuse and other forms of violence against children date back to ancient civilisations.^{5,6} Recently, documentation of the magnitude and impact of violence against children shows clearly that this is a very substantial and serious global problem.^{7,8} It occurs in every country in the world in a variety of forms and settings and is often deeply rooted in cultural, economic, and social practices.

A large proportion of children in every society suffer significant violence within their homes. Only 16 States prohibit all corporal punishment against children in all settings, leaving the vast majority of the world’s child population without

“Violence against children is a violation of their human rights, a disturbing reality of our societies. It can never be justified whether for disciplinary reasons or cultural tradition. No such thing as “reasonable” levels of violence is acceptable. Legalized violence against children in one context risks tolerance of violence against children generally.”

Louise Arbour, United Nations High Commissioner for Human Rights

equal legal protection from being hit and deliberately humiliated within their homes. In addition, children face violence from those entrusted with their care in schools, in care and justice systems, as well as in places where they are working legally or illegally. In over 100 countries, children in schools suffer the reality or threat of State-authorized, legalised beating. In at least 30 States, sentences of whipping or caning are still being imposed on children in penal systems, and in many more States violent punishments are authorized in penal and care institutions.⁹

SETTINGS IN WHICH VIOLENCE OCCURS

The Study used an analytical framework based on the environments or settings in which childhood is spent – home and family, schools, care and justice systems, workplaces and the community. Chapter 2 explores the existing framework of international instruments and mechanisms applicable to violence against children. Chapters 3 to 7 focus on the forms violence takes within each of these settings. Each chapter aims to cover the settings-related background and context of violence against children, contributory factors and risks, prevalence insofar as it has been identified, impacts on children and others, and the necessary directions for preventive action and for response to violence when it occurs.

Describing children’s experience of violence is far from straightforward. Certain forms of violence against children are common in all settings. Corporal punishment and other forms of cruel or degrading punishment are used by parents and other family members at home, by those responsible for their care in

institutions, by teachers in schools, and are also inflicted on children in conflict with the law. In workplaces where children below the minimum legal age for employment are found, employers often enjoy impunity in inflicting corporal punishment on children for inadequate performance. In the community, a child who is labelled vagrant or anti-social may be assaulted or otherwise ill-treated, with impunity, by figures in authority, including police. Children forced into prostitution frequently describe their violent treatment by clients as if it were something they deserved.¹²

Sexual abuse, physical and psychological violence, and sexual harassment are forms of violence which occur in all settings. In most societies, sexual abuse of girls and boys is most common within the home or is committed by a person known to the family. But sexual violence also occurs in schools and other educational settings, by both peers and teachers. It is rife against children in closed workplaces, such as domestic labourers employed in private households. It also takes place in institutions and in the community, at the hands of people known to the victim and others. Girls suffer considerably more sexual violence than boys, and their greater vulnerability to violence in many settings is in large part a product of the influence of gender-based power relations within society. At the same time, boys are more likely to be the victims of homicide, and particularly of violence involving weapons.

Exposure to violence in one setting may well be reflected or compounded by violence in another, and the Study’s analysis has illuminated specific vulnerabilities that need to be addressed, setting by setting.

“Throughout history some children have been loved and cherished and others brutalized by violence. This report reflects that global reality. I hope it will help to promote action to address and eliminate all forms of violence against children, as an essential path to human development and peace.”

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

THE STUDY PROCESS

The Study was developed through a participatory process which included Regional, Sub-regional and National Consultations, expert thematic meetings and field visits. In March 2004, a detailed questionnaire was sent to Governments on their approaches to violence against children. A total of 136 responses had been received at the time of publishing.¹⁰

Between March and July 2005, nine Regional Consultations, for the Caribbean, South Asia, West and Central Africa, Latin America, North America, East Asia and the Pacific, the Middle East and North Africa, Europe and Central Asia, and Eastern and Southern Africa, were convened. Each Consultation brought together an average of 350 participants, including Government ministers and officials, parliamentarians, representatives of regional and other intergovernmental organisations and UN entities, non-governmental organisations (NGOs), national human rights institutions (NHRIs), other elements of civil society, including the media and faith-based organisations, and children themselves. Children participated in each Regional Consultation, which were all preceded by meetings where they developed inputs and recommendations for the Study. Outcome reports for each Regional Consultation were also produced. A number of Sub-regional and National Consultations were also held.

Governments which hosted these consultations were actively involved in the promotion of the Study. Regional organisations including the African Union, the Arab League, the Caribbean Community (CARICOM), the Council of Europe, the European Union, the Inter-American Commission on Human Rights of the Organization of American States and the South Asian Association for Regional Cooperation played important roles in the organisation of consultations. National and regional organisations have committed themselves to ongoing involvement in the follow-up to the Study.

Field visits were undertaken in Argentina, Canada, China, El Salvador, Guatemala, Haiti, Honduras, India, Israel and the Occupied Palestinian Territory (OPT), Mali, Pakistan, Paraguay, Slovenia, South Africa, Thailand, Trinidad and Tobago – thanks to the hospitality of the Governments of the countries in which visits and consultations took place.

Regular consultations with members of the Committee on the Rights of the Child and special procedure mandate holders of the former Commission on Human Rights were

“The participatory process adopted by the Study unleashed a sense of ownership; soul searching and courage in confessing what has long been denied. We have a historic opportunity to uproot all forms of violence against children and we must not waste it.”

Ambassador Moushira Khattab, Secretary General of the National Council for Childhood and Motherhood-Egypt, Vice Chair of the UN Committee on the Rights of the Child

held. The concluding observations on States parties’ reports to the Committee were analysed, as were the reports of relevant special procedure mandate holders.

Many organisations made contributions to the Study, including the International Labour Organization (ILO), the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Office on Drugs and Crime (UNODC), and the Division for the Advancement of Women of the United Nations Department of Economic and Social Affairs. A UN Inter-agency Group on Violence against Children met to develop strategies of follow-up to the Study.

