

# REGIONAL STATUS REPORT 2020: PREVENTING VIOLENCE AGAINST CHILDREN IN THE AMERICAS

Results at a glance



**PAHO**



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In collaboration with:



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# Results at a glance

## Introduction

Violence against children, defined as those being under 18 years of age, is widespread in the Region of the Americas, and it takes many different, equally unacceptable forms. The Region has the highest child homicide rate in the world. Millions of children and adolescents aged 2-17 have experienced past-year physical, sexual or emotional abuse.<sup>1</sup>

Violence against children can be prevented, and its health, social and economic consequences can be mitigated. The *Regional Status Report 2020: Preventing and Responding to Violence against Children in the Americas* draws on a mix of public health and human rights-based arguments that together make a compelling case for preventing and responding to violence against children. It specifically builds on and is informed by the momentum on *INSPIRE: Seven Strategies to End Violence Against Children*, a technical package of seven strategies based on the best available evidence and with the highest potential to end violence against all children.

This report is a major milestone for the Region, because it is the first of its kind. It is complementary to the *Global Status Report on Preventing Violence against Children 2020*.<sup>2</sup> It specifically analyses strategies and approaches to prevent and respond to violence against children in the Region of the Americas. In line with the commitment made by Member State to the Sustainable Development Goals (SDGs) and multiple regional and global strategies, attention to this topic is timely. Its importance is underlined by the fact that it is the first time that governments

are self-reporting on their work to address violence against children in line with INSPIRE. The report comes at unprecedented times, during which COVID-19 has created new urgency for action on violence against children.

## Key findings

The report provides an overview of the existence of governance mechanisms, action plans, data and prevention and response approaches in line with INSPIRE (see Table 1). It underscores the many experiences that this Region has to share to help expand the evidence base. However, the report also highlights the gaps in documentation and evaluation of examples from the Region. It is critically important to strengthen documentation, evaluation and dissemination of efforts in this Region, including a more in-depth assessment of the quality and effectiveness of actions described in this report. There is great potential for countries and communities to learn from each other, and to help inform the regional and global evidence base.

In line with the vision of leaving no one behind, it is important to not only consider the existence of mechanisms, plans and approaches, but also their reach. Accordingly, the report includes a subjective assessment by country respondents about the extent to which approaches receiving national-level support are reaching their intended beneficiaries. Results highlight considerable gaps in reaching all or nearly all who need these approaches, pointing to an urgent equity dimension of the effort to prevent and respond

1 Hillis S, Mercy J, Amobi A, Kress H. Global prevalence of past-year violence against children: a systematic review and minimum estimates. *Pediatrics*. 2016;137(3):e20154079. doi: 10.1542/peds.2015-4079.

2 World Health Organization, in collaboration with the Global Partnership to End Violence against Children, United Nations Children's Fund, United Nations Educational, Scientific and Cultural Organization and the Office of the Special Representative of the Secretary-General on Violence against Children (SRSG-VAC). *Global status report on preventing violence against children* [Internet]. Geneva: WHO; 2020 [cited 1 Oct 2020]. Available from: <https://www.who.int/publications/i/item/9789240004191>

to violence against children. For example, while more than 90% of the countries indicated having clinical services for survivors of sexual violence, only 26% report that they reach all or nearly all of those in need. Only 16% report that mental health services for child survivors reach all or nearly all of those who need them.

The report provides a baseline against which countries and their partners can measure progress, and offers valuable insights into the next steps for the Region, including:

- Strengthen good governance for violence prevention, with the appropriate mechanisms, plans and resources to take action.
- Improve the quality of legal and policy frameworks, informed by multidimensional assessments of the infrastructures in place, their effectiveness and enforcement.
- Strengthen coordination and collaboration across all government sectors and partners on addressing violence against children.
- Boost the institutional capacity of the health sector to engage in multisectoral and multi-stakeholder discussions and advocate for a public health approach to the prevention of violence against children and its social determinants.
- Sustain momentum of the existing achievements on INSPIRE in the Region and take concerted action to fill identified gaps, including with regard to the effectiveness of approaches.
- Expand the reach of approaches to all those that need them, including by strengthening the equitable distribution of and access to evidence-based approaches across all population groups, and by prioritizing those groups furthest left behind.
- Prioritize the health system response to violence as a central entry point, including through: (i) alignment of national health protocols and clinical tools with global standards; (ii) pre- and in-service capacity-building of health workers, especially frontline workers; (iii) improved quality

of health services and related referrals to other essential services; and (iv) use of health system data to guide policy and practice.

