Target 16.2
End abuse, exploitation, trafficking and all forms of violence against and torture of children

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Prevention of Violence
Department for the Management of Noncommunicable Diseases, Disability, Violence and Injury Prevention
Significant efforts & progress in recent years
I. Forms of violence covered by 16.2: End abuse, exploitation, trafficking and all forms of violence and torture against children

- Child Maltreatment: physical, sexual, emotional, neglect
- Bullying
- Youth Violence
- Dating Violence
- Intimate Partner Violence
- Sexual Violence
- Suicide
- War and Other Collective Violence
- Elder Maltreatment
- Exploitation
- Trafficking
- Torture
Youth violence ➔ Lunchtime seminar today

Join us for a Lunchtime Seminar

Preventing youth violence

22 September 2015
13:00 – 14:15
Executive Board Room

Speakers:
Berit Kieselbach, WHO
Simon Sommer, Jacobs Foundation, Switzerland
Alex Galvés, Transitions Foundation, Guatemala
Dipak Naker, Raising Voices, Uganda
Cathy Ward, University of Cape Town, South Africa

Chair:
Etienne Krug, Director
WHO Department for Management of NCDs, Disability, Violence and Injury Prevention (NVI)

Sandwiches and light refreshments will be served.
Definitions & indicators for 16.2 → ???

- Meetings to discuss: 21 September, October 2015, etc.

- Proposed indicators:
  - Percentage of children aged 1-14 years who experienced any **physical punishment** by caregivers in the past month?
  - Percentage of young adults aged 18-24 years who have experienced **violence by age 18, by type (physical, psychological and/or sexual)**?
  - Number of detected and non-detected victims of **human trafficking** per 100,000; by sex, age and form of exploitation?
II. Measurement

Global lifetime prevalence of exposure to single forms of child maltreatment

- Child physical abuse: 23%
- Child sexual abuse (girls): 19%
- Child sexual abuse (boys): 7%
- Child psychological abuse: 36%
- Child neglect: 16%

Lack of...studies on exposure to multiple types of violence

<table>
<thead>
<tr>
<th>Lifetime prevalence of exposure to single types of child maltreatment</th>
<th>Lifetime prevalence of exposure to multiple types of childhood victimization</th>
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<tbody>
<tr>
<td>Child physical abuse</td>
<td>China Chan et al. 2013</td>
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<td>Child sexual abuse (girls)</td>
<td>Quebec Cyr et al. 2013</td>
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<td>Child sexual abuse (boys)</td>
<td>USA Finkelhor et al. 2009</td>
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<td>Child psychological abuse</td>
<td>Spain Pereda et al. 2014</td>
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<tr>
<td>Child neglect</td>
<td>80%</td>
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40% exposed to 2+ forms of direct victimization during previous year (USA)

(Stoltenborgh et al. 2012, 2013)
Lack of...comparability between prevalence surveys
Lack of comparability between prevalence surveys

- Some consensus on conceptual definitions
- Less consensus on operational definitions and methods
- Findings from:
  - Violence Against Children Surveys
  - Optimus studies
  - Child Discipline Module in Multiple Indicator Cluster Survey
  - Dozens of different instruments used

→ Cannot be compared
Lack of...prevalence data from most of the world: GSRVP

Proportion of countries with national survey data, by region & type of violence (n = 133 reporting countries)
Lack of prevalence data from most of the world: GSRVP

Proportion of countries with national survey data, by region & type of violence (n = 133 reporting countries)

- Youth violence
- All countries

CM: 41%
YV: 26%

Region
- EMRO: 38%, 13%
- EURO: 50%, 43%
- SEARO: 13%, 13%
- WPRO: 25%, 20%
III. Risk and protective factors and causes

Societal factors
Factors in a society that can contribute to the incidence of child maltreatment include:
- social, economic, health and education policies that lead to poor living standards, or to socioeconomic inequality or instability;
- social and cultural norms that promote or glorify violence towards others, including physical punishment – as depicted in the media, in popular music and in video games;
- social and cultural norms that demand rigid gender roles for males and females;
- social and cultural norms that diminish the status of the child in parent-child relationships;
- the existence of child pornography, child prostitution and child labour.

Risk factors
Factors that are associated with an increased risk of child maltreatment include:
- \[ x \]
- \[ y \]
- \[ z \]

Causes
Causes of child maltreatment include:
- \[ a \]
- \[ b \]
- \[ c \]

Protective factors
Factors in a society that can contribute to a reduction in the incidence of child maltreatment include:
- parent's expectation or wishes – in the form of a disability or congenital anomalies;
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Areas for improvement

1. Laundry lists
2. Relative importance
3. Causal status
4. Universality/specificity
Big declines in CM in USA

Source: United States; http://www.ncacan.cornell.edu/

**Trends in child sexual and physical abuse in the USA.**

Cases per 10,000 population

- **Sexual abuse**
- **Physical abuse**

- **62% decline**
- **54% decline**

Big declines → proof that all our prevention efforts are paying off?
What has caused declines?...hypotheses...

- prevention programmes & agents of social intervention?
- economic prosperity?
- psychiatric drugs? Prozac and Ritalin? (Finkelhor et al., 2014; Finkelhor and Jones, 2006; Jones and Finkelhor, 2007)
- "Sacralization" of children?
  - "Economically worthless, emotionally priceless" (Pinker, 2011; Zelizer 1985)
Crime rates per 100,000 population, five offenses, United States, 1960–2012

Why crime rates are falling throughout the Western world – Tonry, 2015
Need better understanding of long-term macro-factors to be able to harness them effectively

Declines would have happened anyway, due to long-term macro changes we have little understanding of, and influence over?

Poor understanding
3 priority areas

1. Intervention research & development in LMICs
2. Global VAC policy community/movement
3. Readiness/capacity to deliver in countries
1: Intervention research & development in LMIC critical

- Evidence-base for prevention for CM:

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- Evidence base for response for CM

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<td>Psychotherapy (particularly for trauma, e.g. TF-CBT)</td>
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When CM interventions judged by GRADE standards

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No scaled-up interventions with demonstrated population-level effects
Should we take Evidence Based Medicine zealots and enroll them in a randomized controlled trial of the parachute?
Majority of CM outcome evaluation from HICs

Up to 2008

- 0.6%
- 99.4%

2008 and beyond

- 92.1%

Mikton & Butchart (2009)

Hughes et al. (2014)
"The rise, persistence and decline of a global health issue may best be explained by the way in which its policy community...comes to understand and portray the issue and establishes institutions that can sustain this portrayal."

(Schiffman, 2009)
Until now
From now on
3. Capacity/readiness to deliver within countries
Evaluation of CMP readiness of six countries

- All upper-middle income countries → most had low scores
Thank you!