

Evidence for Better Lives

A global cohort study to tackle violence against children



Needs & Resources Assessment REPORT

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Introduction



More than half of all children worldwide are victims of various forms of maltreatment, peer aggression or community violence. Child exposure to violence often begins early in life, either in utero or during the preschool years. The effects on development can be severe and long lasting. Exposure to violence disrupts emotional development, contributes to behavioural problems and affects overall well-being through the lifecycle.

The United Nations' 2030 Sustainable Development Goals call on the global community to end all forms of violence against children (VAC) and to promote children's mental health and well-being. The "Evidence for Better Lives" Study (EBLS) is our response to this challenge. EBLS is an interdisciplinary research and capacity-building programme based in eight low and middle-income countries (LMICs) across the world: Kingston (Jamaica), Koforidua (Ghana), Worcester (South Africa), Cluj-Napoca (Romania), Ragama (Sri Lanka), Tarlai Kalan (Pakistan), Hue (Vietnam) and Valenzuela (The Philippines). The study involves a longitudinal birth cohort of 12,000 children whose development will be observed from prenatal stages through the first years of life. The project will produce high-quality evidence to inform effective interventions to reduce violence against children and support overall well-being.

An 18-month foundational project began in August 2018. It will pilot the main components of the study using a sample of 150 expectant mothers in each site. One goal of this pilot is to determine both the main needs of each community, as well as the available resources that support or detract from the prevention of violence against children and that promote healthy development. We concentrate specifically on the first six years of life. This *Needs and Resources Assessment* (NaRA) Report focuses on identifying the gaps and the steps that will help to bridge those gaps using existing strengths and community assets.

Data to complete the NaRA reports was obtained via a desk review and in-depth, semi-structured interviews with key expert informants of local communities. Results were synthesized by each global site and compiled in this Report. The format of the NaRA is based on INSPIRE, a framework developed in 2016 to address VAC through seven general strategies. This framework has been endorsed by 10 global agencies including WHO, UNICEF and the UNODC (World Health Organization, 2016).

This Report is organised in eight chapters. Each chapter summarises the results of the site's individual NaRA in the following format: (1) a brief executive summary, (2) a description of the city, (3) a description of the current state of VAC in the city, (4) an explanation of the national legal context and distribution of competencies for prevention and intervention of VAC in health and justice, (5) an explanation of existing services that support the prevention of VAC, (6) a summary of key challenges to providing better services to prevent and intervene in VAC, (7) an assessment of the gaps and unmet practical needs and (8) a list of policy recommendations. This compilation of NaRA reports is intended to serve as a tool and starting point for the global community to strategise on how to best serve the needs of children and families so that they may grow and develop in healthy environments without fear of violence.

Kingston, Jamaica



BBC World Service, CC

The well-being of Jamaica's children is severely challenged by the violence they experience at school, home and in their communities. Official reports from governmental and non-governmental organizations, as well as international partners, indicate that an alarming number of the nation's children remain unprotected against violence. Children are exposed to abuse, exploitation, neglect and murder, putting them at risk of not achieving their full potential. Eighty per cent of Jamaican children experience some form of psychological or physical violence administered as discipline and one in four women experience intimate partner violence. Children are more likely to be sexually assaulted than adults. Sexual intercourse with a person under age 16 - below the age of consent (statutory rape) - was the most prevalent sexual offence committed in 2015 and 2016 respectively against children.

In 2016 Jamaica joined the group of countries in the Global Partnership to End Violence against Children, which indicated the government's commitment to reduce violence against minors. The Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) and the Inter-American Convention on Prevention, Punishment and Eradication of Violence against Women (the Convention of Belem Do Para) were ratified, indicating Jamaica's commitment to eliminating all forms of gender-based violence and discrimination.

Jamaica has the required laws, policies, action plans and institutions to prevent violence against women and children, namely the drafted National Plan of Action for an Integrated Response to Children and Violence and the National Strategic Plan of Action to Eliminate Gender based Violence. However, some

of these legislations require revision while others need stronger enforcement and some institutions lack adequate financial and human resources. There is a wide range of response and support services provided by government and civil society organisations supported by international partners. However, these are disjointed and lack comprehensive assessment to determine their effectiveness. Despite the government's best effort to end violence against children, the lack of a coordinated approach, limited financial resources and existing social and cultural norms continue to undermine its effort in this regard.

Kingston: a thriving hub

The largest city and capital of Jamaica with a population combined with St. Andrew of 670,000 people¹⁴, Kingston is located on the south-eastern end of the island and is bordered by the famous Blue Mountains in the extreme north, home of the world's number one coffee with Kingston harbour in the south, the seventh largest natural harbour in the world¹³. The city is the centre of trade and commerce in the island. Its major industries include tourism and shipping. Many international exports are traded through Kingston's seaport, with major exports including bauxite, sugar and coffee. In 2015, the national poverty prevalence was 21.2% and incidence of poverty in Kingston was 14.3%.

Children are among the most vulnerable groups and account for almost one-half of those living in poverty. In Jamaica poverty is represented by a poverty line that indicates the level of consumption needed to maintain an acceptable standard of living at the lowest cost¹⁰. Kingston is a major tourist destination,

and tourism is one of Jamaica's largest sources of economic activity earning over US\$2 billion in 2017.

The majority of the population is of African descent, followed by East Indians, Chinese, European and Hispanics respectively. There is a wide variety of Christian churches. The largest non-Christian movement is the Rastafarian. English and Jamaican creole, also called "Patois", an English-based creole with African influences are the spoken languages. The government's administration in Kingston is decentralised through the Kingston and St. Andrew Corporation (KSAC), combining Kingston and the surrounding parish of St Andrew.

Violence against children

A significant number of Jamaica's children are victims of various forms of violence, such as abuse, exploitation, neglect and murder. In 2016 Jamaica was ranked among the 10 countries globally with the highest mortality rates from homicide². In a climate of high crime and violence, 68 of every 100,000 Jamaican children (0-17 years) are victims of violent crimes including murder, shooting, rape and robbery⁹. Reports from the police indicate that 38 children have been murdered up to October 31 this year, reflecting a 21% decrease compared to 2017⁷. According to the Jamaica Crime Observatory - Integrated Crime and Violence Information System (*JCO-ICVIS*) *2011-2015 Report on Children and Violence* - more than twice as many children were victims of sexual assault than adults.

The 2015 annual report from the Office of Children Registry indicates that the highest number of reports received were children being neglected and children in need of care and protection. It was further stated that there was a 19% increase in all forms of reported child abuse and a 12% increase in reports of sexual abuse in 2015, compared to 2014.

Based on the JCO-ICVIS report in 2015 and the Centre of Investigation of Sexual Offences and Child Abuse (CISOCA) in 2016, sexual intercourse with a person under age 16, below the age of consent, was the most prevalent sexual offence committed against children. Recently published findings by UNICEF showed that Jamaica is one of few countries where younger children are more likely to be subjected to physical punishment compared to their older counterparts and approximately 80% of Jamaican children aged two to four years experience some form of psychological or physical violence administered as discipline compared to approximately 65% of children aged five to 14 years⁶. The *Women's Health Survey 2016* reported that one in four women has experienced physical violence by their male partner and 7.7% have been sexually abused. It was also reported that 5.1% of Jamaican women experienced physical violence while pregnant and 28.8% reported lifetime prevalence

of emotional abuse. Women who have ever been pregnant were significantly more likely to experience physical abuse by their male partner (30%) than women who have never been pregnant (14.3%).

Research has shown that boys were significantly more likely to be victims of murder than girls, while girls were significantly more likely to be victims of sexual assault. Girls are 100 times more likely to be sexually assaulted than boys, particularly girls in Kingston between 11 and 17 years of age, while boys living in Kingston are three times more likely to be murdered than girls¹⁷. Children from lower socio-economic backgrounds were more likely to witness violence in the community than children from higher socio-economic backgrounds. Men who experienced violence in childhood, such as witnessing their mothers being abused and who were beaten as children were more likely to abuse their intimate partners in adulthood³.

Legislation and competencies

Jamaica is signatory to seven of the nine core international human rights treaties, including the Convention on the right of the Child (CRC) and the the Convention for the Elimination of Discrimination against Women (CEDAW). Local legislations to complement the protection offered by these conventions have been passed, national plans of action and policies have been enacted, revised and implemented so that they are aligned to the CRC to protect children against violence. Most notable is Jamaica's Child Care and Protection Act (CCPA) which seeks to promote the best interest, safety and well-being of children. International and local instruments cover a range of human rights issues, including children's rights, child prostitution, child protection, trafficking in persons, child pornography, sexual assault and sexual discrimination.

The Bureau of Gender Affairs, with support from UN Women, developed The National Strategic Plan of Action to Eliminate Gender-based Violence which awaits implementation. The Inter-Ministerial Steering Committee appointed by the Prime Minister revised the drafted National Plan of Action for an Integrated Response to Children and Violence guided by the seven INSPIRE strategies and is awaiting Cabinet's approval. Institutions for child protection and gender-based violence have been established through various government Ministries and Agencies; chief among them are the Child Protection and Family Services Agency, governed by the Child Care and Protection Act (CPFSA). The CPFSA is the leader in Jamaica's child protection system, acts as the coordinating body and monitors the child protection sector including all private and public children's homes, foster care and places of safety⁹. In 2017, 36% of children in care were in children's homes or places of safety. Most of the remaining children were in foster care

or under supervised care in the family home¹¹. The Office of the Children's Advocate conducts a range of legal, investigative and advisory services on behalf of children and monitors compliance with policies in juvenile correctional and remand centres as well as police lock-ups in which children are held. The Bureau of Gender Affairs has the mandate to address sexual and domestic violence against women and girls, as well as other concerns relating to them. Police Officers and Healthcare professionals are trained by these three institutions to recognise signs of child abuse as well as to report all suspected cases to the relevant agencies.

Civil society and community-based organisations play a key role in child welfare and protection, as well as women's empowerment and response to gender-based violence as they offer various services and programmes in these areas. One such organisation, Women Incorporated, operates the only shelter for victims of domestic violence in Jamaica.

Current provisions in Kingston

The Government, through various ministries, notably Education, Justice and National Security, as well as agencies with the support of international partners, civil society and community-based organisations provide a wide range of programmes and services responsive to children, women and violence. These include counselling, legal services, rehabilitation, skills training and parent support.

Experts interviewed emphasised that there is an existing culture where domestic violence and violence against children such as harsh discipline is normalised. Attitudes held by men where women are regarded as having little worth fuel gender-based violence and persons are encouraged to remain silent about instances they may have witnessed. The Child Protection and Family Services have public service announcements via radio and TV advertisements imploring citizens to report known cases of child abuse, not to abuse children and to use positive behaviour strategies instead of harsh discipline. The Bureau of Gender Affairs conducts school education programmes, as well as community and faith-based organizations sensitisation programmes to mobilise persons through information sessions about forms of gender-based violence, legislation that provides protection to citizens as well as informing persons about their responsibility to respond to violence against women and children, such as reporting known cases of abuse. The Bureau is set to launch a public education campaign by the end of 2018 under the theme "No Excuse for Abuse".

Women's Media Watch Jamaica and Women's Resource & Outreach Centre (WROC) also conduct sensitisation programmes on societal issues, including gender-based violence. The Violence Interruption Programme, a Ministry of National Security initiative,

uses the approach of the Cure Violence program, a Chicago-based initiative that treats violence as a public health issue. Jamaica's Violence Interruption Programme collaborates with Cure Violence to train community workers as Violence Interrupters, shares data-gathering methodology, equips the police to deliver more child-friendly services and assists the Ministry of National Security in providing reliable data on crime and violence that impact children¹⁹. Trained violence interrupters are deployed in volatile communities known as "hotspots", targeting at-risk youth with daily monitoring, de-escalation of issues that can lead to conflicts and mobilisation of the community against violence.

The National Parenting Support Commission provides proactive and reactive parenting education and support. Citizen Security and Justice Programme (CSJP) III, in collaboration with the National Parenting Support Commission (NPSC), conducts an education programme that provides one-on-one coaching to parents in the community to help them identify alternative discipline measures to corporal punishment. The Ministry of National Security and the Ministry of Justice through its Citizen Security and Justice Programme III provide services such as victim support, restorative justice, skills training, life skills and parenting support for at-risk youths.

Social protection for children, as well for pregnant and lactating women who live in poverty, is provided through the Ministry of Labour and Social Security with the Programme for Advancement of Health and Education, a conditional cash transfer programme that provides cash grants on the condition that beneficiaries attend regularly scheduled public health clinic visits and children aged six to 17 attend school for at least 85% of school days per month. A multi-agency partnership, which includes CISOCA, Ministry of Justice and CPFSA, helps to keep children out of state care through counselling and other interventions with families and abused victims. The Ministry of Justice Victim Support Unit provides a wide variety of services, including therapeutic counselling, crisis intervention and violence prevention initiatives.

Vulnerable children are cared for by the state through foster care placements and formal institutional care such as children's home and places of safety that are managed by the Child Protection and Family Services Agency. Children who come into conflict with the law are housed at juvenile correctional centres that provide security, rehabilitation and education. "The Ananda Alert" is a rapid response system to report missing children, which includes informing and mobilising the public to help locate them. The Office of the Children's Registry operates a 24-hour hotline "1-888-PROTECT", which receives report of incidence of child abuse then refers the matter to the relevant child protection agencies. Women Incorporated, a non-governmental organisation, offers crisis

counselling, referral services, a 24-hour hotline and operates the only Crisis Shelter for battered women.

The Early Childhood Commission (ECC) coordinates all activities, development plans and programmes within the early childhood sector and is mandated to supervise and regulate all early childhood institutions to ensure compliance with the law. The ECC National Strategic Plans outline the guidelines for ensuring that children at the early childhood level are provided with the requisite support so they can achieve their full potential. The Early Childhood Act stipulates that corporal punishment shall not be inflicted on a child in an early childhood institution and the website provides tips on child safety and links to legislation. The Safe Schools Programme (SSP), a collaborative effort of the Ministry of Education and the Ministry of National Security, creates safety zones and deploys police personnel as School Resource Officers (SROs) to extremely volatile schools in order to foster discipline.

The School-wide Positive Behaviour Interventions and Support (SWPBIS) programme, a Ministry of Education initiative, first developed in the US in the 1980s, has achieved success internationally with whole-school approach. The SWPBIS aims to reduce anti-social behaviour and school violence through a process of positive reinforcement of core values such as honesty, respect and responsibility. It organises behavioural interventions in three tiers, determined by the severity and frequency of disruptive behaviour and de-emphasises punishment, focusing on promoting responsibility through wholesome, positive and empowering language and approaches. Peace and Love in Society is a programme that teaches primary school children to choose positive alternatives to self-destructive, violent behaviour when confronted with conflict. Rise Life Management Services provides educational, vocational and violence prevention services for at-risk youths and adolescent mothers. Children and Community for Change aims to create an environment for the empowerment of children and parents through public education, community development, life skills and vocational training.

Key challenges

Jamaica has a good framework of legislation, policies and action plans to protect women and children against violence. However, the shortfall in the implementation and the slow pace at which these plans and policies are implemented due to unavailable financial resources, in addition to a lack of enforcement of some laws, create a barrier to preventing violence against women and children.

Predominant social and cultural norms such as the “See and Blind Hear and Deaf culture”, which discourage people not to report on things they see, as well as the beliefs of women that intimate partner violence should remain private, result in under-reporting of intimate partner violence and child

abuse, which means that the prevalence is higher than what is currently documented.

According to the Women’s Health Survey, 63% of women who experienced physical or sexual abuse did not seek assistance. Of those who sought assistance 32.1% turned to the police, 11.8% to the healthcare system and only 5.3% to the court system. Experts interviewed reported that women tend to shy away from courts due to the slow pace of the justice system and some police forces are unwilling to intervene in domestic disputes as they believe what happens in the home is a private affair. It should be noted that almost half (47%) of women who sought assistance said they did so because they were at their limit and could not endure any more violence.

Corporal punishment is a cultural practice and remains legal in primary and secondary level educational institutions, as well as in the home. In pre- and primary schools there is a need for better training of teachers in behaviour management. Open public spaces are generally safe, however in low-income communities known as volatile areas or “hotspots” where there is high crime rate, there is inadequate infrastructure such as good street lights, which affects the safety of women and children. Insufficient community amenities and overcrowding result in lack of privacy of women and girls, increasing their risk of becoming victims of violence.

Experts believe that the National Parenting Commission provides good parenting messages. However the reach of these messages is limited and parenting messages are not standardised to reflect the same values and attitudes, such as a zero tolerance for corporal punishment among civil society groups. The Citizen Security and Justice Programme (CPSJP) parenting education programme is the only such programme that teaches parents alternative discipline measures. There have been numerous sensitisation campaigns, programmes and initiatives to promote prevention of violence against women and children. However lack of financial resources have prevented sustainability and scale-up of these programmes and initiatives.

Current campaigns have been described by experts as limited in number. Additionally, limited human resources, such as lack of access to trained personnel in government agencies, restrict staff and volunteers available to provide good quality service to only a limited number of children. While there are various governmental and non-governmental organisations that provide support and response to violence against children, sensitisation about the roles and functions of these organisation remains limited.

Gaps

Despite the existence of services and response mechanisms provided in support of prevention of

violence against children, these are not extensively promoted. Additionally, there have been no comprehensive assessments of these programmes to determine their impact and effectiveness.

The Child Protection and Family Service Agency, Bureau of Gender Affairs and Office of the Children's Advocate conduct seminars with police and health practitioners to recognise and address domestic abuse or child maltreatment; however these seminars are not extended to teachers, parents and caregivers who spend quality time with children.

Corporal punishment is prohibited in early childhood institutions, children's homes and Youth Correctional Centres under the Child Care and Protection Act. However, children remain without full legal protection as there is no legislation that completely prohibits corporal punishment against them in primary and secondary institutions or in the home. While there are numerous parenting education programmes that discourage the use of corporal punishment, the number of programmes that teach parents alternative non-physical discipline measures is very limited; the Citizen Security and Justice Programme is the only programme of its kind we have identified.

The Office of the Children's Registry operates a 24-hour hotline that receives reports of child abuse then refers them to the Centre for the Investigation of Sexual Offences and Child Abuse (CISOCA), CPFSA and Office of the Children's Advocate. However, there is no direct toll-free line to these institutions. Additionally, there is no toll-free emergency hotline available to children that provide rapid response to address incidences of violence.

