PREVENTING AND RESPONDING TO VIOLENCE AGAINST CHILDREN IN THE AMERICAS

Regional Status Report 2020

PAHO Pan American Health Organization
World Health Organization Regional Office for the Americas

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Table of Contents

Figures

Tables

Boxes

COVID-19 highlights

Acronyms and abbreviations

ACE	Adverse childhood experiences
CDC	Centers for Disease Control and Prevention of the United States of America
ECLAC	Economic Commission for Latin America and the Caribbean
End Violence	Global Partnership to End Violence Against Children
IACHR	Inter-American Commission on Human Rights
MICS	Multiple Indicator Cluster Survey
NDC	National Data Coordinator
OAS	Organization of American States
PAHO	Pan American Health Organization
SDG	Sustainable Development Goal
SRSG-VAC	Special Representative of the United Nations Secretary-General on Violence against Children
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization

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The collaboration with all these partners, stakeholders, experts and many others will be critical, as the Region takes forward the report findings.

Preface

Violence against children and adolescents is widespread in the Region of the Americas, and it takes many different, equally unacceptable forms. The costs are enormous – to children and adolescents, their families and communities. Now, more than ever, governments, civil society and partners together must act to prevent the situation from escalating further.

This report provides a current snapshot of the level and degree of violence against children and adolescents in the Americas, while illustrating the advances made to enact policies, regulations and other interventions to address this public health matter. The report is a major milestone for the Region because it is the first such review ever. It is the first time that governments are self-reporting on their work to address violence against children in line with *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.

We know that violence against children and adolescents can be prevented, and its health, social and economic consequences can be mitigated. The health sector has a clear and influential role to play in this effort. But this requires concerted action across all relevant sectors of government, civil society, academic institutions, professional associations, international partners and communities themselves. This report highlights that the Region of the Americas is not starting from scratch – there are many experiences and lessons learned that we can share and build upon, as well as available data that can be used to monitor the situation and measure change.

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. PAHO stands ready to work with countries and partners to expand the evidence base on what works, to improve health system responses, to strengthen prevention and response capacities, and to continue to monitor and report on advances to prevent violence in all its forms.

Together, we will end violence against all children and adolescents in the Americas.

Dr Anselm Hennis
Director, Department of Noncommunicable Diseases and Mental Health
Pan American Health Organization

Executive Summary

Violence against children, defined as those 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. Many children and adolescents have experienced physical, sexual or emotional abuse in the past year (an estimated 58% of children aged 2-17 in Latin America and 61% in North America).[1]

Violence against children can be prevented, and its health, social and economic consequences can be mitigated. This report 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.[2] The report uses the INSPIRE framework as the basis for analysis, analyzing country efforts in line with INSPIRE strategies and approaches (see Box EX1).

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*, launched by the World Health Organization (WHO), United Nations Children's Fund (UNICEF), United Nations Educational, Scientific and Cultural Organization (UNESCO), the Office of the Special Representative of the Secretary-General on Violence against Children (SRSG-VAC) and the Global Partnership to End Violence Against

Box EX1. INSPIRE – Seven strategies for ending violence against children

I- Implementation and enforcement of laws

N- Norms and values

S- Safe environments

P- Parent and caregiver support

I- Income and economic strengthening

R- Response and support services

E- Education and life skills

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, Centers for Disease Control, Global Partnership to End Violence against Children, Pan American Health Organization, Together for Girls, United Nations Children's Fund, et al. INSPIRE: seven strategies for ending violence against children [Internet]. Geneva: WHO; 2016 [cited 1 Oct 2020]. Available from: https://www.who.int/publications/i/item/inspire-seven-strategies-for-ending-violence-against-children

Children (End Violence).[3] It provides for a more in-depth analysis of strategies and approaches to prevent and respond to violence against children in the Region of the Americas. Being in line with the commitment made by Member States 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.

This report specifically aims to:

- take stock of challenges and achievements in the Americas in the prevention and response to violence against children in line with the INSPIRE framework;
- analyze region-specific lessons learned in order to inform policy and practice in countries;
- mobilize stakeholders in countries and the Region to deepen dialogue, strengthen partnerships and act on findings to prevent and respond to violence against children.

Methods, strengths and limitations

National level data were collected and validated in 2018 and 2019 through the administration of a standardized questionnaire, coordinated by the Pan American Health Organization (PAHO) through country offices. The questionnaire asked country respondents about the existence of governance mechanisms, action plans, data and prevention and response approaches in line with the INSPIRE framework. In addition to reporting on the existence of strategies, a subjective assessment by country respondents of the perceived reach of INSPIRE approaches was included. Given that the report is primarily based on the above-mentioned country-reported data, it does not assess the quality, effectiveness or level of implementation/enforcement of mechanisms, plans and approaches.

Thirty-one countries (89% of PAHO Member States) responded to the survey. Data collection was conducted through a consensus approach led by National Data Coordinators (NDCs), usually from the Ministry of Health or a partner government sector involved in the prevention and response to violence against children. The data collection process engaged respondents representing multiple sectors of government, as well as nongovernmental organizations and academic institutions involved in violence prevention work. On an ongoing basis following data collection, PAHO staff reviewed the submissions and engaged in further dialogue with NDCs and other national counterparts in order to validate answers to the extent possible. Final responses were largely formally approved by the government and entered by the NDC into a WHO database with restricted access.

Information collected through the survey was complemented by a review of published and grey literature. Data were compiled and analyzed in mid-2020. The draft analysis further benefited from the review of selected experts, including staff from PAHO, WHO, United Nations agencies and other partners and

3 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

experts. Although data were collected before the pandemic, the findings are highly relevant given the increased risk of domestic violence in the context of COVID-19.

Main Findings

Leadership and governance

Government leadership is an important foundation for effective prevention and response to violence against children. National action plans play an essential role in defining a country's vision, goals, policy directions and strategies, as well as coordination mechanisms for preventing and responding to violence against children. **Among the 31 countries that responded to the survey, 81% reported having at least one published/written action plan** for the prevention of violence against children. Indeed, there is a substantial variety of plans across countries, including with regard to scope, depth, quality and enforcement of plans. Although this report cannot comprehensively assess the effectiveness of these plans in preventing violence against children, a secondary, desk-based review of plans shows that most countries (71%) also meet the minimum standard for plans in line with PAHO's Strategic Plan 2014–2019, i.e. addressing at least four recommendations of WHO's 2002 *World Report on Violence and Health*.

Effective implementation of an action plan is strongly related to the availability of resources to achieve its vision and strategies on the ground. It is therefore of particular concern that **less than half of action plans were fully funded**. Low- and lower middle-income countries were especially unlikely to have fully funded plans. In addition to financial resources, the implementation of these plans also relies on their institutionalization, supported by institutional capacity-building across sectors, which is a continuous priority for the Region.

Collaboration across sectors and stakeholders

Working in partnership is central to reducing violence against children. In the Americas, violence against children intersects with complex trends, such as social, economic and gender inequality, migration, social and intergenerational change, organized crime and others, which cannot be addressed in isolation. Integrated responses that actively engage different sectors and stakeholders are fundamental to ensure the sustainability of investments. The survey asked respondents to list all government agencies or departments with responsibilities for the prevention of violence against children. A quick review of names indicates that there is a wide range of sectors; the social affairs, child protection and justice sectors are most commonly mentioned ones by countries, followed by health, police and education. The involvement of diverse actors and perspectives can increase the risk of duplication and misalignment of activities. As a result, the role of multisectoral coordination mechanisms is key to set joint priorities and align agendas, coordinate actors, mobilize human and financial resources and unite all stakeholders in the common goal of ending violence against children. **The vast majority (94%) of countries reported having a national or subnational coordination mechanism**, with 52% indicating they had more than one. Members included government sectors (reported by 90% of countries), non-government organizations (reported by 84%), United Nations agencies (65%), other international partners (52%) and academia (55%). Further efforts

are needed in the Region to assess and strengthen the functioning of these mechanisms.

Information and data to inform policy and practice

Good information—both quantitative and qualitative—is essential to guide policy and practice to prevent and respond to violence against children. Population-based surveys are an important tool to monitor prevalence of violence, potential risk and protective factors, as well as consequences. Examples of tools include the Adverse Childhood Experiences Surveys, the Demographic and Health Surveys, the Global School-Based Student Health Surveys, the Multiple Indicator Cluster Surveys, and the Violence Against Children Surveys. **Nearly 65% of countries reported having conducted at least one nationally representative survey measuring violence against children in the past five years,** of which school-based surveys were by far the most frequently reported sub-type; and 29% reported more than one survey, giving an indication of the amount of data on violence available in the Region.

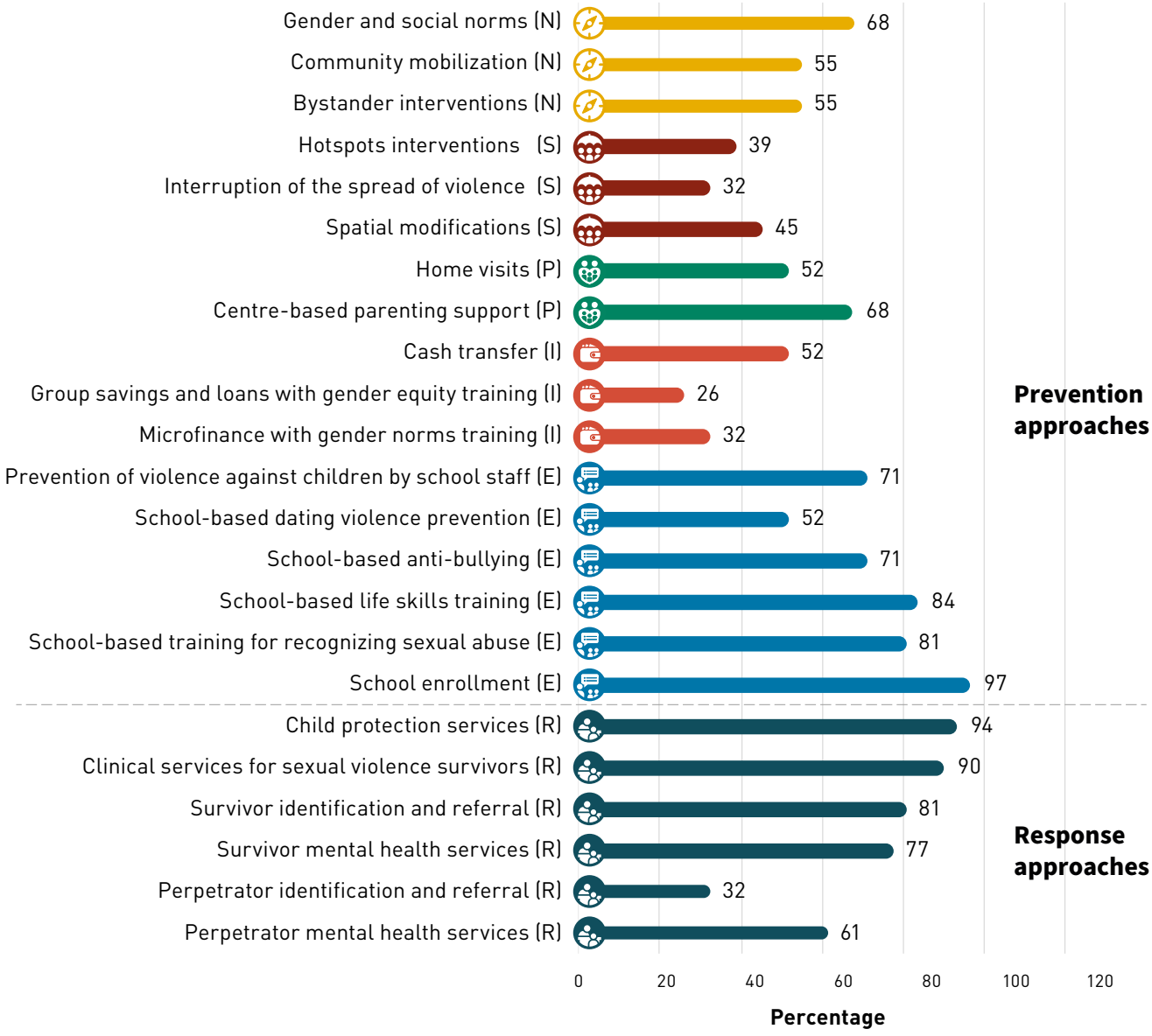
Other types of routine data collection, for example, by the civil or vital registration system and the police or criminal justice system, provide key insights into homicide trends: **29% of countries were able to provide only criminal justice/police data, 16% provided vital registration data, and 45% were able to provide both criminal justice/police and vital registration data**. Three countries (10%) were not able to provide any data.

To guide policy and practice, it is imperative that available data are also being analyzed and used. The inclusion of appropriate indicators and targets in national action plans is one way to strengthen accountability and monitor impact on the path towards the reduction of all forms of violence against children. Attention to robust monitoring and evaluation is especially timely in the context of the SDGs, which, for the first time, include a commitment by all Member States to achieve and measure clear targets for reducing violence against children. Given this global momentum, it should be highlighted that **only 19% were able to specify indicator/s to measure progress towards reducing violence against children in their plan(s)**. More efforts are needed in the Region to strengthen access to, analysis of, and use of available information in policy and programming.

A snapshot of INSPIRE approaches – substantial achievements but many gaps remain

The report provides an overview of the existing approaches in line with INSPIRE as reported by countries. Figure EX1 illustrates the percentage of countries in the Region that reported national-level support to INSPIRE prevention and response approaches.

Figure EX1. Percentage of countries reporting national-level support for INSPIRE prevention and response approaches, by type of approach



Notes: Number of reporting countries is 31 for the Region of the Americas. Subnational-level support for strategies was not considered in this figure.

Implementation and enforcement of laws

Laws can be critical tools to prevent and respond to violence against children and enshrine child rights. This report specifically analyzed select legal approaches in line with INSPIRE.

First, laws establish legal norms that certain violent behaviors or acts are not acceptable and that hold people accountable against these norms. **Legislation prohibiting sexual violence** is particularly well advanced compared to other technical areas, with 90%–100% of countries reporting that they had such laws in place at the national level.

Approximately 61% of countries reported national **legislation to ban corporal punishment of children** in some setting(s). However, this number reduced substantially when looking specifically

at corporal punishment in all settings—only 35% of countries reported national laws that banned corporal punishment in all settings.

Second, laws can help to tackle risk factors of violence. For example, all countries reported having **legislation regulating civilian access to and use of firearms**. However, there are important differences across countries in the scope of restrictions. Only 52% of countries reported having national **laws banning weapons on school premises** (e.g. firearms, knives and other bladed weapons, bats). Greater attention is called for regarding the issue of weapons on school premises, linked with broader efforts to strengthen school-based violence prevention and to address the social determinants of health and education of children and adolescents.

Complimentary data from the *Regional Status Report on Alcohol and Health in the Americas 2020* highlight the role of **law in preventing the harmful use of alcohol**, which is a major risk factor of violence.[4] For example, although marketing regulations are especially relevant to prevent alcohol initiation and excessive consumption by minors, substantial gaps remain in the Americas, where only two countries have a ban on at least one type of media, and two have restrictions on all types of digital marketing.

Third, laws can help to guarantee protection for survivors of violence. **Victim compensation laws** were the least common form of legislation—approximately 42% of responding countries reported having such legislation at the national level, with substantial gaps in all subregions except North America. National **laws providing victims of violence with free/state-funded legal representation in criminal courts** were reported by 68% of countries. Given the importance of assuring an appropriate response to survivors of violence, there is an opportunity to strengthen collaboration between health and justice sectors in addressing these gaps.