This report has also drawn on many inputs made to the Study over the last three years by different stakeholders, including children. Close to 300 individuals, NGOs, and other organisations from many parts of the world responded to the call for public submissions. Contributions included submissions from children and major research reports commissioned specifically for the Study.¹¹

An NGO Advisory Panel, including children and young people, was established early in the Study process which included representatives from all regions. The Subgroup on Children and Violence established within the NGO Group for the CRC also contributed to this effort.

In addition to preparing numerous studies, the International Save the Children Alliance made a special contribution by advising on and facilitating the involvement of children, in particular in the Regional Consultations, together with UNICEF and other partners. The global Children’s Rights Information Network (CRIN) documented the progress of the Study, including the meetings with children, making it widely available on its website.

The UNICEF Innocenti Research Centre provided particular support, along with other research centres and networks who submitted information and participated in consultations. Thematic meetings were also convened on gender-based violence, violence in schools, the home and family, violence against children with disabilities; juvenile justice systems and violence against children in conflict with the law; the role of faith-based organisations; information and communication technologies; violence against child refugee and other displaced children; and on methodologies for measuring violence.

“Violence against children is a serious breach of human rights, which must end NOW! Let us continue to work together to make this world a world free from any forms of violence against children.”

Charlotte Petri Gornitzka, Secretary General, Save the Children Sweden

HIDDEN DIMENSIONS OF VIOLENCE AGAINST CHILDREN

Only a small proportion of acts of violence against children is reported and investigated, and few perpetrators held to account. In many parts of the world there are no systems responsible for recording, or thoroughly investigating, reports of violence against children. Where official statistics based on reports of violence in the home and other settings exist, they dramatically underestimate the true magnitude of the problem.

There are various reasons for this lack of reporting. Very young children who suffer violence in their homes lack the capacity to report. Many children are afraid to report incidents of violence against them for fear of reprisals by perpetrators, or of interventions by authorities which may worsen their overall situation.

In many cases parents, who should protect their children, are silent if the violence is perpetrated by a spouse or other family member, or a more powerful member of society such as an employer, a police officer, or community leader. Fear is closely related to the stigma frequently attached to reporting violence. In societies where patriarchal notions of family ‘honour’ are valued above girls’ human rights and well-being, an incident of rape or sexual violence can lead to ostracism of the victim, further violence and even death at the hands of her family.

Many Governments lack systems for consistent registration of births, leading to a lack of formal identity that can place infants and small children at risk. Many also lack rigorous investigation

into and registration of child deaths. Although millions of girls are married before the age of 18, lack of marriage registration makes the problem difficult to track.¹³ Few States consistently record and report on the placement of children in institutions and alternative care, or in detention, and fewer still collect information about violence against children in such placements.

Persistent social acceptance of some types of violence against children is a major factor in its perpetuation in almost every State. Children, the perpetrators of violence against them and the public at large may accept physical, sexual and psychological violence as an inevitable part of childhood. Laws in a majority of States still condone ‘reasonable’ or ‘lawful’ corporal punishment and reflect societal approval of violence when it is described or disguised as ‘discipline’ (see Figure 1.1). Corporal punishment and other forms of cruel or degrading punishment, bullying and sexual harassment, and a range of violent traditional practices may be perceived as normal, particularly when no lasting visible physical injury results.

No country can measure its progress towards the elimination of violence against children without reliable data. To estimate the magnitude and nature of non-fatal violence against children accurately, surveys are required that explore the use of violence by parents and other adults, experiences of violence in childhood, and current health status and health-risk behaviours of children and adults. Fatal violence against children can only be measured accurately through comprehensive death registration, investigation and reporting systems.

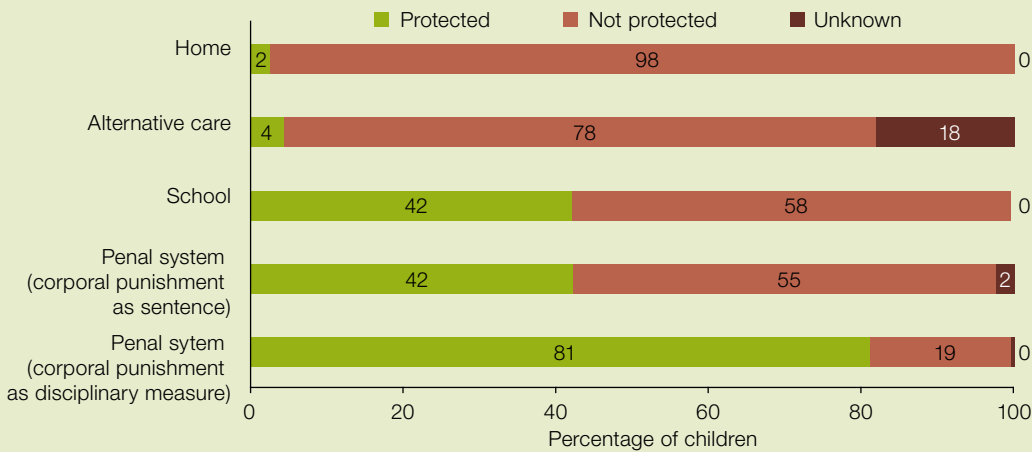
“How can we expect children to take human rights seriously and to help build a culture of human rights, while we adults not only persist in slapping, spanking, smacking and beating them, but actually defend doing so as being ‘for their own good’? Smacking children is not just a lesson in bad behaviour; it is a potent demonstration of contempt for the human rights of smaller, weaker people.”

Thomas Hammarberg, Commissioner for Human Rights of the Council of Europe, 2006¹¹



FIGURE 1.1

Percentage of the world’s children who are legally protected from corporal punishment



Source: Global Initiative to End all Corporal Punishment of Children (2006). *Global Summary of the Legal Status of Corporal Punishment of Children*. 28 July 2006.