While there is a hotline for reporting crime, there is no anonymous hotline to report known or suspected incidences of violence against children. Additionally, there is lack of structured after-school activities to keep children engaged and supervised in parents' and caregiver's absence, which increases their vulnerability.

Policy recommendations

Experts have called for a data-driven approach with greater collaboration among governmental ministries, department, agencies and civil society organisation to develop an integrated approach to address violence against children, as well as to:

- Develop a national awareness campaign to address violence against women and children that is evidence-based, targeted to perpetrators of violence and inclusive of victims and community members to create a shift in cultural perceptions and effect behaviour change.
- Strengthen resources to reduce the child-to-officer ratio at the Child Protection and Family Services Agency and the Office of the Children's

Advocate to provide rapid response and good quality services to more children.

- Strengthen the capacity of the Office of the Children's Registry to provide response and support at the first point of contact and not just to receive reports.
- Increase the number of shelters for abused women; currently there is only one available. Increase provision of legal aid services for women. Consolidate and coordinate programmes and services to prevent duplication, so limited financial resources can be used more efficiently.
- Strengthen resources to provide up-to-date annual reports and statistics. The most recent report from the Office of the Children's Advocate is dated 2012-2013; the one from the Office of the Children's Registry is dated 2015.
- Strengthen the National Parent Teacher Association to expand reach of good parenting messages. The National Parenting Support Commission should standardise existing parenting programmes to reflect the same values and attitudes among government and non-governmental organizations.
- Ratify the revised National Plan of Action for an Integrated Response to Children and Violence at the highest level of government.
- Evaluate existing initiatives to identify and scale up those that are successful, such as the School-wide Positive Behaviour Interventions and Support, which, research has shown, that when implemented, significantly reduce teacher discipline referrals, student suspensions, incidents of disruptive behaviour and conflict among students¹⁵. In the preschool age group, the 'Irie Classrooms' intervention is effective in improving classroom management and reducing verbal and physical violence⁸.

Worcester, South Africa



South Africa has passed several laws relating to children’s rights and protection. Despite these laws, high levels of violence persist in the domestic environment, educational system and community (Artz et al., 2016; Richter & Dawes, 2008). Prominent societal risks (e.g. high levels of poverty, HIV/AIDS, drug and alcohol abuse, and community and interpersonal violence) coincide, increasing the risk of abuse (Lachman et al., 2002).

Methods and results

We conducted a desk review, which involved examining legislations, reports and research related to child protection and violence against children (VAC) in South Africa. We obtained information from the South African national government’s website and the Western Cape’s provincial government’s website. Our search also included papers and publications on VAC, based on research conducted in South Africa, as well as a review of website content of non-governmental organisations and other private sector agencies. In addition, we conducted six semi-structured interviews with key service providers and policy stakeholders who work in the Worcester area. Our informants included representatives from different governmental departments, such as the Department of Health (DoH), Department of Education (WCED), and Department of Social Development (DSD). We also interviewed representatives from other organisations that provide services to victims and perpetrators of violence (House of Hope and Thuthuzela Care Centre).

The findings from the interviews were key in identifying existing resources, key challenges and unmet practical needs for services and response to prevention of VAC. In this city, the main avenues through which child victims of violence are identified are the schools, clinics, or the hospital. The Thuthuzela Care Centre is the central service

for victims of violence, offering medical care, police, counselling, legal services and follow-up care. Initial responses are in place, but follow-up and support services are lacking. A key challenge is the strong focus on response and intervention with a limited focus on prevention. Other key challenges include a lack of space in care facilities, limited availability of specialised staff and a lack of services in areas with high rates of gang violence.

Policy recommendations

To address these challenges, we recommend formal adoption, implementation and monitoring of the Western Cape Government’s Integrated Provincial Violence Prevention Policy Framework; increased efforts to reduce gang and community violence and alcohol and substance use; widespread delivery of parenting programmes and life-skills courses for children; increasing the availability of shelters and strengthening follow-up and support systems.

Worcester: an administrative city

The city is located 120 kilometres north-east of Cape Town and is the administrative capital of the Breede Valley municipality in the Western Cape province of South Africa. Worcester has a population of 97,075 (Statistics South Africa, 2012). Worcester and the surrounding area rely strongly on agricultural activities, with many families working on fruit and wine farms. Employment opportunities for low-income families are largely seasonal, which impacts on creating sustainable livelihoods in rural communities. A high population of migrant workers is found in the rural areas surrounding the town, increasing competition for limited resources, business and employment opportunities. The area experiences a high incidence of poverty and social problems, with high rates of domestic violence, abuse of alcohol and drugs (Western Cape Government, 2017).

The operations of organised crime syndicates and gangsterism are two major contributing factors. Crime statistics from Worcester police for 2017 indicate a total of 53 murders, 43 attempted murders, 719 cases of assault with the intention to inflict grievous bodily harm, 1,357 common assault cases, 96 sexual offences and 2,181 cases of drug-related crime.

Worcester Residents by Population Group¹

Coloured – 58.7%
Black African – 25.3%
White – 14%

Main Languages in Worcester

Afrikaans – 73.1%
isiXhosa – 19.2%

Overview of violence against children

In South Africa, violence is a major cause of premature mortality and morbidity. Interpersonal injury is one of the most common causes of death after HIV/AIDS (Institute for Health Metrics and Evaluation, 2016). South Africa has among the highest reported rates for neonaticide and infanticide in the world, a proxy indicator for the effectiveness of the child protection system (Abrahams et al., 2016). In two provinces in South Africa (one being the Western Cape), 68.9% of children reported at least one type of victimisation and 54.9% reported some type of victimisation in the past year. Up to 19.6% reported frequent multiple victimisation (Meinck et al., 2016).

Physical abuse and punishment

In a national study of 15-17 year olds, 34.4% reported having ever been hit, beaten, kicked or physically hurt by an adult caregiver (Artz et al., 2016). Among 10-17 year olds, 56.3% of children reported that they experienced lifetime physical abuse, while 18.2% of abuse took place in the past year (Meinck et al., 2016). In the South African Social Attitudes Survey (SASAS), 22% of parents reported beating their children in the past month (Pillay et al., 2006). Between 40%-50% of teens are likely to experience physical punishment in the home (Dawes et al., 2006). In the 2005 National Youth Victimisation Survey, 23% of young people reported that someone had threatened them with harm, scared them or hurt them while at school. Despite the law preventing physical punishment in schools, 56% of the children reported that it was a teacher's practice - or the principal's - to cane, spank or hit them when they had done something wrong (Leoschut & Burton, 2006).

Sexual abuse

The Optimus Study's schools' survey showed that one in five (19.8%) young people reported having experienced some form of sexual abuse in their lifetime (Artz et al., 2016). This was true for both boys (20.3%) and girls (19.2%). More than a third (39%) of girls reported to have undergone some form of sexual

violence (e.g., unwanted touching, forced sex or being exploited by much older men) before they were 18 years old (Seedat et al., 2009). Rape dockets show that 40% of victims who report rape to the police are children younger than 18 years, with 15% younger than 12 years of age (Seedat et al., 2009).

Emotional abuse and neglect

Seedat et al. (2009) reported that 15% of children indicated that one or both of their parents had been too drunk to care for them; 30% were moved around between households during their childhood and 35% were orphans, having lost one or both parents. In the Optimus Study, one in six young people reported experiencing emotional abuse, while one fifth (21.3%) of respondents reported experiencing any form of neglect ever in their lives (Artz et al., 2016). Meinck et al. (2016) reported lifetime emotional abuse at a prevalence of 35.5% (12.1% incidence).

Exposure, victimisation and risks

The Optimus Study found that one in five (23.1%) young people had ever witnessed violence perpetrated by an adult caregiver against a sibling or another adult in their homes, while 82.0% of children had experienced some form of victimisation – either in their family or in the community. In the Western Cape, 8% of all teens reported that the perpetrators of the domestic violence were under the influence of drugs or alcohol at the time of the attack (Leoschut & Burton, 2006). Gang violence is endemic in the province and increasingly affects young school children. In 22 of the schools in “at risk” areas, 61.6% of schools were affected by gang violence and robbery (Western Cape Government, 2013).

Younger children are more likely to experience physical abuse, while older ones are more likely to report emotional and sexual abuse (Meinck et al., 2016). Generally, the frequency and severity of beatings are greater for boys than for girls (Seedat et al., 2009). Girls were more likely to report emotional abuse (Artz et al., 2016; Meinck et al., 2016), sexual harassment, contact sexual abuse, and rape compared to boys (Meinck et al., 2016). The Optimus Study also identified a range of social problems associated with child maltreatment, including parental substance misuse, anxiety, and depression. Children in urban areas were at greater risk of experiencing violence (Artz et al., 2016). Perpetrators of physical abuse and emotional abuse were most commonly primary caregivers, followed by teachers and relatives.

National legal context

The Bill of Rights of the Constitution contains a specific section that defines the rights of children to education, shelter, health and freedom from maltreatment, informed by the United Nations Convention on the Rights of the Child (UNCRC), which South Africa ratified in 1995, as well as the African Charter on the Rights and Welfare of the Child (the

¹These population categories were defined under apartheid. We use them here because they continue to affect access to services such as health and education (Coovadia, Jewkes, Barron, Sanders & McIntyre, 2009) and not because we endorse them - we do not.

African Charter), which was ratified in 2000. Further laws, including a comprehensive Children's Act (2005), an associated Children's Amendment Bill (2006), the Prevention of Family Violence Act (1993), the Schools Act (1996), the Domestic Violence Act (1998), and the Child Justice Act (2008) are based on a commitment to fulfilling the rights of children and to protecting them in the justice and correctional systems.

The South African Schools Act of 1996 outlawed corporal punishment in schools. The Act did not ban physical punishment in the home because of the difficulty of policing the private space, as well as the fact that strong resistance by certain cultural and religious groups was anticipated. However, earlier this year, The Department of Social Development published the draft Children's Third Amendment Bill for public comment, which proposes to prohibit corporal punishment in the home; a court also declared unconstitutional the common law defence of "reasonable chastisement" (for parents accused of assaulting children). Civil society is also visibly active in calling attention to the rights of children, abuses of child rights and violence perpetrated against children, as well as against women (Richter & Dawes, 2008).

Services, resources and mechanisms

In Worcester, various local governmental departments provide services that address violence against children, namely the Department of Health (DoH), Western Cape Education Department (WCED) and the Department of Social Development (DSD). Other key services include the Family Violence, Child Protection and Sexual Offences Unit (previously the Child Protection Unit) of the South African Police Service (SAPS), the House of Hope shelter for abused victims of violence (a DSD-supported shelter), as well as the Thuthuzela Care Centre, located at the hospital.

The Thuthuzela Care Centre is the central service for victims of violence, especially physical or sexual abuse and rape. Thuthuzela is a one-stop facility, where victims have access to medical care, police, counselling, legal services and follow-up care. Through Thuthuzela, victims receive consultations with a specialist prosecutor before the case goes to court and court preparation from a victim assistant officer.

During the interviews, informants reported that the main avenues through which child victims of violence are identified are the schools, clinics or the hospital. The Children's Act (No. 38 of 2005) holds educators legally liable to report cases of abuse. The educator needs to report any incident to the District Office of the WCED and the relevant child protection agencies. Most often, the procedure is taken over by the DSD. Educators are also trained to provide support to the victim in the school setting and to link the child to other services (e.g. further counselling, remedial support, etc.). Rape or sexual abuse victims receive care through Thuthuzela. In terms of prevention,

the WCED incorporates violence prevention and education into the Life Orientation curriculum, which educates children on the different types of violence and abuse, and what to do about them.

Through the DoH, pregnant women receive screening during antenatal visits for both mental health issues and exposure to domestic violence. There is also a screening protocol to identify children who may be victims of abuse. In cases where a patient has been identified as a victim of violence, a referral is made to the health facility's social worker. The social worker will then report the case to the DSD and notify the Family Violence, Child Protection and Sexual Offences Unit at the local police station. The social worker will also refer the parent or child to the psychologist for further support and to the Thuthuzela Centre.

In cases of severe domestic violence and intimate partner violence, families are referred to House of Hope, or an alternative shelter in the district if House of Hope is fully occupied. Female victims and their children (excluding boys of secondary school age) are encouraged to remain in the House of Hope's programme for a minimum of three months. Through House of Hope, women receive individual and group counselling, skills training and access to medical and legal services. The Family Violence, Child Protection and Sexual Offences (FCS) Unit of the police will drive the investigations and deal with perpetrators.

Limited support is available to perpetrators, but the Change Makers programme and NICRO aim to work with them in the community. Welfare organisations, NGOs, shelters and care centres include:

- FAMSA (Families, South Africa) Boland/Overberg - services that promote family well-being, with the aim of empowering people to build, reconstruct and maintain sound relationships in the family, marriage and the community.
- Masikhule (Let us Grow) Community Centre - aiming to uplift the community through skills training, mentorship and capacity building in the field of early child development.
- Child Welfare, Worcester, provides services to create a caring environment and promote community mobilisation for the protection of children. There is a day-care centre, an after-care centre (6-14 years of age), a rehabilitation centre and support groups for foster parents.
- CVV Worcester (Afrikaanse Christelike Vroue Vereniging) is a social services' NPO with 115 branches in four provinces affiliated to ACVV National Council and 220 programmes across five service focus areas: social work and child protection; ECD programmes; older persons and special needs; leadership and training.

- NICRO, Worcester specialises in social crime prevention and offender reintegration, with a focus on human rights, juvenile justice and innovative criminal justice reform.
- FASFacts (satellite operational office in Worcester) aims to educate the general public on the effect of alcohol consumption during pregnancy on the unborn baby. They make use of experiential learning to convey the message in local communities and nationally.
- The Restitution Foundation - established the Worcester Hope and Reconciliation Process (WHRP). Restitution work focuses on the development of processes in support of a community's recovering from traumatic memories and socio-economic injustices associated with South Africa's racist past.
- Change Makers Worcester aims to address current gang-related issues and transform the men who come out of gangs and drugs, through spiritual, emotional and physical development, so that they can live meaningful lives.
- Child and Youth Care Centres (Western Cape government) - Worcester does not have state child/youth care centres; a few are situated not far away: Brave Heart Home (33km); Herberg's Children's Home (47km); Andrew Murray Children's Home (64km); Steinthal Child and Youth Care (60 km); Lindelani Secure Care and Treatment Centre (82km); Jeug Uitreik (82km).
- Shelters for Abused Victims of Violence (Western Cape Government) - House of Hope, situated in Worcester, can house 15 victims. There are two other shelters nearby: Athlone House of Strength (56km) and L'Abrie De Dieu Safe House (82km).
- Norms and values - the cycles of violence at home are prominent: from a young age, children witness adults acting violently; children struggle with behavioural problems and parents find it difficult to "deal" with them in a supportive way. Children model the behaviours they observe. Informants noted that it is very common in certain areas of Worcester to witness daily street assault or shootings (especially gang-related violence), contributing to a "culture of violence". There is a lack of positive role models for parents and children. Patriarchal social norms encourage the use of violence by men to control women. Informants noted the strong presence of an intergenerational cycle of domestic violence and abuse: women grow up in households where they witnessed IPV amongst their parents or caregivers and believe that these behaviours are normal. Similarly, men grow up in households where women were abused by adult men. There is a need to start with early prevention - to build children's empathy and value systems.
- Safe environments - every informant listed alcohol, substance abuse and poverty as the main causes of violence against children (and high rates of violence in general). Lack of housing and overcrowding cause a lack of separation of sexually active adults; co-sleeping arrangements make children vulnerable to sexual abuse. Worcester has hotspots where violence is high. One area - Avian Park - has active gang wars between the *Uitbuiters* (Exploiters) and the JCYs. The *Uitbuiters* are trapped within the centre of Avian Park, while the JCY territory is around it. Chances of being shot or assaulted are high. Furthermore, service providers are reluctant to provide support in this community.
- Parent and caregiver support - informants reported that there is a lack of services for parents. Campaigns that focus on the rights of children have had mixed responses; some parents feel that they no longer have rights, that they are powerless. Many programmes highlight what parents are doing wrong, or what they shouldn't do, rather than what they can do that will help their children. Messages that focus on empowerment of parents and what they can do to support children have had better responses. The first 1000 days campaign, delivered through the DoH, is a successful example.
- Income and economic strengthening - high levels of unemployment result in stresses that can lead to punitive behaviour towards children, as well as abuse. Unemployment also results in many men at home and in the community during the day, with time on their hands. Long hours of parental work and long distances leave some children unsupervised. There is a real need for services in

Challenges for child protection services

The most severe problems in the city are community-level violence and disorder, alcohol and substance use among pregnant women, poor and inadequate parenting practices, attitudes and norms that support violence against women and malnutrition of children. Key challenges are:

- Implementation and enforcement of laws - key informants reported that the local justice system repeatedly fails children, especially in investigative work and sentencing. Forensic evidence gets lost, the system takes a long time and witness statements are of poor quality. During the interview, one social worker mentioned that if a child is raped and there is no fresh semen, they wouldn't even bother reporting it as the case will go nowhere.

the area that focus on economic strengthening and financial support for families.

- Response and support services - although systems for screening are in place, service providers often will not ask about exposure. As one respondent put it: "We prefer not to open that can of worms". A large majority of staff do not have the training or capacity to deal with mental health problems and struggle to keep up with the casework. The system is already over-burdened with referrals and waiting lists, which makes staff reluctant to add to the lists. The social worker at the Worcester CDC is booked months in advance; obtaining an appointment with a psychologist involves even longer waiting periods. As a result, many victims drop off the map and are lost to follow-up, unless the violence is severe. Across services, initial responses are in place, but follow-up and support are lacking. Children receive a placement in foster care, but once this process has taken place, follow-up is poor. There is almost no post-trauma intervention for children or support for parents and guardians of children exposed to violence. The lack of follow-up and feedback in many cases negatively affects the credibility of services. For perpetrators, very few support systems are in place. If the perpetrator is a child, then there are probation services available for juvenile offenders. However, those services are largely investigative, not necessarily therapeutic (except perhaps for younger sex offenders).
- Education and life skills - adults lack life skills and strategies to deal with conflict, anger and frustration. Schools can do more in terms of parenting support and informing them about abuse and what the protocol is at school level, in terms of how parents can report cases of abuse. Currently, the DSD is not engaging in any real prevention activities. There are organisations in the community that provide prevention (e.g. FASFacts), but this takes places on a small scale.