More generally, the existence of these laws is only a first step. Moving forward, there is an **urgent need to assess their quality**, taking into account not only the legal texts, but also the capacity of mechanisms and actors involved in their development and implementation. Laws alone, even when of appropriate quality in line with the evidence base, can only be a tool for the prevention of violence, if they are appropriately enforced. Country respondents reported **major gaps in the enforcement** of laws across all areas described above. This represents an important area for action by countries and partners in order to maximize the potential of laws in preventing and responding to violence against children.

Norms and values

Gender and social norms and attitudes that make violence seem acceptable in some situations are a considerable barrier to prevention efforts. Therefore, interventions that challenge these norms, that promote gender and social equality and that mobilize communities to stand up for zero tolerance for violence are an important component of preventing violence against children.

In the Region of the Americas, **65% of countries reported having bystander interventions at the national or subnational level, 77% reported having community mobilization interventions,**

4 Pan American Health Organization. Regional status report on alcohol and health 2020 [Internet]. Washington, D.C.: PAHO; 2020 [cited 1 Oct 2020]. Available from: https://iris.paho.org/handle/10665.2/52705

and 77% reported interventions related to gender and social norms.

It should be highlighted that changing harmful gender and social norms is complex and should ideally involve multiple components as part of integrated and coordinated efforts. Stand-alone interventions, for example, a one-off community mobilization campaign, are unlikely to result in real change on the ground.

Safe environments

Creating and ensuring safe environments is a promising strategy to reduce violence against children and other population groups, who are born, grow up and live in a given community.

Changes to the physical environment of a community can help to promote positive behaviors and discourage the use of violence. **Approximately 45% of countries reported national-level interventions addressing the built environment through spatial modifications**.

Violence often occurs in specific locations in a community. By focusing on these locations, hotspot interventions offer a good potential to reduce violence in a community. **Approximately 39% of countries reported national-level interventions addressing safe environments by paying attention to hotspots of violence**.

Interventions that aim to interrupt the spread of violence target at-risk children and tackle the social acceptance and 'contagion' of violence in a community. Among participating countries, **32% reported national-level interventions to interrupt the spread of violence**.

Given the focus on safe environments in a community, achievements under this strategy were also observed at the subnational level, where an additional 26% of countries reported interventions to improve the built environment, 23% reported hotspot interventions, and 19% reported interventions to interrupt the spread of violence.

Parent and caregiver support

Fathers, mothers and caregivers have a fundamental role to nurture healthy and non-violent behaviors, apply positive discipline and model effective communication. Evidence points to two types of approaches with high potential to prevent violence against children: center-based parenting interventions, for example, community parenting groups, and home visiting programs.

In the Region, **71% of countries reported having center-based interventions, and 61% reported home visiting programs at the national or subnational level.**

Income and economic strengthening

Economic security can be a key protective factor for violence against children. Evidence suggests that economic strengthening can at a minimum help to prevent intimate partner violence, thereby reducing at least the probability that the child will witness violence in the household. Although more research is needed in this area, evidence suggests that cash transfers, as well as group savings and loans, and microfinancing, combined with gender equity training, offer a good potential for preventing violence against children.

Compared to other strategies and approaches, economic strengthening

approaches have received the least amount of attention in the Region—**only 52% of countries reported having cash transfer programs, 32% reported having microfinancing combined with gender norms training, and only 26% reported having group savings and loan programs with gender equity training at the national level**.

Response and support services

Violence against children has enormous short-, medium- and long-term consequences for the health and wellbeing of children. When children are exposed to violence, it is critical that they are identified and provided with needed help and support. A quality response to violence not only mitigates the consequences of violence, but also helps to prevent secondary victimization and revictimization of children.

The response to violence is inherently multisectoral, with the health, justice/police and social welfare/child protection sectors taking leadership roles. For an integral and comprehensive response to violence against children, these sectors must work together, since an effective response in one sector often relies on the response of a partner sector. **Ninety-seven percent of countries reported having national or subnational mechanisms to provide child protection services for survivors of child maltreatment; the same percentage of countries reported clinical services for child victims of sexual violence**.

In collaboration with other sectors, the health system plays a central role in identifying at-risk groups and providing child survivors with medical care and support. When health workers have the capacity to identify survivors of violence and provide them with quality care, the health system is also in a unique position to act as a doorway to other essential support services in other sectors. **While 87% reported having national or subnational mechanisms to enable health care providers' systematic identification of and referral to appropriate services for child victims of violence, only 42% reported having such mechanisms for child perpetrators of violence.**

Evidence shows that violence against children has enormous mental health consequences in the short-, medium- and long-term. Accordingly, it is essential that children have equitable access to needed mental health services. Approximately **90% of countries reported having national or subnational mechanisms to provide mental health services for child survivors of violence, and 71% reported mental health services for child perpetrators of violence**.

Overall, countries were more likely to report having response services targeting survivors, compared to perpetrator services, reflecting the need to prioritize survivors first and foremost in resource-constrained settings. However, given the intersections between different forms of violence, it will be crucial to build up responses available to child perpetrators of violence, including children in conflict with the law, as a way to prevent future involvement in violence.

A complementary analysis of health system protocols among all Member States showed that **60% of countries reported having at least one protocol, guideline or standard operating procedure to guide the health system response to violence against children**. A rapid review of the content of these guidelines further indicated that the majority of countries with guidelines provided specific guidance on how to

identify survivors of violence. Almost all of these countries had at least one guideline that made reference to psychosocial support, including psychological first aid and first line support to survivors, the latter often being a cornerstone of the health system response. Indeed, key aspects of the response to sexual violence were much less often explicitly addressed in the guidelines. This presents an important agenda for renewed action by PAHO in line with recently published guidance by WHO and in collaboration with partners to support countries in strengthening the response to sexual violence against children and adolescents.

Moreover, although this strategy received some of the highest responses when asked about the existence of approaches, it is important to note that substantial inequities in the availability of and access to needed services remain, especially for marginalized groups of children. This strategy observed some of the biggest differences between the reported existence of approaches and their perceived reach. Although a comprehensive analysis of the effectiveness of response approaches was not included in this report, it is clear that future efforts must address this gap in an effort to improve the availability, accessibility, acceptability and quality of approaches for all children.

Education and life skills

School education is a powerful protection mechanism against violence. Accordingly, **all countries (100%) reported having national or subnational mechanisms to increase school enrollment**.

Schools offer a setting for promoting norms that reject the use of violence, for strengthening children's knowledge on violence-related risks, including how to protect themselves, and for building their life skills, for example, skills for managing conflict. **Ninety-seven percent of countries reported having national or subnational mechanisms to enable school-based life and social skills training, and 94% of countries reported having national or subnational mechanisms for training children and adolescents to recognize and avoid sexual abuse**.

Schools can also be settings where violence takes place, thus underlining the role of schools, teachers and other staff in ensuring safety in the school environment. **Eighty-four percent reported having national or subnational mechanisms to reduce violence by school staff**.

Bullying is a major form of psychological or physical violence in the school setting; the majority of perpetrators of this type of school-related violence are peers. Attention to bullying is essential, because it has major consequences for children's health and wellbeing, and it is associated with other forms of violence in later life. In the Region of the Americas, **81% of countries reported having national or subnational mechanisms to provide school-based anti-bullying interventions**.

Although considerable achievements are noted under this strategy, **school-based dating violence interventions seem to be lagging behind.** Only 61% of countries reported having national or subnational mechanisms to provide school-based dating violence prevention. This is an important finding and potential area for action, especially given that dating violence is an early form of intimate partner violence.

Regional and subregional differences remain

There are considerable **differences across subregions and countries in the focus and level of government support that can help to inform priority setting** in the future. For example, an analysis of strategy-level support suggests that implementation and enforcement of laws is the most frequently supported strategy in North and South America, and the Non-Latin Caribbean. In Central America and Latin Caribbean, education and life skills is the most frequently supported strategy, followed by implementation of laws and response and support services. In the Non-Latin Caribbean, response and support services are the second most supported strategy. Support for norms and values is comparatively lower in the Non-Latin Caribbean and South America. Gaps in support to parenting programs are especially noteworthy in the Non-Latin Caribbean. Safe environments and income and economic strengthening are some of the least supported strategies in all subregions.

There are also substantial differences in the availability of data. The survey asked countries to report homicide data, with duration of reporting being an indicator of data quality. Approximately 61% of countries could provide 10 years of data, for all ages and for children, with gaps in reported data in all subregions except North America. Almost 90% of countries in Central America and Latin Caribbean were able to provide data for eight years of more. About one in three countries in the Non-Latin Caribbean, and one in five countries in South America were not able to provide data. The availability of data is critical to inform policy and practice.

Reach is insufficient across the Region

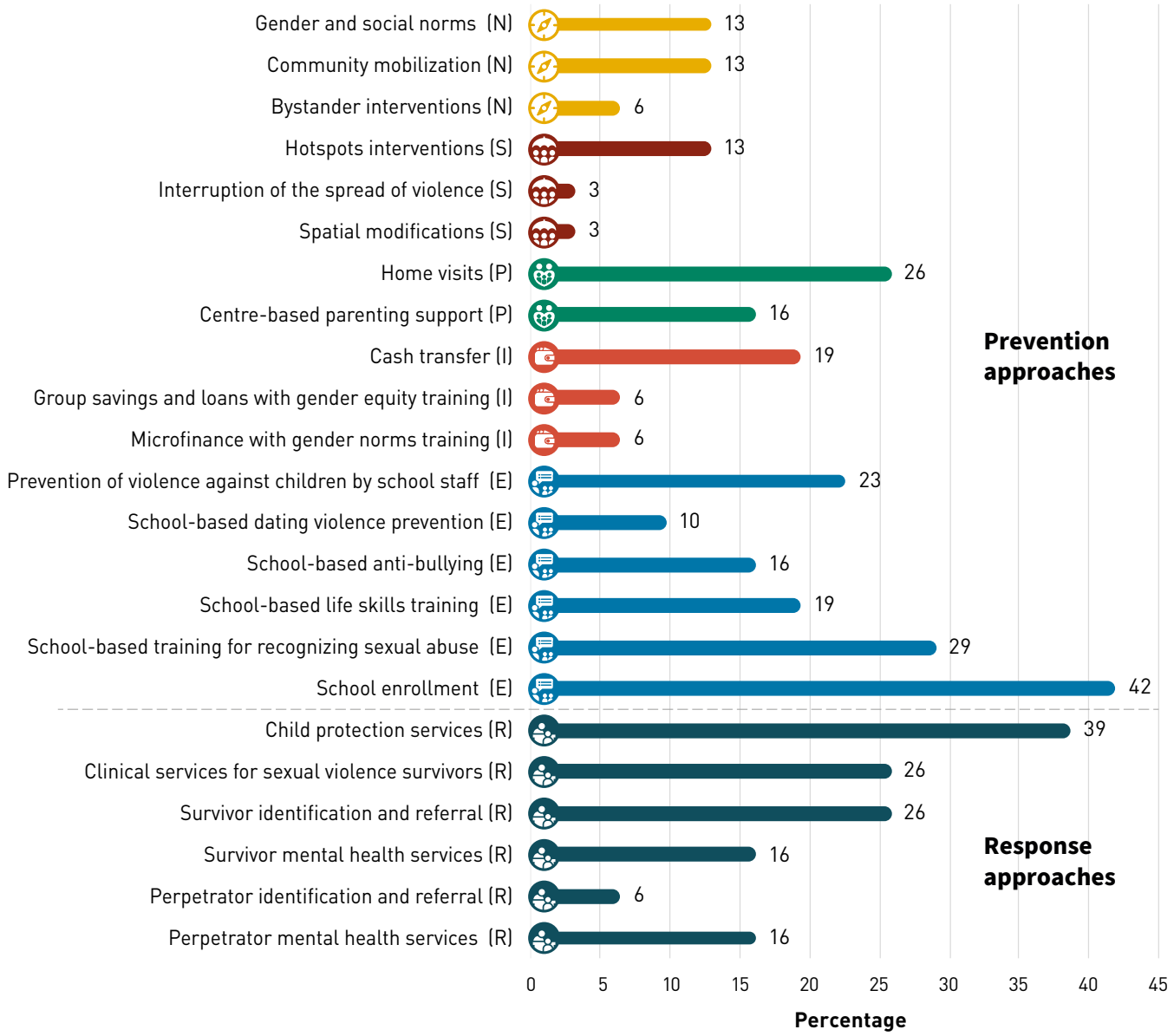
The 2030 Agenda for Sustainable Development underlines the goal of ending all forms of violence against children, challenging us to leave no one behind on the path towards sustainable development, universal health and freedom from violence. In line with this vision, **it is important to not only consider the existence of mechanisms, plans and approaches, but also their reach**.[5]

Accordingly, the survey asked country respondents to provide their best estimate of 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 to violence against children**. The numbers in Figure EX2 contrast starkly with those reported above on the existence of approaches. The biggest reductions can be observed in the area of school-based skills training, clinical services for sexual violence, and mental health services for survivors.

Moreover, with the exception of two areas—child protection services and mental health services for perpetrators—where regional and global numbers are similar, country respondents in the Americas also consistently perceive

5 The global survey asked country respondents to give their best estimate of the reach of the intervention (strategies N-E), based on a scale from 1 to 10, where 1 reaches very few and 10 reaches almost everyone. For the first strategy, the question was adapted to inquire about the perceived likelihood of sanction. Using the same methodology as the global status report, the median of the respondents' scores was then calculated. Perceived reach was categorized as follows: 'low reach' (to very few in need) for ratings up to 3.3; 'medium reach' (to some in need) for ratings from 3.4 to 6.7, and 'high reach' (to all or nearly all) for ratings from 6.8 to 10.

Figure EX2. Percentage of countries where national-level INSPIRE prevention and response approaches were considered to be reaching all or nearly all in need

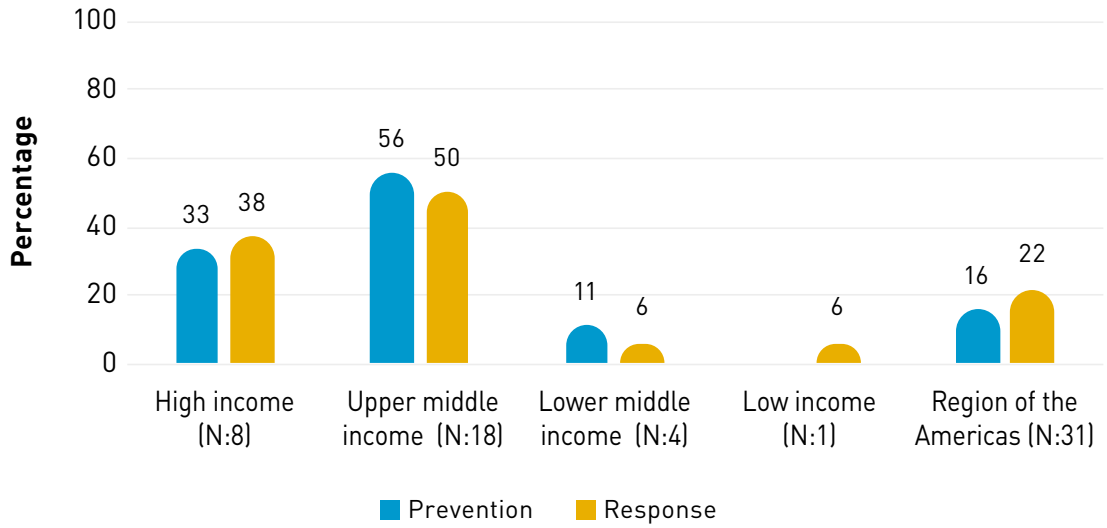


Note: Number of reporting countries is 31 for the Region of the Americas.

fewer approaches to be reaching all or nearly all who need them compared to global ratings. Differences in ratings are especially stark with regard to school-based skills training, interventions that interrupt the spread of violence and school-based anti-bullying interventions.

