

Violence against children

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Key facts

- **Violence against children includes all forms of violence against people under 18 years old, whether perpetrated by parents or other caregivers, peers, romantic partners, or strangers.**
 - **Globally, it is estimated that up to 1 billion children aged 2–17 years, have experienced physical, sexual, or emotional violence or neglect in the past year (1).**
 - **Experiencing violence in childhood impacts lifelong health and well-being.**
 - **Target 16.2 of the 2030 Agenda for Sustainable Development is to “end abuse, exploitation, trafficking and all forms of violence against, and torture of, children”.**
 - **Evidence from around the world shows that violence against children can be prevented.**
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Types of violence against children

Most violence against children involves at least one of six main types of interpersonal violence that tend to occur at different stages in a child's development.

- **Maltreatment (including violent punishment) involves physical, sexual and psychological/emotional violence; and neglect of infants, children and adolescents by parents, caregivers and other authority figures, most often in the home but also in settings such as schools and orphanages.**
- **Bullying (including cyber-bullying) is unwanted aggressive behaviour by another child or group of children who are neither siblings nor in a romantic relationship with the victim. It involves repeated physical, psychological or social harm, and often takes place in schools and other settings where children gather, and online.**
- **Youth violence is concentrated among children and young adults aged 10–29 years, occurs most often in community settings between acquaintances and strangers, includes bullying and physical assault with or without weapons (such as guns and knives), and may involve gang violence.**
- **Intimate partner violence (or domestic violence) involves physical, sexual and emotional violence by an intimate partner or ex-partner. Although males can also be victims, intimate partner violence disproportionately affects females. It commonly occurs against girls within child marriages and early/forced marriages. Among romantically involved but unmarried adolescents it is sometimes called “dating violence”.**
- **Sexual violence includes non-consensual completed or attempted sexual contact and acts of a sexual nature not involving contact (such as voyeurism or sexual harassment); acts of sexual trafficking committed against someone who is**

unable to consent or refuse; and online exploitation.

- **Emotional or psychological violence includes restricting a child's movements, denigration, ridicule, threats and intimidation, discrimination, rejection and other non-physical forms of hostile treatment.**

When directed against girls or boys because of their biological sex or gender identity, any of these types of violence can also constitute gender-based violence.

Impact of violence

Violence against children has lifelong impacts on health and well-being of children, families, communities, and nations. Violence against children can:

- **Result in death. Homicide, which often involves weapons such as knives and firearms, is among the top three causes of death in adolescents, with boys comprising over 80% of victims and perpetrators.**
- **Lead to severe injuries. For every homicide, there are hundreds of predominantly male victims of youth violence who sustain injuries because of physical fighting and assault.**
- **Impair brain and nervous system development. Exposure to violence at an early age can impair brain development and damage other parts of the nervous system, as well as the endocrine, circulatory, musculoskeletal, reproductive, respiratory and immune systems, with lifelong consequences. As such, violence against children can negatively affect cognitive development and results in educational and vocational under-achievement.**
- **Result in negative coping and health risk behaviours. Children exposed to violence and other adversities are substantially more likely to smoke, misuse alcohol and drugs, and engage in high-risk sexual behaviour. They also have higher rates of anxiety, depression, other mental health problems and suicide.**

- **Lead to unintended pregnancies, induced abortions, gynaecological problems, and sexually transmitted infections, including HIV.**
- **Contribute to a wide range of non-communicable diseases as children grow older. The increased risk for cardiovascular disease, cancer, diabetes, and other health conditions is largely due to the negative coping and health risk behaviours associated with violence.**
- **Impact opportunities and future generations. Children exposed to violence and other adversities are more likely to drop out of school, have difficulty finding and keeping a job, and are at heightened risk for later victimization and/or perpetration of interpersonal and self-directed violence, by which violence against children can affect the next generation.**

Risk factors

Violence against children is a multifaceted problem with causes at the individual, close relationship, community and societal levels. Important risk factors are:

Individual level:

- **biological and personal aspects such as sex and age**
- **lower levels of education**
- **low income**
- **having a disability or mental health problems**
- **being lesbian, gay, bisexual or transgender**
- **harmful use of alcohol and drugs**
- **a history of exposure to violence.**

Close-relationship level:

- **lack of emotional bonding between children and parents or caregivers**
- **poor parenting practices**
- **family dysfunction and separation**
- **being associated with delinquent peers**

- **witnessing violence between parents or caregivers**
- **early or forced marriage.**

Community level:

- **poverty**
- **high population density**
- **low social cohesion and transient populations**
- **easy access to alcohol and firearms**
- **high concentrations of gangs and illicit drug dealing.**

Society level:

- **social and gender norms that create a climate in which violence is normalized**
- **health, economic, educational and social policies that maintain economic, gender and social inequalities**
- **absent or inadequate social protection**
- **post-conflict situations or natural disaster**
- **settings with weak governance and poor law enforcement.**

Prevention and response

Violence against children can be prevented. Preventing and responding to violence against children requires that efforts systematically address risk and protective factors at all four interrelated levels of risk (individual, relationship, community, society).

Under the leadership of WHO, a group of 10 international agencies have developed and endorsed an evidence-based technical package called *INSPIRE: Seven strategies for ending violence against children*. The package aims to help countries and communities achieve SDG Target 16.2 on ending violence against children. Each letter of the word INSPIRE stands for one

of the strategies, and most have been shown to have preventive effects across several different types of violence, as well as benefits in areas such as mental health, education and crime reduction.

- **INSPIRE: Seven strategies for ending violence against children**

The seven strategies are:

- **Implementation and enforcement of laws (for example, banning violent discipline and restricting access to alcohol and firearms);**
- **Norms and values change (for example, altering norms that condone the sexual abuse of girls or aggressive behaviour among boys);**
- **Safe environments (such as identifying neighbourhood “hot spots” for violence and then addressing the local causes through problem-oriented policing and other interventions);**
- **Parental and caregiver support (for example, providing parent training to young, first time parents);**
- **Income and economic strengthening (such as microfinance and gender equity training);**
- **Response services provision (for example, ensuring that children who are exposed to violence can access effective emergency care and receive appropriate psychosocial support); and**
- **Education and life skills (such as ensuring that children attend school, and providing life and social skills training).**

WHO response

A May 2016 World Health Assembly resolution endorsed the first ever WHO *Global plan of action on strengthening the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children.*

According to this plan, WHO in collaboration with Member States and other partners, is committed to:

- **Monitoring the global magnitude and characteristics of violence against children and supporting country efforts to document and measure such violence.**
- **Maintaining an electronic information system that summarizes the scientific data on the burden, risk factors and consequences of violence against children, and the evidence for its preventability.**
- **Developing and disseminating evidence-based technical guidance documents, norms and standards for preventing and responding to violence against children.**
- **Regularly publishing global status reports on country efforts to address violence against children through national policies and action plans, laws, prevention programmes and response services.**
- **Supporting countries and partners in implementing evidence-based prevention and response strategies, such as those included in *INSPIRE: Seven strategies for ending violence against children*.**
- **Collaborating with international agencies and organizations to reduce and eliminate violence against children globally, through initiatives such as the Global Partnership to End Violence against Children, Together for Girls and the Violence Prevention Alliance.**

References

(1) Global prevalence of past-year violence against children: a systematic review and minimum estimates. Hillis S, Mercy J, Amobi A, Kress H. *Pediatrics* 2016; 137(3): e20154079.