Unmet needs and prevention

***Lack of space in care facilities.** Placing children in foster care is a major risk. Over 3,000 children are placed in foster care in the Worcester area. About 300 children are placed in child and youth care centres. The Western Cape has five facilities that can house 150 children each; other facilities are smaller (10-20 beds). Shelters and housing for women are limited, with waiting lists. House of Hope has 15 beds and often has to make alternative arrangements for victims to stay with family, which places them at risk.

***Limited availability of staff, resources, prevention and follow-up activities.** A large majority of staff do not have the required training or capacity to deal with complex VAC issues. They also struggle to keep up with the volume of issues. Long waiting lists and lack of follow-up create barriers to families. There is also

a lack of counselling services that provide follow-up intervention and treatment.

***Lack of services in vulnerable areas.** Social workers from Worcester no longer do home visits to certain areas, so families need to find transport to travel into town. Children are sent back, after having experienced a trauma, to the community where it occurred. Vulnerable communities are forced to take care of victims.

***Lack of research and local data.** More research on violence against children and effective prevention are needed, given the dearth of published research conducted in the Breede Valley municipality (and in Worcester). Informants expressed a need for research on follow-up and support services for victims.

Policy recommendations

In August 2013, the Western Cape Government (WCG) adopted an Integrated Provincial Violence Prevention Policy Framework, encompassing a whole-of-society approach to prevention. Key focus areas of the framework are to reduce the availability and use of alcohol; develop safe and nurturing relationships between children and their parents and caregivers; develop life skills in children and teens; promote gender equality to prevent violence against women and changing cultural and social norms that support it. We recommend that this framework should be formally implemented and monitored in the Breede Valley municipality. In addition, there is a need for:

- Intelligence-driven policing of gangs and community violence, as well as policing directed at reducing the illegal availability of alcohol.
- Increased efforts to implement strategies aimed at reducing the use of alcohol and drugs. This would include providing safe, alcohol-free zones for social activities; policing of illegal liquor outlets; widespread delivery of substance abuse prevention and treatment programmes.
- Widespread delivery of programmes to help parents develop warm relationships with their children and to use positive discipline.
- Widespread delivery of IPV programmes, especially in schools and with younger age groups. Also life-skills programmes that build resilience in children and that strengthen interpersonal skills, stress management, emotion regulation and problem-solving skills.
- Strengthening follow-up and support services for victims of violence and increasing the availability of shelters. Incorporating locally-tailored violence prevention messages at multiple service contact points and in public spaces.
- Establishing mechanisms for sharing information and incorporating monitoring and evaluation results into prevention and response planning.

Koforidua, Ghana



Nkensahreford, CC

This Needs and Resource Assessment identifies community concerns, needs, system-level challenges and assets by engaging with stakeholders who directly offer child protective services in Koforidua. A total of nine stakeholders in charge of violence preventive services were involved in face-to-face, in-depth interviews to solicit their concerns and views on how to address issues within the system. The most salient, unmet practical needs identified were inadequate funding of projects/operations, unavailability of shelter for victims of domestic violence, inadequate provision of logistics and severe understaffing.

The organisations within the community that help to prevent violence and also respond to cases of violence are the Department of Social Welfare, the Commission on Human Rights and Administrative Justice, the Hospitals, and the Domestic Violence and Victim Support Unit of the Ghana Police Service. The core services rendered by these institutions include community, school and church outreach, as well as media presentations.

The aim of such services is to educate and sensitise the public on child protection issues in order to alter negative attitudes toward violence against children. The stakeholders recommended the establishment of a fund to support the victims of violence. This suggestion is however a part of Ghana's laws. It was enacted by Parliament into law

over a decade ago (Domestic Violence Act, 2007 (Act 732)). It is, however, yet to be operationalised. Finally, stakeholders called for an effective inter-agency collaboration that ensures free flow of communication and information among the agencies responsible for child protection.

Koforidua: a regional political hub

Koforidua is both the political capital of the Eastern Region and the New Juabeng Municipality. It is home to many government departments and ministries at regional and district levels. From the 2010 population and housing census, Koforidua had a total of 32,711 households and a population of 122,300, with males making up 59,056 and the remaining 63,244 being females (Ghana Statistical Services [GSS], 2010). With Ghana's population growth rate of 2.18%, these figures are likely to be much higher in 2018.

The number of people that falls below 19 years of age is 49,067. More than 90% of the population aged 11 years and older is literate. Close to 66.4% of the population aged 15 and above is economically active (GSS, 2014). About 7% of households with 10 or more members have just one sleeping room (SS, 2014). Koforidua is politically administered by a Regional Minister who is appointed by and answerable to the President of the Republic of Ghana. The Regional Minister has oversight responsibility over all the institutions in charge of child protection at the regional level. Neo-traditional actors, such as chiefs,

queen mothers, stool fathers, elders, linguists and development leaders, maintain a dynamic interaction with political leaders.

Chiefs continue to serve several roles in cities and towns in Ghana such as mediators and arbitrators in cases involving disputes over lands (Campion & Acheampong, 2014), violence against children (for example defilement, child neglect and non-maintenance, intimate partner violence (IPV) (Casey & Combrinck, 2011). The role of traditional leaders such as chiefs and queen mothers in the protection of children and promotion of their well-being is acknowledged in Ghana and the constitution recognizes the creation of Houses of Chiefs at both National and Regional levels (Casey & Combrinck, 2011). However, their authority is limited to resolution of minor disputes and does not extend to felonies and other offences that are aggravated in degree (Courts Act, 1993) [Act 459]).

Although the Chieftaincy Act (2008) (Act 759) mandates both Houses of Chiefs at National and Regional levels to make and codify customary laws, there are no such declarations that could protect children, promote their well-being or ban intimate partner violence (Casey & Combrinck, 2011).

Violence against children

Data obtained from the Domestic Violence and Victim Support Unit (DOVSSU) in the Eastern Region, for the year 2017 up to October 2018 recorded a total of 601 cases of child maltreatment and neglect cases - 408 of these cases occurred within the regional capital, Koforidua. Thus the majority of cases of domestic violence (about 68%) occurs within the city – Koforidua (Eastern Region DOVSSU report, 2016).

Children who experience violence, especially at home, are also likely to witness the abuse of their mothers or see their fathers being abused. According to Kishor and Johnson (2004), violence perpetrated against women and girls by intimate partners is the most common form of gender-based violence. This does not necessarily mean that men do not experience violence from their partners. However, the proportion of men who encounter violence is much lower than that of women (GSS et al., 2009). In the report (GSS et al., 2009), 41% of married women reported having experienced physical violence by a current husband/partner while 17% reported that they experienced physical violence by a former husband/partner (GSS et al, 2009). On the other hand, 20.3% of ever-married men reported having ever experienced physical violence from their wives or partners or former partners. GSS et al (2009) however noted that gathering data on intimate partner violence in Ghana may present certain difficulties because what is defined as an act of violence may vary among individuals and cultures. There is also a culture of silence on intimate partner violence, as well as child sexual abuse, which affects reporting (Boakye, 2009 &

GSS et al, 2009). This may impact the accuracy of data obtained on IPV. The same report revealed that about 5% of women in Ghana experienced physical violence while pregnant. Furthermore, 22.8% out of 1,761 women aged 15-49 who have ever been pregnant have experienced physical violence during pregnancy in the last 12 months prior to the said survey (GSS et al, 2009). The report, however, did not specify whether such violence was perpetrated by intimate partners.

Legal context and competencies

The national legal framework for the prevention of violence against children and intimate partner violence can be classified into two main categories: the laws and the institutions that implement them. The 1992 Constitution is at the apex of the legal context. It is the source of power for all laws and institutions. In particular, articles 22 and 28 seek to protect certain rights of women and children. For example, article 28(3) of the Constitution provides that: “A child shall not be subjected to torture or other cruel, inhuman or degrading treatment or punishment”. Other legislation on the subject include the Domestic Violence Act 2007 (Act 732), the Criminal Offences Act 1960 (Act 29) and the Criminal and Other Offences (Procedure) Act 1960 (Act 30). Others include the Children’s Act 1998 (Act 560) and the Juvenile Justice Act 2003 (Act 653). In addition to these, Ghana is engaged in many International Conventions that seek to protect children, as well as prevent intimate partner violence, for instance the African Charter on the Rights and Welfare of the Child.

In Koforidua, the institutions within the health and justice sectors mandated to implement policies and programmes aimed at preventing and/or responding to violence against children and intimate partner violence include the Ghana Health Service (which runs various hospitals and clinics offering support to victims); the Department of Social Welfare (which maintains an office at the Koforidua Central Hospital); the Ghana Police Service (DOVSSU) and the Courts. These institutions play different roles. While hospitals provide physical, social and psychological support to victims, the Police and Courts ensure perpetrators are prosecuted.

Apart from national policies and programmes for child protection, most decisions that affect child welfare in Koforidua are made by the municipalities. The MCE, together with the traditional rulers (chiefs and queen mothers), formulate by-laws on child protection with corresponding sanctions for community members who fail to adhere to them. For example, parents whose children are found outside their homes without an adult after 8:00pm are fined.

Currently, Ghana does not have any known action plan to address VAC as well as IPV. However, the various actors in charge of violence prevention are required to submit institutional action plans annually.

Current provisions in Koforidua

Personnel in charge of child protection provides a number of services, including community, school and church outreaches, and media presentations. The resources and mechanisms that support prevention of violence are the Domestic Violence and Victim Support Unit (DOVVSU), the Department of Social Welfare, the Commission for Human Rights and Administrative Justice (CHRAJ), the Hospitals, faith-based organisations, non-governmental organisations - such as Women Advocacy Project, College for Ama (COFA), International Child Development programme, Herald Foundation, World Vision - and the Koforidua Child Protection Committee.

Community, school and church outreach

Child protection service officials make a conscious effort to make the training on child protection and violence prevention accessible within schools, churches or the communities, which is mainly done through the organisation of focus group discussions aimed at assessing the needs of community members.

The service providers also make use of dramas and role-play aimed at modifying community members' behaviour and altering existing norms in relation to violence against children (VAC) and intimate partner violence (IPV). In addition, service providers further create an avenue for socialisation with individuals within the communities by organising door-to-door education and sensitisation exercises to increase awareness of child protection and services that are available to victims of violence.

Media presentations

Service providers usually engage print and electronic media, as well as other mass media, in their quest to prevent violence against children and IPV. The goal is to educate the general public about VAC and IPV to make it possible for persons within the community to unlearn norms and traditions that perpetuate violence. Resources to help fight violence against children and partners in Koforidua are:

- The Domestic Violence and Victim Support Unit (DOVVSU) is a specialised unit of the Police Service, formerly known as the Women and Juvenile Unit (WAJU). This unit is charged with the mandate of handling all domestic violence (child abuse and IPV) within the country and serves as a resource for violence prevention in Koforidua. As part of its preventative services, DOVVSU engages in school and churches to increase parents' and community members' awareness of VAC and IPV. This unit also embarks on community sensitisation exercises to educate people on child protection issues.
- The Department of Social Welfare is under the Ministry of Gender and Social Protection. The department, in collaboration with other

stakeholders such as community leaders, works to improve social well-being by promoting development with equity for the disadvantaged, vulnerable and the excluded. It is empowered by law to use mediation to entreat parents who neglect their children to take up their parental responsibilities. If this fails, parents are compelled through the courts. It has units in major hospitals and at police stations. As part of its services, the department embarks on community education and sensitisation on child protection and violence prevention in the community.

- The Commission for Human Rights and Administrative Justice (CHRAJ). Established in 1993 under the 1992 Constitution of Ghana by Act 456 it is the national institution for the protection and promotion of fundamental rights, freedoms and administrative justice in Ghana. It is a public commission charged with educating the public on human rights and it also serves as a quasi-judicial institution with mediation functions. CHRAJ collaborates with other child protection agencies to ensure that the rights of children are safeguarded. Some of the ways in which they do this is by public education and increasing awareness of children's rights.
- The Koforidua Regional Hospital and other hospitals and clinics serve as vital resources for prevention of VAC and IPV. Hospital staff provide regular sensitisation at the various OPDs, especially at the antenatal care and paediatric units. These sensitisation programmes encourage parents to be more patient when dealing with their children and also to pay attention to whom their children interact with at home and in the community. Doctors are trained to observe signs of abuse and to report them to the police.
- Ghanaians are religious people who respect spiritual authority. Thus, faith-based organisations use their influence to talk to members of their congregation on the negative consequences of VAC and IPV. They also make an attempt to arbitrate in cases like child non-maintenance and entreat parents who have neglected their children to provide for them. These organisations also serve as a medium of dispute settlement for minor conflicts between spouses. However, criminal cases are referred to the appropriate quarters (for example, DOVVSU) for redress.
- Non-governmental organisations (NGOs). Some NGOs, including women's rights organisations, have a role to play in child protection and violence prevention. NGOs form child protection clubs at schools to educate children on their rights and responsibilities. For instance in 2017, several NGOs in Koforidua formed the

Girls' Education Network (GEN), which aimed at improving collaboration between agencies and organisations that work on girls' education within the Eastern Region (June 30, Moedern Ghana News). Children are also educated on how to handle violence when it occurs and where to get assistance. Some of these organisations also sponsor children through school. This form of support relieves parents of the difficulty associated with payment of tuition fees and school supplies.

- Child Protection Committee - this comprises 17 institutions made up of DOVVSU, DSW, GHS, GES, faith-based organisations (churches and mosques), CHRAJ and the Legal Aid Scheme among others. These institutions meet quarterly to deliberate on the best strategies to deal with VAC and IPV.
- Schools - the GES policy against corporal punishment has curbed the act of physical punishment, but the practice still exists. In addition to this, there are guidance and counseling coordinators for the various government schools who supervise child welfare issues. Their job is to serve as liaisons between the students/pupils and the various agencies that provide child protection services. The challenge with this system is that one coordinator serves as counselor for about four different schools. In other words, there is just one counselor for about 100 pupils/students or more.

Key challenges

The legal infrastructure put in place to deal with VAC and IPV in Ghana appears adequate. This is the case because children's and women's protection laws were moulded on international conventions to which Ghana is a signatory. These include the United Nations' Convention on Rights of the Child, the Protocol to the African Charter on Human and People's Rights on the Rights of Women, United Nations' Declaration on Human Rights and the African Charter on the Rights and Welfare of the Child.

Implementation of these laws has generally been above average in certain respects, including provision of avenues for reporting and addressing VAC and IPV. In Koforidua, the various police stations, offices of the Legal Aid Scheme, the Department of Social Welfare and CHRAJ are all avenues for reporting issues of VAC and IPV. However individuals from the remotest part of the country would have to travel considerable distances to access these services.

In other respects implementation has not been as expected. For example, the Domestic Violence Act, 2007 [Act732] mandates the state to provide a fund to support victims of violence. However, this has not received the needed attention. The process of

implementation is quite cumbersome and involves going to a police station to report and pick up a medical form before proceeding to the hospital for medical examination, followed by returning to the police station for court processing.

The Education Service has a comprehensive policy against corporal punishment in schools. However, 32% of children in some districts in the Eastern Region (Koforidua is its capital) reported having experienced violence by their teachers and headmasters. Homes and communities are also unsafe; about 73% of children reported being beaten by adults in the region (Ministry of Gender, Children and Social Protection 2014).

Hospitals have paediatric/children's units that attend to the welfare of children. However, there is not a 'one stop shop' for child protection and violence prevention. Thus, when violence occurs, victims have to move from one agency to another. However, there are programmes in place to support poor and vulnerable families in Ghana. One is the Livelihood Empowerment Against Poverty (LEAP), set up by the government in 2008 to provide cash transfer and health insurance to poor households. Another economic support programme is the Microfinance and Small Loans Centre (MASLOC), which provides loans at low interest to individuals who belong to cooperative societies.

Despite the fact that these services exist to support families in Koforidua, only one of the stakeholders interviewed was aware of them. There is poor awareness of the services available and the process of addressing VAC and IPV is quite cumbersome. One major challenge mentioned by all stakeholders was the fact that victims are required to make payments at health centres to be examined by doctors for reports to be used in court as evidence. This cost represents a major problem. It interferes with and sometimes truncates the process of responding to cases of violence against children. Thus, many cases go unprosecuted or experience long delays.

Unmet gaps

Unavailability of shelters for victims of domestic violence hampers the efforts of agencies involved with VAC and IPV. This has been acknowledged in reports as key in the provision of comprehensive protective services for victims of violence in Ghana (CEGENSA, 2016). Child protection officials reported that there are instances where abused persons need to be temporarily separated from the perpetrator. However, this intervention is not possible because there are no shelters in Koforidua. Thus, victims have to return to the same environment where the abuse/violence has taken place.

Another unmet practical need within the system is the inadequate provision of logistics for smooth

operations of the various units and departments in charge of child protection and violence prevention. Sometimes professionals have to use their own resources to provide transportation to either victims or suspects to and from agencies that provide services to the victims or prosecute the suspects. In other instances, victims are asked to provide transportation before the required services will be offered.

Furthermore, inadequate funding of projects and operations poses a major challenge to the effective response and provision of support services. The challenge of inadequate financial resources makes it difficult for agencies to provide prompt response to cases of violence against children and intimate partner violence. This also limits the scope of service rendered to victims and the communities at large.

Still on the response and support services to victims, there is inadequate personnel to provide assistance. For example, there is only one counselling centre in the Eastern Region, and by extension, only one clinical psychologist. This makes it challenging to effectively address issues of trauma regarding VAC and IPV. For example, after a few counseling sessions, the support is terminated.

There is no effective follow-up on clients to determine whether they are coping well in the community after traumatic experiences. Likewise, clients who abruptly end their sessions are not followed up due to the excessive workload of professionals. The excessive workload takes a toll on their mental and physical well-being, thereby making it difficult to provide good quality care to victims when victims arrive at the 'down time' of healthcare personnel.

Policy recommendations

Stakeholders engaged in this study made recommendations they believe can enable policy makers to address the challenges they encounter in their day-to-day operations. First, there is the need to intensify public education on domestic violence, addressing cultural beliefs, attitudes and values toward the causes and consequences.