Gaps in reach are also notable when analyzing data by income status (see Figure EX3). Although reach is perceived to be a challenge across all income groups, requiring action by all countries, it is considered least severe among high-income countries.

Figure EX3. Percentage of national-level prevention and response approaches considered to be reaching all or nearly all in need, by country income level



Notes: Number of reporting countries is 31 for the Region of the Americas. The income levels are based on the 2019 World Bank classifications.

These possible inequities are especially concerning given that evidence shows that rates of violence and related risk and protective factors vary across population groups, with groups in conditions of vulnerability often facing the highest risk of violence. These groups include children with disabilities; children from migrant, indigenous and Afro-descendant communities; institutionalized or detained children; urban poor children and rural children, among others. While substantial achievements have been made in the roll-out of approaches, **greater commitment is needed to scale up efforts to reach all children regardless of their background and to strengthen access by and support to groups in conditions of vulnerability.**

Conclusions and recommendations

Attention to violence against children is not new to the Region of the Americas. The information analyzed in this report provides an overview of efforts in countries through the commitment by governments, civil society, professional associations, international partners and communities themselves. The report indicates that there are many examples of efforts by governments and their partners in the Region, including in its low- and middle-income countries, although these examples may not always be rigorously evaluated and disseminated. There is great potential for countries and communities to learn from each other, and to help inform the regional and global evidence base. 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. PAHO stands ready to work with countries and partners to expand the evidence base on what works in order to strengthen prevention and response capacities. Partnerships with UNICEF, End violence, UNESCO, UNODC, Save the Children, Together for Girls, WHO Collaborating Centers 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. Children who are already living in violent or dysfunctional households now face even higher risks. 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 these groups. Preventing and responding to violence against children in the Region, so that they 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.

Introduction: Why this report is important

Background

Violence in all its forms has an enormous impact on the health of populations in the Region of the Americas, never more so than when it affects the health, wellbeing and development of the Region's children, adolescents and youth.[1] The numbers are stark. The Region has the highest child homicide rate in the world. In addition to these deaths, millions of children sustain violence-related injuries that require emergency medical treatment, and countless others develop short- and long-term health problems or adopt high-risk behaviors, such as smoking, alcohol and drug abuse and unsafe sex as a result of their exposure to violence.

Many children and adolescents aged 2–17 have suffered physical, sexual, or emotional abuse in the past year (an estimated 58% in Latin America and 61% in North America*) (1)*. All forms of violence contribute to a burden of mental and physical ill-health that can affect children and their families and communities for a lifetime. The sheer number of children affected in the Americas underlines the need for attention to this topic. This report directly responds to this urgent need.

Given the burden of violence on the population, the Region has an important perspective to add to this topic. Member States from the Region have repeatedly stressed the need to give more visibility to regional examples of

Box 1. INSPIRE – Seven strategies for ending violence against children

I- Implementation and enforcement of laws

N- Norms and values

S- Safe environments

P- Parent and caregiver support

I- Income and economic strengthening

R- Response and support services

E- Education and life skills

1 Children are defined as any person under the age of 18 years, in accordance with the United Nations Convention on the Rights of the Child. In accordance with United Nations/WHO guidance, the definition of adolescents, defined as aged 10–19, and youth, defined as aged 10–29, overlap with each other and the definition of children. This report primarily addressed those up to age 18, although selected messages are relevant also for older age groups, especially older youth.

Box 2. SDG targets related to violence against children

4.a Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all.

5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.

16.1 Significantly reduce all forms of violence and related death rates everywhere.

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

action, and a critical role for PAHO and partners to strengthen documentation, analysis and sharing of experiences from the Region. The report 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* (see Box 1) *(2)*. It complements the *Global Status Report on Preventing Violence against Children 2020*, launched by the World Health Organization (WHO), United Nations Children's Fund (UNICEF), United Nations Educational, Scientific and Cultural Organization (UNESCO), the Office of the Special Representative of the Secretary General on Violence against Children (SRSG-VAC) and the Global Partnership to End Violence Against Children (End Violence) *(3)*. The report provides for a more in-depth analysis of strategies and approaches to prevent and respond to violence against children in the Americas. Its importance is further underlined by the fact that it is also the first time that governments are self-reporting on their work to address violence against children in line with INSPIRE. Each letter of INSPIRE stands for one of seven strategies based on the best available evidence and with the potential to end violence against all children and attain the Sustainable Development Goals (SDGs) by 2030. Together with INSPIRE's two cross-cutting activities on multisectoral coordination and monitoring and evaluation, the seven strategies also form the framework for reporting on and analyzing achievements in the Region, and thus this report.

The report corresponds with PAHO's mandate and related commitments made by its Member States and partners (see also Table 1) *(4,5)*. The Region includes nine pathfinding countries that have made a formal commitment to comprehensive action to end all forms of violence against children.[2] Action in this area is also in line with commitments under the SDGs (see Box 2) *(6)*. As we enter the United Nations Decade of Action to deliver on the SDGs, this report provides a useful baseline for the Region and outlines opportunities for advancing the prevention and response to violence against children.

2 Pathfinding countries of the Global Partnership to End Violence Against Children include Brazil, Canada, Colombia, El Salvador, Honduras, Jamaica, Mexico, Paraguay and Peru.

Table 1. PAHO milestones and achievements

1993	CD37.19 encourages governments to develop policies and plans to address all forms of violence
1996	WHA49.25 declares violence a leading worldwide public health problem
2003	WHA56.24 on implementing the recommendations of WHO's 2002 World Report on Violence and Health
2008	CD48.R11 on preventing violence and injuries and promoting safety
2009	CD49.R14 Adolescent and Youth Regional Strategy and Plan of Action 2010–2018
2010	CD50.R16 on health and human security
2015	CD54/9, R.2 Regional strategy and plan of action on violence against women
2016	WHA69.5 Global strategy and plan of action on interpersonal violence
2017	CSP29/6 The Sustainable Health Agenda for the Americas 2018–2030: A Call to Action for Health and Wellbeing reiterates commitments to a world free of violence CSP29/INF/3 on Impact of Violence on the Health of Populations in the Americas applauds progress but stresses need for scale up
2018	CD56.R8 Plan of Action for Women's, Children's and Adolescent's Health 2018–2030
2019+	PAHO Strategic Plan 2020–2025 includes impact indicators on violence

Objectives and audience of this Report

The report aims to:

- take stock of challenges and achievements in the Americas in the prevention and response to violence against children in line with the INSPIRE framework;
- analyze region-specific lessons learned in order to inform policy and practice in countries; and
- mobilize stakeholders in countries and the Region to deepen dialogue, strengthen partnerships and act on findings to prevent and respond to violence against children.

The primary target audience of this report is policymakers in the health, child protection, social affairs, justice/police, education and other sectors engaged in the prevention and response to violence against children. These include policymakers working across a range of different public health topics, including those responsible for violence prevention, child, adolescent and family health, health promotion and risk factors, etc. These also include government representatives who sit on a multisectoral mechanism to prevent violence and protect children. The secondary target audience is civil society organizations at the national and regional level, professional associations, academia, foundations and other non-state actors. The tertiary audience is subregional, regional and global organizations, including United Nations partners, bilateral and multilateral actors, donors and other international networks working to support governments and their communities in ending violence and promoting health and wellbeing for all boys and girls at all ages in the Americas.

Methodology of this report

National-level data were collected and validated in 2018 and 2019 through the administration of a standardized questionnaire, coordinated by PAHO through country offices. The questionnaire asked country respondents about the existence of governance mechanisms, laws, action plans, data, and prevention and response approaches in line with the INSPIRE framework. In addition, a subjective assessment by country respondents of the perceived reach of INSPIRE approaches was included. Given that the report is primarily based on the above-mentioned country-reported data, it does not assess the quality, effectiveness or level of implementation/enforcement of mechanisms, plans and approaches.

Thirty-one countries (89% of PAHO Member States) responded to the survey.[3] Data collection was conducted through a consensus approach led by National Data Coordinators (NDCs), usually from the Ministry of Health or a partner government sector involved in the prevention and response to violence against children. The data collection process engaged respondents representing multiple sectors of government, as well as non-governmental organizations and other institutions involved in violence prevention work. On an ongoing basis following data collection, PAHO staff reviewed the submissions and engaged in further dialogue with NDCs and other national counterparts in order to validate answers to the extent possible. Final responses were largely formally approved and entered by the NDC into a WHO database with restricted access.

Information collected through the survey was complemented by selected data from recent global, regional and/or national population-based survey on violence against children, as well as scientific and grey literature on the prevalence and consequences of, and strategies for preventing and responding to violence against children in the Americas. This includes recent estimates by WHO on child homicide, calculated based on country-reported data on the number and proportions of homicide victims aged 0–17 years and adjusted in line with the current WHO methodology for global health and homicide estimates. The draft estimates were shared with countries for inputs and comments before being finalized. Finally, two rapid, secondary analyses of action plans and health system protocols informed the report findings. The secondary analysis of health system protocols is based on an additional question posed to Member States, for which 35 responses were received.[4]

Data were compiled and analyzed in mid-2020. The draft analysis benefited from the review of selected experts, including staff from PAHO, WHO, UNICEF, End Violence and other partners and experts. Although data were collected before the pandemic, the findings are

3 This includes the following Member States with government-approved data: Antigua and Barbuda, Bahamas, Barbados, Belize, Bolivia (Plurinational State of), Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Dominicana, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Trinidad and Tobago, United States of America and Uruguay.

4 This includes all PAHO Member States (Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia (Plurinational State of), Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Dominicana, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Lucia, St. Vincent and the Grenadines, St. Kitts and Nevis, Suriname, Trinidad and Tobago, United States of America, Uruguay and Venezuela (Bolivarian Republic of).

highly relevant given the increased risk of domestic violence in the context of COVID-19. Selected highlights have been included that associate the information collected with the new context of COVID-19.

Structure of this report

The regional report provides:

- an overview of the magnitude of violence against children in the Americas, its characteristics and consequences;
- an analysis of efforts to prevent and respond to violence against children, as reported by countries from the Region in 2018–2019, including:
  - violence prevention infrastructure, partnerships and multisectoral collaboration;
  - availability of action plans and indicators to measure progress towards ending violence against children;
  - availability and use of data on violence against children; and
  - uptake and reach of each of the seven INSPIRE prevention and response strategies;
- a collection of selected examples to facilitate regional learning.

Highlight 1.

The COVID-19 pandemic and violence against children

Violence is not a new challenge in the Region, but attention to violence against children has never been more important.[1] Emergencies, including pandemics, have been associated with increased interpersonal violence, including violence against children.[2]

In the context of COVID-19, early data indicate that risks of **domestic violence, including against children, are increasing** in many countries and settings:

- In some countries, there are reports of increases in calls for help. For example, in Colombia, calls to the 141-helpline increased by 28% between late March and late April 2020, compared to the previous year.[3]
- In other countries, help-seeking has temporarily stopped. For example, early reports from selected locations in Argentina, Ecuador and the United States of America indicate a drop in the number of domestic violence cases.[4–7] This suggests that many survivors may not be receiving the help they need.

Children who are already living with violence are at particular risk, because they are now spending more time at home. During COVID-19, stress, anxiety, substance abuse, and social and economic worries may increase risk and can be triggers for familial conflicts. Risk of intimate partner violence is also heightened, thus increasing at a minimum the likelihood that the child will witness violence in the home.[8,9]

While risks of violence increase, protective factors are decreasing.[10] Due to movement restrictions and other isolation measures, contact with trusted relatives and friends may be reduced. Existing mechanisms for identifying survivors and providing them with information and support may not be functioning. Survivors may have less opportunity to ask for help. Health services, which play a critical role in identification, are under a great deal of pressure and may not have the capacity to respond in an integrated manner. Protection and outreach services may be interrupted, particularly with regard to direct contact with vulnerable groups of children.

In this context, there is new urgency for action to prevent and respond to domestic violence.[10, 11] Key priorities[12] for policymakers and program managers are:

1. Include domestic violence when designing, implementing and monitoring health emergency preparedness and response plans.
2. Deliver and resource the prevention of and response to violence as essential services.
3. Strengthen access to online services such as hotlines, mHealth and telehealth.
4. Innovate ways to provide information and support, for example, through pharmacies and supermarkets.
5. Train health sector staff on how to identify survivors and how to provide first-line support.
6. Provide guidance to shelters, care homes and other institutions to facilitate ongoing support to survivors.
7. Prevent harm to children, for example, by supporting parents, preventing long-term child-family separation, and establishing safe and acceptable alternative care arrangements in case of illness or death of a caregiver.
8. Share information on available support with survivors and communities, and engage them in developing responses.
9. Mobilize communities to promote gender equality and zero tolerance for violence.
10. Coordinate with other sectors to address the risk factors of violence (e.g., harmful use of alcohol) and protect women and children.

Sources:

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8 World Health Organization. Violence against women and COVID-19: what the health sector/system can do [Internet]. Geneva: WHO; 2020 [cited 1 Oct 2020]. Available from: https://www.who.int/reproductivehealth/publications/vaw-covid-19/en/

9 United Nations Children's Fund. Protecting children from violence in the time of COVID-19: disruptions in prevention and response services. New York: UNICEF; 2020. 20 p.

10 World Health Organization. Addressing violence against children, women and older people during the COVID-19 pandemic: key actions [Internet]. Geneva: WHO; 2020 [cited 1 Oct 2020]. Available from: https://www.who.int/publications/i/item/WHO-2019-nCoV-Violence_actions-2020.1

11 United Nations Children's Fund. COVID-19: protecting children from violence, abuse and neglect in the home [Internet]. New York: UNICEF; 2020 [cited 1 Oct 2020]. Available from: https://www.unicef.org/documents/covid-19-protecting-children-violence-abuse-and-neglect-home

12 Pan American Health Organization. Addressing domestic violence in the context of COVID-19. Washington, DC: PAHO; 2020 [cited 1 Oct 2020]. Available from: https://www.paho.org/en/documents/infographic-addressing-domestic-violence-context-covid-19-policymakers.

I. Ending violence against children as an urgent priority in the Americas

Why is violence an urgent priority?

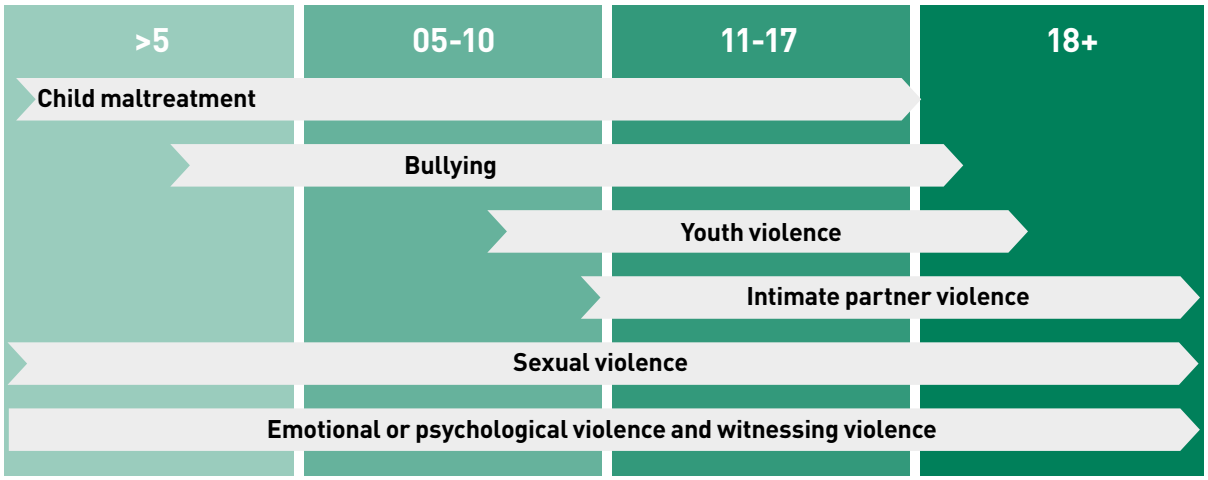
Violence against children is widespread in the Region of the Americas, and it takes many different, equally unacceptable forms (see Figure 1). A full list of definitions can be found in the Annex. It should be pointed out that many definitions overlap, and children can experience or be at risk of multiple forms of violence at the same time.