- Strengthen integrated approaches to violence prevention, taking into account the intersections between different forms of violence, between violence against children and other health programs and between different strategies of INSPIRE.
- Establish a culture of robust monitoring and evaluation of efforts in this Region, including strengthened monitoring and evaluation of approaches and their effectiveness.
- Strengthen regional or subregional dialogue across countries and partners in order to boost learning on what works to prevent and respond to violence against children.

The report should not be seen as the conclusion of a process, but rather as a milestone with the goal of continuing to build on this baseline in coming years. The findings and lessons learned can help guide future efforts to sustain and expand knowledge generation and translation in the Region. Partnerships across sectors and stakeholders and with UN agencies, civil society, international and regional partners and many others are a critical vehicle for expanding reach and ending violence against all children. The ongoing COVID-19 pandemic has introduced a new urgency for action. Risk factors for violence are increasing, while access to prevention and response services has decreased, challenging us to find new solutions to meet the needs of different groups. Preventing and responding to violence against children in the Region, so that all children may be able to enjoy long and healthy lives, has never been timelier, nor more important as right now. It is essential that the status described in this report is not lost, but rather built upon and expanded in order to reach all population groups. It is hoped that the report and its findings are a step in this direction.

Table 1. Overview of existing mechanisms, action plans and INSPIRE approaches

											
	National government agencies or departments with responsibility for violence prevention	Multi-stakeholder, multisectoral mechanism	National action plan/s	Implementation and enforcement of laws	Norms and values	Safe environments	Parent and caregiver support	Income and economic strengthening	Response and support services	Education and life skills	Availability of homicide data over 10 years
Antigua and Barbuda	●	●	○	●	○	○	○	○	●	●	●
Bahamas	●	●	○	●	●	●	●	○	●	●	●
Belize	●	●	●	●	●	●	○	○	●	●	●
Bolivia (Plurinational State of)	●	●	●	●	●	○	○	○	○	●	○
Brazil	●	●	●	●	●	●	●	●	●	●	●
Canada	●	●	●	●	●	●	●	●	●	●	●
Chile	●	●	●	●	●	●	●	●	●	●	○
Colombia	●	●	●	●	●	●	●	●	●	●	●
Costa Rica	●	●	●	●	●	●	●	●	●	●	●
Cuba	●	●	●	●	●	●	●	○	●	●	●
Dominica	●	○	○	●	○	○	○	○	●	●	●
Dominican Republic	●	●	●	●	●	●	○	○	●	●	●
Ecuador	●	●	●	●	●	●	●	●	●	●	●
El Salvador	●	●	●	●	●	●	●	●	●	●	●
Grenada	●	●	●	●	●	●	●	●	●	●	●
Guatemala	●	●	●	●	●	●	●	●	●	●	●
Guyana	●	●	○	●	○	●	○	○	●	●	○
Honduras	●	●	●	●	●	●	●	●	●	●	●
Jamaica	●	○	●	●	●	●	●	●	●	●	●
Nicaragua	●	●	●	●	●	●	●	●	●	●	●
Mexico	●	●	●	●	●	●	●	●	●	●	●
Panama	●	●	●	●	●	●	●	●	●	●	●
Paraguay	●	●	●	●	●	●	●	●	●	●	●
Peru	●	●	○	●	○	●	●	○	●	●	●
Saint Lucia	●	●	●	●	●	○	○	○	●	●	○
Suriname	●	●	●	●	●	○	○	○	●	●	●
Trinidad and Tobago	●	●	○	●	●	●	●	●	●	●	●
United States of America	●	●	●	●	●	●	●	●	●	●	●
Uruguay	●	●	●	●	●	●	●	●	●	●	●

Notes: (i) Results are based on country reported data, including both national and subnational laws and interventions where applicable. Effectiveness, quality and reach of reported approaches was not taken into account in this table. (ii) To facilitate at-the-glance reading: ● means yes, ○ means no, and ● stands for partial roll-out, as reported by countries. (iii) Columns 4-10: rating represents the average based on number of reported interventions, compared to total number of possible interventions under a given strategy. (iv) Column 11: yes, means countries reported data for 10 years; partial means countries reported data for less than 10 years; no means countries did not report any data.