Introduction

1.1 Scope, page 1, comments on para 4:

In order for paragraph 4 to better link with and follow-on from the previous paragraph on violence against women and girls, the below suggested rewording of this paragraph is put forward:

4. Violence against children, both boys and girls, including adolescents\(^1\) ['adolescents’ should be footnoted with an explanation, as per the below], is widespread and constitutes a grave violation of their human rights. It affects an estimated billion children each year, leading to consequences that cost the world economies $7 trillion annually. Violence against children has lifelong negative consequences, including ill health, poor school performance, risk-taking behaviours, and experiencing and perpetrating subsequent violence. Research shows that continued exposure to violence, as a victim or a witness, particularly in early childhood, has significant detrimental effects on the development of a child’s brain that can lead to social, emotional, and behavioral problems that can last a lifetime and can have irreversible consequences on opportunities to thrive later in life. In many countries, violence is often considered an acceptable way of disciplining children. Thanks to a growing evidence base, and work promoted since the 2006 UN Study on Violence against Children, there is now increasing attention to this global problem. The dedicated SDG target (16.2) on ending all forms of violence against children, as well as the other violence related targets (including 4a, 4.7, 5.2, 5.3, and 8.7), makes it an opportune time to raise awareness and strengthen the response of the health system to this issue.

Comments on para 5, to highlight the importance of a multi-sectoral response add additional text as per the below:

5. Responsibility for addressing interpersonal violence rests clearly with national governments. [ADD- Violence is multidimensional and cannot be dealt with as a single cause and effect relationship. It requires an integrated and holistic approach and all programmes and actions should operate across a range of professional disciplines and government and NGO sectors. There must be co-operation and co-ordination across central and local government departments and between government and civil society]. Addressing violence [therefore] requires a multi-sectoral response where the health and other sectors need to work together. As the lead agency for health within the UN system, WHO has developed this global action plan for national governments, using a public health approach and focusing specifically on the role of the health system.

---

\(^1\) The United Nations defines adolescents as individuals aged 10–19: in effect, those in the second decade of their lives. Based on the Convention on the Rights of the Child, ‘children’ are persons between 0 and 18 years of age.
OSRSG-VAC comments on the Second Discussion Paper “Global plan of action to strengthen the role of the health system in addressing interpersonal violence, in particular against women and girls, and against children”

1.2 Overview of the global situation

Progress in countries and gaps, page 6, comment on para 16:

As per the 2013 report by the OSRSG-VAC “TOWARD A WORLD FREE FROM VIOLENCE: GLOBAL SURVEY ON VIOLENCE AGAINST CHILDREN” specific funding to address violence against children is also absent from most national budgets. Suggest amending the last sentence of the paragraph to read “Specific funding to address violence against women and children is absent or meagre from most national budgets”.

Comment on para 18:

After the current last sentence, suggest adding the following sentence to highlight the plight of children in accessing and receiving services: Across seven countries that have conducted violence against children surveys, more than 25 percent of girls and 10 percent of boys experienced sexual violence in their childhood. Yet less than 10 percent of children benefited from relevant services, including health and child protective services.

Comment on para 19:

The coverage and quality of services needed by all survivors/victims of violence is limited and uneven and this is the case for women and children (both girls and boys). We suggest that throughout this paragraph the texts refers to “women and girls and against children”.

Comment on para 22:

22. Civil society plays a critical role. The global political momentum for addressing violence against women and girls [ADD “and against children”] is a result of strong civil society advocacy, particularly from women’s organizations [ADD “and child rights organisations”]. They often have partnered with ministries of health, local health authorities and social services to provide services and implement prevention programmes.

2.5. Guiding principles, page 9.

Comment on no.10: “Comprehensive multi-sectoral response” principle. Suggest that this principle be re-worded to read: “Violence is multidimensional and cannot be dealt with as a single cause and effect relationship. Addressing it requires an integrated and holistic approach and all programmes and actions should operate across a range of professional disciplines and government and NGO sectors. Prevention of and response to violence requires cross-sectoral co-operation and co-ordination across central and local government departments, and between government and civil society and the private sector. A multi-stakeholder approach is indispensable - it is critical to build and strengthen partnerships and coordination between the health and other sectors, and between the public and the private sector, including for profit and non-profit service providers, civil society, professional associations and other relevant stakeholders, as appropriate to the country situation”

---

2 Prevalence of Sexual Violence against Children and Use of Social Services — Seven Countries, 2007–2013. CDC
OSRSG-VAC comments on the Second Discussion Paper “Global plan of action to strengthen the role of the health system in addressing interpersonal violence, in particular against women and girls, and against children”

Section 3: Actions for Member States, national and international partners, and the WHO Secretariat

Comments on B. Violence against children, page 19:

-Under strategic direction 1, we suggest to separate the first point into two to reflect the purpose of addressing child maltreatment, and peer violence and bullying, as well as some additional text. So that “Integrate strategies to address child maltreatment into early childhood development and maternal and child health programmes, and strategies to address peer violence into child and adolescent health, school health programmes, educational settings, youth development schemes, and juvenile justice systems” would now read:

“Integrate strategies to address child maltreatment into early childhood development, parenting programmes and maternal and child health programmes. Strategies to address peer violence should be integrated into child and adolescent health services, school health programmes and other educational settings, youth development schemes, and juvenile justice systems”.