The Region has the highest **homicide** rate in the world (19.6 per 100,000 population in 2017)—more than three times the global average of 6.3 per 100,000 *(7)*; this trend is similar to homicidal rates for children (aged 0-17) (see Figure 2). New global, regional and country estimates by WHO for homicides rates for children indicate that the Region of the Americas has the highest child homicide rate in the world (5.8 per 100,000 in 2017, compared to the global average of 1.7 per 100,000). Homicide rates in the Americas are especially high among boys (9.3 per 100,000 for boys, compared to 2.1 for girls), although the girl homicide rate in the Americas is still almost double the rate for girls globally and higher than the rates for girls in all Regions and for boys in all but the African Region.

Regional trends showcasing the magnitude of this burden have remained relatively high over time. It is important to consider the different subregional contexts and trends in order to guide policy and action to prevent violence in all its forms, including against children *(8)*.

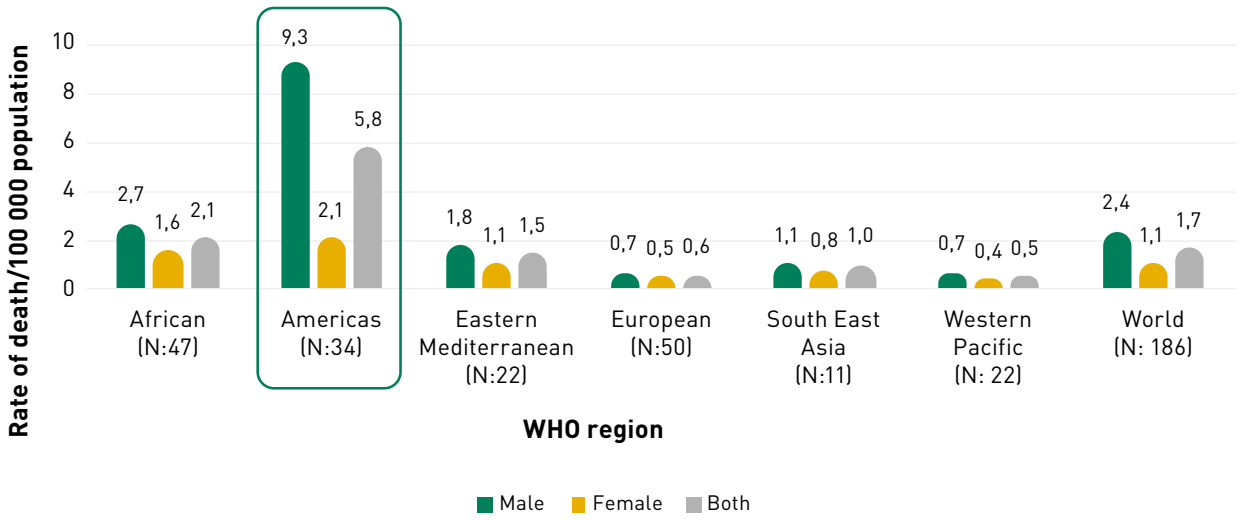
Source: World Health Organization, Centers for Disease Control, Global Partnership to End Violence against Children, Pan American Health Organization, Together for Girls, United Nations Children's Fund, et al. INSPIRE: seven strategies for ending violence against children [Internet]. Geneva: WHO; 2016 [cited 1 Oct 2020]. Available from: https://www.who.int/publications/i/item/inspire-seven-strategies-for-ending-violence-against-children

Figure 1. Types of violence against children



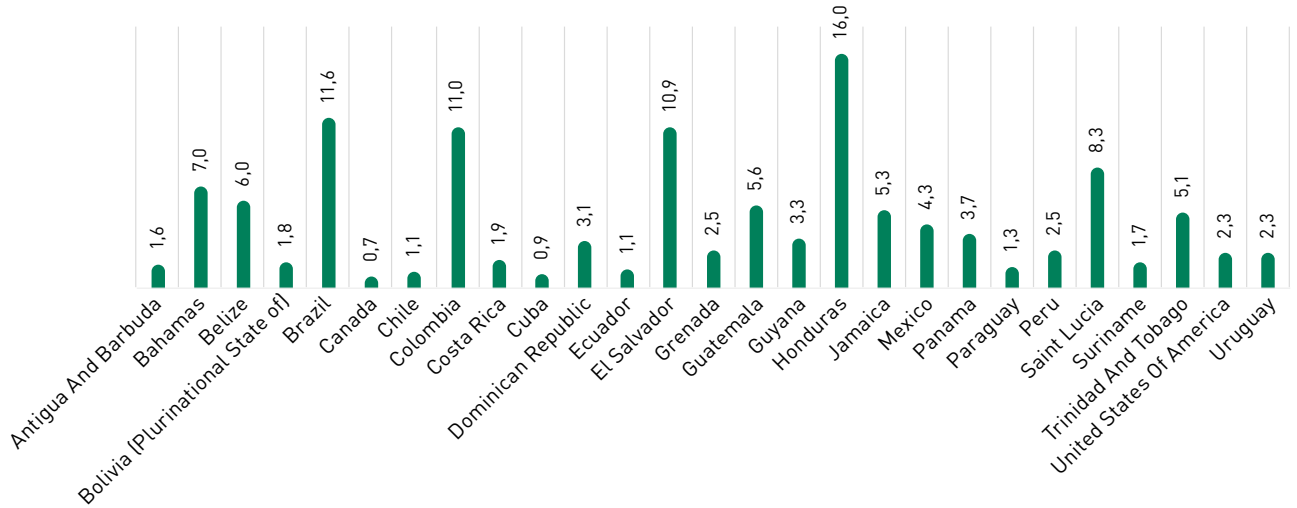
For example, despite actions taken, Brazil, Colombia and selected countries in Central America (e.g., Belize, El Salvador, Guatemala, Honduras) and in the Non-Latin Caribbean (e.g., Bahamas, Jamaica, Saint Lucia, Trinidad and Tobago) continue to be greatly affected by homicide, including among children (see Figure 3).

Figure 2. WHO-estimated homicide rates per 100,000 population for children aged 0–17, by sex and WHO region, 2017



Source: 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. 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
Notes: The estimated homicide rates shown in Figure 2 were produced using WHO's Global Health Estimates methodology. More information on the methodology can be found in the annex of the Global Status Report.

Figure 3. WHO estimated homicide rates per 100,000 population for children aged 0–17 years, both sexes, selected countries, Region of the Americas, 2017



Source: 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. 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
Notes: The estimated homicide rates shown in Figure 3 were produced using WHO's Global Health Estimates methodology. More information on the methodology can be found in the annex of the Global Status Report.

Despite the magnitude of homicides, the human costs of violence go far beyond this number. Only a small proportion of all acts of violence are lethal; many more result in injuries and ill-health in a child's life. Globally, one in two children experience violence each year. The same review estimates that 58% of children aged 2-17 in Latin America and 61% in North America experienced physical, sexual and/or emotional abuse in the past year *(9)*. A global systematic review of self-reported child maltreatment found that substantial gaps in evidence on child maltreatment remain, particularly in South America *(10)*. The most commonly studied topic in the literature was prevalence of sexual violence, followed by physical violence, emotional violence, and finally, neglect. Of all regional groupings, North America carried out the largest number of studies on neglect, which showed a prevalence rate of 41% for girls and 17% for boys *(11)*. Only a few studies were available for South America, indicating rates above 50% for both boys and girls *(12)*. Emotional abuse is estimated to affect approximately one in every three children globally *(13)*. Median rates in North America are estimated at 28% for girls and 14% for boys *(14)*.

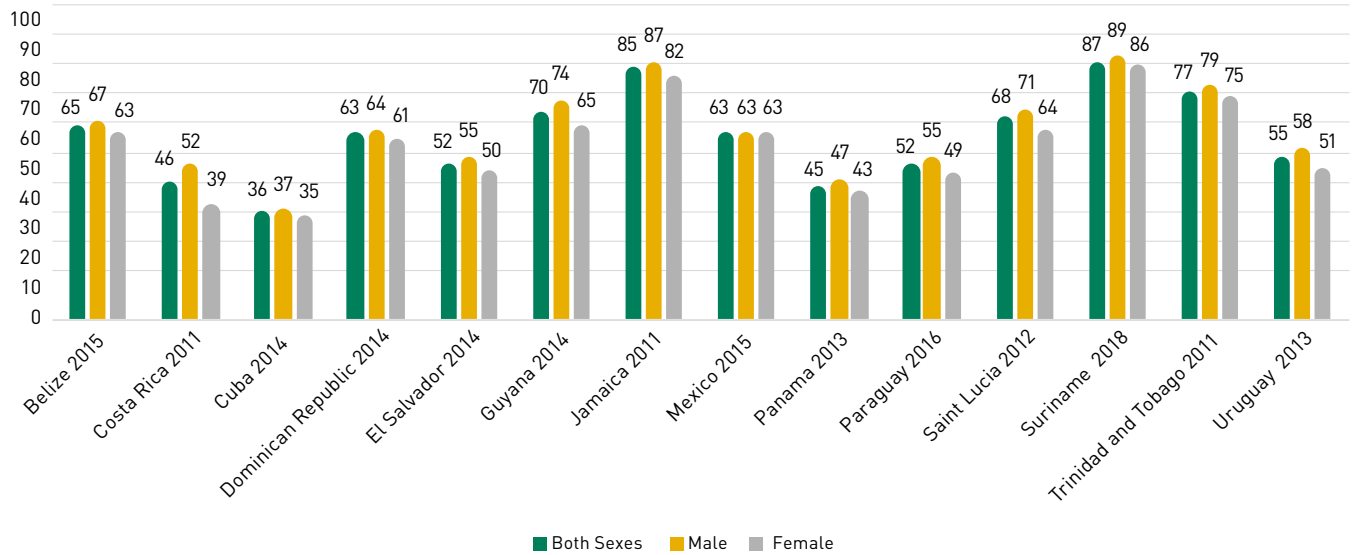
Physical violence

Violent discipline at home (see Figure 4) is one of the most common forms of violence experienced by children, including both physical (corporal) punishment and psychological abuse. Rates vary substantially across countries. An analysis of data from selected Latin American and Caribbean countries estimates that the percentage of children who experienced physical punishment in the past month ranges between 20% in Nicaragua to 78% in Haiti, with comparatively high levels found across the Non-Latin Caribbean *(15)*. Similarly, an analysis of Violence against Children Survey data from Haiti estimated that 67% of children and youth aged 13–24 years experienced physical violence by a family member/caregiver or public authority figure *(16)*. For North America, prevalence of physical violence against children is estimated at 24.3% for boys and 21.7% girls *(17)*.

Source: Multiple Indicator Cluster Survey (MICS) data, reported in the 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. 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

Notes: Data were taken from different surveys and years and should be interpreted with caution when seeking comparability.

Figure 4. Percentage of children aged 1–14 or 2–14 who experienced physical punishment of any violent discipline, past month, as reported by household members, selected countries, 2011–2018



School-related violence

Schools constitute an important setting for both the occurrence and the prevention of violence *(18)*. Perpetrators of school-related violence are often peers, although children can also be a risk of violence by teachers and other school staff *(19)*. Corporal punishment of children in schools remains a challenge in many countries *(20)*. For example, research from Peru shows that more than half of eight-year-olds had witnessed a teacher inflict corporal punishment on another student during the past week, and almost one-third reported experiencing corporal punishment themselves *(21)*.

Beyond corporal punishment in schools, it is important to note that **institutional violence** is a wide-ranging challenge in the Region. It involves not only educational institution, but also a range of care, security and justice institutions *(22, 23, 24, 25)*. The Special Representative of the United Nations Secretary-General on Violence against Children and other human rights mechanisms have warned of the increased risks for children in institutions, including risks of violent punishment, harassment, humiliation, sexual violence and exploitation, neglect and other forms of violence *(26, 27, 28, 29, 30, 31).* Children may be inappropriately detained with substantial health and developmental consequences *(32, 33)*. Lack of attention or appropriate care, and the deprivation of liberty have been framed as a form of abuse *(34)*. Children may be at increased risk of violence by peers in institutions or subject to violence by staff and officials *(35)*. For example, the Inter-American Commission on Human Rights (IACHR) has drawn attention to violence against children by police and security forces in the Region and the importance of a human rights-based approach *(36, 37)*. Global reports have pointed to risk and systemic factors of institutional violence, such as low priority given to these children, a weak child protection system, lack of oversight, and inadequate staffing *(38,39)*. Specific population groups, including children from Afro-descendant, indigenous or ethnic minority groups, migrant children, children from low-income households, homeless children, children with disabilities and others, may be particularly vulnerable to institutional violence, which often intersects with other forms of discrimination and social exclusion *(40)*. In response, a range of different standards and instruments have been developed to guide action to promote, protect and fulfil the rights of children in institutions *(41, 42, 43, 44, 45, 46)*.

Bullying is a major form of psychological or physical violence in the school setting, which describes repeated, aggressive behavior involving unwanted, negative actions, such as verbal and psychological harassment, unwanted physical contact and social exclusion. A recent analysis of data from 33 countries that had implemented the Global School-based Student Health Survey between 2003 and 2018, indicated that one in four students (26%) in the Americas reported being bullied at least once in the past 30 days *(47)*. The analysis found substantial differences across countries, with rates ranging from 13% in Barbados to 47% in Peru. While boys are generally at higher risk of physical bullying than girls, the opposite is true for body-shaming. Approximately 38% of boys and 20% of girls reported getting into a physical fight at least once in the past 12 months *(48)*. In selected Caribbean countries, the rate for boys increased to around 45% *(49)*.

Globally, approximately one in 10 children have experienced **cyberbullying** *(50)*.

Information on cyberviolence, which goes beyond cyberbullying or school-based settings, remains very limited, despite the growing importance of the topic, as access to the internet and online communication platforms expands. Data collected by Global Kids Online studies provide useful snapshots of information. For example, 28% of children in Uruguay *(51)*, 36% in Chile *(52)* and 77% in Argentina *(53)* reported negative experiences online in the past year, for example, unpleasant or disturbing messages. Similarly, 20% of Internet users aged 9–17 in Brazil reported having been subjected to cyberbullying *(54)*. Few children ask for help when faced with cyberviolence *(55)*.

Youth violence

Youth, defined as children and young people aged 10–29, are vulnerable to a range of different types of violence, including physical, sexual and emotional violence by someone known to them or by strangers. It may include bullying, physical fights with peers, sexual and dating violence as well as assault associated with gang violence or organized crime.