RANGE AND SCALE OF THE PROBLEM

A variety of initiatives, ranging from international comparative studies to small-scale interview studies with children at local level, are providing a clearer picture of the magnitude and pervasive nature of the problem in all regions. Information generated by these initiatives indicates that, while some violence against children is perpetrated by strangers, the vast majority of violent acts is perpetrated by people who are part of the child victim’s immediate environment: parents and the wider family, boyfriends or girlfriends, spouses and partners, teachers, school-mates, and employers. The following examples

give some idea of the range and scale of violence against children covered by the Study:

- WHO estimates that almost 53,000 child deaths in 2002 were homicides.¹⁴ (See Annex for regional homicide rates by age, income group and sex.)
- In the Global School-Based Student Health Survey carried out in a wide range of developing countries, between 20% and 65% of school-aged children reported having been verbally or physically bullied in school in the previous 30 days.¹⁵ Similar rates of bullying have been found in industrialised countries.¹⁶

“I hate being a child, I hate being hit and I hate being taken for granted. I have feelings and emotions. I need love, care, protection and attention.”

Girl, 13, South Asia, 2005¹¹¹

- An estimated 150 million girls and 73 million boys under 18 have experienced forced sexual intercourse or other forms of sexual violence involving physical contact.¹⁷
- UNICEF estimates that in sub-Saharan Africa, Egypt and Sudan, 3 million girls and women are subjected to FGM every year.¹⁸
- ILO estimates that 218 million children were involved in child labour in 2004, of whom 126 million were engaged in hazardous work.¹⁹ Estimates from 2000 suggest that 5.7 million were in forced or bonded labour, 1.8 million in prostitution and pornography, and 1.2 million were victims of trafficking.²⁰
- Only 2.4% of the world’s children are legally protected from corporal punishment in all settings.²¹

RISK FACTORS AND PROTECTIVE FACTORS

The 2002 *World Report on Violence and Health* adopted an ‘ecological model’ to help understand the multi-level, multi-faceted nature of violence. As an analytical tool, the model recognises that a wide and complex range of factors increases the risk of violence and helps to perpetuate it – or, alternatively may protect against it. As illustrated in Figure 1.2, the ecological model identifies personal history and characteristics of the victim or perpetrator, his or her family, the immediate social context (often referred to as community factors) and the characteristics of the larger society. In contrast to

simplistic explanations, the model emphasises that it is a *combination* of factors, acting at different levels, which influence the likelihood that violence will occur, recur, or cease. The various factors relevant to the different levels of the ecological model will also be affected by the context of the settings that children interact with – in their home and family environment, at school, in institutions and workplaces, as well as in their community and broader society.

For example, economic development, social status, age and gender are among the many risk factors associated with fatal violence. WHO estimates that the rate of homicide of children in 2002 was twice as high in low-income countries than high-income countries (2.58 versus 1.21 per 100,000 population). As can be seen in Figure 1.3, the highest child homicide rates occur among adolescents, especially boys, aged 15 to 17 years (3.28 per 100,00 for girls, 9.06 for boys) and among children aged 0 to 4 years (1.99 for girls, 2.09 for boys).²² However, studies on infant homicide are urgently needed to strengthen the reliability of these estimates and to determine the extent of practices such as female infanticide in various regions.

Available data suggest that young children are at greatest risk of physical violence, while sexual violence predominantly affects those who have reached puberty or adolescence. Boys appear to be at greater risk of physical violence than girls, while girls face greater risk of neglect and sexual violence.²³ Social and cultural patterns of behaviour, socio-economic factors including inequality and unemployment, and stereotyped gender-roles also play an important role.

Some groups or categories of children are especially vulnerable to different forms of violence. For example, higher levels of vulnerability are associated with children with disabilities, orphaned children (including the millions orphaned by AIDS), indigenous children, children from ethnic minorities and other marginalised groups, children living or working on the streets, children in institutions and detention, children living in communities in which inequality, unemployment and poverty are highly concentrated, child refugees and other displaced children. Gender also plays a key role, as girls and boys are at different risk for different kinds of violence.

Global issues also play a part, including increasing inequality between and within States, migration, urbanisation, and armed conflict. Addressing these challenges, as well as reaching internationally agreed objectives such as

the Millennium Development Goals, will aid the elimination of violence against children.

At the same time, other factors may prevent or reduce the likelihood of violence. Although more research is needed on these protective factors, it is clear that the development of strong attachment bonds between parents and children, and the nurturing of relationships with children that do not involve violence or humiliation within stable family units, can be powerful sources of protection for children.

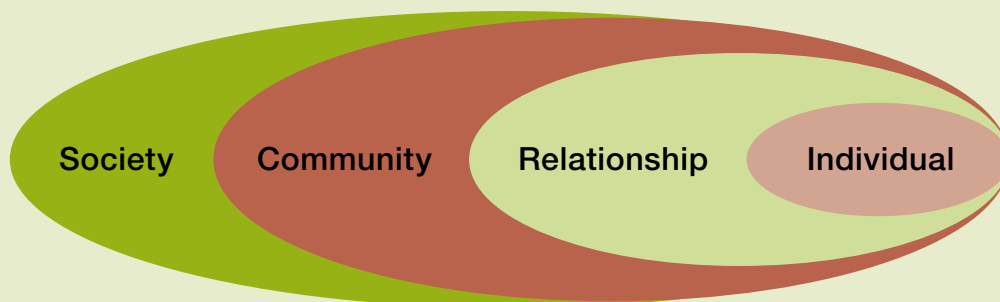
Factors applicable to the prevention of violence in the various settings are described in Chapters 3 to 7.

