

THE UN SECRETARY-GENERAL'S STUDY **ON VIOLENCE AGAINST CHILDREN:** **THE WAY FORWARD**

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No one in the world would need to be convinced that children must be fully protected from all forms of violence. Very few subjects have the same support in the international arena as the promotion and protection of the rights of the child. Yet, in every country of the world, children continue to fear and experience violence without being adequately protected, assisted or even heard. In many cases, children are betrayed by those responsible for their protection and well being.

Why does this unbearable reality remain so widely present? What is the impact violence has in children's life today? How can we effectively transform this situation? The report of the UN Secretary-General's Study on violence against children – with the World Report on Violence, a more detailed book – is the first comprehensive global attempt to describe the scale and impact of all forms of violence against children, precisely aiming to answer those questions.

The Study adopts the definition of the child as contained in Article 1 of the Convention on

the Rights of the Child: “[E]very human being below the age of eighteen years unless, under the law applicable to the child, the majority is attained earlier.” The definition of violence is that of Article 19 of the Convention: “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.¹

It builds on the study on the impact of armed conflict on children, which was prepared by Graça Machel presented to this Assembly ten years ago, and is inspired by the World Health Organization's World Report on Violence and Health. It is also the first global study to engage directly and consistently with children. Children have participated in all regional con-

sultations held in connection with the Study, eloquently describing both the violence they experience and their proposals for ending it.

Violence against children is multidimensional and calls for a multifaceted response based on evidence-based scientific research which is urgently needed to prevent and respond to violence in all circumstances. This study successfully combines human rights, public health and child protection perspectives, and experts in these different fields have collaborated to support its preparation. The findings and recommendations of this study are the result of a genuine participatory process, involving government, international entities, civil society and children. Nine regional consultations, fourteen expert thematic meetings, 137 (until September 2006) responses by governments to my questionnaire, submissions by non-governmental organizations. The study has benefited from the growing body of scientific studies that have examined the causes, consequences and preventability of violence against children.

Hidden, unreported and under-recorded

Violence against children takes a variety of forms and is influenced by a wide range of factors, from the personal characteristics of the victim and perpetrator to their cultural and physical environments. However, much violence against children remains hidden for many reasons. One is fear: Many children are afraid to report incidents of violence against them. In many cases parents, who should protect their children, remain silent if the violence is perpetrated by a spouse or other family member, 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, particularly in

places where family “honor” is placed above the safety and well-being of children. In particular, rape or other forms of sexual violence can lead to ostracism, further violence, or death.

Societal acceptance of violence is also an important factor: both children and perpetrators may accept physical, sexual and psychological violence as inevitable and normal. Discipline through physical and humiliating punishment, bullying or sexual harassment are frequently perceived as normal, particularly when no “visible” or lasting physical injury results. The lack of explicit legal prohibition of corporal punishment reflects this. According to the Global Initiative to End all Corporal Punishment, at least 106 countries do not prohibit the use of corporal punishment in schools, 147 countries do not prohibit it within alternative care settings, and as yet only 16 countries prohibit its use in the home.²

Violence is also invisible because there are no safe or trusted ways for children or adults to report it. In some parts of the world, people do not trust police, social services or others in authority; in others, particularly rural areas, there is no accessible authority to which one can report to.³ Where data is collected it is not always recorded in a complete, consistent or transparent way. In particular, little data is available about violence within care and detention institutions in most parts of the world because, although incidents may be documented, most institutions are not required to register and disclose this information – even to the parents of the children concerned.

The emerging picture

A variety of sources ranging from international statistical analysis to action research at the local level provided to the Study a clearer pic-

ture of the magnitude and pervasive nature of the problem. Data generated by these initiatives indicate that while some violence is unexpected and isolated, the majority of violent acts experienced by children are perpetrated by people who are part of their lives: Parents, schoolmates, teachers, employers, boyfriends or girlfriends, spouses and partners. I indicate here some examples to show the range of violence against children. WHO has estimated, through the use of limited country-level data, that almost 53,000 children died worldwide in 2002 as a result of homicide.⁴ Studies from many countries in all regions of the world suggest that up to 80% to 98% of children suffer physical punishment in their homes, with a third or more experiencing severe physical punishment resulting from the use of implements. Reporting on a wide range of developing countries, the Global School-Based Health Survey recently found that between 20% and 65% of school-aged children reported having been verbally or physically bullied in the past 30 days.⁵ Bullying is also frequent in industrialized countries.⁶ WHO estimates that 150 million girls and 73 million boys under 18 experienced forced sexual intercourse or other forms of sexual violence during 2002.⁷ According to a WHO estimate, between 100 and 140 million girls and women in the world have undergone some form of female genital mutilation/cutting.⁸ Estimates from UNICEF published in 2005 suggest that in Sub-Saharan Africa, Egypt and Sudan, 3 million girls and women are subjected to genital mutilation/cutting every year⁹ finally, very recently ILO estimates indicate that, in 2004, 218 million children were involved in child labour, of whom 126 million were in hazardous work.¹⁰ Estimates from 2000 suggest that 5.7 million were in forced or bonded labour, 1.8 million in pros-

titution and pornography, and 1.2 million were victims of trafficking.¹¹ However, compared with estimates published in 2002, the incidence of child labour has diminished by 11% and 25% fewer children were found working in hazardous occupations.¹²