Other than youth homicides, there are no global/regional estimates for youth violence in all its forms, and nationally representative data remain limited despite the burden of this type of violence in the Americas. A study using data from the 2014 Survey on Social Cohesion for the Prevention of Violence and Delinquency in Mexico estimated that more than 2.8 million children aged 12–17 (44%) had experienced at least one form of violence, including threats, bullying, sexual and physical assault, robbery, or extortion *(56)*. About 10% of these were polyvictims, i.e. having experienced at least four different types of victimization by at least four types of perpetrators, usually known to the victim *(57)*. An analysis of data from the Brazilian National Survey of School Health found that verbal bullying, domestic violence and involvement in fights with firearms among adolescents increased between 2009 and 2015 in most Brazilian state capitals, with domestic violence increasing in all cities *(58)*. An assessment of youth violence in selected Caribbean countries pointed to important differences by age and sex, with girls being more vulnerable to domestic violence and boys being more exposed to weapons and drugs *(59)*. Youth violence intersects with broader trends related to gang activity and organized crime, firearm availability, weak governance and socioeconomic exclusion *(60, 61)*. According to the 2010 Citizen Security Survey in Antigua and Barbuda, Barbados, Guyana, Jamaica, Saint Lucia, Suriname and Trinidad and Tobago, about 49% of youth reported fear of being a victim of crime, and many framed youth violence and gang activity as a response to security concerns *(62)*. According to the 2014–2015 Caribbean Crime Victimization Survey, implemented in the Bahamas, Barbados, Jamaica, Suriname and Trinidad and Tobago, 21% of respondents reported living in a neighborhood with a gang presence *(63)*.

A recent study by the United Nations Office on Drugs and Crime (UNODC) stressed that the relationship between homicide and organized crime is not necessarily linear, particularly given that spikes in the homicide rates, for example, in Jamaica and Mexico, were due to changes in the power of gangs rather than due to their presence *(64)*. Men and boys make up a large portion of both victims and perpetrators of gang violence *(65)*. Children from age 10 are a key group for gang recruitment. An IACHR report reported that at least 30,000 children were engaged in organized crime, including as informants,

guards, drug traffickers or to carry out attacks *(66)*. Disintegrating family and community ties, limited socioeconomic and educational opportunities for youth, and the lack of social safety nets have been flagged as a some of the reasons for involvement with gang *(67, 68, 69)*.

The literature also points to the intersections between gang violence and violence against women and girls *(70)*. Young women and girls in the Region may be recruited into gangs for specific tasks, for example, drug packaging and smuggling, or be exposed to sexual and gender-based violence by gang members, including sexual trafficking and exploitation. Research investigating the relationship between youth violence and organized crime in Jamaica found that women and girls *(71, 72, 73, 74)* can play roles that support violence, for example, by warning of movements of police and rival groups, and calling for revenge, or, on the contrary, acting as informal peacemakers, for example, by encouraging an end to conflict *(75)*. The authors also highlighted that violence had resulted in greater dependence of women and girls on men, with adolescent girls "seeking protection and security rather than standing up and challenging [men]" *(76)*.

Sexual violence

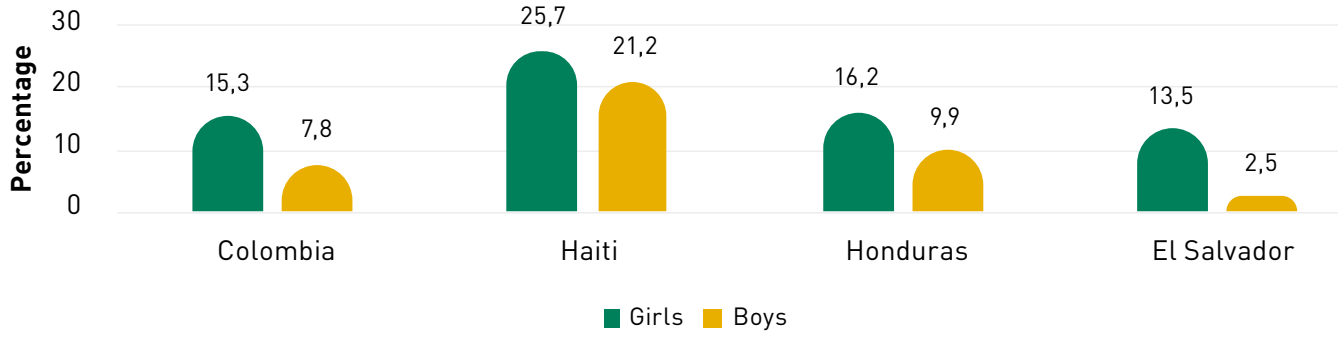
National population-based data on child sexual abuse are limited in most Latin American and Caribbean countries. Global estimates indicate that girls are more likely than boys to experience sexual abuse as children, although levels of sexual violence against boys are still substantial and require comprehensive action *(77, 78, 79)*. Given the hidden nature of child sexual abuse, data from the Violence against Children Surveys in Colombia *(80)*, Haiti *(81)*, Honduras *(82)* and El Salvador *(83)* are especially valuable (see Figure 5).

Intimate partner violence, including dating violence

Adolescence is a time of heightened vulnerability to some forms of violence and an opportunity for intervention. An analysis of nationally representative data from 12 countries estimated that the percentage of girls aged 15–19, who had experienced past-year physical or sexual intimate partner violence ranged between 9.3% in El Salvador to 31.5% in Colombia *(84)*.

Sources: (i) Government of Colombia. Violence Against Children and Youth Survey 2018. Bogotá: Government of Colombia, Ministry of Health and Social Protection; 2019; (ii) Centers for Disease Control and Prevention. Violence against children in Haiti: findings from a national survey, 2012 [Internet]. Atlanta: CDC; 2014 [cited 1 Oct 2020]. Available from: https://www.cdc.gov/violenceprevention/pdf/violence-haiti.pdf; (iii) Government of Honduras. Violence Against Children Survey, 2017. Tegucigalpa: Government of Honduras, Sub-Secretariat of Security in Prevention, Secretariat of Security; 2019; and (iv) Government of El Salvador. Violence Against Children Survey, 2017. San Salvador: Government of El Salvador, Ministry of Justice and Public Security; 2019.
Notes: Data were taken from different surveys and years and should be interpreted with caution when seeking comparability.

Figure 5. Percentage of boys and girls who experienced sexual violence prior to age 18, as reported by 18-24 year-olds, selected countries, 2012–2018



Child marriage affects a considerable number of girls in the Region, as well as a smaller proportion of boys *(85)*. Approximately 25% of women and girls in Latin America and the Caribbean married and/or cohabited by age 18, and about 5% did so by age 15 *(86)*. The rate for Latin America and the Caribbean has remained static for more than two decades *(87)*.

In this context, it should be highlighted that adolescent pregnancy remains a major challenge in the Americas, with fertility rates estimated at 63 births per 1,000 women aged 15–19 for 2015–2020 in Latin America and the Caribbean, compared to a global average of 42.5 per 1,000 for the same timeframe *(88)*. Adolescent fertility rates are especially high in Central and South America, with rates of above 70 per 1,000 births in 2018 in Dominican Republic, Ecuador, Guyana, Honduras, Nicaragua, Panama and Venezuela (Bolivarian Republic of) *(89)*. Early unions as well as sexual violence by an intimate partner or others in their environment are critical factors in understanding adolescents' sexual and reproductive health, including adolescent pregnancy. Marginalized groups of girls, including those with low-income or low-education status, rural and indigenous girls, may face additional risks *(90)*.

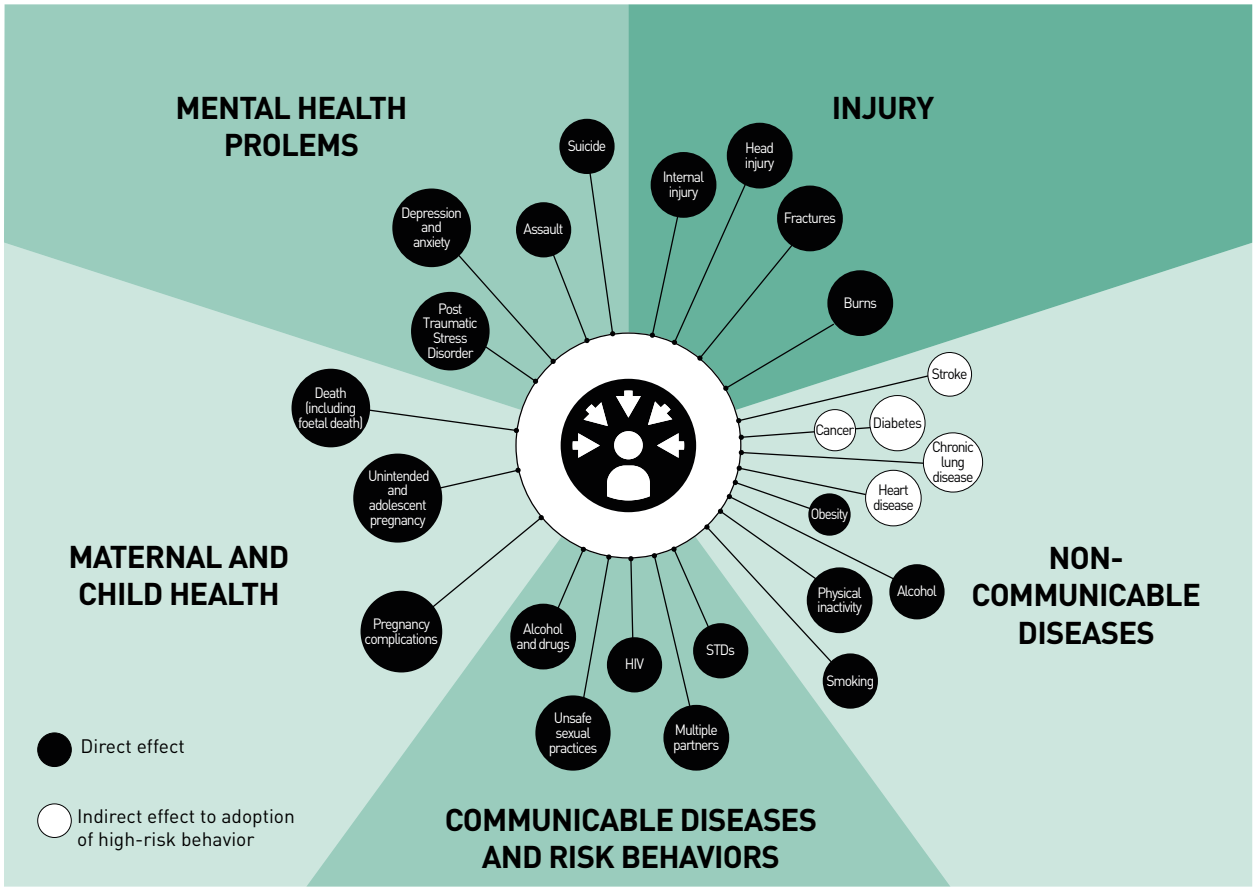
Femicides are a particularly severe form of violence against women and girls. Although the lack of a harmonized definition limits data collection and analysis, data collected by ECLAC for countries in Latin America and the Caribbean indicate high rates per 100,000 women aged 15 and over, including in El Salvador (6.8), Honduras (5.1), Saint Lucia (4.4), Trinidad and Tobago (3.4) and Bolivia (Plurinational State of) (2.3) *(91)*. WHO estimates that there were 7,857 deaths due to interpersonal violence among young women and girls aged 15–29 in the Region of the Americas in 2016 *(92)*. A recent PAHO report on adolescent health warned of increases in female homicide in several countries, including the Bahamas, Belize, Cuba, Mexico, Paraguay, and Peru *(93)*. Similarly, the 2017 child homicide estimates by WHO point to comparatively high rates of girl homicide in Honduras.

Violence against children has enormous health consequences

Violence is a public health priority, because it is a major cause of mortality and morbidity for children from diverse social groups in the Region (see Figure 6) *(94)*.

Violence against children leads to multiple physical, mental, reproductive and sexual health problems in the short- and long-term (see Figure 6) *(95, 96)*. Beyond deaths, violence can result in physical injuries, including cuts, bruises, broken bones or wounds *(97)*. Violence is associated with a range of mental health problems, including traumatic stress, anxiety, depression and suicidal behavior *(98, 99)*. Violence, especially at a young age, may impair brain development and affect children's cognitive and learning development *(100, 101, 102)*. It may result in sexual and reproductive health issues, such as sexual risk-taking, increased risk of sexually transmitted infections, including HIV, unintended pregnancies and gynecological problems *(103, 104)*. Violence against children is also associated with the adoption of unhealthy behaviors, including a greater likelihood to smoke, drink alcohol or use drugs, which in turn can increase risk of noncommunicable diseases *(105, 106, 107)*.

Figure 6. Health consequences of violence against children



Source: World Health Organization, Centers for Disease Control, Global Partnership to End Violence against Children, Pan American Health Organization, Together for Girls, United Nations Children's Fund, et al. INSPIRE: seven strategies for ending violence against children [Internet]. Geneva: WHO; 2016 [cited 1 Oct 2020]. Available from: https://www.who.int/publications/i/item/inspire-seven-strategies-for-ending-violence-against-children

Violence against children results in socio-economic costs

The consequences of violence go beyond health and cover a range of different, equally significant socioeconomic aspects *(108)*. An IACHR report warns that the impact of violence on children goes beyond experiencing or witnessing violence and includes loss of a family member or someone close to them, which has implications for the child's emotional health, available household funds, distribution of household tasks, development opportunities and institutionalization *(109)*. Children who have been exposed to violence are less likely to perform well in school *(110)*. According to the Third Regional Comparative and Explanatory Study of 15 Latin American and Caribbean countries, there are clear difference in learning scores for both mathematics and reading between children who were bullied and those who were not bullied *(111)*. Poorer education is in turn associated with a greater chance of unemployment, poverty and exclusion across the life course, which often intersects with a poor health status and a heightened risk of involvement in violence and crime *(112)*. Similarly, child maltreatment has been associated with financial difficulties and greater chance of poverty in adulthood *(113)*.