THE DEVASTATING IMPACT OF VIOLENCE

Although the consequences of violence against children vary according to its nature and sever-

FIGURE 1.2

Ecological model for understanding risk factors and protective factors of violence



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

ity, the short- and long-term repercussions can be devastating (see Table 1.1). Early exposure to violence is critical because it can have an impact on the architecture of the maturing brain. In the case of prolonged violence, including witnessing violence, the disruption of nervous and immune systems can lead to social, emotional, and cognitive impairments, as well as behaviours that cause disease, injury and social problems.²⁴

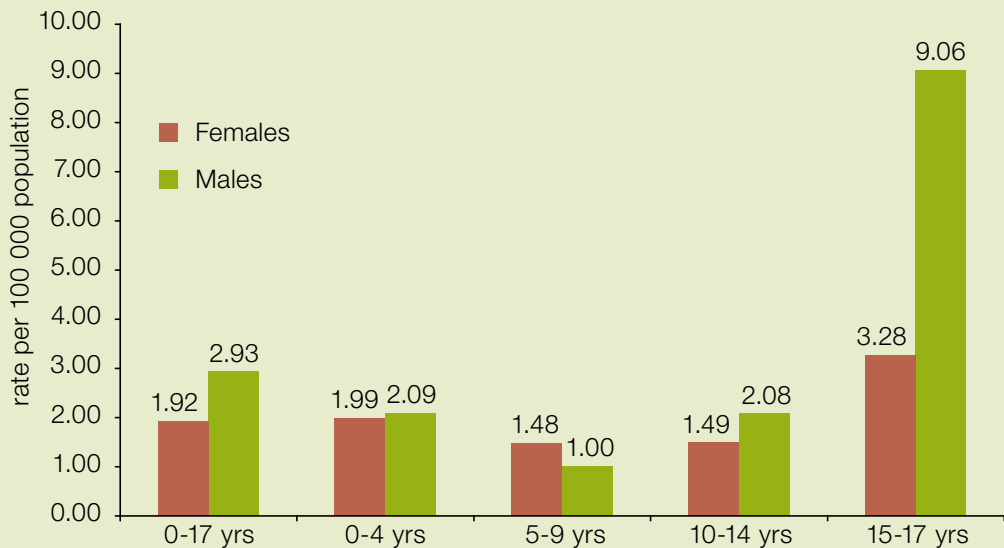
Exposure to violence in childhood may also result in greater susceptibility to lifelong social, emotional, and cognitive impairments, to obesity, and to health-risk behaviours such

as substance abuse, early sexual activity, and smoking.^{25,26} Related mental health and social problems include anxiety and depressive disorders, hallucinations, impaired work performance, memory disturbances, as well as aggressive behaviour. These risks are also associated later on in life with lung, heart, and liver disease, sexually transmitted diseases and foetal death during pregnancy, as well as intimate partner violence, and suicide attempts.^{27,28}

Exposure to violence in the community is also associated with troubling health behavioural, and social consequences. Associations have

FIGURE 1.3

Estimated child homicide rates by age and sex



Source: WHO (2006). *Global Estimates of Health Consequences due to Violence against Children. Background Paper to the UN Study on Violence against Children. Geneva, World Health Organization.*

“UBUNTU is an embodiment of humaneness, empathy, respect, dignity and many other such values and it can only result from an investment of the same values in the children themselves. Let us leave a legacy consistent with ensuring UBUNTU in the world by speaking and acting against abuse of all children.”

Adv. Thoko Majokweni, Head of the SOCA Unit: National Prosecuting Authority of South Africa



TABLE 1.1 – Acute and long-term consequences of violence against children

Physical health consequences

- Abdominal/thoracic injuries
- Brain injuries
- Bruises and welts
- Burns and scalds
- Central nervous system injuries
- Fractures
- Lacerations and abrasions
- Damage to the eyes
- Disability

Sexual and reproductive consequences

- Reproductive health problems
- Sexual dysfunction
- Sexually transmitted diseases, including HIV/AIDS
- Unwanted pregnancy

Psychological consequences

- Alcohol and drug abuse
- Cognitive impairment
- Criminal, violent and other risk-taking behaviours
- Depression and anxiety
- Developmental delays
- Eating and sleep disorders
- Feelings of shame and guilt



“Nations will not prosper if their children do not heal. To suffer violence in childhood is to be wounded in the soul, and if not healed, to go on to inflict pain on others as well as oneself. No child should be a victim of violence. All children have the right to protection and to first call on their nations’ resources. The time to fulfil their rights is now.”

Hon. Landon Pearson, Director, Landon Pearson Resource Centre for the Study of Childhood and Children’s Rights, Carleton University, Canada

Continued

TABLE 1.1 – Acute and long-term consequences of violence against children

Hyperactivity	
Poor relationships	
Poor school performance	
Poor self-esteem	
Post-traumatic stress disorder	
Psychosomatic disorders	
Suicidal behaviour and self-harm	
Other longer-term health consequences	
Cancer	
Chronic lung disease	
Irritable bowel syndrome	
Ischaemic heart disease	
Liver disease	
Reproductive health problems such as infertility	
Financial consequences	
Direct costs:	Treatment, visits to the hospital doctor and other health services
Indirect costs:	Lost productivity, disability, decreased quality of life and premature death
Costs borne by criminal justice system and other institutions:	Expenditures related to apprehending and prosecuting offenders. Costs to social welfare organisations, costs associated with foster care, to the educational system and costs to the employment sector arising from absenteeism and low productivity

Source: Runyan D et al. (2002). Child Abuse and Neglect by Parents and Other Caregivers. In: Krug EG et al. (Eds). World Report on Violence and Health. Geneva, World Health Organization, pp 59–86.

been established between exposure to community violence and post-traumatic stress disorder (PTSD), depression, antisocial behaviours, substance abuse, decline in academic performance, problematic peer relations, and greater involvement with the criminal justice system.

While there is little information available about the global economic costs of violence against children, in particular from the developing world, the variety of short- and long-term consequences associated with it suggest that the economic costs to society are significant. In the United States, the financial costs associated with child abuse and neglect, including future lost earnings and cost of mental health care, were estimated in 2001 to amount to US\$ 94 billion.²⁹

PRINCIPLES AND RECOMMENDATIONS

Efforts to prevent and respond to violence against children must be multi-faceted and adjusted according to the form of violence, its setting and the perpetrator or perpetrators. Whatever the action taken, the best interests of the child must always be the primary consideration.