In one study, young women who have low or no education, compared to those who had a good wealth index, were more likely to endorse domestic violence against women in Ghana (Doku & Asante, 2015). Education could target gendered and violence-laden attitudes at community level and make female victims advocates of change. The target could further educate and strengthen readiness to support victims who may informally report an issue to a colleague, friend or family member. Second, a clear attempt to improve the literacy of community members on violence prevention is required. More programmes that increase economic security of the family, especially women, should be introduced. This would enhance parents' abilities to care for their

children and also reduce child neglect, which results from the inability of parents to provide basic needs. In 2008, the Government of Ghana rolled out the Implementation of Livelihood Empowerment against Poverty (LEAP) involving a cash transfer to extremely poor households with the overall expectation that it will transform livelihoods (Debrah, 2013). This recommendation of stakeholders to increase the economic security of women is consistent with this thinking; seeking to break the vicious cycle of poverty and domestic violence.

Third, collaborative community-level networks and response should be strengthened in order to enhance service delivery across the various agencies in charge of child protection and violence prevention. The needs of victims of domestic violence are complex and diverse - a single agency cannot address them. A multi-agency coordinated approach to deal with domestic violence is lacking in Koforidua.

This multi-agency approach has in recent times been recommended although questions have been raised about implementation protocols and how they can be translated into practice (Robinson & Payton, 2016). Partnerships between traditional authorities, law enforcement agencies, faith-based organisations, NGOs, health institutions, schools, victims and perpetrators can create a huge platform and advocacy opportunities.

Fourth, an important dimension of VAC and IPV prevention is the engagement of perpetrators. This is one of the areas in Ghana that has not been developed. Men are often the main perpetrators of IPV and should be actively involved in designing programmes that will help prevent violence, rather than merely receiving punishments for their criminal behaviour. The latter approach excludes the perpetrator from the prevention scheme, whereas the former places on him the responsibility to reduce future risks. The punitive approach dominates Ghana's jurisprudence landscape and as the nation seeks to comprehensively address domestic violence, perpetrator rehabilitation, aimed at effecting changes in behaviour and reducing risks in the future, is an important goal (Hilder & Freeman, 2016).

Fifth, a comprehensive database on VAC and IPV should be created within the region for easy referral and reference. In addition, an effective communication system should be set up for the agencies for a free flow of communication and information among the organisations.

Sixth, there should be a dedicated toll-free hotline for reporting VAC and IPV. This must be publicised not just through the usual media (radio, television, print) but also through community-based announcements in the form of visits to churches, mosques and by the beating of the gong.

Cluj-Napoca, Romania



Abuse and neglect against children continue to be a serious problem and public awareness remains poor - 63% of Romanian children have been physically punished according to UNICEF. According to official records, 15,000 children were abused, neglected and/or subjected to exploitation up until 2017. The exposure to adverse childhood experiences is associated with a range of health risk behaviors like increased likelihood to smoke, experiment with high risk recreational drugs, running away from home or attempting suicide.

In Cluj Napoca, there is no specific data on VAC and no comprehensive data on the existing services. Additional information obtained by conducting seven semi-structured interviews guided by the INSPIRE framework and analysing policy and legislation documents, revealed that in Romania and in Cluj particularly, there are strong laws and policies to protect children and families against violence. However, not enough is done to implement these policies and meet victims' needs due to a variety of structural (poor interdepartmental communication, lack of integrated services, isolated and local initiatives rather than coordinated actions, lack of comprehensive statistics on intimate partner violence and perinatal partner violence), financial (poor financing of the system) and mentality-related (normalizing intimate partner violence and harsh disciplines of children) barriers.

Still, as one of the most dynamic and economically developed cities in Romania, Cluj-Napoca is at the forefront of combating violence against children by employing various financial support schemes and moving up on the public agenda the need of developing services targeted for victims of violence. Also, the presence of NGOs in Cluj-Napoca is visible,

as they are constantly lobbying for and supporting the anti-violence public discourse.

Policy recommendations

More specialists in prevention science, early child development and a support system for evidence-based strategies are required. Other recommendations include:

- Raising awareness of the population, generally, and of professionals, specifically, in order to prevent and denounce the cases of child abuse, neglect and exploitation.
- Bring together different actors with roles in child protection and child counselling to come up with a comprehensive strategy and concrete actions.
- Capitalise on the good practices developed by NGOs and make the absorption of funds more accessible. Develop support programmes for mothers to facilitate access to medical services.

Cluj-Napoca: an innovative city

With a population of 325,000 inhabitants and over 400,000 people living in urban areas, Cluj has gained its reputation as a cultural, innovative and economic hub. The most important economical sectors are: manufacturing, construction, trade, logistics and storage services, education, health and social care, information and communications, administrative and support services. It is a municipality with an elected mayor (every four years) and an elected local council, with 31 members representing the main political parties. The municipality is a deciding factor in the implementation and development of welfare, community and urban policies. Cluj is divided in 22 neighbourhoods; the largest has the administrative offices of the municipality, such as neighbourhood

town hall, proximity police departments, population evidence bureaux, etc. There is little spatial segregation, most of the neighbourhoods are inhabited by citizens with mixed social, education and ethnic backgrounds. One notable exception is the Pata Rât neighbourhood, which is located near Cluj's landfill and hosts around 300 disadvantaged and Romani populations, all of which live a precarious existence by recovering recyclable materials from the landfill. Various NGOs have tried to improve their lives through education and inclusion programmes.

Violence against children in Romania

Child Abuse. Romania is one of the 12 pathfinder countries of the Global Partnership to End Violence, committed to fighting against violence and to providing prevention and intervention services. According to UNICEF² reports, one of the disciplinary methods used in educating children in Romania is physical punishment. In a study 63% of children stated they were beaten up by their parents.

Some 38% of parents admitted to spanking their children, while an additional 18% said they used more severe forms of punishment. In rural areas, parents punish their children more frequently and more strictly; 87% of parents residents in rural areas stated they used physical punishment. Overall, in 2017, there were more than 15,000 reported cases of child abuse, neglect and exploitation.

In a study conducted by Save the Children, children reported that the three main factors that lead to VAC are: poverty, stress and lack of communication between the parents and the child⁴. Furthermore 19% of parents in Romania declare their income does not cover their basic needs, while 45% estimate that their income only covers their basic needs, meaning that 64% of families live in poverty; 2% of the children declared that they were used for begging, 5% that they work instead of going to school and 8% that they stay at home to watch over their younger siblings⁴.

The government has not established a mechanism to identify and address abused and neglected children and their families. For instance, in the first quarter of 2017, there were 3,933 cases of abuse, neglect and exploitation of children recorded by child protection services throughout the country. Law enforcement authorities initiated a criminal investigation in only 189 of the cases⁵. Another example refers to early and forced marriages; the legal age for marriage is 18 but under certain conditions, minors as young as 16 are allowed to marry with parents' consent. Despite the laws, illegal and very early marriages are commonly reported in ethnic minority groups, such as Romani.

Intimate Partner Violence (IPV). Romania ratified the Convention on the Elimination of all Forms of Violence against Women (CEDAW) in 1982. Still, official statistics show that the number of incidents of domestic violence increased each year between 2003 and 2008 and that over 1.2 million women a year were victims of it⁸. Young people in Romania recalled alcohol abuse (22%) and aggressive behaviour against the mother (17%) as sources of family dysfunction⁷. The prejudices around intimate partner violence (IPV) reflect the more general and "traditional" gender inequality. Even if spousal rape is illegal and falls

under the Penal Laws, a high number of respondents believe that non-consensual sex is justifiable in certain situations. Women often drop the charges against their abuser leading to just 2% of incidents to become criminal cases. The patriarchal mentality and behaviour, along with victim blaming attitudes, lead to the normalisation of intimate partner violence; 60% of Romanians consider that violence against women is justified in certain circumstances^{9,10}.

Romania has the lowest score of gender equality in the EU (33, 7% in 2012). There are women who find it harder to gain access to reproductive health services (Romani women, women in rural areas) because they either have no health insurance, they live in poverty or because they are discriminated (that is the case for Romani women)⁵. In 2014 Romania was second in teenage pregnancies among EU countries with 8,500 teen births average per year and a teen birth rate of 39.4%. Maternal and child mortality, school dropping and child abandonment are the most serious consequences of this phenomenon⁶.

National legal context and competencies

The main legislative act is the Law 272/2004 which regulates, in an innovative and unitary manner, the child protection system, including protection against violence (articles 33, 89, 94, 95). It represents the ratification of the Hague International Convention in 1996 regarding the rights of children. The Law 217/2003 serves as a guiding framework for adopting measures to protect victims of violence.

The General Directorate for Social Services and Child Protection (GDSSCP) is the public institution that is responsible for applying - at a county or sector level (for Bucharest, the capital) - the social policies and social assistance strategies for child and family protection, for the elders, for persons with disabilities and for other persons in need. Within GDSSCPs, there are services and centres designated for working with victims of abuse that are usually the first services children/other victims of abuse are referred to. The role of the local council's social workers is to mediate the relationship between the beneficiaries and GDSSCP services, in terms of access and monitoring.

Here, the role of NGOs becomes crucial, as some of the services for child protection are externalised to them. For instance, in December 2017, there were 23,009 day centres for children at risk of separation from their family, out of which 8,757 (38%) were subordinated to private bodies¹². Most of the awareness campaigns about violence were initiated by NGOs; most of the service are covered by them, especially in poor counties. UNICEF and Save the Children Romania are two of the most important actors in the country to fight violence against children.

As for IPV, according to Law no. 217/2003¹³, amended in May 2012, victims of domestic violence may receive assistance from centres for the rehabilitation of victims. This service is offered by public or private organisations running shelters and includes free legal and psychological counselling, health care, as well as some support for social reintegration. On the other hand, the law also mentions the possibility of referring victims of domestic violence to the GDSSCP⁹. However, shelters and counselling centres are not

sufficient. Also, the most recent modifications to this law state the right of the victim to demand an emergency protection order against the abuser. This means that measures are taken immediately, the abuser can be evicted from the household and is forbidden to contact the family for six months.

Romania has made visible progress in expanding provision and has reduced the number of places missing from almost three quarters to just over half. There are 49 shelters that are run by the State and nine shelters by NGOs with a gender-specific/women's approach. Five shelters are run by faith-based organisations and 10 shelters are run by general NGOs¹⁴.

Current provisions in Cluj-Napoca

Data was obtained by conducting a desk review focused on national and local research on IPV and VAC, on NGO reports, police reports and current legislation. To complete the information, seven semi-structured interviews were conducted with (three psychologists from the General Directorate for Social Assistance and Child Protection: one from Artemis, Women Association for Violence against Women, one psychologist working in The Court House and one NGO director) and one architect, following the WHO INSPIRE Framework.

Norms and values

Cluj-Napoca, being one of the most developed and innovative cities in Romania, is at the forefront of initiatives to change mentalities. According to one of the founders of Artemis, Women Association Against Violence in Cluj, domestic abuse victims have started to trust that they can be helped. Cluj has also recently hosted awareness campaigns, marches and festivals aimed to raise awareness of domestic abuse and sexual violence against women, but also of the need of introducing sexual education in schools.

Safe environments

Crime Index in Cluj-Napoca is 21,49 according to a public survey site, which places Cluj among the very low crime cities in Romania. In 2015, Cluj was the European capital of Youth and it is largely perceived as being one of the friendliest and safest cities across South East Europe¹⁶.

As for ensuring the safety of mother and children that are victims of domestic abuse, usually social services try to keep private the locations of their shelters and counselling centre in order to avoid the victims being discovered by perpetrators. Also, when the situation is more severe, the victims are relocated in another city.

Parent and caregiver support

There is an increased interest in delivering parenting programmes such as The Circle of Security²², aiming to improve parent-child relationship. Another parental programme is currently piloted in Cluj and it targets high-risk families (in rural areas, Romani, low socio-economic status families) with potential to be scaled up: Parenting for Lifelong Health (PLH) is a suite of evidence-informed parenting interventions that use social learning and parent management training principles to reduce the risk of child maltreatment

within families while improving parent-child relationships¹⁹.

Moreover, there are several programmes that have been implemented in preschools, targeting the development of emotional skills. For instance, The Triple P – Positive Parenting Program¹⁷ has been used as parent training method by certified facilitators. There is some emerging evidence showing that it reduces child difficult behaviour and increases positive parenting strategies in Romania¹⁸.

Finally, FRCCF (Romanian Foundation for Children, Family and Community) is an NGO that supports children from families with low socio-economic status. It provides them with food and helps them do their homework²⁰. A similar programme exists at the DGASPC (The General Directorate for Social Assistance and Child Protection). The program is called "Si eu pot" (I can do it too) and is accommodated by the County's Community Centre²¹.

Differences in budgets, availability of specialised personnel, existing structures and specific regional problems of the beneficiaries determine heterogeneous functioning of these institutions. First of all, this heterogeneity is manifested at the level of the capability to apply legal requirements, thus in some counties we might encounter a slower progress and development of alternative services (such as family-care or prevention services). Second, some counties encounter specific problems of the beneficiaries and thus need to adapt their services to these (e.g. vulnerable groups, ethnic minorities or international migration).

Income and economic strengthening

Romanian citizens have the right to minimum wage as a form of social assistance²³. Also, on a national level, parents who enrol their kids in kindergarten get financial aid, in order to make sure children have equal chances of attending (950 lei/month, the equivalent of around 200 euros). The municipality gives 100 lei food vouchers/year (21.4 euros) to victims of domestic abuse. Also, the city's mayor plans on introducing rent subventions for victims of abuse to counter-balance the lack of sufficient shelters. Some NGOs assist victims and persons at risk of social exclusion; both Athena Delphi and FRCCF (The Romanian Foundation for Children, Family and Community) give financial aid to people in need.

Volunteering in Cluj is on the rise and many students choose to get involved in the activities of NGOs such as FRCCF and "Ajungem Mari" (under the coordination of the Lindenfeld organisation). The latter relies almost exclusively on the work of volunteers. It aims to help children coming from state protection system and the very poor ones to establish functional social relationships with adults that would further inspire and encourage them to follow personal interests and develop professional career paths.

Implementation and law enforcement

In Cluj-Napoca, the Police, the General Directorate of Social Assistance and Child Protection (DGASPC), the

courthouse and the NGOs work together to ensure that laws are being implemented. Social workers are consulted in the development of local policies against IPV. What could be improved in this respect, as our key informants stated, would be announcing the intention of changing a law in advance. The fact that some laws have been ratified overnight affected their quality.

Implementation of laws for child protection is significantly influenced by the general problem of staffing and the amount of administrative work. Often, social workers, educators, psychologists and other professionals complain about the amount of paperwork they need to focus on, at the expense of providing quality services to vulnerable people.

In November police officers in Cluj-Napoca will receive training on recognising the signs of domestic abuse and on ways to handle the victims and the abuser. However, there is still no screening for signs of violence as part of routine health checks during pregnancy, nor is there a detection, monitoring and counseling strategy for women at risk or already subjected to IPV.

Education and life skills

At this point, there are no specific interventions targeting cognitive/language development in children aged between 0-3. The classroom curriculum of the You Can Do It program²⁴ is currently implemented in some preschools, however, to our knowledge no data on effectiveness was published for Romania. Beside these programmes, which were developed in Australia, there are some programs proposed by Romanian researchers, namely the Social-Emotional Prevention Program⁽²⁵⁾ and the Self-Kit Program⁽²⁶⁾.

The first was found to elicit significant increases in preschool children's social-emotional development, as well as significant reductions in their externalising and internalising problems, whereas the latter programme was associated with increased social-emotional skills (however, effectiveness was tested on young school-age children, not preschoolers). Although, both SEP and Self-Kit include a multi-component approach (classroom curriculum, teacher and parent training), some preschools/schools only implement the classroom curriculum activities.

Key challenges

Violence against children continues to be a nearly invisible but widespread phenomenon in Romania. While extreme violence against children is perceived as unacceptable (e.g. beatings, sexual abuse, rape), there is a high tolerance of several forms of "mild" violence, such as slapping, yelling, humiliation, etc². The interviews revealed that some parental mentalities reflect traditional concerns ("parents are parents and children should obey them in all circumstances"), shame ("children should make parents feel proud and not ashamed") and personal life decisions affecting social status ("in Romania you cannot tell your parents you want to be an artist and get away with it. You have to be a lawyer or a doctor. Anything else is unacceptable"). As for violence against women, victim blaming attitudes are common². A male ideology still dominates the society, granting fewer chances for women to reach

leadership in social life or to build successful careers²⁷. Another problem that families are confronted with is the perception of having limited agency and power to influence their own future.

Some of the families do not feel empowered in what concerns their own future. They perceive that there is little that they can do to get out of difficult situations; this seems to be a premise for the failure in solving the crisis situations that lead to family violence in the first place. Responsibility for successes and failures are, in these cases, attributed to God, faith or other persons. This is one possible explanation for the situations of dependence on social support, as families lack skills and perceived self-efficacy to manage independently.

Parents and caregiver support

Parents are either implementing the parenting practices they were raised with, which are broadly based on more strict disciplinary methods, or they are being too easy on their children, out of fear of not repeating their parents' mistakes. Parents who need support do not seek it and are very often unaware of their poor parenting practices.

Along with the perpetuation of practices from one generation to the other, factors that may lead to family dysfunctions are: alcoholism or drugs consumption, mental illness or criminal behavior of one or more family members. Also, parents' divorce or separation can be included in this category⁷. Most programmes do not employ a systemic approach to address all these issues related to family violence: help is local and little is done to harmonise educational and health services for families.

All the experts consulted agree upon the fact that there is some kind of new phenomena emerging in Cluj Napoca: the emotional abuse of children in the process of divorce. They are witnessing the very heated arguments between their parents and also they are used in the fight to get custody by being manipulated, being given information about the other parent's misconducts and so on. Regarding families' relationship with social services, there are many situations in which these were practically invisible. Some of the most commonly mentioned barriers in accessing social services become salient around the country and in Cluj:

- Prevention structures and funds may turn out to be insufficient for the needs of the families. The insufficient number of places in structures like maternal centers, shelters and emergency child placement raises a big question mark on how much prevention can currently be done.
- Lack of ID papers, stable residence or residence in rural, remote areas hinder the the prevention and monitoring of these cases.
- Potential beneficiaries often lack information on services available, as currently there are no materials to map all the available services for children and other victims of violence. Thus families find out "by accident" what services they could benefit from. This aspect, considering that there are cases of illiteracy, is also an impediment in the access to these programmes.