But these figures hardly describe the real situation. Much violence against children whether in the family, schools, alternative care and justice institutions, the work place or the community – precisely the three settings contemplated by the study – is implicitly socially condoned or legally sanctioned, and remains hidden and unrecorded. Many children are afraid or unaware of mechanisms to report incidents of violence against them.

Economic development, status, age, sex, and gender are among the many factors associated with the risk of lethal violence. WHO estimates suggest that the rate of homicide of children in 2002 was twice as high in low-income countries than high-income countries (2.58 v 1.21 per 100,000 pop.). The highest child homicide rates occur in adolescents, especially boys, aged 15 to 17 years (3.28 for girls, 9.06 for boys) and among children 0 to 4 years old (1.99 for girls, 2.09 for boys) and adolescents.¹³

Studies suggest that young children are at greatest risk of physical violence, while sexual violence predominantly affects those who have reached puberty or adolescence. Boys are at greater risk of physical violence than girls, while girls face greater risk of sexual violence, neglect, and forced prostitution.¹⁴ Social and cultural patterns of conduct and stereotyped roles and socio-economic factors such as income and education also play an important role.

Small scale studies reveal that some groups of children are especially vulnerable to violence. These include children with disabilities, those

from ethnic minorities and other marginalized groups, “street children” and those in conflict with the law, and refugee and other displaced children.

Growing income inequality, globalization, migration, urbanization, health threats, in particular the HIV/AIDS pandemic, technological advances and armed conflict – affect how we treat children. Addressing these challenges, as well as reaching internationally agreed objectives, such as the Millennium Development Goals, will aid the elimination of violence against children.

In the same way that some factors increase the susceptibility of children to violence, there are also factors that may prevent, or reduce the likelihood of, violence. Although more research is needed on these protective factors, it is clear that stable family units can be a powerful source of protection for children from violence in all settings.

Factors that are likely to be protective in the home as well as other settings include good parenting, the development of strong attachment bonds between parents and children, and positive non-violent discipline. Factors that are likely to protect against violence at school include school-wide policies and effective curricula which support the development of non-violent and non-discriminatory attitudes and behaviors. High levels of social cohesion have been shown to have a protective effect against violence in the community, even when other risk factors are present.

Research has identified several factors that appear to facilitate resilience in children who have experienced violence.¹⁵ These resilience factors include secure attachment of the child to an adult family member, high levels of paternal care during childhood, a warm and support-

ive relationship with a non-abusing parent; as well as supportive relationships with peers that do not engage in substance abuse or criminal behavior.

A wide range of impacts

Although the consequences of violence for children may vary according to its nature and severity, the short and long-term repercussions are very often grave and damaging. Violence may result in greater susceptibility to lifelong social, emotional, and cognitive impairments and to health-risk behaviors,¹⁶ such as substance abuse and early initiation of sexual behavior.¹⁷ Related mental health and social problems include anxiety and depressive disorders, hallucinations, impaired work performance, memory disturbances, as well as aggressive behavior. Early exposure to violence is associated with later lung, heart, and liver disease, sexually transmitted diseases, and foetal death during pregnancy, as well as later intimate partner violence, and suicide attempts.¹⁸

There is little information available about the global economic costs of violence against children, in particular from the developing world. However, the variety of short and long-term consequences associated with violence against children suggests that the economic costs to society are significant. The financial costs associated with child abuse and neglect, including future lost earnings and mental health care, were estimated in the United States in 1996 at USD 12.4 billion.¹⁹

Unfortunately, we all know that violence against children remains frequently invisible and unpunished. Sometimes it is even condoned and endorsed by social norms and national law. In contexts varying from extreme situations of communities affected by armed

groups to the daily routine in schools of a peaceful neighborhood, children face very different forms of violence and in all cases it is an obligation to respond to it. Moreover, it is also a duty to prevent that all these forms of violence ever take place. Obligations that were clearly recognized by countries by ratifying the human right treaties established within the United Nations, in particular, the Convention on the Rights of the Child. The key principle that oriented the Study is that “no violence is justifiable; all violence is preventable.”