Violence has consequences for families and societies, including economic costs *(114, 115, 116, 117)*. These may include financial costs, including health care

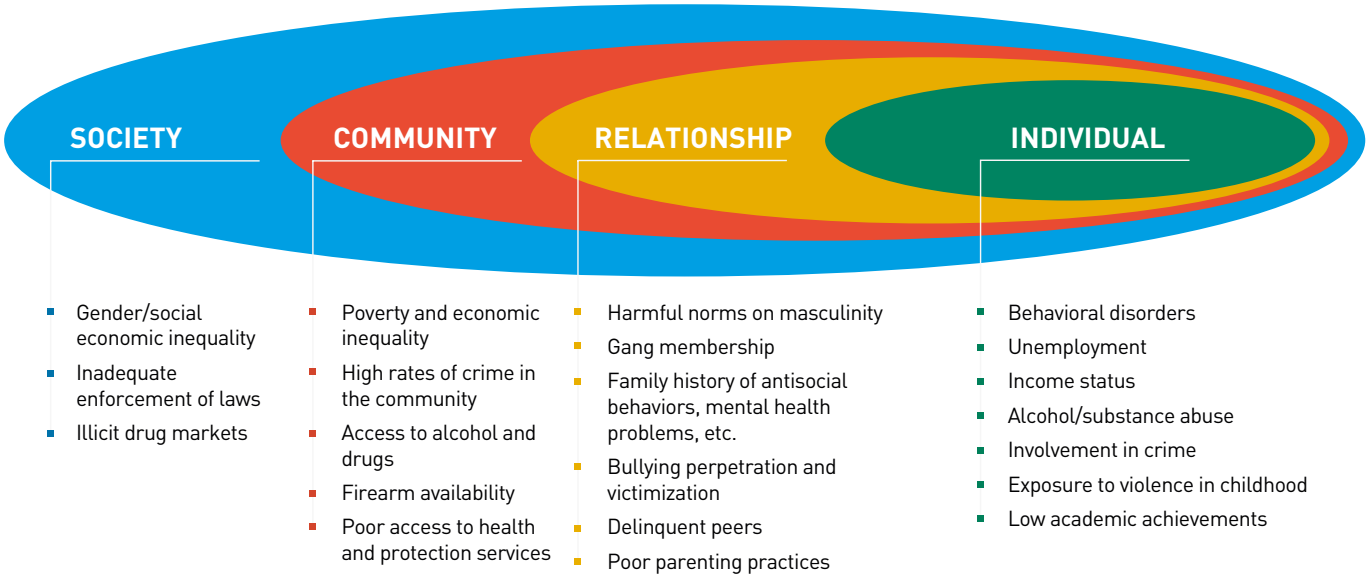
fees due to injury or illness, funeral costs, and reduced income as the result of violence *(118, 119)*. One study from the United States of America estimated the lifetime costs of non-fatal child maltreatment include US$ 32,648 in childhood health care costs and US$ 10,530 in adult medical costs per victim *(120)*. Another reports the lifetime costs of non-fatal childhood sexual abuse at US$ 282,734 per female victim in the United States of America, with costs for fatal childhood sexual abuse estimated to be much higher for male and female victims *(121)*. According to Peterson et al., annual costs of child maltreatment in the United States of America amounted to US$ 428 billion in 2015 *(122)*. The Cost of Care project of the Violence Prevention Alliance of Jamaica estimates both direct and indirect costs of violence-related injuries across hospitals in Jamaica amounting to JM$3.6 billion in direct medical costs and JM$5 billion in indirect costs annually *(123)*. In developing conservative estimates of the costs of violence and crime for Latin America and the Caribbean, Jaitman and Torre estimate average costs per country of approximately 3.5% of GDP, amounting to a total of US$ 174 billion in purchasing power parity *(124)*. There are substantial variations across countries, with substantially higher costs estimated for Central America (especially Honduras and El Salvador), followed by the Caribbean (especially the Bahamas and Jamaica) *(125)*. Although gaps in data and analysis remain, particularly for low- and middle-income countries, available information builds a strong socioeconomic argument for action to prevent violence against children.

Why does violence occur in the Region of the Americas?

No single factor can explain why violence against children occurs; rather an interplay of different social factors may result in violence. There are risk factors for violence at the individual, relational, community and society level, which often intersect (see Figure 7). Each type and sub-type of violence against boys and girls at different ages has its own set of risk and protective factors that require

Source: World Health Organization, Centers for Disease Control, Global Partnership to End Violence against Children, Pan American Health Organization, Together for Girls, United Nations Children's Fund, et al. INSPIRE: seven strategies for ending violence against children [Internet]. Geneva: WHO; 2016 [cited 1 Oct 2020]. Available from: https://www.who.int/publications/i/item/inspire-seven-strategies-for-ending-violence-against-children

Figure 7. Multiple, social factors resulting in violence against children



specific attention. There are also some factors that cut across all forms of violence, and where intervention can achieve the most sustainable results. These include addressing gender inequality and harmful norms on masculinity, unemployment, poverty and economic inequality, high rates of crime and violence in the community, firearm availability, harmful use of alcohol and drugs, as well as the inadequate enforcement of laws *(126)*.

Social inequities in the Region related to violence against children

First, age is an important consideration in understanding violence in the Americas. For example, physical and emotional violence by a caregiver is a particular concern for younger children, affecting 30% - 60% of children in Latin America and the Caribbean aged 2–3 *(127)*. While physical caregiver violence rates reduce with children's age, other types of violence against children come into play. By age 8, almost 50% of girls and 60% of boys are estimated to have experienced violence by another student, with rates of emotional peer violence remaining constant until adulthood *(128)*. Adolescence is an important time for preventing early forms of intimate partner violence, estimated at 8%–13% for girls aged 15, and 15%–20% for girls aged 16–18 years *(129, 130)*. Homicides are especially high for youth aged 15–24, spiking for men aged 18–19 years *(131)*. Attention to age is also central to programming. For example, organized crime and gangs can target younger age groups for early recruitment, typically from age 12 or even younger *(132)*. Young adolescents may thus present a particularly important target group for youth violence prevention.

Second, gender-sensitive analysis based on sex-disaggregated data is essential to understand the trends, consequences and opportunities for prevention of violence. Boys and girls are affected by violence differently—both as victims and perpetrators. For example, according to WHO estimates, boys are more than four times more likely to die than girls from homicide in the Americas. A closer look at country estimates further indicates that boys are almost seven times more likely in Colombia, 8 times in Brazil and more than 20 times more likely in El Salvador to be victim of homicide than girls, while girls are just as likely as boys to die from homicide in Honduras. Honduras's girl homicide rate is almost 1.7 times the regional average for boys and 7.5 times the regional average for girls. A comprehensive assessment of youth violence in five Caribbean countries found that male students were more likely than female students to engage in violence, but less likely to report such violence to adults *(133)*. A gender-sensitive approach recognizes that social and gender norms and practices, learned by women, men, boys and girls from an early age, can normalize the use of violence and reinforce its social acceptability (see Boxes 3 and 4).

In addition, ethnicity need to be considered when analyzing violence *(134, 135, 136)*. For example, data from Brazil suggests that for every seven homicides, five are among Afro-descendant groups, with differences particularly pronounced among young people aged 15–29 *(137, 138, 139)*. Despite representing only 5% of the total population of Canada, indigenous peoples account for nearly a quarter of all homicides, with homicide rates estimated at 4.2 per 100,000 indigenous women and 13.4 per 100,000 indigenous men in 2017 *(140, 141)*. Both the National Inquiry into Missing and Murdered Indigenous Women and Girls as well

as Canada's Roadmap to End Violence against Children have drawn attention to the increased risk of violence among indigenous groups, including First Nations, Inuit and Métis children *(142, 143)*. Similar inequities by ethnicity have also been noted in other countries of the Region, such as Colombia, Mexico and the United States of America, among many *(144, 145, 146)*. These patterns are associated with structural and systemic discrimination faced by these population groups, reinforcing a range of risk factors associated with violence.

Different social factors and identities such as sex, gender, age, ethnicity, income and social status intersect and can lead to compound disadvantage among some population groups *(147, 148, 149)*. For example, global evidence points to the higher risk of violence for children with disabilities, with girls with disabilities being at particular risk of sexual and gender-based violence *(150, 151)*. In Haiti, female *restavèks* (i.e. children from low-income households with few educational opportunities who are sent away from home to work as unpaid domestic servants) experience higher prevalence of unwanted sexual touching, attempted sex and pressured sex compared to non-*restavèks (152)*.

Broader social determinants of violence against children

In the Region of the Americas, the prevention of violence against children must take into account broader social trends and determinants *(153)*. Some selected examples of intersections with violence are provided below.

According to a global WHO review, growing up in communities with high levels of crime is a key risk factor for youth violence *(154)*. A study by Inter-American Development Bank (IDB) found that at least half of all crime in Latin America was concentrated in a few neighborhoods, and specifically 3% to 7.5% of street segments *(155, 156)*. According to an annual exercise of the non-governmental organization Mexican Citizens' Council for Public Security and Criminal Justice (CCSP-JP), just over 90% of the 50 most dangerous cities in the world were located in the Americas *(157)*. This draws attention to the need for subnational analysis and the engagement of cities and communities in violence prevention.

Box 3. Gender norms and violence

A recent study by Oxfam,[1] including a regional component involving young people aged 15–25 in eight countries of Latin America and the Caribbean,[2] found that:

- 75% of young people stated that their male friends believe harassment is normal;
- 86% of young people stated that they would not interfere if a male friend hit their female partner;
- 80% of young people stated their male friends monitor their female partner's phone, and 62% say their male friends monitor their partner's social media;
- 77% of young people believed that all women should be mothers; and
- 72% of young people blamed sexual violence on the woman's choice of clothes.

Sources:

1 Oxfam. 'Let's stop thinking it's normal': Identifying patterns in social norms contributing to violence against women and girls across Africa, Latin America and the Caribbean and the Pacific. Oxford: Oxfam; 2018. 44 p.
2 Oxfam. Breaking the mould: changing belief systems and gender norms to eliminate violence against women. Oxford: Oxfam; 2018. 24 p.

Box 4. Masculinities, health and violence

Masculinities are social and gender norms, roles and relations typically associated with men and boys.[1] Masculinities directly intersect with different forms of violence in the Region and can help to explain why men and boys engage in and experience violence. For example, young children may learn about and internalize prevailing power relationships between men and women, and boys and girls, including the use of violence. Boys may be encouraged to be physically strong and "not to cry", while girls may be encouraged to be gentle and submissive. From a young age, physical aggression by boys against others, including their peers, may be justified as "boys will be boys". Physical fighting with peers as well as sexual or partner violence against girls and women may be perceived as a way to "prove real manhood" and reconfirm a boy's or man's status and power in society.[2] These examples of social norms and stereotypes highlight that attention to masculinities and related gender inequalities is an essential component of preventing violence against children and other forms of violence in the Region.

Sources:

1 Pan American Health Organization. Masculinities and health in the Region of the Americas. Executive summary [Internet]. Washington, DC: PAHO; 2019 [cited 1 Oct 2020]. Available from: https://iris.paho.org/handle/10665.2/51666

2 Heilman B, Barker G. Masculine norms and violence: making the connections. Washington, DC: Promundo; 2018. 92 p.

The Region is home to unprecedented migratory flows that intersect with violence *(158, 159)*. The United Nations estimates that there were approximately 9.5 million international migrants in Latin America and the Caribbean, of whom 23% were aged 0–19 *(160)*. This includes a considerable number of unaccompanied minors who migrate *(161, 162, 163, 164)*. For example, 76,202 unaccompanied minors were apprehended at the US-Mexican border in the 2019 fiscal year, which represents a sharp increase compared to previous years *(165, 166)*. Evidence points to higher risks of violence among migrant and refugee groups *(167, 168, 169)*. Intersecting forms of violence in the community and the home can trigger migration of unaccompanied minors, and every stage of the migration process can pose new risks of violence *(170)*. This includes children who have migrated and returned, and who may face greater risk of violence, exploitation, trafficking, poverty and exclusion on their return *(171)*.

At the societal level, socioeconomic inequality is another factor to consider *(172)*. For example, a systematic review on bullying found associations between school-, class- and country-level income inequalities and bullying *(173)*. A global analysis of MICS data from low- and middle-income countries found that lower household wealth was one of several stressors associated with increased violent discipline practices *(174)*. A closer look at data from the Region indicates a complex relationship between violence and socioeconomic development. On the one hand, some countries with comparatively high rates of child homicide, such as Brazil and Honduras, also rate relatively high with regard to the Gini index. On the other hand, despite reductions in extreme poverty and income inequality, socioeconomic improvements have not translated into corresponding changes to homicide rates in all settings *(175, 176)*.

Others have pointed to governance and the rule of law as critical factors for understanding violence in the Region *(177, 178, 179)*. Literature from the Region has underlined the strength of public institutions and of their coordination

as a crucial factor for the prevention of violence *(180)*. The governance and enforcement capacity of countries is also critical when considering the results described later in this report, specifically the need to move beyond the existence of policies to strengthen their effectiveness in reaching all in need.

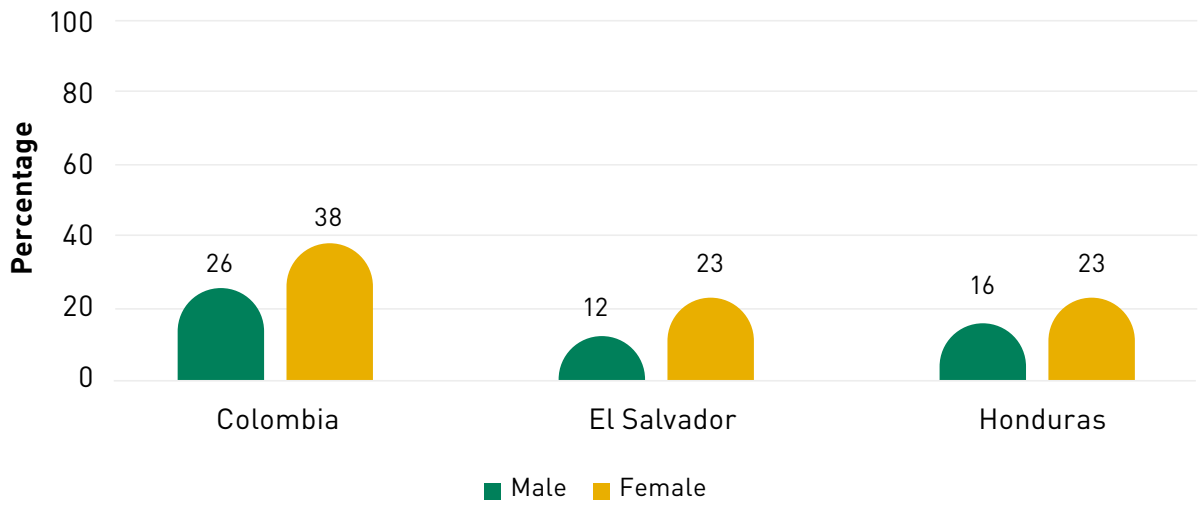
Different forms of violence intersect

Although programs and policies often address different forms of violence in isolation, it is important to recognize that these forms are connected, because they share common causes, risk and protective factors and consequences *(181)*. Due to these intersections, they may occur at the same time and/or in the same setting, or lead to others forms of violence *(182)*. For example, violence against women and children can take place at the same time and in the same household *(183, 184)*. Corporal punishment of children can be more socially acceptable in households where intimate partner violence occurs *(185)*.

Data from selected countries show that many children witness violence in their home (Figure 8), which increases the likelihood that the child will experience or perpetrate violence in later life *(186)*. Children who bully others are more likely to have witnessed violence among their parents, and more likely to become perpetrators of other types of violence, such as physical, sexual and gun violence *(187, 188)*. A study from Brazil found that previous involvement in physical violence as well as a history of peer and domestic victimization, among other factors, were associated with involvement in fights with weapons among school-age youth *(189)*. Exposure to child maltreatment, involvement in bullying, as well as dating and sexual violence have all been linked to other forms of violence in later life *(190, 191)*. For example, smaller studies found that prisoners in the Bahamas and juvenile offenders in Barbados had been exposed to violence in their homes during childhood *(192, 193)*. High rates of violence in the community can also affect survivors' access to health and protection services, thus reducing opportunities for intervention.

Sources: (i) Government of Colombia. Violence Against Children and Youth Survey, 2018. Bogotá: Government of Colombia, Ministry of Health and Social Protection; 2019; (ii) Government of El Salvador. Violence Against Children Survey, 2017. San Salvador: Government of El Salvador, Ministry of Justice and Public Security; 2019; and (iii) Government of Honduras. Violence Against Children Survey, 2017. Tegucigalpa: Government of Honduras, Sub-Secretariat of Security in Prevention, Secretariat of Security; 2019.
Notes: Data were taken from different surveys and years, and should be interpreted with caution when seeking comparability.

Figure 8. Percentage of boys and girls who witnessed physical violence in the home prior to age 18, as reported by 18-24 year-olds, 2017–2018



Intergenerational and life course approaches to violence prevention offer an opportunity to intervene as early as possible and prevent the occurrence or escalation of violence. Finding ways to break the cycle of violence is central to preventing violence against all children and promoting their health and wellbeing. This is highly relevant in the context of youth homicide in the Americas. Research indicates that since many violent behaviors are learned early in life, childhood is a key period for intervention *(195)*. Involvement in violence has been associated with a history of adverse experiences at younger ages (see Box 5).