Little follow-up is made after the reintegration of children in the family or after counselling services have been provided. Most of the families' contacts with social services are short and services do not address or solve structural vulnerability factors such as unemployment, marital dysfunctions, health issues, child-rearing mentalities and lack of education.

Implementation and law enforcement

The history of abuse and international adoption scandals within the Directorate for Child Protection have established a climate of mistrust towards the Directorate's employees (coming from other professionals, e.g. judges). This has made the implementation of various quality standards for counselling services to look great on paper but really problematic in practice.

Another issue concerns the obligation of every teacher or public servant who spots child abuse to report it. However, there is no strategy or formal training to recognise, assess and address abuse. The lack of a streamline process for recording and tracking the children benefitting from social services makes administrative work a burden that hampers quality of delivery. Moreover, the salaries for these categories are still low (under the average national salary) which leads to high turnover and understaffing.

Safe environments

There are not enough spaces in shelters for all the victims. For instance, there is a lack of women's shelters in rural areas, which leaves them either to rely on family or friends or to stay with their partner. Women often feel ashamed or fearful to share private information or the history of domestic abuse¹⁴.

Financial aid, education and life skills

The financial aid people with low socio-economic status receive does not always cover all their expenses. Also, they are given money but do not receive financial education, making it hard for them to manage it and spend it for the family's benefit.

The main barriers to providing psychological support services are: 1) limited access of school counsellors to becoming certified trainers; 2) even when certified, delivery of such programmes is possible for a small number of parents/children because one school counsellor is responsible for approx. 800 children; 3) teachers requiring more support and guidance to implement programs and manage children with difficult behaviours and 4) parents with high social-economic status (SES), usually living in cities, are more interested in seeking mental health support rather than parents with low SES from rural areas.

Response and support services

The state does not cover all the needs for support services and NGOs try to supplement them. NGOs encounter setbacks: harsh regulations (i.e. disclosing the names of the beneficiaries to get funds from the state) and it's very difficult to be sponsored (donating is a long and frustrating process).

Gaps

One of the gaps involves knowledge about violence against children and the effects it can have on their psycho-social development. There is also

little awareness of the importance of health and sexual education to "equip" children for future life's decisions. In Romania, sexual education programmes have been banned in national curriculum because of scepticism regarding their effects (i.e. inciting children to start their sex life early, even if research proved the opposite). The only sex education programmes reflect local institution initiatives or are results of NGOs lobbying for education. There is no shelter or counselling centre for victims of sexual abuse.

According to one of the founder of Artemis, when they first opened their association as one destined to help victims of sexual abuse, the reaction was very negative. "People do not like to talk about anything that is sexual. You can see what happens with the sexual education in our country."

Those who get hired in public institutions such as the General Directorate for Social Assistance and Child Protection (DGASPC) do not receive specific training and have to rely on their own resources to learn about child development, prevention and addressing violence. Finally, the lack of financial support by the government and the difficulty of getting support from sponsors due to complex donation procedures make it difficult for NGOs to offer long-term services.

Policy recommendations

More specialists are needed with expert knowledge in prevention science, early child development and a support system for evidence-based preventions strategies. Health and education professionals, social workers and servants should be included in programmes to identify and address abuse. Other measures include:

- Raising public and professional awareness to prevent and denounce child abuse, neglect and exploitation, child trafficking, illegal migration and domestic violence. Also raising awareness of the negative consequences of physical punishment on psycho-social development of children.
- Bringing together different actors with roles in child protection and child counselling to come up with a strategy and concrete actions for addressing violence against children. The services dedicated for victims of violence should be mediated and resources should be centralised.
- A national but also local strategy to monitor victims. Assistance should be integrated and assessed in terms of short- and long-term effectiveness upon violence indicators. To date, we still have no official data on the effectiveness of some violence prevention programmes.
- Capitalising on good practices developed by NGOs. Also, the regulations should be adapted for NGOs that fight against abuse because disclosing the names of their beneficiaries could make people reluctant to contact them.
- Need of development of support programmes for mothers; that would facilitate the access to medical services and would equip maternities with necessary and reliable medical apparatus.

Tarlai Kalan, Pakistan



Chanda

Pakistan is the sixth most populous country of the world with a population of 208 million. It has 80.4 million children, which make up almost 40% of the population. The government, through its National Vision 2025¹, puts forth as a priority to invest on developing and capitalising on its human and social capital.

Pakistan is a signatory of the UN Convention on the Rights of the Child (CRC) and the Sustainable Development Goals (SDGs). The Convention guarantees protections against all forms of violence against children, yet half of the world's children remain vulnerable and exposed to it. The SDG target 16.2: "end abuse, exploitation, trafficking and all forms of violence against and torture of children" needs urgent attention and concerted efforts if it is to be achieved by 2030. Pakistan aspires to achieve both SDG and the UN's CRC targets.

A comprehensive review of laws, policies, implementation, services, support structures, gaps and resources, as well as interviews with five key persons in Islamabad Capital Territory (ICT) indicate: (i) the burden of maltreatment and violence against children is high, and (ii) there's a dearth of data, official and unofficial, about the prevalence, as well as the underlying mechanisms that allow and perpetuate VAC and IPV.

Pakistan has high rates (44%) of stunting among children. An estimated 1.5 million children live on the streets of major cities and are exposed to hunger, sexual abuse, drugs, criminal activity, labour, trafficking and violence. National level resources are few, while Non-governmental Organisations (NGOs) like SPARC², Save the Children and UNICEF, stand in for the state to provide some recourse and relief.

Devolution³ through the 18th constitutional amendment (June 2011), has been a key challenge for Pakistan and the issue of child rights and protection has not been any different. However, all the provinces and regions including ICT have recently created laws and structures for child protection, which does indicate a commitment to uplift children's lives in Pakistan and a step towards realising the National Vision 2025.

Tarlai Kalan: a city of social contrasts

The Islamabad Capital Territory (ICT) has a population of 2.01 million, out of which 1,009,832 are urban dwellers and 991,747 rural. ICT is divided into five administrative zones out of which two are for urban development and three for rural. ICT has 50 Union Councils⁴. Tarlai Kalan is the EBLs birth cohort city (see more details below). It is about 10km outside Islamabad city, but within the Islamabad Capital Territory. It has approximately 100,000-150,000 inhabitants. Population in the Tarlai is predominantly low and lower middle class, with irregular incomes (based on daily wages of manual work in most instances), low literacy levels, especially among women, traditional gender roles and families numbering four to eight children. The crude birth rate is around 38-40 per 1000.

Methodology

The content of this report is based on information collected through a desk review of the available documents relevant to violence against children in ICT- Pakistan, as well as from web research and in-depth interviews with key expert informants. The review involved reports by international organisations and governmental agencies, website contents by public/private sector agencies, current legislation, other technical reports or previous

local research documenting the existing resources needed to address risks of IPV and VAC. For interviews, key expert informants were identified representing different sectors involved in child protection, prevention of violence against children and prevention of interpersonal violence during pregnancy. These included a senior technical advisor, a head of child protection within an NGO, a lawyer, a politician and a high-level civil servant at the Ministry of Health.

The EBLs site team contacted the participants to introduce the aims of the assessment. Face-to-face interviews were conducted to explore the types of services that exist currently, identify gaps and challenges, as well as support that may be needed for VAC prevention, including reducing the risks of exposure to IPV during pregnancy.

Violence against children

In 2017, 3,445 cases of child sexual abuse were reported from across Pakistan. Around 110 children were murdered after sexual abuse; of these about 60% were girls. ICT saw about 3% of these reported cases (SAHIL, 2017). The Human Rights Commission of Pakistan estimates 11-12 million children to be laborers, at least half of whom are estimated to be less than 10 years of age (Gulzar et al., 2009). In ICT, 10,739 children from the slum areas work as laborers (UNICEF, 2015). The types of work the children are involved in are bonded labor in brick kilns, carpet weaving, agriculture, etc.

Pakistan is indicted in human trafficking of children and retains its status as one of the tier two countries of the world (State, 2017). Many children below the age of 14 years have been trafficked to UAE alone to be used in the camel racing industry; many have been reported injured and dead (UNODC, 2011). Pakistan's Multiple Indicator Cluster Survey (MICS) 2014-15 (Bureau of Statistics, 2014) reports 81% of children between four and 14 years in Punjab have experienced violent physical punishment in some form; while approximately 76% of children in this age group have also experienced psychological violence.

Pregnancy Intimate Partner Violence (p-IPV) is not frequently reported. Some recent studies from Karachi show almost a quarter of women (27%) never report domestic violence. In one study 44% of postnatal women reported experiencing physical abuse, 23% during their index pregnancy (Ali et al., 2013; Ali et al., 2011). All of the women who were ever physically abused also reported being verbally abused (Fikree et al., 2006).

The PDHS⁵ 2013 found around 10-12% women reported physical violence/domestic violence during pregnancy; while 38% of the respondents reported to have ever experienced marital violence (National Institute of Population Studies (NIPS) (Pakistan), 2013). Recent secondary analyses showed the proportion of ICT based women experiencing emotional and physical violence being 30.4% and 15.7% respectively (Iqbal & Fatmi, 2018); while 68% of respondents reported having witnessed violence against their own mothers (Aslam et al., 2015).

Legal context and competencies

Pakistan has made progress in terms of the policies, laws and their implementation. A recent development post 2010 devolution has been the establishment of a National Commission on the Rights of Children (NCRC). Its function is advisory and supervisory in capacity since the provinces are independent (post devolution), many are in the process of approving their own provincial Child Protection Laws through independent provincial Acts.⁶

The federal government recently passed the ICT Child Protection Act in May 2018 under which a child protection advisory board is formed that will cater to "children in need of care", and build appropriately staffed child protection centers. A "child in need of care" is defined in the Act as any child in danger of child abuse (physical, mental, sexual or other), child exploitation (e.g. trafficking, sexual exploitation, terrorist activities, etc.) is unattended, found working as domestic or other labor, found begging, victim of an offence, imprisoned with the mother, or living in an "immoral" environment (Islamabad Capital Territory Child Protection Act 2018).

The Domestic Violence Act of 2012 provides grounds for legal recourse for women, children and other vulnerable persons. The National Commission on the Status of Women advises and oversees the laws and policies. It coordinates law enforcement, civil society and other stakeholders. In 2011 the Government also ratified the first optional protocol on the Sale of Children, Child Prostitution, and Child Pornography.

Current provisions

Free access to education for children from five to 16 years is recognised as a fundamental, constitutional and enforceable right of children after the 18th amendment. ICT has already enacted legislation for the implementation of the statute⁷ (Malik et al., 2015). Provision of education for children is better in the Islamabad Capital Territory, with an estimated 42161 children of primary school age who are out of school, as compared to the dismal conditions in the rest of the country, where an estimated 22.5 million children between five and 16 years of age are out of school, 5 million of them of primary-school age (UNICEF, 2017).

An Office of National Commissioner for Children in ICT works in collaboration with UNICEF as a mechanism of receiving and addressing complaints from and about children against maladministration of government agencies. Its mandate includes individual as well as systemic issues, initiation of Suo Moto⁸ action and sharing of knowledge with stakeholders, as well as greater involvement of children in the office. The FIA⁹ has established an anti-(human) trafficking unit that is mandated with prevention of trafficking, investigation, database development and prosecution of human traffickers, as well as rehabilitation and repatriation of survivors.

The National Commission on the Status of Women runs initiatives for awareness and intervention, such as setting up a helpline for women and children



suffering in a family setting (Domestic Violence Act 2012-ICT). The National Child Protection Center (NCPC) ICT is emerging as the main hub of campaigns under the new Child Protection Act. This centre is initially focusing on street children and beggars, addressing some aspects of unsafe environments. A helpline is also functional, responding to calls from and about children who need immediate protection.

The NCPC also plans on mapping ICT for identifying “hotspots” where child protection is urgently required, provision of temporary shelter, counselling, referral and rehabilitation mechanisms (in line with the Child Protection Act 2018 of ICT). One important step under way is that of development of a Child Protection Information System by the NCPC in ICT. Awareness campaigns will also be launched by the NCPC to improve parents’ and caregivers’ knowledge on the subject of child rights, child protection and prevention of VAC.

The main stakeholders from the government sector, in the context of child protection and prevention of VAC within ICT, are the (i) NCCWD¹⁰ (ii) National Child Protection Center and the (iii) Gender & Child Cell at the National Disaster Management Authority. At the federal level, the Ministry of Education and Professional Training and the Ministry of National Health Regulation and Coordination are managing the ministries for provincial and international coordination in the issues pertaining to education and health. Among the non-governmental organisations (NGOs) are civil society initiatives and UN programmes like UNICEF, Sahil, Rozan, SPARC, Save the Children and Plan International.

Key challenges

The biggest obstacles in improving the condition of children in Pakistan, protecting them against adversity and safeguarding their rights have been an absence of a coherent set of laws, implementation structures, absence of political will and the presence of prevailing norms. Underpinning all of these obstacles is the absence of quantitative and qualitative knowledge of violence against children and intimate partner violence in the specific socio-politico-cultural context of Pakistan. Most of the available provisions and services are based on models alien to and thus indifferent to the

intricate regional themes and cultural nuances of the country. Although some of these factors have improved since devolution, in the bigger picture, devolution has been a challenge thus far in developing a central body/mechanism at the state level for protection of children and prevention of p-IPV & VAC.

Corporal punishment is widely used as an acceptable means of disciplining children and it remains one of the most pervasive forms of violence against children; large proportion of parents think they are justified to physically punish children for their disobedience.

Legislation against corporal punishment is contradictory: From the National Child Policy of 2006 through the Criminal Law amendment against “cruelty to child” to the Child Protection Act, nothing overrides the Pakistan Penal Code’s Article 89¹¹, which is a legal defense of corporal punishment (Corporal punishment of children in Pakistan, 2015).

Some 58.7 million people in Pakistan live in multidimensional poverty and 21% of all households are abysmally poor (Naveed & Ali, 2012). Poverty and hunger are strongly associated with Intimate Partner Violence and maltreatment of children. Improving the economic status of households is probably one of the most important and effective, yet the biggest challenge in addressing VAC and IPV in a developing country (INSPIRE: seven strategies for ending violence against children, 2016).

Access to education and life skills advancement under extreme inequality is a considerable hurdle at the structural level, which can slow down and even obliterate the process of protecting children and improving their lives (UNICEF, 2017). Cultural norms conflict with new definitions of violence, often seen as an agenda of the “western world”. This conflict leads to confusion and a further acceptance and perpetuation of violence on women and children. Another challenge is that of under-reporting and/or non-reporting due to taboos and social circumstances. This reduces the level of social protection even further for vulnerable populations (Zakar D, 2016).

The country’s low level of birth registration (34%) is a significant issue in the promotion of child protection as it hampers access and service delivery to marginalised children.

Compounding the issue of poverty mentioned above is the allocation of meager funds by the government for child protection. The government allocates 2.3% of the GDP on education and about 0.76% on health. How they are spent also needs a review; a lack of emphasis on capacity building and training of skilled professionals hampers the delivery of services (UNICEF, 2017).

Gaps

There is an urgent need of recognising the challenges Pakistan faces in terms of lapses in providing children their rights to health, education, safe environments, psychosocial and economic security, protection against violence in all forms, trafficking, labour and



crime. This closely correlates with the challenge of improving the social status of women and addressing some of the detrimental norms.

The number of child protection centres is insufficient - ICT has only one. There is a need to improve service coverage for vulnerable children. This includes girls, children with disabilities, children growing up in poverty, children living and/or working on the street, children incarcerated with mothers, orphans, juvenile offenders and those from minority groups. The major gaps identified are:

- a) Scarcity of peer-reviewed, published scientific evidence on VAC; only the national surveys are available. There is no focused or large-scale research quantifying and exploring the determinants of violence against children (and women) in Pakistan to understand and advise policy accordingly.
- b) There are no educational campaigns sensitising the population about the potential consequences of violence against children and IPV.
- c) There is no central mechanism that develops and manages a database of offences and crimes committed against children.
- d) There are no specific measures for awareness and/or recourse for p-IPV.
- e) Some of the laws are vague or contradict each other, rendering implementation difficult.
- f) Existing services have poor reach.
- g) There is a major gap of trust between the public and service providers, as well as law enforcers. NGOs are often viewed suspiciously and law enforcement fearfully by vulnerable people.

Policy recommendations

Most available programmes and policies are aimed at addressing individual types of violence, whereas evidence shows that all forms of violence are interlinked. Knowing this, WHO proposes a framework that is comprehensive and designed to modify the causes - and not just mitigate the effects - of VAC.

The following recommendations are made in light of this review:

- Studies are needed, designed to determine the prevalence and forms of violence against children and p-IPV, which are context sensitive. These

should aim to explore the causes of violence against children and women in Pakistani culture. These studies can generate precious data, which can inform further research and policy.

- Improvement in collection of data (indicators) through the Health Information Systems is key. This should feed into research, which should, in turn, feed the policy and implementation of programs (translational research to help move forward the transformational plan of Pakistan 2025). The contribution of Evidence for Better Lives Study (EBLS) can be utilised as scientific evidence to inform multiple stakeholders on VAC and p-IPV.
- The Pakistan's system does not recognise children as a separate unit of allocation of funds; this needs to change to provide the necessary resources to the National Commission for Rights of Children (NCRC), Child Protection Boards and committees to work in a coordinated fashion. It would be best if the subject of child rights was centralised under one ministry and budget allocated specifically for the purpose of development, welfare and protection of children. This Ministry should be mandated to bring together experts from all relevant fields and made responsible for a focused, multi-sectoral problem-solving approach. This can solve the problem of scattered and vague responsibilities.
- Laws that address VAC and IPV can be made more consistent, coherent and uniform across the country. Enforcement of laws can be improved with better training and sensitisation of the professionals who come across victims of IPV and VAC. Measures to alleviate poverty such as improvement in employment opportunities and conditions can also help. Provision of free education, meals and safe environment can be started with practical initiatives, such as the provision of one nutritious meal at state-run schools.
- Provision of rehabilitation and reintegration services is another overlooked aspect of legislation. Given the conditions of regressive cultural practices and socio-economic hardship, there need to be programmes and infrastructure that can empower, rehabilitate and reintegrate the survivors into the society.