The Study Report to the UN General Assembly has identified a number of key principles which are reflected in his recommendations:

- No violence against children is justifiable. Children should never receive less protection than adults;
- All violence against children is preventable. States must invest in evidence-based policies and

programmes to address factors that give rise to violence against children;

- States have the primary responsibility to uphold children's rights to protection and access to services, and to support families' capacity to provide children with care in a safe environment;
- States have the obligation to ensure accountability in every case of violence;
- The vulnerability of children to violence is linked to their age and evolving capacity. Some children, because of gender, race, ethnic origin, disability or social status are particularly vulnerable;
- Children have the right to express their views and have them given due weight in the planning and implementation of policies and programmes.

The Study has developed overarching and setting-specific recommendations, which are included in the Study Report to the General Assembly. The overarching recommendations outline broad actions that all States must take to prevent violence against children and to respond to it effectively if it occurs. These are supplemented by additional recommendations for specific settings: the home and family, schools, care and justice systems, places where children are working legally or illegally, and the community; these are found in the conclusions to each of the Chapters 3 to 7.

The recommendations presented here are addressed primarily to Governments, referring to their legislative, administrative, judicial, policy-making, service delivery and institu-

“This study provides a comprehensive assessment of the impacts of violence on children. It is clear that protection of children is everyone’s responsibility.”

Ann M. Veneman, Executive Director, UNICEF

tional functions. Some recommendations are directed at the role of other partners and sectors of society, such as civil society organisations, which are also of critical importance.

OVERARCHING RECOMMENDATIONS

1. Strengthen national and local commitment and action

I recommend that all States develop a multi-faceted and systematic framework to respond to violence against children which is integrated into national planning processes. A national strategy, policy or plan of action on violence against children with realistic and time-bound targets, coordinated by an agency with the capacity to involve multiple sectors in a broad-based implementation strategy, should be formulated. National laws, policies, plans and programmes should fully comply with international human rights and current scientific knowledge. The implementation of the national strategy, policy or plan should be systematically evaluated according to established targets and timetables, and provided with adequate human and financial resources to support its implementation.

An integrated and systematic framework to tackle violence against children should include components to address the prevention of violence in all settings, care and rehabilitation for child victims, awareness-raising and capacity building, and research and data collection.

2. Prohibit all violence against children

I urge States to ensure that no person below 18 years of age should be subjected to the death penalty and sentences of life imprisonment without possibility of release. I recommend that States take all necessary measures to immediately suspend the execution of all death penalties imposed on persons for having committed a crime before the age of 18, and take the appropriate legal measures to convert them into penalties in conformity with international human rights standards. Death penalty as a sentence imposed on persons for crimes committed before the age of 18 should be abolished as a matter of highest priority.

I urge States to prohibit all forms of violence against children, in all settings, including all corporal punishment, harmful traditional practices, such as early and forced marriages, female genital mutilation and so-called honour crimes, sexual violence, torture and other cruel, inhuman or degrading punishment and treatment, as required by international treaties, including the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and the Convention on the Rights of the Child. I draw attention to General Comment No. 8 (2006) of the Committee on the Rights of the Child on the right of the child to protection from corporal punishment and other cruel or degrading forms of punishment (articles 19, 28, para 2 and 37, inter alia) (CRC/C/GC/8).

“Commitments should be translated into concrete, time-bound targets.”

Jaap Doek, Chairperson of the UN Committee on the Rights of the Child

The first purpose of clear prohibition of violence is educational – to send a clear message across societies that all violence against children is unacceptable and unlawful, to reinforce positive, non-violent social norms. There should be no impunity for those who perpetrate violence against children, but care must be taken to ensure that child victims do not suffer further through insensitive enforcement of the law. Prosecutions and formal interventions, in particular within the family, should occur when necessary to protect a child from significant harm and when judged to be in the best interests of the child. Strong and enforceable legal sanctions should be implemented to deter violence against children.

3. Prioritise prevention

I recommend that States prioritise preventing violence against children by addressing its underlying causes. Just as resources devoted to intervening after violence has occurred are essential, States should allocate adequate resources to address risk factors and prevent violence before it occurs. Policies and programmes should address immediate risk and factors such as lack of parent–child attachment, family breakdown, abuse of alcohol or drugs, and reducing access to guns and other weapons. In line with the Millennium Development Goals, attention should be focused on economic and social policies that address poverty, gender and other forms of inequality, income gaps, unemployment, urban overcrowding, and other factors which undermine society.

Prevention takes many forms, including those set out in other overarching recommendations: developing a consistent legal and policy framework prohibiting all forms of violence; challenging social norms which condone violence, and enhancing the capacity of all those who work with and for children and families to promote non-violence.

4. Promote non-violent values and awareness-raising

I recommend that States and civil society should strive to transform attitudes that condone or normalise violence against children, including stereotypical gender roles and discrimination, acceptance of corporal punishment, and other harmful traditional practices. States should ensure that children’s rights are disseminated and understood, including by children. Public information campaigns should be used to sensitize the public about the harmful effects that violence has on children. States should encourage the media to promote non-violent values and implement guidelines to ensure full respect for the rights of the child in all media coverage.

Positive, non-violent environments must be created for and with children, in their homes, schools, other institutions and communities, including through public and parent education, advocacy campaigns and training. Social and cultural attitudes and actions which plainly conflict with human rights must be confronted with sensitivity because of people’s attachment to their traditions.

5. Enhance the capacity of all who work with and for children

I recommend that the capacity of all those who work with and for children to contribute to eliminate all violence against them must be developed. Initial and in-service training which imparts knowledge and respect for children's rights should be provided. States should invest in systematic education and training programmes both for professionals and non-professionals who work with or for children and families to prevent, detect and respond to violence against children. Codes of conduct and clear standards of practice, incorporating the prohibition and rejection of all forms of violence, should be formulated and implemented.