Violence not only affects children directly but also influences the situation of societies as a whole. Without safe homes, safe schools and safe communities, without the elimination of discriminative patterns and the end of state violence, it is going to be extremely difficult for societies to truly reach higher human development standards.

Certainly, the approaches required to prevent and respond to violence will always differ for each form of violence, but in no case can inaction be justified. As my report to the General Assembly²⁰ shows, approaches to violence must always consider the context where violence takes place and the perpetrator or perpetrators involved. Strategies also always need to have a gender and age perspective, taking into account the different risks facing girls and boys of different ages in respect of violence.

Some progress achieved

The analysis of government responses to my study questionnaire and the concluding observations of the Committee on the Rights of the Child indicate that numerous initiatives have been developed by governments and others to prevent and respond to the various forms of violence against children that I refer to above.

One hundred and ninety-two states have ratified the Convention on the Rights of the Child, and there has been a broad ratification of the Convention's Optional Protocols on the sale of children, child prostitution and child pornography, and on the involvement of children in armed conflict. Since that Convention has come into force, other important instruments have also been adopted and have entered into force with a significant number of ratifications. ILO Convention 182 concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour was adopted in 1999 and the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime was adopted in 2000. Many initiatives have been implemented and concrete action taken on the basis of these legal instruments.

Responses to my questionnaire suggest that action to address violence against children has been predominantly of a legislative nature. States have enacted legislation addressing issues relating to violence against children and some have harmonized their domestic legislation with the Convention, its Optional Protocols, and other treaties. However, legal reforms have often focused on narrow, albeit important, issues rather than taking a comprehensive approach to violence against children. Few states have carried out a thorough review of the legal framework so that it can address violence against children more effectively, and implementation of laws, including legal reforms, remains a challenge.

In many states, legislation addressing violence against children concentrates on sexual or physical violence and does not take account

of psychological violence. Protection and penalties are focused upon, while recovery, reintegration and redress receive much less attention. Prevention is also perceived by some states to be addressed simply through the protection and penalty aspects of legislation.

Responses to my questionnaire also highlight the formulation of national action plans, programmes, and policies relating to violence against children. These often focus on sexual exploitation and trafficking of children. Several states have created structures, including juvenile or family courts, to address child protection and other child-related concerns. Many states also reported that advocacy, awareness-raising, and training initiatives on child rights and child protection issues have been carried out, with many commenting on the positive role the media play in awareness-raising, information dissemination, and mobilization of society. Several states, however, touched on the harmful role that the media can play due to sensationalism, violation of the privacy of child victims of violence, and exposure of children to violence.

While acknowledging that law implementation is uneven and that existing initiatives are, in general, insufficient, the Committee on the Rights of the Child and human rights special procedure mandate holders have also recognized the progress achieved in the protection of children from violence in all settings. In its dialogue with States parties from all regions, the Committee has identified, and noted with appreciation, the existence of good practices and positive initiatives, such as efforts to address the practice of female genital mutilation/cutting, child labour – including the elimination of its worst forms, and domestic violence against women and children. Programmes have been set up to provide assistance and ser-

vices to street children, support parents and develop their parental skills, and legislation has been created aimed at prohibiting discrimination against children belonging to marginalized groups, including children with disabilities, children infected or affected by HIV/AIDS, indigenous children and children belonging to national, ethnic, religious and linguistic minorities.

**The UN Secretary-General's Study on
Violence against Children: The way Forward**
Paul Sérgio Pinheiro

* In 2001, on the recommendation of the Committee on the Rights of the Child, the General Assembly 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 (/A/RES/56/138). In February 2003, I was appointed by the Secretary-General to lead this study. The study and its secretariat in Geneva have been supported by three United Nations entities: the Office of the High Commissioner for Human Rights (OHCHR), the United Nations Children's Fund (UNICEF), and the World Health Organization (WHO), together with a multi-disciplinary Editorial Board of experts. In March 2004 a small secretariat was established in Geneva. On October 11, I presented to the Third Committee of the UN General Assembly the document United Nations. General Assembly. Rights of the Child [Report of the independent expert Paulo for the United Nations study on violence against children], sixty-first session, item 62(a) of the provisional agenda, promotion and protection of the rights of children, A/61/299.34. This report and all documents relative to the study can be read at www.violencestudy.org.