Ragama, Sri Lanka



Aldan Jones, CC

Sri Lanka signed the UN Convention on the Rights of the Child 1990, ratified in 1991. The country has continued its commitment to the issue of protecting children’s rights since then. The National Child Protection Authority was established under an act of Parliament in 1998. Sri Lanka renewed its commitment by joining the Global Partnership to End Violence against Children as a pathfinder country in 2016. Partnership paves the way for government, civil society, faith-based groups, academia, private sector, international organisations and other partners to work together (Lanka & Partnership, 2017).

Ragama is the urban hub of the Gampaha District. Statistics related to Ragama and its suburbs are reported as part of the Gampaha District statistics. Therefore, the needs and resources assessment was performed in the Gampaha District. Experts in the fields of Law, Forensic Medicine, Pediatrics, Psychiatry, Police and Probation and Child Care Services were interviewed. Literature searches were done and data related to violence against children (VAC) were reviewed. Overall, there is a lack of up-to-date and disaggregated data on prevalence, trends and drivers of all forms of violence against children in Sri Lanka.

There has been an increase in the reporting of VAC over the past 10 years in the country, according to data maintained by the Women’s and Children’s Bureau of the Sri Lanka police, the National Child Protection Authority and data from the health sector. However, experts interviewed felt that there is still significant underreporting of the problem. Although physical abuse/corporal punishment is the more prevalent form of violence reported in community surveys, sexual violence is the most reported form of violence to the police and to the health sector (Women’s and Children Bureau, Sri Lanka police and Asvini D. Fernando’s unpublished hospital-based data). The Ministry of Women and Child Affairs commissioned a country discussion paper in 2017,

which highlighted the current situation of VAC. It identified priority areas that included physical punishment, sexual and gender-based violence, child marriage, emotional violence, online safety and the lack of up-to-date and disaggregated data (Lanka & Partnership, 2017). Experts interviewed felt that although Sri Lanka has done much to address the issue of VAC, there are still key challenges. Stakeholders involved in the prevention and response to VAC should work in a more coordinated manner and there should be monitoring and auditing of all activities.

Ragama: a diverse city

For administrative purposes, Sri Lanka is divided into nine provinces and 25 districts. The Gampaha District is one of the three districts of the Western Province and is the second most populous, with an area of 1,387 square kilometers. Ragama is the urban hub of the Gampaha District and is situated about 10km to the north of the capital city Colombo. The Faculty of Medicine, University of Kelaniya and North Colombo Teaching Hospital Ragama are situated in the city. The city of Ragama and its suburbs are administrated by several Local Government Authorities. Statistics related to Ragama and its suburbs are reported as part of the Gampaha District statistics.

The estimated population of the Gampaha District in 2016 was 2,354,000. The majority is Sinhalese (90.6%), with Moors (4.2%), Tamils (3.5%) and Malays (0.5%) (“Births , Deaths and Marriages in 2015 Registrar General’ s Department,” 2016). In the District literacy rates were 98.2% in females and 98.8% in males (Statistics & Lanka, 2017). Sri Lanka offers free primary and secondary education to all. Free higher education is also offered. In 2017, 19% of those who qualified at the Advanced Level examination nationally obtained places in state Universities (“Census and Statistics,education,” n.d.). The unemployment rate was 3.6% (national figure is 4.4%); in 2016 (Statistics & Lanka, 2017), the

Poverty Head Count Index was 2%, the number of poor population was 45,827 and the contribution to total poverty was 5.4% (Income, 2017). Free health services are provided to all in Sri Lanka. Primary health care services are available for each member of the population within a 2km radius (WHO Sri Lanka annual report 2016). In the Gampaha District there is one tertiary care referral centre (North Colombo Teaching hospital Ragama) and six other governmental health institutions providing free healthcare including maternal and child care. All this contributes to health indices that are comparable to those of developed countries (Save the Children, 2017). The neonatal mortality rate in the District was 5.39; the infant mortality rate was 7.49 and under-five mortality rate was 8.37 per 1000 live births in 2016 (Family Health Bureau, Annual Report, 2016).

Violence against children

There is inadequate data available on the prevalence, drivers and impacts of different forms of VAC in Sri Lanka. In a study done in 2008, in the Colombo District, 70% of 12 year olds had experienced corporal punishment in the preceding year (P de Zoysa, Newcombe & Rajapakse, 2008). In a more recent study, done in 2015 amongst school children in the Gampaha District, physical abuse was reported as 45.4%. Although physical abuse/corporal punishment is the more prevalent form of violence experienced by children in community surveys, sexual violence is the most reported form of violence to the Police and the health sector. Police and hospital-based data in 2017 confirms this fact (Women's and Children Bureau, Sri Lanka police and Asvini D. Fernando's unpublished hospital-based data).

This data reflects only the reported cases. Experts feel that this is only the tip of the iceberg, so figures are likely to be much higher. In a cohort of 667 children who had faced VAC and were admitted to and cared at the North Colombo Teaching Hospital, Ragama, from January 2000-June 2018, the types of violence experienced were: sexual 74%, physical abuse 26%, neglect 17%, emotional abuse 11%, child labour 4%, intentional poisoning 1%. Salient risk factors identified from this cohort of children were: dysfunctional families (parental separation 24%, divorce 2%, death of mother 8%, death of father 7%, employment of mother abroad 13%, employment of father abroad 6%); 60% of the families were below mean income level. The perpetrators were known, trusted individuals (96%). Abuse took place mainly in the homes and neighbourhoods (Asvini D. Fernando's unpublished hospital-based data).

Community-based studies indicate that sexual abuse in boys is underreported (Fernando & Karunasekera, 2009) (Mel, Peris, & Gomez, 2013). This is shown in the hospital-based cohort (Asvini D. Fernando's unpublished data). Prevalence surveys over the past three decades have produced estimates of domestic violence, ranging from 18% to 72% in different study settings and populations in Sri Lanka. A study conducted exclusively among pregnant women in the Colombo District revealed that 4% of pregnant women were subjected to p-Intimate partner violence (Muzrif, Perera, Wijewardena, & Schei, 2018).

Legal context and competencies

Sri Lanka signed the UN Convention on the Rights of the Child 1990 and it was ratified in 1991. The Children's Charter was formulated in 1992. The Optional Protocols on Involvement of Children in Armed Conflict and Sale of Children, Child Prostitution and child Pornography were ratified in 2000 and 2002.

A separate Ministry of Women and Child Affairs was established in the 1970s for the creation of a society that is sensitive to the needs of women and children. Women's Bureau, National Committee on Women, Department of Probation and Child Care Services, National Child Protection Authority (NCPA) and Children's Secretariat are placed under the Ministry. The Ministry is responsible for implementing children's rights. For the implementation, Child Rights Promotion Officer (CRPOs) were recruited. The NCPA was established under an ACT of Parliament (1998). Its aims were: formulating a national policy on the prevention of child abuse; the protection and treatment of children who are victims of such abuse; co-ordination and monitoring of action against all forms of child abuse. The CRPOs and NCPA officers have been trained in children's rights. Both categories are placed in Divisional Secretariats to ensure child rights at Divisional level. A 24-hour hotline is operated by the NCPA for reports of child abuse.

Probation officers are involved in providing services to three categories of children who come into contact with the law. They are children who have faced violence, children in conflict with the law and witnesses of crime. They perform an extensive social inquiry report and present this to the courts. The Sri Lanka Police showed its commitment by establishing the Women's and Children's Bureau in 1979. All 492 Police stations have Women's and Children's crime investigation branches. There are 42 specialized Divisional Branches called 'Divisional Women's and Children's Bureaus, functioning under the direct command of SSP or SP in charge of the Division. They assist the crime investigation branch in conducting investigations. Recoding of complaints is done by trained female police officers.

The curative health sector has contributed to the management of children who have faced violence. There is a coordinated response from all disciplines involved. The preventative health sector contributes by conducting school-based prevention programmes. The legal system has amended laws and laid down procedures to deal with child abuse and domestic violence. The Legal Aid Commissions provide free legal advice for child abuse and domestic violence.

Current provisions in Gampaha District

A project titled *Creating Safe Communities for Children* was conceptualised by the Child Protection Committee of the Sri Lanka's College of Paediatricians in 2011. There were two objectives: better management of children who have faced child abuse and neglect, and prevention of child abuse. All national stakeholders participated in the discussions and a National Guideline for the Management of Child Abuse and Neglect: a multi-sectoral approach (Abuse, n.d.) was launched in 2013. The guideline describes

the management of a child who reports to the system following VAC. It was decided to pilot the guideline in the Gampaha District and all key players (police, health and social workers) were given training at a workshop in 2014.

The need for holistic care for children who have faced VAC was highlighted. Lama Piyasa (children's house - the place where abuse ends and the healing begins) was opened in 2015 under the administration of the Director of the North Colombo Teaching Hospital Ragama. It is a collaborative effort with the Ministry of Health and the University of Kelaniya. The Sri Lanka police upgraded the women's and children's desk at the Ragama police station by establishing a Child Protection Unit. It will handle all important investigations into alleged instances of VAC in the Gampaha District and it will partner with Lama Piyasa. This is a new initiative and is being piloted in the Gampaha District. The video evidence recording unit at Lama Piyasa will start operating soon, with specially trained police officers of the Child Protection Unit.

The piloting of all three ventures in the Gampaha District (the National Guideline, Lama Piyasa and the child protection unit of the police) is a first step to further dissemination of these services to the rest of the country. The following initiatives, at national level, to reduce VAC apply to the Gampaha District as well:

- The circular, issued in 2001, banning corporal punishment in schools and teachers being made aware of alternative forms of discipline.
- The decision of the Government to extend compulsory education to 16 years of age (previously 14 years).

There are programmes for the prevention of VAC and intimate partner violence to establish safe environments. Different categories of officers: Public Health Midwives (Ministry of Health), Child Rights Promotion Officers, NCPA Officers, Early Childhood Development Officers (District Secretariat) and Police Officers are involved in conducting these programmes, targeting children, teachers and pregnant mothers.

According to experts, the following activities attempt to reduce VAC in the Gampaha District:

- Children's clubs at village level to empower programmes for strengthening family units and identification of and support for at-risk families.
- All institutionalised children are monitored by the Department of Probation & Child Care.
- Preschools and day care centres are registered and monitored regularly.
- The District Child Coordination Committee headed by the District Secretary convenes monthly with participation of all officers involved in child protection.
- Initiatives to improve family income include self-employment support and micro credit schemes. The largest existing scheme is the DiviNeguma (Samurdhi) Assistance Programme. In addition, identified high-risk families are given self-employment funds with training and support for three months and a scholarship programme for needy children's education is available.

- National laws and procedures are operational in the Gampaha District to deal with the issue of VAC. There is a legal aid commission to provide free legal advice for needy children and families.

Key challenges

Many challenges exist in the field of VAC and IPV prevention. Although laws and procedures are clearly laid down, there are still many challenges in the legal system, such as:

- Long delays in the justice system. On average for a case to be completed it takes 6.9 years (Edirisinghe, Kitulwatte, Sihanada, & Bulathsinhala, 1898). In addition to losing faith in the legal system, the other important issues are that the message of deterrence is not conveyed to the public and the children and families are never able to really heal with a court case that casts a shadow over their lives for so many years.
- Lack of proper knowledge by law enforcement authorities on some legal provisions and a tendency to attribute blame for violence on the children and parents reflect harmful norms.
- Underage boys accused of statutory rape should be processed through the juvenile justice system rather than through regular criminal courts (Emerging Concerns and Case Studies on Child Marriage in Sri Lanka, n.d.).
- There is an underutilization of video evidence recording despite the Evidence (Special Provisions) Act (Evidence Special Provision, Act No 31 of 1999).

In addition to these challenges in the legal system, there are several others in addressing VAC:

- Corporal punishment is still justified and perpetuated as it is still culturally acceptable among many adults (Fonseka, Fernando, Cooray, & Jelooj, 2016) (Chathurika, Senarathna, Fernando & Fernando, 2018).
- With an overloaded, exam-based school curriculum the education system has not prioritized the importance of teaching children how to protect themselves, the safe use of social media and Healthy Sexual and Reproductive Health practices.
- The sexual abuse of male children being underreported is not recognized as a serious issue, which leads to perpetuation of the cycle of violence (Fernando, Randeny, Chathurika & Shackel, 2017).
- The overseas employment of mothers is a key issue for Sri Lanka.
- There is inadequate recognition of the issue of alcohol and drug misuse amongst adolescents.
- There has been insufficient planning on the prevention of violence against children during rapid urbanisation and development.
- There is no overall body responsible for the monitoring and evaluation of existing programmes for VAC prevention and response.¹⁴

Gaps

There are gaps in the processes of prevention of VAC and in the child protection response. Sri Lanka needs to formulate its own prevention programme, designed with all stakeholders involved in the management. Almost all sectors are involved in some prevention programmes. Several Action plans for

prevention have been drawn up - the Presidential task force and the Inter-ministerial plan recently approved by the cabinet. However, there should be a nationally accepted programme that can be disseminated throughout the country. This would avoid the ad-hoc and often duplicated interventions that have failed to impact on this serious problem so far.

These programmes should be coordinated and monitored by one authority with technical assistance from the National Child Protection Authority. Enhanced coordination and partnership with NGOs and other actors such as the private sector, the media, faith-based leaders and families and children is needed to amplify the efforts of the government. Bringing all stakeholders under a common vision of protecting children from violence is an important gap to be addressed. There are no risk assessment tools in the community to identify vulnerable parents, such as young parents, those living with disability or poor mental health or those struggling with alcohol or drug issues. The inadequate awareness programmes on parenting and lack of monitoring need to be addressed.

Child protection responses

Health sector. The case management is not uniformly distributed. The response of the health delivery system is sometimes inadequate even after recognition of at-risk children. Training of undergraduates on VAC in medical schools is in place. Further strengthening of this training and the training of postgraduates in disciplines involved in the management (Judicial Medical Officers, Paediatricians, Psychiatrists, and Obstetricians) needs to be made compulsory. The lack of dissemination of the National Guideline for the management of child abuse and neglect needs to be addressed.

Police. Training of personnel manning Women's & Children's Desks at Police stations needs to be improved. Several programmes are in place and once the officers are trained they should remain at the Women's & Children's Bureau without being assigned other police duties.

Legislative gaps. The lack of a separate juvenile court complex and the implementation of a more child-friendly court system are priorities. Although Video Evidence Recording of evidence from children is accepted by an Act of Parliament, there seems to be hesitancy in accepting this. This is an important aspect that needs to be looked into, considering the long delays in the system; it is in the best interests of the children to reduce re-traumatization. Training for law enforcement officials and the development of management information systems to monitor child victims throughout the justice system could also help to address some gaps.

Social workers. The inadequacy of knowledge among some community workers needs to be sorted. The training programmes for new recruits and in-service training programmes should be strengthened. Coherent case management protocols that clarify roles and responsibilities across agencies at all levels and identify an appropriate and consistent lead focal point for case management, coupled with minimum standards for service delivery, could help to improve the quality and coordination of services. There is a need to professionalise the social work's cadre.

However, prior to doing this, the cadre of Probation officers should be increased as the present one is inadequate to provide a professional service.

Policy recommendations

Sri Lanka needs to formulate its own prevention programme, taking into consideration the risk factors already known. The programme should be designed with all the stakeholders involved in the management. All existing programmes and action plans should be considered. However, there should be a nationally accepted programme that can be disseminated throughout the country to avoid the ad-hoc and often duplicated interventions. These programmes should be coordinated and monitored by one authority with the technical assistance from the National Child Protection Authority. Children should be taught how to protect themselves from preschool. Regular programmes should be included in the education curricular at preschool, primary and secondary school levels. Community-based programmes should also be planned so that the vulnerable adolescents who have dropped out of school could also be included. Prevention programmes should address the issues of alcohol and substance abuse.

Recommendations for response services

A. The National Guideline for the Management of Child Abuse and Neglect

1. To disseminate the Guideline across the country
 2. Training of all stakeholders involved
 3. Improving facilities for management e.g. child-friendly Women's & Children's Desks, Lama Piyasa facilities, Video Evidence Recording Units
 4. Implementation of the National Guideline by all stakeholders in all provinces
 5. Monitoring and auditing of the management
 6. Further improvement based on audit findings.
- The fact that the guideline needs to be disseminated has already been alluded to in three documents:
- i) Presidential task force for protection of children;
 - ii) Task force on Prevention of Violence against women and young girls. (Action plan based on recommendations of the former Leader of the Opposition's commission on violence against women and female children);
 - iii) Health Strategic Master Plan 2016 - 2025 Vol III Rehabilitation Care Ministry of Health - Sri Lanka. The Guideline was presented to all the stakeholders at the Sectoral Oversight Committee of Parliament in October 2018. It was decided to reconvene a meeting in December 2018 to move forward. The roles and responsibilities of each sector have been clearly defined.

B. Improvement in the Juvenile Justice System

1. Move forward with amendments to the draft children's (Judicial protection) Bill. Ensure legal safety and avoid undue delay of cases.
2. Training for law enforcement officials and the development of management information systems to case-manage and monitor child victims.

C. Education and training

1. To disseminate the healthy sexual and reproductive health module being piloted in schools in the Sabaragamuwa Province to the rest of the country.
2. Develop minimum standards of service and plan extensive training on child rights to all the staff.
3. The issue of corporal punishment in schools should be addressed in teacher training programmes.

Hue, Vietnam



This review aims to assess unmet practical needs in Hue, Vietnam for services and response to prevention of VAC and identify the most important system-level challenges of providing better services. Our qualitative research was applied with primary methods included desk-review of recent information and data, and semi-structured interviews with 11 key informants who are local professionals working in this field. The present assessment was based on INSPIRE, a WHO framework developed to address VAC through seven general strategies. The informants were selected among adults with 10+ years' experience in prevention of VAC and/or IPV.

The city's government offers various programmes to promote child protection and interventions for child victims of abuse including: medical care, psychological therapy, arrangement of temporary safe accommodation, separation of children from the environment or persons who threaten or impose violence and/or exploit them. Some significant achievements include efforts from the provincial Women's Union in promoting gender equality, strategies to secure basic, adequate family income and provision of information and education to raise awareness in the community.