While many services contribute to the prevention of violence against children, all need to consider how to maximise their potential for prevention, including through the specific training of all who work with children. Systematic and long-term support, in pre-service as well as in-service training, is needed at all levels to ensure highly functional staff and high-quality services for children.

6. Provide recovery and social reintegration services

I recommend that States provide accessible, child-sensitive and universal health and social services, including pre-hospital and emergency care, legal assistance to children and, where appropriate, their families when violence is detected

or disclosed. Health, criminal justice, and social service systems should be designed to meet the special needs of children.

Violence against children can have a range of serious health and social outcomes, costly both to individuals and to society. Minimising these consequences of violence will require a variety of treatment and support services. Services focused on rehabilitation and reintegration may also help to reduce the risk of child victims of violence continuing the cycle of violence.

7. Ensure the participation of children

I recommend that States actively engage with children and respect their views in all aspects of prevention, response and monitoring of violence against them, taking into account article 12 of the Convention on the Rights of the Child. Children's organisations and child-led initiatives to address violence, guided by the best interests of the child, should be supported and encouraged.

The CRC elaborates children's right to express their views freely on all matters that affect them and to have those views given due weight. Children's own views and experiences must contribute to prevention and other interventions to stop violence against them. Children – acting voluntarily and with appropriate ethical safeguards – can make a significant contribution to both describing the problem of violence against them, and also to the design of services and other interventions that they can trust and use. The obligation to ascertain and take children's views seriously must be built

“No matter whether violence against children occurs in the family, school, community, institution or workplace, health workers are the front line for responding to it. We must make our contribution to ensuring that such violence is prevented from occurring in the first place, and that where it does occur children receive the best possible services to reduce its harmful effects.”

Anders Nordström, Acting Director-General, WHO



into the legal framework for child protection and must inform the training of all those who work with children and families. Child victims of violence must not be simply objects of concern, but treated as individual people with rights and views of their own. Children must invariably be listened to and taken seriously.

8. Create accessible and child-friendly reporting systems and services

I recommend that States should establish safe, well-publicised, confidential and accessible mechanisms for children, their representatives and others to report violence against children. All children, including those in care and justice institutions, should be aware of the existence of mechanisms of complaint. Mechanisms such as telephone helplines through which children can report violence, speak to a trained counsellor in confidence and ask for support and advice should be established and the creation of other ways of reporting violence through new technologies should be considered.

Retrospective studies, questioning young adults about their childhood experiences, reveal that the majority of child victims did not talk to anyone or approach child protection services during their childhood, even in States which have highly developed systems. Reasons included not knowing where to go for help, a lack of services, lack of trust in the services or in some cases fear of reprisals from the perpetrator.

In many countries, certain professional groups are under a legal obligation to report any con-

cerns about violence against children under mandatory reporting systems. In a few countries, the public are under the same legal duty. The Study has heard varying views about mandatory reporting. It is essential that every Government should review existing reporting systems and involve children or young adults with recent experience of child protection services in the review.

In every locality and every setting which includes children, there should be well-publicised and easily accessible services required to investigate reports or indications of violence against children. There should also be access to services where children can go to talk in confidence about anything that is worrying or hurting them. Providing confidential services for children – services which guarantee that they will not report to others or take action without the child’s consent, unless the child is at immediate risk of death or serious harm – remains controversial in many countries. Making confidential services available to children, including those most vulnerable to violence, challenges outdated concepts of parental ‘ownership’ of their children. Yet what we now know about intra-familial violence demands that children should have the rights to seek confidential advice and help.

9. Ensure accountability and end impunity

I recommend that States should build community confidence in the justice system by, inter alia, bringing all perpetrators of violence against children to justice and ensure that they are held accountable through appropriate

criminal, civil, administrative and professional proceedings and sanctions. Persons convicted of violent offences and sexual abuse of children should be prevented from working with children.

Governments must develop child-sensitive procedures for investigating cases of violence, which avoid subjecting the victim to multiple interviews and examinations. Court processes must ensure that child witnesses are treated sensitively, that they are not subjected to extended court proceedings, and that their privacy is respected. The stress of court proceedings can be reduced through the use of technology such as video-taped evidence, courtroom screens, and witness-preparation programmes as well as access to child-friendly legal support.

When parents or other family members are the perpetrators of violence, decisions concerning formal interventions and prosecutions must be made according to the best interests of the child. When the perpetrator is another child, the response should be focused on rehabilitation, while ensuring the protection of the affected child.

The risk of perpetrators of violence against children re-offending should be minimised by appropriate treatment. Governments should be encouraged to review the situation of perpetrators currently serving sentences to determine whether their sentence or treatment is minimising the risk of re-offending, and make appropriate recommendations for future sentencing and treatment, focused on this aim.

10. Address the gender dimension of violence against children

I recommend that States ensure that anti-violence policies and programmes are designed and implemented from a gender perspective, taking into account the different risks facing girls and boys in respect of violence. States should promote and protect the human rights of women and girls, and address all forms of gender discrimination as part of a comprehensive violence prevention strategy.

Girls and boys are at different risk for different forms of violence across different settings. All research into violence against children and into strategies to prevent and respond to it should be designed to take gender into account. In particular, the Study has found a need for men and boys to play active roles and exercise leadership in efforts to overcome violence.

11. Develop and implement systematic national data collection and research efforts

I recommend that States improve data collection and information systems in order to identify vulnerable sub-groups, inform policy and programming at all levels, and track progress towards the goal of preventing violence against children. States should use national indicators based on internationally agreed standards, and ensure that data are compiled, analysed and disseminated to monitor progress over time. Where not currently in place, birth, death

“How is it that Africa, a continent so rich in resources, cultures and values, today fails to protect its own children, its present and future resource?”