- 1 Krug, E.G.; Dahlberg, L.L.; Mercy, J.A.; Zwi, A.B.; and Lozano, R. (eds.) (2002). *World Report on Violence and Health*. Geneva, World Health Organization, p. 5.
- 2 Global Initiative to End all Corporal Punishment of Children (2006). *Global Summary of the Legal Status of Corporal Punishment of Children*. 28 June 2006.
- 3 WHO (2005) *Multi-Country Study on Women's Health and Domestic Violence*. Geneva, World Health Organization.
- 4 WHO (2006) *Global Estimates of Health Consequences due to Violence against Children*. Background Paper to the UN Study of Violence against Children. Geneva, World Health Organization.
- 5 Analysis provided to the Study by the Global School-based Health Survey: The World Health Organization (<http://www.cdc.gov/gshs> or http://www.who.int/school_youth_health/gshs) using data from 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).
- 6 Currie, C.; Roberts, C.; Morgan, A.; Smith, R.; Settertobulte, W.; Samdal, O.; and Rasmussen, V.B. (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.
- 7 WHO (2006) *Global Estimates of Health Consequences due to Violence against Children*. Background Paper to the UN Study of Violence against Children. Geneva, World Health Organization, based on estimates by Andrews, G.; Corry, J.; Slade, T.; Issakidis, C.; and Swanston, H. (2004), *Child sexual abuse*. Chapter 23 in Ezzati M.; Lopez A.D.; Rodgers A.; and Murray C.J.L. (2004), *Comparative Quantification of Health Risks: Global and regional burden of disease attributable to selected major risk factors*, Geneva, World Health Organization. Vol 2 p. 1851–1940, and using UN population division data for populations under 18 years.
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- 11 ILO (2002) *A future without child labour*. Global Report. Geneva, International Labour Office.
- 12 IPEC and SIMPOC (2006) *Global trends in Child Labour 2000–2004*, International Programme on the Elimination of Child Labour and (IPEC) Statistical Information and Monitoring Programme on Child Labour, (SIMPOC). Geneva, International Labour Office.
- 13 WHO (2006) *Global Estimates of Health Consequences due to Violence against Children*. Background Paper to the UN Study of Violence against Children. Geneva, World Health Organization.
- 14 Krug, E.G.; Dahlberg, L.L.; Mercy, J.A.; Zwi, A.B.; Lozano, R. (eds.) (2002), *World Report on Violence and Health*. Geneva, World Health Organization.
- 15 World Health Organization (2006) *Preventing child maltreatment: A guide to taking action and generating evidence*. Geneva, World Health Organization and International Society for Prevention of Child Abuse and Neglect.
- 16 Felitti, V.J.; Anda, R.F.; Nordenberg, D.; Williamson, D.F.; Spitz, A.M.; Edwards, V.; Koss, M.P.; and Marks, J.S. (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.

- 17** 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>.
- 18** See previous footnote. Also see Panel on Research on Child Abuse and Neglect, Commission on Behavioral and Social Sciences and Education, National Research Council. *Understanding Child Abuse and Neglect* (1999). Washington DC, National Academy Press.
- 19** WHO (1999) Report of the Consultation on Child Abuse Prevention 29–31 March 1999, Geneva, World Health Organization, WHO/HSC/PVI/99.1 cited in Krug, E.G.; Dahlberg, L.L.; Mercy, J.A.; Zwi, A.B.; and Lozano, R. (eds.) (2002) *World Report on Violence and Health*. Geneva, World Health Organization, p 70.
- 20** United Nations. General Assembly. Rights of the Child [Report of the independent expert Paulo for the United Nations study on violence against children], sixty-first session, item 62(a) of the provisional agenda, promotion and protection of the rights of children, A/61/299.34p.
- 21** In the report to the General Assembly there are a series of recommendations emerging from these overarching recommendations, for each of the five settings – home and family, schools and educational setting, care and justice system, workplace and community a series that we do not have the space to comment on in this article.
- 22** Multi-Country Study on Women’s Health and Domestic Violence. Geneva, World Health Organization, 2005.
- 23** United Nations (1993). Principles Relating to the Status and Functioning of National Institutions for the 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/R, ES/48/134 of 20 December 1993.

Since February 2003 **Paulo Sérgio Pinheiro** has been the Independent Expert of the UN Secretary-General for the study on violence against children. He published the conclusions of this study as the World Report on Violence against Children in November



2006 and now he follows up the recommendations of the report worldwide. Pinheiro is a professor of political science (retired), University of São Paulo, USP and the Cogut Visiting Professor of international relations at the Center for Latin American Studies, CLAS, Watson Institute for International Studies, Brown University, USA. He is also a research associate at the Center for the Study of Violence, USP, which he also founded and of which he was director from 1987 to 2002. Since 2000 he has also been the UN Special Rapporteur on the situation of human rights in Myanmar. He is a Commissioner of the Inter-American Commission

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