Box 5. Adverse Childhood Experiences: What are they and why do they matter?

CDC-Kaiser Permanente conducted the Adverse Childhood Experiences (ACE) Study in the 1990s on childhood trauma and its short- and long-term health and social consequences. The original ACE study had a follow-up of more than two decades.[1-3] Since the WHO's publication of the ACE International Questionnaire in the early 2000s, surveys of ACE exposure and the correlation with health risk behaviors and a wide variety of health outcomes have been undertaken in many countries.[4]

ACEs are extremely common. For example, one in six adults in the United States of America are estimated to have experienced four or more types of ACEs.[1] Exposure to ACEs, including experiencing and witnessing violence, is associated with negative health and social consequences in adulthood.[1] A study from Chile showed that foster girls reported more ACEs than the control group, with higher rates of post-traumatic stress disorder (PTSD) and behavioral, emotional and health-related quality of life issues.[5] According to another study, 83% of patients with depression in Chile reported at least one ACE in their past, 43% of whom reported three or more.[6] A study from Brazil found that 85% of participating adolescents experienced at least one ACE, with parental separation, emotional neglect and domestic violence being especially common.[7] Another article reported an average of 4.8 ACEs for street-involved youth in three Brazilian cities.[8] ACEs have been associated with increased risk of alcohol, tobacco and illicit drugs use and with becoming involved in violence and crime as adults.[9,10] A global review of cities in low- and middle-income countries found that the more ACEs that children are exposed to, the higher their risk of mental health conditions and involvement in violence as adolescents.[11] A recent paper calculated the total annual costs attributable to ACEs at US$581 billion in Europe and $748 billion in North America, with more than 75% among persons with two or more ACEs.[12]

ACEs can be prevented through concerted action across sectors and stakeholders. A Centers for Disease Control and Prevention (CDC) toolkit mirrors INSPIRE strategies and highlights strengthening economic support for families, promoting social norms that protect against violence and adversity, ensuring a strong start for children and paving the way for them to reach their full potential, teaching skills to help parents and youth handle stress, manage emotions and tackle everyday challenges, connecting youth to caring adults and activities, and intervening to mitigate immediate and long-term harm, for example, through improved access to health services.[13]

Sources:

1 Centers for Disease Control and Prevention. Adverse childhood experiences (ACEs): preventing early trauma to improve adult health [Internet]. Atlanta: CDC; 2019 [cited 1 Oct 2020]. Available from: https://www.cdc.gov/vitalsigns/aces/pdf/vs-1105-aces-H.pdf
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13 Centers for Disease Control and Prevention. Preventing adverse childhood experiences (ACEs): leveraging the best available evidence. Atlanta: CDC; 2019. 40 p.

A public health approach draws attention to these risk factors and related adverse childhood experiences (ACEs), presenting an opportunity to intervene early. While specific forms of violence will continue to require specific attention, it is important to recognize that there are opportunities for an integrated approach across different forms of violence to maximize the use of available resources and increase public health impact.

Violence against children can be prevented, and its consequences can be mitigated

The variation in prevalence of violence against children within and between countries and settings shows that violence is not inevitable. Violence against children can be prevented, and its impact can be reduced.

INSPIRE offers a set of evidence-based strategies that have shown to effectively reduce different forms of violence against children. Global evidence indicates that the INSPIRE approaches can result in a decrease of between 20% and 50% in the prevalence of violence against children *(196)*. To meet this goal, committed and coordinated action across sectors and stakeholders is needed to develop, implement and continuously improve evidence-based strategies and interventions to end all violence against children. While some strategies fall outside of the purview of the health sector, most can benefit from the contribution of the health sector; and others still must be led by health systems (e.g., access to care for survivors). The information and experiences in this report show that the Region has a long history of working together across government sectors and stakeholders, and with children themselves to prevent and respond to violence against all children in the Americas (see Box 6).

Box 6. Nothing for us, without us: Leadership and participation by children and youth

Participatory approaches are not new to public health, but they are essential to the prevention and response to violence against children. The Convention of the Rights of the Child enshrines children's rights to participate, to be heard, to access information and to express opinions on matters that affect them.[1] A human rights-based approach to violence prevention underlines the rights of all children in the design, implementation and monitoring of actions. Children are not passive recipients of support. Rather, they can guide and lead effective responses to violence by providing unique insights on what works to prevent violence, give visibility to their preferences and needs, and strengthen the engagement of other community groups. Accordingly, both INSPIRE and the Global Accelerated Action for the Health of Adolescents (AA-HA!) guidance stress the value of child and adolescent participation in violence prevention and response.[2,3]

Many international and national efforts in preventing and responding to violence against children rely on participatory approaches. For example, the Caribbean Youth Advocacy and Action Agenda on Violence Prevention was developed by youth representatives and benefited from additional feedback from participants at the Caribbean Summit on Youth Violence Prevention. The Agenda applies a youth-focused approach to preventing violence and suggests a number of strategies and interventions that can serve as models for creating a culture of peace.[4] The Declaration of Santiago, written by young people from Latin America and the Caribbean with support from the Economic Commission for Latin America and the Caribbean (ECLAC), UNICEF and partners, raises several important issues and recommendations on preventing violence. The recommendations were presented to governments at the First Regional Conference of Latin America and the Caribbean, "On the road to equality: 30 years of the Declaration of the Rights of the Child".[5] In 2019, PAHO created a Youth for Health Group with representatives of young people from across the Region in order to give youth a voice and ensure that they become part of the solutions that aim to improve their health and well-being. Selected members of the group made valuable contributions to PAHO's Expert meeting on Youth Violence in October 2019, guiding PAHO's approach to youth violence prevention and response and the messages of this report.

Given the challenges in expanding the reach of interventions in the Region highlighted in this report, the participation and leadership of children, adolescents and youth in all their diversity continue to be essential to scale up the implementation of INSPIRE and to end violence in all countries and settings.

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II. Preventing and responding to violence against children: A snapshot of achievements and lessons learned in the Americas

Violence against children can be prevented, and its consequences can be mitigated. This chapter presents findings for Member States[5] in the Region of the Americas based on responses to a global survey in line with INSPIRE. The survey asked participating Member States to report on the existence of governance mechanisms, laws, action plans, data and approaches needed to prevent and respond to violence against children. In line with the vision of the 2030 Agenda for Sustainable Development to leave no one behind, country respondents were also asked to provide their best estimate of the extent to which approaches receiving national-level support are reaching their intended beneficiaries.[6] Data are analyzed both at the regional and subregional level, using the following groupings:

- North America: Canada, Mexico, United States of America.
- Non-Latin Caribbean: Antigua and Barbuda, Bahamas, Dominica, Grenada, Guyana, Jamaica, Saint Lucia, Suriname, Trinidad and Tobago.
- Central America and Latin Caribbean: Belize, Costa Rica, Cuba, Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua, Panama.[7]
- South America: Bolivia (Plurinational State of), Brazil, Chile, Colombia, Ecuador, Peru, Paraguay, Uruguay.

In addition, selected examples from the Region are included in textboxes, drawing on published literature as well as two rapid, secondary analyses of action plans and protocols.

5 Twenty-nine countries completed and approved data; two additional countries with non-approved information were included for calculating regional and subregional averages, resulting in a total of 31 responses.

6 The global survey asked country respondents to give their best estimate of the reach of the intervention (strategies N-E), based on a scale from 1 to 10, where 1 reaches very few and 10 reaches almost everyone. For the first strategy, the question was adapted to ask about the perceived likelihood of sanction. Using the same methodology as the global status report, the median of the respondents' scores was then calculated. Perceived reach was categorized as follows: low reach (to very few in need) for ratings up to 3.3; medium reach (to some in need) for ratings from 3.4 to 6.7, and high reach (to all or nearly all) for ratings from 6.8 to 10.

7 From hereafter, the name of this grouping is shortened to "Central America" for the purpose of this chapter only.

2.1. Leadership and governance to prevent and respond to violence against children

Effective government leadership is an important foundation for the prevention and response to violence against children. Leadership can be achieved at the regional, national, subnational or local level. It can involve only one sector or agency, or multiple sectors.

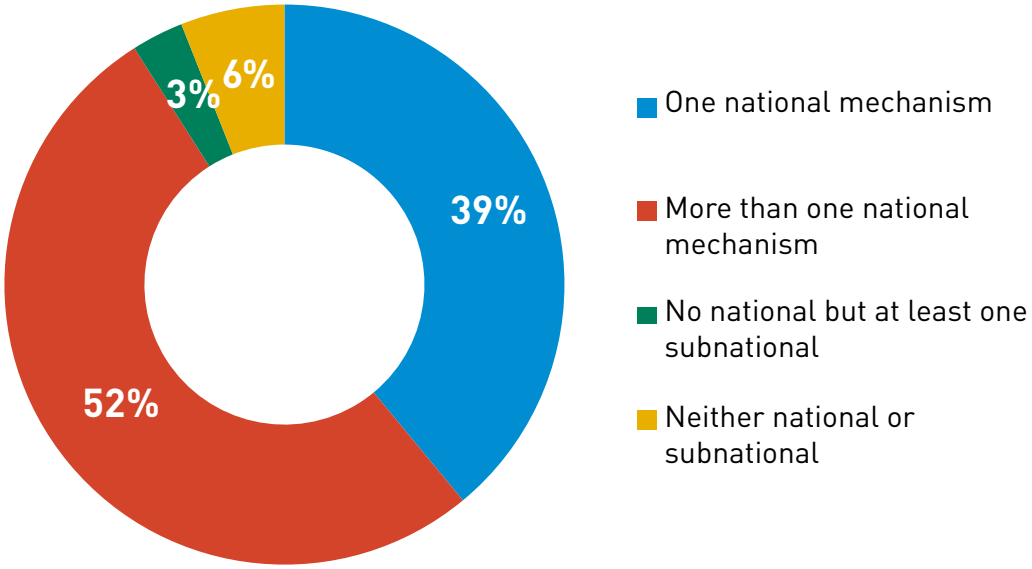
Among the 31 reporting countries, 90% have multiple agencies or departments that take responsibility for the prevention of violence against children. Only three countries (10%) registered having a single agency or department.

Working in partnership is central to maximizing the investment and making an impact. For example, a IACHR report argues for comprehensive and holistic public policies with coordination among and action on security, justice, health, education, social services, employment, culture, sports, urban development, finance and others, given that strategies focusing exclusively on control and repression by the police and the criminal justice system have not proven effective in addressing the underlying causes of violence *(197, 198, 199)*. Accordingly, the survey also asked respondents to list all government agencies or departments responsible for the prevention of violence against children. A quick review of names indicated a wide range of sectors involved (see Figure 9).

Figure 9. Frequency of government sectors involved in preventing violence against children

Due to the number of actors, there is a risk of duplication and misalignment of activities. Multisectoral mechanisms are important to set joint priorities and align agendas. Only 6% of countries in the Region reported no national or subnational coordination mechanism (see Figure 10). The vast majority of countries reported having such a mechanism, with 52% indicating they had more than one.

Figure 10. Percentage of countries with multi-stakeholder, multisectoral mechanism/s to address violence against children



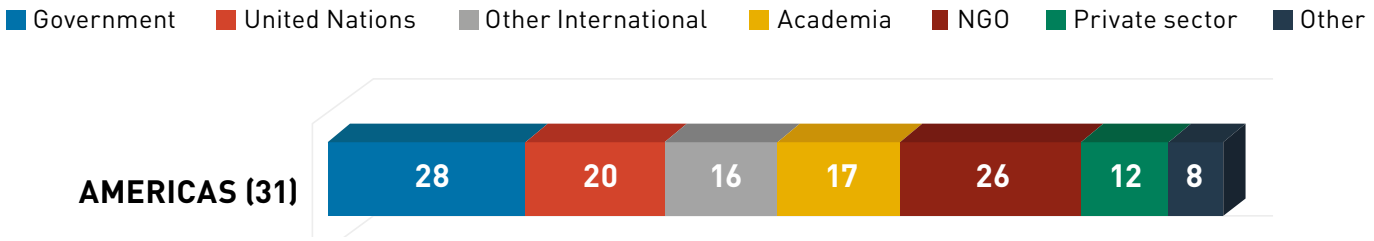
Note: Number of reporting countries is 31 for the Region of the Americas.

While having a multisectoral mechanism is important, it is only a first step. To be effective and sustainable, multisectoral mechanisms should include:

- membership from a range of different government sectors and non-government stakeholders;
- clearly defined roles and responsibilities for each member, as well as appropriate capacities to engage with the mechanism and perform its given role, independent from political or funding cycles;
- a designated coordinating point with adequate funding and authority to mobilize partners around a common vision, to implement decisions;
- clear mechanisms and incentives for partnership, for example, to share recognition and information, build trust, pool resources and hold all members accountable.

With regard to membership (see Figure 11), a vast majority of countries reported including both government sectors (90%) and non-government organizations (84%). In comparison with other regions globally, the Americas reported the second highest involvement of United Nations agencies (65%). Just above half of all countries in the Region indicated the participation of other international partners (52%) and academia (55%).

Figure 11. Partners included in multisectoral coordination mechanisms in the Americas



Notes: Number of reporting countries is 31 for the Region of the Americas. The numbers within the horizontal bars indicate the number of countries that reported having the particular sector involved in multi-stakeholder mechanisms.

2.2 National action plans and funding

National action plans can play an essential role in defining a country's vision, goals, policy directions and strategies, as well as coordination mechanisms for preventing and responding to violence against children. In the global survey, action plans were defined as a written/published document that clearly indicates activities specifying who does what (type of activities and people responsible for implementation), when (timeframe), how, and with what resources to accomplish an objective. It is important to note that the global survey applied a broad definition of action plans, recognizing that a plan can take many different forms; for example, it may incorporate multiple types of violence within the same plan; it may be limited to a specific (sub-)form of violence against children; or it may integrate violence into other sectoral plans.

Among reporting countries, 81% indicated having at least one published/written action plan for the prevention of violence against children, which is very close to the global average of 80%. In the Americas, there are gaps in the availability of action plan in particular in the Non-Latin Caribbean. When asked about the thematic focus of their actions plans:

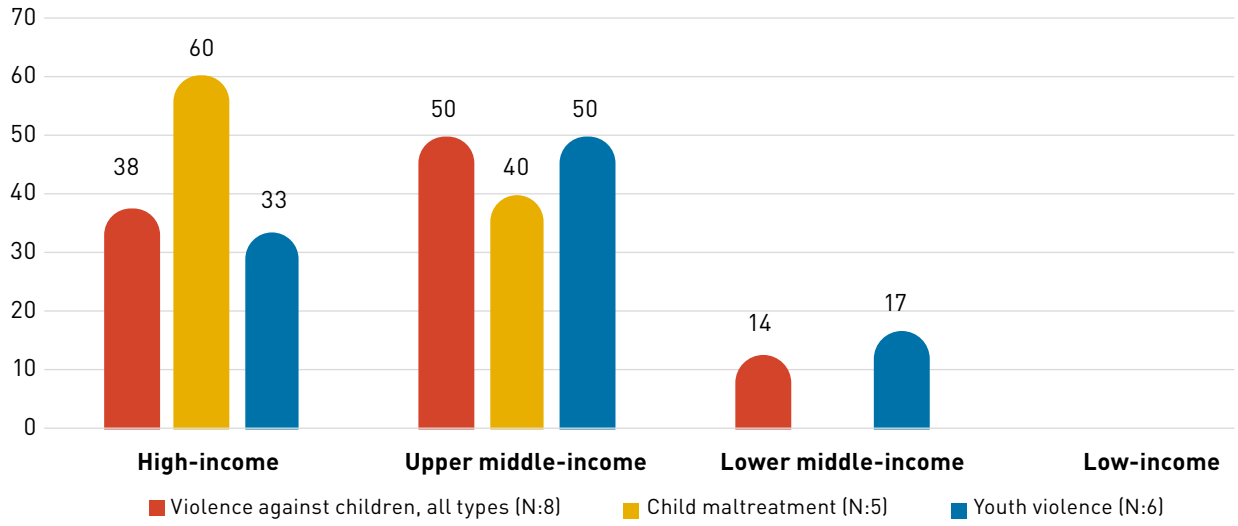
- twenty-two countries indicated they had one or several plans covering all types of violence against children (all national);
- fourteen countries reported one or several plans on youth violence (9 national, 5 subnational);
- twelve countries reported one or several plans on child maltreatment (11 national, 1 subnational);
- ten countries mentioned one or several plans on sexual violence (9 national, 1 subnational);
- six countries mentioned plans on trafficking (all national).