Young refugee, Eastern and Southern Africa, 2005^{IV}

and marriage data registries with full national coverage should be created and maintained. States should also create and maintain data on children without parental care, and on children in the criminal justice system. Data should be disaggregated by sex, age, urban/rural, household and family characteristics, education and ethnicity. States should also develop a national research agenda on violence against children across settings where violence occurs, including through interview studies with children and parents, with particular attention to vulnerable groups of girls and boys.

The development of a national research agenda on violence against children across settings is critical for knowledge building and improved programme development. Such plans should include children, parents, service providers and others, and use a range of methods such as interview studies, improved reporting and registration systems and investigation procedures, and regular surveys, with particular attention given to vulnerable groups of girls and boys.

No country can be complacent about violence against children and more research into prevalence, causes, and prevention is needed everywhere. Our ability to determine the magnitude, characteristics, and trends of many forms of violence against children is poor, even in industrialised countries. All countries must increase their capacity to monitor deaths, injuries and behaviours associated with violence against children to determine whether the problem is getting better or worse, and the association

between these trends and various strategies for prevention. Internationally accepted uniform standards for collecting data on violence against children are needed to enhance comparability, and ensure appropriate ethical safeguards.

While some progress has been made in the identification of effective strategies for preventing some forms of violence against children in a few countries, additional research is needed to identify and evaluate policies and programmes that are appropriate and effective in preventing all forms of violence against children, and especially for vulnerable girls and boys.

12. Strengthen international commitment

I recommend that all States should ratify and implement the Convention on the Rights of the Child and its two Optional Protocols on the involvement of children in armed conflict and on the sale of children, child prostitution and child pornography. All reservations which are incompatible with the object and purpose of the Convention and the Optional Protocols should be withdrawn in accordance with the Vienna Declaration and Plan of Action of the World Conference on Human Rights of 1993. States should ratify all relevant international and regional human rights instruments that provide protection for children including the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and its Optional Protocol; the Rome Statute of the International Criminal Court; the Convention on the Elimination of

All Forms of Discrimination against Women and its Optional Protocol; ILO Conventions No. 138 on the Minimum Age for Admission to Employment and No. 182 on the Worst Forms of Child Labour; and the United Nations Convention against Transnational Organized Crime and the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime. States should implement all their international legal obligations and strengthen their cooperation with the treaty bodies.

I recommend that States act in conformity with their commitments on the prevention of violence made at the UN General Assembly Special Session on Children, and in the context of the WHO Health Assembly resolution on implementing the recommendations of the World Report on Violence and Health,³⁰ and other regional public health resolutions that reinforce this resolution.

IMPLEMENTATION AND FOLLOW-UP

The Study Report submitted to the General Assembly emphasised that the primary responsibility for implementing the recommendations rests with Governments. However, the participation of other actors at national, regional and international level is critical to assist Governments to carry out their com-

mitments. These include UN entities, civil society organisations including national human rights institutions, professional bodies such as doctors' and nurses' associations, community associations, educators, parents and children. The key strategies for implementation are set out below.

NATIONAL AND REGIONAL LEVEL

Above all, the Study has focused on improving implementation at the country level, for the benefit of all girls and boys. To this end, the Report to the UN General Assembly emphasises the urgency of country-level action and sets targets for Governments:

- The integration in national planning processes of measures to prevent and respond to violence against children should take place by 2007 and should include the identification of a focal point, preferably at ministerial level.
- Prohibiting all violence against children by law and initiating a process to develop reliable national data collection systems should be achieved by 2009.

The report also urges Governments to provide information on implementation of the Study's recommendations in their periodic reports to the Committee on the Rights of the Child.

International organisations should encourage and support Governments in the implementation of these recommendations. International financial institutions should review their policies and activities to take account of the impact they may have on children. UN country teams

should include measures to address violence against children within poverty reduction strategies, coordinated country assessments and development assistance frameworks.

Governments should consider establishing an ombudsperson or commissioner for children's rights – complying with the Paris Principles.³¹ Working closely with other agencies concerned with public health and child protection issues, these independent institutions should have a clear mandate to monitor children's rights at national, regional and local levels. Where appropriate, they should have the competence to receive and investigate complaints on violations of children's rights from the public, including from children.

In light of the contribution of regional organisations to the development of the Study, regional entities should be involved in the implementation and follow-up of its recommendations. The further development of regional mechanisms should be encouraged as an important part of the overall framework for follow-up. Regional human rights protection systems are also encouraged to monitor implementation of the Study's recommendations.

INTERNATIONAL LEVEL

In view of the importance of multi-sectoral coordination to address violence against children, the Study Report has proposed that Governments establish a Special Representative of the Secretary-General on Violence against Children. The Special Representative should act as a high-profile global advocate to promote prevention and elimination of all vio-

lence against children, to encourage international and regional cooperation, and to ensure follow-up and monitoring of the Study's recommendations.

The Special Representative should disseminate and promote the Study recommendations in different international, regional and national forums, and provide a periodic report to the Human Rights Council and the General Assembly. In addition, a report on implementation of the Study recommendations is proposed for the sixty-fifth session of the General Assembly in 2010.

The Special Representative should work closely with, but not duplicate the work of, the Committee on the Rights of the Child, the Special Representative of the Secretary-General for children in armed conflict, the Special Rapporteur on the sale of children, child prostitution and child pornography, and the Special Rapporteurs on violence against women and on trafficking in persons. He or she should collaborate with regional human rights protection systems and all other regional and national follow-up initiatives.

It is recommended that the Special Representative should have an initial mandate of four years. Building on the successful interagency collaboration that marked the Study, he or she should be supported by OHCHR, UNICEF and WHO. The United Nations Inter-agency Group on Violence against Children, with representation from NGOs and children, should also support follow-up.