- Under strategic direction 1, we suggest to amend the second point “Advocate for law and policy reforms, ensure their alignment with international human rights standards, and enforce existing laws and policies to prevent violence against children and adolescents, including corporal punishment, in all settings and in particular in the home, schools, communities, and residential care and detention facilities” so that it now reads:

“Advocate for law and policy reforms to prohibit all forms of violence against children, and ensure that legislation relevant to the protection of children from violence is in full conformity with international human rights standards. Enforce existing laws and policies to prevent violence against children and adolescents, including corporal punishment, in all settings and in particular in the home, schools, communities, and residential care and detention facilities. Ensure that legislation is supported by detailed legal provisions and regulations to guide health sector action, including action with allied sectors, to protect children, including on counselling, reporting, investigation and prosecution of incidents of violence against children”.

-Under strategic direction 1, we suggest to amend the third point “Sensitize policy makers and the public to the lifelong health consequences of child maltreatment, its roles as a risk factor for involvement in other forms of violence, such as youth violence and intimate partner violence, and the high prevalence of homicide and non-fatal violence-related injuries due to peer violence among adolescents” to now read:

“Promote public health campaigns to transform attitudes that condone or normalize violence against children and sensitize policy makers and the public to the lifelong health consequences of child maltreatment, its roles as a risk factor for involvement in other forms of violence, such as youth violence and intimate partner violence, and the high prevalence of homicide and non-fatal violence-related injuries due to peer violence among adolescents”.
- Under strategic direction 1, we suggest some additional text to the sixth point “Create a unit or focal point to address violence against children within the Ministry of Health”, to now read:

“Create a unit or focal point to address violence against children within the Ministry of Health, as well as to liaise with other Ministries, Departments and Agencies to prevent and respond to violence against children”.

Under Strategic Direction 2: Strengthen health service delivery and health workers/providers capacity to respond to violence:

- Under strategic direction 2, we suggest to add an additional sentence at the start of the seventh point so that it now reads: “Train health care providers in recognizing symptoms and treating child and adolescent victims of violence. Integrate identification and gender sensitive case management procedures for victims of child maltreatment and peer violence into the provision of all routine health services for mothers and infants, children, and adolescents. Services should be keyed to the child’s developmental stage, and take into account the child’s evolving capacities and preferences”.

- Under strategic direction 2, we suggest to amend the ninth point “Strengthen individual and institutional capacities to respond to child and adolescent victims of violence in relevant health sector institutions and allied sectors (e.g. police, education, social services)” so that it now reads:

“In line with case management procedures, strengthen individual and institutional capacities to respond to child and adolescent victims of violence in relevant health sector institutions. Require health professionals to ascertain and document the victim’s views and demonstrate how they have taken those views into account in determining actions to treat and protect the child, along with other professionals and allied sectors conducting statutory child protection care and investigations (e.g. police, education, social services)”.

- Under strategic direction 9, we suggest to amend the 18th point “Strengthen national capacities for research on all aspects of violence against children and adolescents, including on the magnitude, consequences and economic costs of such violence, and on effective prevention and response interventions.” so that it now reads:

“Strengthen national capacities for research on all aspects of violence against children and adolescents, including on the magnitude, consequences and economic costs of such violence and the savings from prevention, and on effective prevention and response interventions”.

Annex 1: Glossary of key terms

Comment on definition of violence against children, page 40:

-Given the comprehensive definitions provided for child maltreatment and child sexual abuse, etc, in the previous paragraphs we suggest the definition on p.40 “Violence against children is defined as: any violence against a boy or girl under 18 years of age. It therefore includes child maltreatment and overlaps with youth violence. The most frequent forms it takes are child maltreatment and youth violence” be amended, so that it now reads:
““Violence against children” in this global plan of action is understood to mean “all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse” as listed in paragraph 1 of article 19 of the UN Convention on the Rights of the Child. The term “violence” represents all forms of harm to children as listed in paragraph 1 of article 19, in conformity with the terminology used in the 2006 UN Study on Violence against Children, although the other terms used in this global plan to describe types of harm (injury, abuse, neglect or negligent treatment, maltreatment and exploitation) carry equal weight”\(^3\).

\(^3\) Adapted from CRC/C/GC/13: Article 19: The right of the child to freedom from all forms of violence