However, due to lack of resources and evidence-based programme evaluation, many services are not well-activated or not used effectively (use of temporary shelters, uptake of mental health screening and psychological services, helpline). There is insufficient capacity in professional human resources and lacking of supportive policy for village collaborators to reach families with multiple vulnerabilities.

Hue: a vibrant and engaged city

Vietnam is a middle-income Southeast Asia country that has one of the youngest populations in the region, with 25% of people aged 0-14 years. Hue is a historic imperial city where the kings of Vietnam

resided between 1802 and 1945. The population is approximately 450,000. It is situated within the ThuaThien Hue province, which has approx. 1.2 million residents (30% are children under 16 - General Statistics Office of Vietnam, 2015). Hue city is a centre for tourism, education and healthcare. Its culture is strongly influenced by Buddhism and Confucianism. Within Vietnamese contexts, the culture of Hue city is regarded as conservative, with traditional family values and living arrangements, including relatively high levels of extended family co-residence compared to families in larger urban areas of the country.

Poverty rates vary substantially between the 27 city's wards, with official estimates of poverty (households classified as poor or near-poor) being 5.98% in average, ranging from 1.5% and 17.5%. The population has a high adult literacy rate (93.2%) and high enrolment rates to college/university (49%); in these respects it is similar to some metropolitan cities such as Hai Phong (45.3%) and Ho Chi Minh City (52.6%). The under-five mortality rate was estimated at 29% to 1,000 live births in 2016. The in-and-out migration rate is 3 and 8.4 per 1000 people respectively (2016). Hue has many different ethnic groups, but the Kinh majority ethnic group represents 96.7% of the local population (General Statistics Office of Vietnam, 2015). The political administration has three levels: Provincial, District and commune. Each commune is separated in wards or villages; the head of a village/ward will report all socio-economic indicators to the commune's chairman.

Violence against children

An estimated seven out of 10 children aged between one and 14 years of age experience violent punishment at home. Furthermore, 5,300 cases of child sexual abuse, primarily against girls, were reported between 2014 and 2016 (UNICEF, 2018). Corporal punishment of children at home and bullying in schools are common in Vietnam. A study in 2014 showed that 68.4% of children under 14

years experienced some types of violent “discipline” by household members (General Statistics Office & UNICEF, 2015). Children living in a low-income family with a low-educated head of household were more likely to be exposed to corporal punishment. The notion that physical punishment is necessary to educate a child remains common in the community.

Prenatal Intimate partner violence (P-IPV) is considered one of the most critical causes of homicide and injuries for both mother and the unborn baby. The estimated proportions of P-IPV in Vietnam range from 5.9% to 32.5%, depending on the IPV forms reported. Based on the “National Survey on intimate partner violence in Vietnam in 2010”, it was estimated that more than one in every two women (58%) had suffered at least one type of IPV in their lifetime and 5% have suffered physical violence during pregnancy (General Statistics Office Viet Nam, 2010).

A birth cohort study in Ha Nam province, following up pregnant women from 20 weeks of gestation to six months after the birth, concluded that compared to lifetime IPV (emotional 15.2%; physical 19%, sexual 6.7 % and any form of IPV: 27.3%) (Tran et al., 2014), women were exposed to lower proportion of physical abuse during pregnancy (3.8%) and after childbirth (3.3%). Some studies found that IPV during pregnancy was more prevalent among women with low education and those from ethnic minority groups, on low-income or living in a coastal location (Le M Thi et al., 2014), living with a partner who had co-morbidity of CMD or alcohol dependence (Tran, Tran, Wynter, & Fisher, 2012).

Legal context and competencies

Among the second country in the world and the first in Asia to ratify the United Nations Convention on the Rights of the Child on 20 February 1990, Vietnam has participated in eight out of 23 international conventions on human rights. It has also carried out various socio-legal activities in implementing the Convention. Some critical legislative developments were achieved during 2015-2017 regarding VAC, to ensure that Vietnam is compliant with international standards.

The revised Child Law, which came into force on 1 June 2017, was built to provide a legal foundation for children’s rights. The law ensures various children’s entitlements, such as the right of privacy, the right to live with parents, the right to be adopted and the right to be protected from abuse including violence, sexual harassment, labor exploitation, abandonment and kidnapping. This new Child Law retains the definition of a child as a Vietnamese citizen under 16 years of age (not the usual 18 years of age adopted by the United Nations), which is inconsistent with the UNICEF’s recommendations. The law prohibits “all forms of violence against children”, but at present this law does not state explicitly that all forms of corporal punishment are prohibited in all settings, including in the home.

Other policy initiatives have been adopted to strengthen efforts to eliminate violence against Vietnamese children, including the National

Programme on Child Protection (2016-2020), which enhances child protection system-building, including services to prevent VAC in the home, schools and justice settings. The National Action Plan on Domestic Violence Prevention and Control, up to 2020, aims to prevent and respond to domestic violence through communication activities, service delivery and law enforcement.

Additionally, the National Programme on the Promotion of Child Participation (2016-2020) was implemented to improve children’s engagement. This has involved consultations with children on the development of initiatives to end VAC. Further, the Five-year Plan on Child Protection in Schools (2016-2020) targets promotion of non-violent and child-friendly learning environments.

Child care and protection is the administrative responsibility of multiple government departments, coordinated by the Ministry of Labour, Invalids and Social Affairs (MOLISA) at the national level and the Dept. of Labour, Invalids and Social Affairs (DOLISA) at the provincial level, including in Thua-Thien Hue province. Amongst others, it obliges all departments to promote better strategies to raise community awareness on child’s right and strengthen response and support systems for victims of VAC.

Current provisions

The 2017 Child Law’s documents (e.g. circular, guidelines) have been developed. So far, there has been no legal document to replace the regulations that were based on the 2004 Law on child care and protection. The Hue provincial people’s committee has released the 2018 action plan for welfare and child care, which aims to ensure children’s rights and prevent VAC, following the Viet Nam National Action Plan for Children (2012-2020) and National Programme on Child Protection (2016-2020).

The Hue DOLISA is the leading department for child protection and VAC prevention. It coordinates all activities in family, schools and communities. Similarly, the Hue Dept. of Culture and Sport (DOCAS) is the focal point for prevention of domestic violence, including pregnant women. Thus, there should be a strong relationship between the DOLISA and DOCAS to provide a comprehensive shield for children from a very early age.

The number of victims of violence tends to significantly reduce for both children under 16 and women. It is estimated that 15 children under 16 years have been experienced domestic violence in Hue in 2017, accounted for 6% of total abuse victims where have been investigated (DOCAS’s report).

Norms and values

Several community-based models for prevention of domestic violence have been established in Hue to promote gender equality. The most significant achievement is the “Club for gender equality”, set up to prevent domestic violence and promote the role of women in the community. The principal members are responsible for education to raise awareness for

families, intervene with individuals and families if aggressive acts occur and provide conflict mediation. The services and supports tend to be activated only at victims' requests via a written claim form. Without the documented evidence from victims, it is not usually considered feasible to initiate help for victims of violence.

Income and economic strengthening

To promote family security and stability, the Hue government operates a financial support system for low SES families. A number of "Socialized loans" has been established mainly by the Vietnam Social Policy Bank (VSPB), coordinated by the Hue Women's Union. This program offers low-interest loans for poor women (0.4% per month, 4.8% per year). In 2018, total loans of 1.384 billion VND have been invested for 60,000 members of the Women's Union in Hue. At some communes (e.g. Quang Dien), the commune's Women's Union has launched a loan scheme for urgent purposes that is available to vulnerable union members (e.g. the poor, people living with disability or war invalid family members). Thanks to this strategy, approx. 150 to 200 women have been assisted to cope with poverty.

The Hue Women's Union offers scholarships for good students (mainly at primary and secondary schools) to motivate and encourage children. Up to September 2018, 2,100 children have been offered scholarships with a total value of 678 million VND. In addition, children under six years are qualified for healthcare free of charge, provided by health insurance when they visit public healthcare settings. These strategies have improved household income, which helps to reduce the number of children living in poverty. One of the weaknesses of these activities is that they are managed via the Women's Union - options for men in the family remain modest.

Parent and caregiver support

Corporal punishment and harsh parenting practices (e.g. spanking or paddling) remain common, especially the notion that parents can use violent "discipline" to educate children. Thus, various IEC campaign via broadcast media, meetings or seminars have been organised, mainly for members of the Women's Union. The 'Action Month for Children' in June has become an annual campaign to raise awareness of children's rights, including ending corporal punishment against children nationwide. One limitation is that these campaigns tend to gain mothers' engagement, while the activities for fathers remain limited. The DOLISA has developed and distributed some printed materials to promote parent-child relationship via school-based programs. However, preschool children whose caregivers are often grandparents are underemphasized.

Education and life skills

Relevant programmes to promote education and life skills are delivered by the Women's Union, the Club for gender equality and various parenting education programme at primary and secondary schools. A city-wide life skills education programme provides opportunities for students to practise some skills to protect themselves from harm. Material for

secondary-school students can include reproductive health and sexual abuse prevention, emotion management, conflict resolution, friendship values and respecting others. For preschool children and parents, there is a gap in the availability of educational materials designed to increase life-skills training for parenting in the early years.

Safe environments

The city's government offers various programmes to promote sports and cultural activities for children, e.g. public playgrounds, entertainment activities on International Children's Day (1st June) or the mid-autumn festival. Hue has some universal parent training activities available to all parents through the national target programme on nutrition and vaccination for children 0 to six years. Although the importance of inter-departmental collaboration and the primacy of addressing the needs of disadvantaged families is emphasised; there is no city-wide programme to support child development and prevent child maltreatment in general and among families in difficult circumstances, including those affected by disability, mental health problems or substance abuse. Some children of poor parents are offered places in child care institutions and they can attend pre-kindergarten courses with subsidised fees.

Response and services

Child protection in Hue involves various stakeholders. In 2018, the DOLISA received approx. 2.4 billion VND from the provincial budget and 700 million VND from the Hue Association of Child's Right Protection. The victim support infrastructure includes a wide range of services comprising telephone hotlines, specialist legal and psychological support, and placement in safe houses. Child Helpline Viet Nam (111) is the government-operated toll-free nationwide phone service to receive reports, complaints and grievances on VAC. Communes' Child Protection Committees are also responsible for receiving reports of VAC and addressing the cases. In Hue, there is no local helpline and most VAC situations are reported via the network of social workers at 152 communes and 711 village collaborators.

Training on legal frameworks and skills to support children is conducted quarterly by the Hue DOLISA for social officers and their collaborators in the community. In 2018, software has been designed for data management on children in Hue. The application of technology is a valuable approach that replaces a manual reporting system that is often inaccurate. The administrative data on violence is disaggregated by types of violence, age, gender and province, but not by ethnicity, socio-economic status and disability status, which may reduce information on the characteristics of high-risk families.

Victims of violence commonly report abuse to police officers and social workers, who will refer them to healthcare institutions (a provincial psychiatric hospital or district health center), where they can access care from pediatricians, public health specialists, social workers and psychologists. However, among people in Hue, there is a considerable stigma about the use of psychological services; only people

with severe mental disorders reach specialist care. Women with depression or anxiety will try to tolerate it and visit commune health centres (CHCs) or general hospitals with psychosomatic complaints. Until now, there has been no special training for midwives, nurses, general doctors and/or obstetricians to screen for P-IPV during pregnancy check-ups at CHCs. Similarly, there is a lack of professional training for health staff to recognize and address domestic abuse and/or child maltreatment and neglect. Some health staff at CHCs provide care for victims of violence including pregnant women and children, but this is based on their personal knowledge without any official guidelines.

A project operated by Hue Women's Union and the provincial psychiatric hospital provides services and counseling to support women with depression. Psychiatrists train key members of Hue Women's Union (called counselors) on how to screen women with mental health problems using the nine-item Patient Health Questionnaire. Women with depressive symptoms may be offered up to 12 counselling sessions in a group or individually. Preliminary achievements from this new model in 2018 are optimistic, with eight women with serious depression being treated successfully. The Women's Union also has a legal counselling center to provide services for members including help with prosecution of violent perpetrator or divorce if needed.

The victim support infrastructure in the Hue city includes the arrangement of a safe shelter to accommodate victims of intimate partner violence. The temporary shelter is a room located in the CHCs. However, no-one uses the safe shelter because they prefer to stay at their blood family to stabilise mental health and find further supports, as well as avoid any rumor from neighbours.

A project called "Blue Dragon's Safe and Sound programs" funded by the Blue Dragon NGO and operated by the Hue Women's Union in A Luoi, a poor district in a mountainous area in the province, is designed to prevent child trafficking and child exploitation. This project aims to equip children with knowledge on how to avoid labour abuse and help victims of child trafficking to continue with school. They identify, locate and rescue children directly out of the sweatshops where they are being held in slavery. Victims are supported to return home to their families and are offered long-term counselling and school support. This project also helps communities to be resilient and prevent further exploitation.

Hue has 15 child care facilities to support approx. 800 vulnerable children (abandoned children, orphans, children affected by HIV/AIDS, street children). These facilities receive children, provide support and find foster families if needed. Children and their families can also find support from the Provincial Association Protection of Child's Rights, which offers comprehensive services for children including referral to mental and legal counselling, intervention for child maltreatment, neglect (prosecution supports, long-term schooling, safe shelter, perpetrator isolation, fostering). The Association for the Protection of

Child's Rights collaborates with stakeholders to bolster protective services for children affected by violence.

Key challenges

Although Hue city has an integrated system of services that aim to address all forms of VAC prevention, the interviews with key informants identified some significant system-level challenges to be overcome:

- **Child law implementation.** Primary authorities involved in local child protection services are the People's Committees and the DOLISA, as well as the Departments and Offices of Health, Justice, Public Security, Education and Training and the People's Procuracy. However, there is a limited number of staff, resources and few opportunities for staff training and capacity development, to improve child protection and responses, especially at commune level.
- **Norms and values.** Child protection remains challenging in the community because many people do not take into account corporal punishments of children at home as a type of violence. Many people (including commune leaders, some teachers and health professionals) suppose that children will learn better when parents use strict punishment. Generally, authorities will not interfere to stop even severe physical punishment as it is considered a valid method to educate and control the behaviour of children at home.
- **Parent and caregiver support.** Parenting support is offered to a limited extent, but there remain substantial challenges in reaching preschool children and vulnerable families. Strategies to promote early child development have mainly focused on provisions of facilities for child health and care; several experts noted a lack of support for parents to receive advice and skills to stimulate the cognitive and emotional development of children.
- **Safe environments.** Stakeholders suggested that more efforts should focus on how to improve security through creation of child-friendly open areas to be used by families and children, including child-friendly public transport and safe neighbourhood playgrounds to reduce risk of intentional and unintentional injury.
- **Education and life skills.** There is insufficient capacity in human resources and incentives for village collaborators to reach families from disadvantaged backgrounds, especially at preschool age. Some experts emphasised that most activities and information are targeted to women's networks; fathers lack support.
- **Service and response.** There is a shortage of training for nurses and obstetricians to screen for domestic abuse during pregnancy check-ups. There is also a need for training police officers to detect VAC and IPV, and respond sensitively and quickly. Some services are available but are not being used, like safe shelters for victims of IPV.

Policy recommendations

Vietnam nationally - and in the Thua Thien Hue province - has demonstrated strong political will and commitment for ending all forms of VAC. Hue city has the foundations for a functioning system of



public services related to violence against women and children. However, there are gaps relevant to policy and practice:

- Many services are not well activated or are not used effectively (shelters, mental health screening and psychology services, and helplines). Monitoring and evaluation should be applied to find the reasons why some services are not working. Stronger collaboration between the agencies providing child and family services and universities in Hue could assist to get insights and evidence. This can include university colleges responsible for educating teachers, social workers, doctors, nurses and other professionals. More attention should be paid to improve the engagement of the community, as they are integral for child protection, including cities, rural towns and mountainous, remote villages.
- More community-based services and support should be available to support development of social clubs for child protection, which can be integrated into the clubs for gender equality. Women's unions have achieved some progress in promoting child care and protection. Creating a mechanism for the Hue Women's Union to be able to offer some social services (legal counselling and screening for mental health problems during pregnancy) may offer an approach to respond to affected women, children and families. It may also help to reduce the social norms that prevent utilisation of mental health care in hospitals and the community.
- Services and supports for preschool children remain modest. More efforts should be applied to provide practical support to parents and caregivers of children under five years of age. A city-wide programme to enhance life skills, especially focusing on how to avoid abuse of children should be established in kindergartens and primary schools.
- Further effort is necessary to reach out to families with low SES backgrounds and other high-risk families to reduce problematic alcohol and substance abuse. These factors have increased the risk of intimate partner violence and possibly

child maltreatment and neglect. Prevention efforts should focus more on vulnerable families.

- More resources should be dedicated to raising community awareness of the consequences of corporal punishment inflicted on children; educational programmes should be endorsed and promoted by commune leaders. Mass media and social media should be employed to increase the effectiveness and outcomes of IEC campaigns. The engagement of the private sector is modest at present. Enterprises that promote public-private partnerships could help to meet needs in Hue city across all elements of the INSPIRE framework.

Conclusions

Vietnam has made impressive progress in completing a legal policy, incorporating international treaties into national laws and improving policy enforcement to protect children's rights. In Hue, strategic programmes, services to protect children against harm, as well as response to the needs of victims, including children and pregnant women, have been put in place from provincial to grass-root level. There is a strong political will, besides community effort and enthusiasm. In addition, the city's government has recently put together an inspectorate system, inter-agency cooperation and action plan to promote level of implementation of children's rights.

However, there is inconsistency in monitoring and data collection. Although data on children is collected, it is dispersed between different agencies, making it hard to obtain a coherent picture of child well-being. The "Evidence for Better Life" (EBLS) consortium will collaborate with the Institute for Community Health Research (ICHR) in Hue to conduct a cohort study, which aims to produce high-quality evidence to inform effective interventions to reduce VAC and support psycho-social well-being. EBLS and ICHR may succeed in the implementation of child protection programmes and advocacy strategies in Hue by reducing the gap in providing services and supports for survivors of VAC and IPV.