REFERENCES

- 1 Krug EG et al. (Eds) (2002). *World Report on Violence and Health*. Geneva, World Health Organization.
- 2 Krug EG et al. (Eds.) (2002). *World Report on Violence and Health*. Geneva, World Health Organization, p 5.
- 3 Shonkoff JP, Phillips DA (Eds) (2000). *From Neurons to Neighbourhoods: The Science of Early Childhood Development*. Washington DC, National Academy Press.
- 4 Krug EG et al. (Eds) (2002). *World Report on Violence and Health*. Geneva, World Health Organization.
- 5 Ten Benschel RW, Rheinberger MM, Radbill SX (1997). Children in a World of Violence: The Roots of Child Maltreatment. In: Helfer M et al. (Eds). *The Battered Child*. Chicago, University of Chicago Press, pp 3–28.
- 6 United Nations Secretary-General (2006). *Report of the Independent Expert for the United Nations Study on Violence against Children*. Promotion and protection of the rights of children. United Nations General Assembly, Sixty-first session. A/61/299.
- 7 Reza A et al. (2001). Epidemiology of Violent Deaths in the World. *Injury Prevention*, 7: 104–111.
- 8 Krug E et al. (Eds) (2002). *World Report on Violence and Health*. Geneva, World Health Organization.
- 9 Global Initiative to End all Corporal Punishment of Children (2006). *Global Summary of the Legal Status of Corporal Punishment of Children*. 28 June 2006.
- 10 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.
- 11 The list of submissions is available at the website of the United Nations Secretary-General's Study on Violence against Children: <http://www.violencestudy.org>.
- 12 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.
- 13 Bruce J (2002). *Married Adolescents Girls: Human Rights, Health and Development Needs of a Neglected Majority*. Paper presented by the Population Council at the Supporting Event: Early Marriage in a Human Rights Context, United Nations Special Session on Children, 8–10 May 2002.
- 14 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.
- 15 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).
- 16 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.
- 17 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, based on estimates by Andrews G et al. (2004). *Child Sexual Abuse*. Ch. 23 in Ezzati M et al. (2004). *Comparative Quantification of Health Risks: Global and Regional Burden of Disease Attributable to Selected Major Risk Factors*, Vol 2. Geneva, World Health Organization, pp. 1851–1940, and using UN Population Division data for the population under 18 years.
- 18 UNICEF (2005). Changing a Harmful Social Convention: Female Genital Mutilation/Cutting. *Innocenti Digest*. Florence, UNICEF Innocenti Research Centre.
- 19 ILO (2006). *The End of Child Labour: Within Reach. Global Report*. Geneva, International Labour Organization.
- 20 ILO (2002). *A Future Without Child Labour. Global Report*. Geneva, International Labour Organization.

- 21 Global Initiative to End all Corporal Punishment of Children (2006). *Global Summary of the Legal Status of Corporal Punishment of Children*. 28 June 2006.
- 22 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.
- 23 Runyan D et al. (2002). Child Abuse and Neglect by Parents and Other Caregivers. In: Krug EG et al. (Eds). *World Report on Violence and Health*. Geneva, World Health Organization, pp 59–86.
- 24 Perry BD (2001). The Neurodevelopmental Impact of Violence in Childhood. In: Schetky D, Benedek EP (Eds). *Textbook of Child and Adolescent Forensic Psychiatry*. Washington DC, American Psychiatric Press, pp 221–238.
- 25 Felitti VJ et al. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine* 14: 245–258.
- 26 Centers for Disease Control and Prevention (2006). *Adverse Childhood Experiences Study*. Atlanta, GA, National Centers for Injury Prevention and Control, Centers for Disease Control and Prevention. Available at: <http://www.cdc.gov/NCCDPHP/ACE>.
- 27 Centers for Disease Control and Prevention (2006). *Adverse Childhood Experiences Study*. Atlanta, GA, National Centers for Injury Prevention and Control, Centers for Disease Control and Prevention. Available at: <http://www.cdc.gov/NCCDPHP/ACE>.
- 28 Panel on Research on Child Abuse and Neglect, Commission on Behavioral and Social Sciences and Education, National Research Council (1999). *Understanding Child Abuse and Neglect*. Washington DC, National Academy Press.
- 29 Fromm S (2001). *Total Estimates of the Cost of Child Abuse and Neglect in the United States – Statistical Evidence*. Chicago (IL), Prevent Child Abuse America (PCAA). Cited on: August 14 2006. Available at: http://www.preventchildabuse.org/learn_more/research_docs/cost_analysis.pdf.
- 30 WHO (2003). *Implementing the Recommendations of the World Report on Violence and Health*. Report on the World Health Assembly, WHA56.24, Fifty-sixth World Health Assembly. Geneva, World Health Organization.
- 31 United Nations (1993). *Principles Relating to the Status and Functioning of National Institutions for Protection and Promotion of Human Rights*. Available at: <http://www.unhchr.ch/html/menu6/2/fs19.htm#annex>. These recommendations were endorsed by the General Assembly in its resolution A/RES/48/134 of 20 December 1993.

QUOTES

- I United Nations Secretary-General's Study on Violence against Children (2005). *Regional Consultation Outcome Report: South Asia*, p 3. Available at: <http://www.violencestudy.org/r27>.
- II Commissioner for Human Rights (2006). *Children and corporal punishment: The right not to be hit, also a children's right*. Issue paper 2006/1. 6 June 2006. Strasbourg, Council of Europe.
- III United Nations Secretary-General's Study on Violence against Children (2005). *Regional Desk Review: South Asia*, p 23. Available at: <http://www.violencestudy.org/r27>.
- IV United Nations Secretary-General's Study on Violence against Children (2005). *Regional Consultation Outcome Report: Eastern and Southern Africa*, p 18. Available at: <http://www.violencestudy.org/r27>.
- V Council of Europe (2006). Monaco launching conference for 'Building a Europe for and with Children', 4-5 April 2006. Available at: http://www.coe.int/t/transversalprojects/children/events/monacoLaunch_en.asp
- VI Council of Europe (2006). Monaco launching conference for 'Building a Europe for and with Children', 4-5 April 2006. Available at: http://www.coe.int/t/transversalprojects/children/events/monacoLaunch_en.asp