Valenzuela, Philippines



The National Baseline Study on Violence against Children in the Philippines has revealed a high overall prevalence of child maltreatment, with 80% of respondents having experienced some form of violence in their lifetime. Specifically, three in five children reported having experienced physical violence in various settings, three in five children experienced some form of psychological violence in any setting, and one in five children reported sexual violence in any setting. Taking off from the results of the NBS-VAC and the recommendations of the Systematic Literature Review on the Drivers of Violence, the Philippine Plan of Action to End Violence against Children (2017-2022) is a roadmap outlining strategies for achieving key result areas for reducing violence against children by 2022.

Data was collected through a desk review of previous national surveys and research, national legislation, local government ordinance and agency reports. The information obtained was complemented with semi-structured interviews of key informants, including programme heads and frontline service providers from the health, social service and legal sectors. The City of Valenzuela is known for its innovative practices. The local government is fully committed to support the welfare and well-being of its people. It invests heavily and implements outstanding programmes and projects centred on education, health, housing, liveability and economy. Across all sectors, there are policies and programs that have the potential to address, or are currently directed at, ending violence against children. The strength lies in established facilities that cater to abused children, at-risk children and children in conflict with the law.

The City of Valenzuela is in the process of stabilising existing efforts and is in a position to expand and

grow towards instituting policies and programmes for prevention. A city-wide action plan is recommended, including 1) conducting a baseline study on violence against children and intimate partner violence, 2) conducting an assessment on readiness to implement specific evidence-based programmes under the INSPIRE framework, and 3) creating a multi-sectoral task force that will review existing programmes and services to make recommendations on the way forward.

Valenzuela, a thriving metropolis

The City of Valenzuela is a first-class, highly urbanised city in the National Capital Region, with a population of 620,422 and an average annual population growth rate of 1.45% during the period 2010 to 2015.⁽¹⁾ Data from the City Health Office shows that the birth rate is 12.19 per 1,000 population and there were 7,672 live births per year in 2015. The city is composed of 33 barangays, divided into two Congressional districts.

Once an idyllic town, Valenzuela City obtained cityhood in 1998. It developed into a highly urbanised city with the proliferation of small- and large-scale industries (i.e., metal, plastic, food, apparel, textiles) gaining it the reputation of being an “economic miracle”. The poverty incidence is 2.1 percent.⁽²⁾ The employment rate is 91.5%. Among those employed, one third is labourers, unskilled workers, and one half have permanent status. The rest of those employed are short-term, casual/seasonal workers or work on different jobs on a daily or weekly basis.⁽³⁾

The 26th and current Mayor of Valenzuela City, Hon. Rexlon Ting Gatchalian, was elected on 9 May 2016 for a second term. Committed to strengthening healthcare and social services, his public service platform, known as the “Five Pillars of Good

Governance”, covers Education, Health and Social Services, Housing, Job Generation and Trade and Industry. Under his leadership, Valenzuela City has earned several citations for the city’s economic accountability, livability and disaster preparedness, outstanding employment and micro-entrepreneurship development programmes, timely health and social protection policies and sound implementation of peace and order advocacies.⁽⁴⁾

Violence against children

The National Baseline Study on Violence against Children (NBS-VAC) in the Philippines, done in 2015, revealed a high overall prevalence of child maltreatment with 80% of children having experienced some form of violence in their lifetime. About three in five respondents (66.3%) experienced a form of physical violence during childhood, with more than half (60%) of these cases happening in the home. About 14.3% of those who attended school experienced physical violence in school.

Almost three out of five children have been verbally abused, threatened and/or abandoned by their parents or guardian, and experienced peer violence or bullying during childhood. Almost one out of five children (17.1%) experienced sexual violence while growing up. The highest prevalence of childhood overall sexual violence occurred during dating (14.1%). The study further found that males more commonly experience physical, sexual and psychological violence across all settings.⁽⁵⁾

The National Demographic and Health Survey 2013 found that overall, 26% of ever-married women have experienced some form of emotional, physical and/or sexual violence at the hands of their current or most recent husband. Among women, 4% of those aged 15-49 reported experiencing violence during pregnancy.⁽⁶⁾ On the other hand, the NBS-VAC found high rates for witnessing violence in the home: 41.3% of respondents witnessed physical violence and 62.9% witnessed psychological violence.

The Systematic Literature Review on the Drivers of Violence against Children in the Philippines describes the risk and protective factors of various forms of violence against children across various settings that combine to create drivers of VAC. The review found strong evidence on intergenerational violence. Studies show that violence begins at home and that it impacts on the occurrence of violence in other settings. Alcohol misuse was found to be a significant driver of family violence while experiencing childhood or familial sexual violence is a risk for all forms of intimate partner violence for females.

Violent discipline, the most common form of violence at home, is driven by social norms, authoritarian parenting and parent’s levels of education. Parental histories of physical abuse, financial stress and

substance misuse make up a toxic trio of risk factors for physical violence in the home. On the other hand, sexual violence in the home is driven by lack of supervision, single-headed households and absent parents. Emotional violence from parents increases children’s negative behaviour, which in turn increases their risk of experiencing violent discipline and perpetrating aggressive behaviour towards others.⁽⁷⁾

The review described the main drivers of sexual violence against children: 1) a culture of silence and fear of reporting; 2) existing legislation, such as the minimum age of sexual consent and statutory rape laws, that do not effectively prevent VAC and 3) vulnerability, particularly of children with disabilities. The lack of access to reproductive health information and services is also identified as a factor in rising sexual violence among young people.⁽⁷⁾

Emerging issues in the Philippines include online sexual abuse and exploitation, migration and disasters. Studies have implicated poverty, poor parenting, peer influence, socio-cultural beliefs and norms and easy access to the internet as drivers of sexual exploitation. Migration has been cited as a possible driver of neglect and sexual violence, while increased rape and sexual abuse cases have been observed after disasters.⁽⁷⁾

Legal context and competencies

The Philippines ratified the United Nations’ Convention on the Rights of the Child (CRC) in 1990. Since then, some of the rights and principles stated in the CRC have been implemented through national legislation. A Plan of Action was also developed to operationalise Philippines’ commitment to the CRC. Child 21, a long-term strategic plan to fulfil the rights of the child was also created and implemented through five-year action plans. The laws include:

- Special Protection of Children Against Abuse, Exploitation, and Discrimination Act (RA 7610)
- Anti-trafficking in Persons Act (RA 9208)
- Anti-Violence Against Women and Their Children Act (RA 9262)
- Juvenile Justice and Welfare Act (RA 9344)
- The Anti-Rape Law (RA 8353)
- The Anti-Child Pornography Law (RA 9775)
- Republic Act 10630, an Act Strengthening the Juvenile Justice System in the Philippines, amending for the purpose Republic Act 9344 or the Juvenile Justice Welfare Act
- Cybercrime Prevention Act of 2012, Republic Act No. 10175, an Act Defining Cybercrime, Providing for The Prevention, Investigation, Suppression and The Imposition Of Penalties Therefor and For Other Purposes
- Anti-Bullying Act of 2013, Republic Act No. 10627, an Act Requiring All Elementary and Secondary Schools To Adopt Policies To Prevent And Address The Acts Of Bullying In Their Institutions
- Children’s Emergency Relief and Protection Act (RA 10821).

The Committee for the Special Protection of Children (CSPC), an interagency committee led by the Department of Justice and the Department of Social Welfare and Development, is tasked with monitoring the enforcement of RA 7610. The CSPC launched the Case Management of Child Victims of Abuse, Neglect, and Exploitation as a set of standards to ensure the protection of the rights of child victims of abuse, neglect and exploitation. It provides guidance for all concerned government agencies, non-government organisations and other stakeholders, including a Flowchart on Management of Child Abuse Cases.⁽⁸⁾

Responding to child victims of abuse, neglect and exploitation are 103 Women and Children Protection Units (WCPU) in 52 provinces and 10 cities across the country. The WCPUs provide comprehensive medical, psychosocial, legal services to abused children, at-risk children and their families. The establishment of WCPUs in health facilities is supported by the Department of Health Administrative Order No. 2013-0011: Revised Policy on the Establishment of Women and Children Protection Units in all Government Hospitals, which provides a “ladderised” scheme of services that considers the resources available in different areas of the country.

Results and recommendations of the NBS-VAC in the Philippines led to the development of the Philippine Plan of Action to End Violence against Children (PPAEVAC) as a multisectoral roadmap towards ending violence towards VAC reduction. Completed in 2017, PPAEVAC reflects the government’s recognition of child rights, addresses specific SDG targets and is consistent with “Child 21” and the Philippines’ National Plan of Action on Children.

Current provisions

The Valenzuela City’s Code of Parental Responsibility prohibits corporal punishment in the exercise of parental authority; exempts children under 15 years from criminal liability; imposes criminal liability on persons with authority, custody or responsibility over a child who commits acts of child neglect and abuse. All barangays are mandated to establish a VAWC (Violence against Women and Children) Desk, to receive and assist with complaints of abuses against women and/or children and to issue protection orders and referrals to other government agencies.

Alcohol misuse has been identified as the strongest risk factor predicting family violence.⁽⁷⁾ A local ordinance sets minimum-age purchase limits, as well as prohibited times and areas for selling alcoholic beverages. VC Cares Plus Ordinance, a Comprehensive Drug Abuse Program, provides a one-stop shop process for the reintegration and rehabilitation of drug users/dependents and defines the duties of police officers and barangay officials in the prosecution of drug cases.⁽⁹⁾ Citywide orientations and awareness campaigns to sensitise the population

on child protection issues include training on gender sensitivity and VAWC related laws for the Barangay Council for the Protection of Children, training teachers on facilitating Personal Safety Lessons for students, parenting sessions, Skills for Life Training for adolescents and Family Advocacy Sessions.

In April 2018, a crowd-sourced global database of reported perceived crime rates ranked Valenzuela as the second safest city in Southeast Asia.⁽¹⁰⁾ Valenzuela City creates a safe environment through the installation of street lights and City Command Centers with CCTVs and greater police visibility all over the city. There is a curfew on minors and this responsibility is imposed on the parents and guardians with a penalty of counselling or mandatory community service for those found negligent. A volunteer base created by the Bantay Bayan Office further assists in crime prevention and preservation of public safety. “Bantay Estudyante” - a local traffic unit composed of senior citizens trained on traffic management and first-aid rescue procedures - is deployed near all public schools in the city.

The Disiplina Villages in Barangay Bignay and Ugong were constructed to respond to the problem of informal settler families living in danger zones as a result of the typhoon Ondoy, providing safer and more decent homes with basic services. Disiplina Village Bignay is a comprehensive and completely integrated community that has a satellite city hall, barangay health station, police precinct, fire substation, barangay hall, daycare centre and school. It also has an activity centre, transportation terminal, public market and chapel. The Community Farm features a farm, greenhouse, poultry house and fish pond, providing sources of income for its residents.⁽⁹⁾

The social workers of the CSWDO are tasked with conducting Parent Effectiveness Service Sessions in the barangays and with teaching, training and developing barangay personnel. The officers and members of transportation groups attended the KATROPA saREXponsableng Pagpapamilya Caravan (Male Health Caravan) as part of the Commission on Population’s initiative to promote male involvement in maternal and child health, as well as responsible parenting towards elimination of VAWC.

Valenzuelanos benefit from various livelihood trainings to provide alternative sources of income such as cooking for single mothers and water lily processing and weaving. SEED (Street-based Enterprise Expansion and Development) aims to legitimise and empower street-based micro-entrepreneurs by equipping them with necessary knowledge and modern tools to sustain their business. Under SEED, street vendors underwent seminars and trainings on food safety awareness, basic business management, pricing and costing, product development and sustainability.

The Valenzuela City Child Protection Center is a one-stop-shop unit manned by a multidisciplinary team of physicians, social workers and police officers catering to cases of VAC and neglect, children at risk and children in conflict with the law. “BahayPag-asa” provides short-term residential care for children in conflict who are 15 to 18 years of age and awaiting resolution of their cases or transfer to other agencies or jurisdiction. It features an intensive juvenile support centre that caters to children in conflict with the law. The centre is manned by a multi-disciplinary team composed of a social worker, a psychologist/mental health professional, a medical doctor, an educational/guidance counselor and a BCPC member who works on individualized intervention plans with the child and his/her family. “Bahay Kalinga” serves as temporary shelter for children at risk, victims of neglect, abuse, exploitation and discrimination.

Valenzuela City earned its second Galing Pook award after its Education 360 Investment Program was recognised as one of the 10 outstanding local government programs. The programme invests in school supplies, curriculum, nutrition, teacher competency, parental involvement and infrastructure.⁽⁹⁾

Key challenges

The community plays a vital role in the implementation of policies and programmes addressing violence against children. However, stakeholders identified inadequate capacities and resources at the barangay level to respond to cases or initiate programmes to prevent violence against children. With various government and non-governmental agencies operating in the communities, an efficient referral system is also not in place and duplication of programs occurs. The fast turnover of personnel, due to the limited salary set by the Civil Service Commission for Local Government Units, requires repeated training sessions. Parent support and income strengthening programs also require continuous funds for sustainability. There is also inadequate budget and human resources for monitoring the various programmes of the local government.

Inadequate training of service providers and resources (i.e., human, financial, equipment) were also identified as challenges for programmes related to safe environments, parenting support and response services. Protocols for case management and referral pathways among the various service-providing agencies are also needed to ensure a smooth and effective delivery of services.

While the city’s government invests heavily in education, lack of support from the parents or irresponsible parenting is a major barrier. The Filipino culture of extended families is also a factor. Families

belonging to the indigent or low-income groups fail to prioritise schooling because of the more pressing basic needs of other family members. In spite of incentives, the recipients and beneficiaries of income strengthening programs can also be resistant to change. The City of Valenzuela serves as the northern gateway of Metro Manila, allowing it to intercept migrant labour coming from the northern part of the country. The continuous migration into the city poses a challenge in terms of the mix of child-rearing practices that are brought in.

Gaps

Since the devolution of health and social services in the Philippines, the implementation of national government programmes has depended on local initiatives. In Valenzuela, there is a high level of readiness to address violence VAC. The local government plays a key role in expanding and improving programmes and policies for the protection of children. Programme leaders and service providers have more than basic knowledge about VAC and about local prevalence and consequences. The gaps identified by stakeholders involve capacities and resources for carrying out various activities, particularly with engaging community members in programmes and addressing norms and values. There is a lack of evidence-based programmes to address attitudes and effect behavioural change.

Programme leaders call for stronger community awareness of and involvement in efforts and in securing continuous resources for programs at the community level. Aside from the barangays, the school system was also identified as requiring training on recognising violence against children and protocols for referral to appropriate agencies. Networking among the existing service providers is also needed for effective communication and appropriate allocation of resources.

The response and support services are in place – the array of services provided by the Child Protection Center, BahayPag-asa and Bahay Kalinga are not as complete in other cities. Valenzuela City has also been cited for its best practices, programs and policies directed at increasing the quality of life, safety and health of Valenzuelanos, however these are not identified as preventive activities and do not integrate efforts on the prevention of violence against children. For example, livelihood and microfinance programmes do not integrate gender and positive discipline training. Various activities that are being conducted have not been evaluated, such as the parenting, family advocacy sessions and life skills sessions for adolescents.

Policy recommendations

The Philippine Plan of Action to End Violence Against Children (PPAEVAC) has six areas and outcome results



serving as prerequisites for reducing VAC by 2022:

1. Parents and caregivers are aware of and practising evidence-based parenting skills and positive discipline towards building a safe, nurturing and protective environment.
2. Children and adolescents demonstrate personal skills in managing risks, protecting themselves from violence, reporting their experience of violence and seeking professional help when needed.
3. All children in need of special protection have access to appropriate and quality protective, social, mental, health, legal, economic and judicial services, ensuring that violence and trauma are prevented from recurring.
4. A well-developed and effectively managed Monitoring and Evaluation system for PPAEVAC is in place.
5. All VAC-related laws are in-place and are enforced.
6. Multi-stakeholder child protection structures and systems at the national, provincial, municipal, city and barangay levels are operational and effectively

functioning.

Following key result areas of the PPAEVAC, a citywide action plan is recommended for Valenzuela, including:

- A baseline study violence against children and intimate partner violence in Valenzuela City.
- A community readiness assessment to implement specific evidence-based programmes to prevent violence against children in different settings; for example, in the home (Parenting for Life Long Health - MasayangPamilya for different age groups) and in the schools (Safe Schools and Education and Life Skills training).
- Creation of a multi-sectoral task force under the Mayor's Office to conduct a review of existing programmes and services, considering their alignment with INSPIRE core elements that have been shown to work in reducing violence. The task force can then make recommendations on how improvements can be made and its role in moving forward.

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2 Society for the Protection of the Rights of the Child

3 The following (relevant) ministries were devolved at federal level and were given to the provinces.

a) Ministry of Education became Ministry of Federal Education and Professional Training

b) Ministry of health became Ministry of National Health Services, Regulation and Coordination

c) Ministry of special initiatives abolished at federal level.

d) Ministry of labor and manpower became Ministry of Overseas Pakistanis & Human Resource Development

e) Ministry of local government and rural development abolished at federal level

f) Ministry of population welfare abolished at federal level

g) Ministry of social welfare and special education abolished at federal level

h) Ministry of women development abolished at federal level

i) Ministry of youth affairs abolished at federal level.

4 A Union Council in Pakistan is the smallest geopolitical and administrative unit with a population of approximately 25000-35000; it is one of the tiers of local government and has an elected local government body with mayors (Nazim) and deputy mayors (Naib Nazim).

5 Pakistan Demographic & Health Survey

6 Act: A "bill", that is approved by the Assembly/Parliament and becomes part of legislation. A Bill is a proposal document containing suggested additions and/or amendments to existing legislation subject to approval by the National or Provincial assembly or the parliament.

7 Article 25-A: "State shall provide free and compulsory education to all children of the age of five to sixteen years in such manner as may be determined by law".

8 Suo moto is a Latin term meaning "on its own motion". It is used in situations where a government or court official acts of its own initiative.

9 Federal Investigation Agency

10 The National Commission of Child Welfare & Development (NCCWD) was a central body operated by the charter of child rights ratified by the regional countries and UNICEF. It is now functional only in ICT. (Child Protection System Mapping and Assessment Punjab, 2013).

11 “Nothing which is done in good faith for the benefit of a person under twelve years of age, or of unsound mind by or by consent, either express or implied, of the guardian or other person having lawful charge of that person, is an offence by reason of any harm which it may cause, or be intended by the doer to cause or be known by the doer to be likely to cause to that person....”

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