With regard to content, 52% of countries reported that their national or subnational plan explicitly recognized violence as a risk factor for the development of health risk behaviors, such as the harmful use of alcohol, drug abuse, cigarette smoking, physical inactivity, over-eating or sexual risk-taking. An additional 16% of countries indicated having multiple action plans, some of which recognized violence as a risk factor for such behaviors. Only 13% reported that their plans did not make explicit reference to violence as a risk factor.

There is substantial variation in the plans. With the INSPIRE resources as well as related efforts by PAHO, UNICEF, End Violence and other partners, countries are able to rely on a range

of evidence-based tools to guide the development of national policies and plans. Although only recently published, one country reported making explicit references to INSPIRE in their national action plan; several others are currently working on developing national action plans with a specific focus on violence against children. Countries were asked to supply copies of national/subnational action plans, which were used as the basis for a rapid, secondary analysis (see Box 7). The number and quality of plans is likely to increase as work continues by PAHO and partners in building capacity at the regional and country levels in the adaptation of INSPIRE. Moreover, the existence of an action plan is only a first step in strengthening prevention and response of violence against children. Further assessment of the quality of plans, including their alignment with the evidence and their effectiveness in reaching all in need, will be crucial in the future.

Figure 12. Percentage of countries with fully funded national action plans, by type of violence and country income level



Effective implementation of the action plan(s) is strongly related to the availability of resources to achieve its vision and strategies on the ground. Without appropriate alignment of the priorities outlined in the plan and the available budget, implementation timelines may not be met, scope of interventions may be reduced, and accountability for implementation will be weakened. In such a context, it is of particular concern that less than half of all action plans were fully funded (see Figure 12). Low- and lower middle-income countries were especially unlikely to have fully funded plans.

Box 7. National Action Plans

A desk-based review of the national action plans showed substantial variety in format, style and scope across countries. An action plan is a critical entry point for anchoring a public health perspective to violence prevention. In recognition of this, PAHO's Strategic Plan 2014–2019 included a specific outcome indicator that measured if countries in the Americas had advanced in including and implementing systematically and on a large scale a public health perspective in their national or at least one subnational action plan on preventing violence against children, youth and women. This indicator was calculated by counting the number of countries that include and implement at least four recommendations from the 2002 WHO World Report on Violence and Health within their plan, namely:

- Create, implement and monitor a national action plan for violence prevention.
- Enhance capacity for collecting data on violence.
- Define priorities for, and support research on, the causes, consequences, costs and prevention of violence.
- Promote primary prevention responses.
- Strengthen responses for victims of violence.
- Integrate violence prevention into social and educational policies, and thereby promote gender and social equality.
- Increase collaboration and exchange of information on violence prevention.
- Promote and monitor adherence to international, treaties, laws and other mechanisms to protect human rights.
- Seek practical, internationally agreed responses to the global drug trade and the global arms trade.

Among the 31 reporting countries, 25 reported having at least one published/written action plan for the prevention of violence against children (81%). A secondary analysis of these action plans showed that almost all of them (22 countries) included at least four recommendations of the 2002 WHO World Report on Violence and Health. There were gaps particularly in references to global drug and arms trade, possibly reflecting the barriers in collaboration and alignment that still exist between public health and these sectors. The alignment of the majority of countries with the above criteria reflects the considerable level of engagement of PAHO/WHO with countries in the almost two decades since the publication of the World Report. Although greater efforts are needed, in particular, to assess and expand the implementation and effectiveness of the plans, this is a solid foundation that can be built on in the future.

2.3 Availability and use of data to inform policy and practice

Good information, both quantitative and qualitative, is essential to guide policy and practice to prevent and respond to violence against children. Information can be a powerful tool to gain the attention of policymakers, mobilize communities for change, and identify and target those who need help the most. In the context of COVID-19, there has been renewed emphasis on the need for more robust data collection, reporting and use, including potential uses of information communications technology (ICT) (see Box 8).

There are multiple sources of data that help to respond to different information needs. Population-based surveys provide critical information about the magnitude, trends, risk and protective factors and consequences of violence against children. In recent years, there has been a push for using agreed indicators and methodologies to enable comparability of data collected *(200)*. Examples of instruments include the Adverse Childhood Experiences Surveys, Demographic and Health Surveys, Global School-based Student Health Surveys *(201)*, Multiple Indicator Cluster Surveys *(202)* and the Violence Against Children Surveys *(203)*.

Box 8. Information, technology and violence prevention

The use of information communications technology (ICT), including eHealth and mHealth, is not new to public health.[1-3] In recent years, a number of applications and tools have been developed globally to support violence prevention efforts.[4-6] Examples include applications targeting youth around the issue of dating violence, promoting personal safety, tackling stigma, providing coaching for parents, strengthening staff capacity in the health, social and education systems, and expanding public awareness and the scope of community mobilization campaigns.[7-13] Although more information on the effectiveness and safety of technology for violence prevention is needed, remote and online information and support tools have received renewed attention in the context of COVID-19. Examples include phone applications, such as Junt@s from Ecuador, ELLAS from Colombia, Ni una menos of Argentina, UrSAFE and many others.[14-16] Others have pointed to Blockchain technologies as a way to strengthen information and referral.[17] Despite these opportunities, challenges remain, including gaps in privacy and uneven access to the internet and mobile phone technology across population groups, which could leave the most vulnerable groups even further behind.

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Almost 65% of countries reported having conducted at least one nationally representative survey measuring violence against children in the past five years, of which school-based surveys were by far the most frequently reported sub-type. Twenty-nine percent have more than one survey. Regional numbers are still substantially below the global average of 83% of countries with nationally representative data on some type of violence against children. This suggests that more efforts are needed to expand the availability and quality of nationally representative data, including on key SDG indicators.

In addition to population-based survey data, routine data collection by the civil or vital registration system and the police or criminal justice system provide critical insights. The Organization of American States (OAS) Hemispheric Plan of Action to Guide the Design of Public Policies to Prevent and Reduce Intentional Homicide, adopted in 2019, stresses the need for high-quality information on homicide, based on the appropriate capacity within the health, justice, police and security sectors to collect, analyze as well as to coordinate with partner sectors for improved data quality and use *(204)*. To assess country capacity for homicide data collection, the survey asked countries to supply data from criminal justice/police and vital registration sources:

- nine countries (29%) were able to provide only criminal justice/police data;
- five countries (16%) were able to provide only vital registration data;
- fourteen countries (45%) were able to provide both types of data; and
- three countries (10%) were not able to provide such data.

The country-reported data also contributed to the calculation of new WHO estimates for child homicide.

Evidence indicates that the reliability and accuracy of homicide data collection systems tends to increase over time *(205)*. In line with the methodology of the Global Status Report, duration of reporting was used as an indicator of the quality of homicide data. Approximately 61% of countries could provide 10 years of data, for all ages and for children, with gaps in reported data in all subregions except North America. About one in three countries in the Non-Latin Caribbean and one in five countries in South America were not able to provide data.

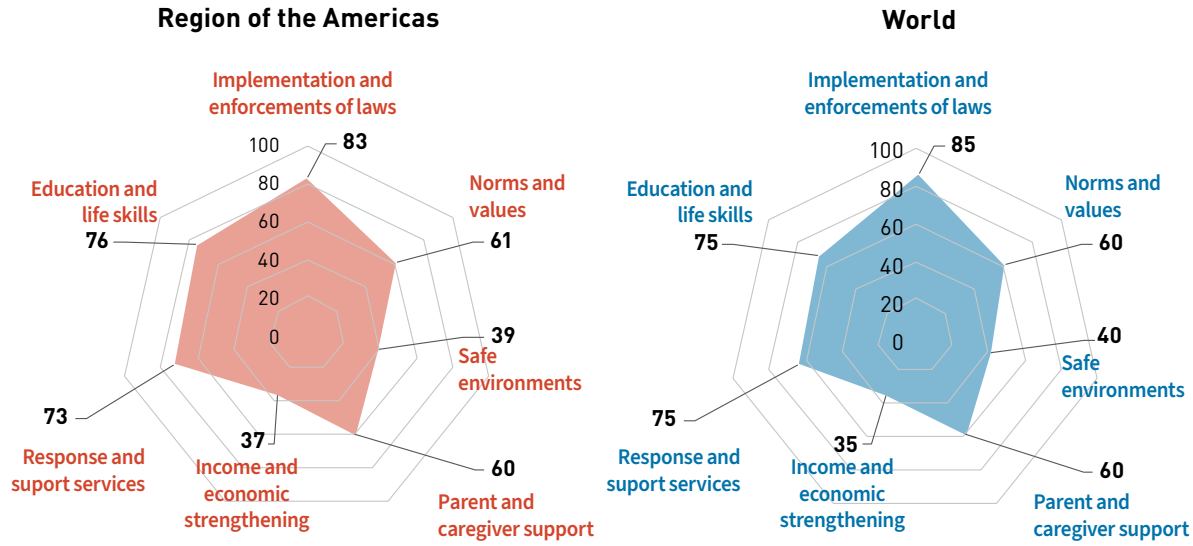
The availability of data is an important first step for evidence-based policy and action. However, to maximize this potential, it is essential that the data are systematically analyzed and used to inform policy. For example, the inclusion of appropriate indicators and targets in national action plans is one way to

Box 9. Examples of indicators in selected action plans

In Panama, the *"Estrategia Nacional Multisectorial de Prevención de la Violencia contra Niños, Niñas y Adolescentes"* suggests monitoring progress on indicators related to the **number of cases of maltreatment of children and adolescents and on number of protection cases related to maltreatment of children and adolescents registered with the juvenile courts.**

In the Dominican Republic, the *Hoja de ruta nacional para la prevención y eliminación de la violencia contra los niños y adolescentes* included an indicator on **percentage of homes that believe that corporal punishment is appropriate to teach and discipline children.**

Figure 13. Percentage of countries reporting any support for INSPIRE strategies in the Region and globally



Note: Number of reporting countries is 31 for the Region of the Americas and 155 globally.

strengthen accountability and monitor impact. Attention to robust monitoring and evaluation is especially timely in the context of the SDGs, which include a commitment by all Member States to achieving and monitoring clear targets for reducing violence against children. Despite this global momentum, only six countries specify indicator(s) in their national action plans to measure progress towards reducing violence against children. Box 9 provides two examples of indicators selected by countries.

2.4 Strategy-level support to INSPIRE

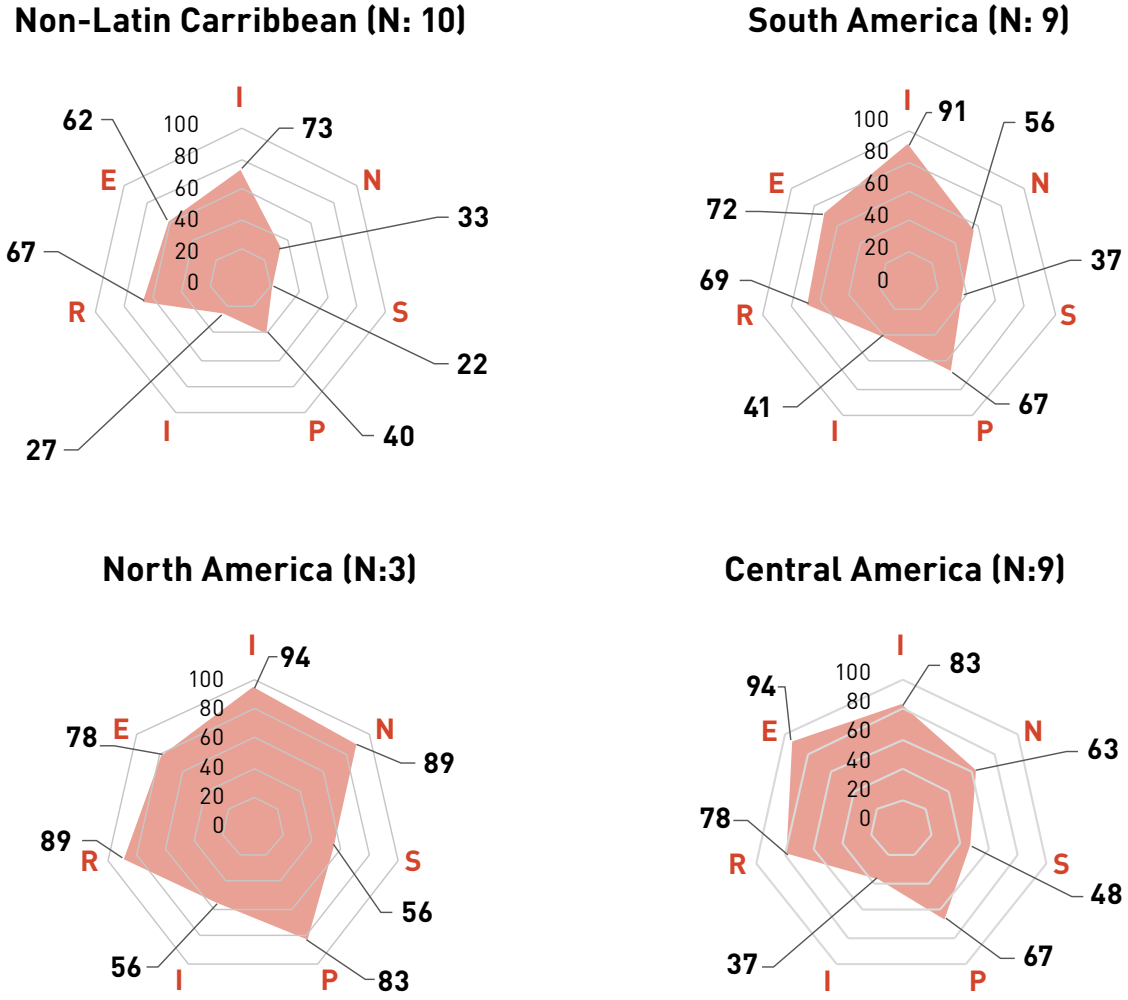
As part of the global survey, countries were asked to report on support to INSPIRE approaches. An overview of the frequency of countries reporting any support (e.g., funding, tools or training, irrespective of reach) for each of the INSPIRE strategies is provided in Figure 13.[8]

Mirroring global trends, regional averages indicate that *implementation and enforcement of laws* is the most frequently supported strategy in the Americas (83%). *Education and life skills* is the second most frequently supported of all seven strategies (76%), closely followed by the *response and support services* strategy (73%). Around 60% of countries signaled support for strategies on *norms and values* and on *parent and caregiver support* (61% and 60%, respectively). Substantial gaps remain with regard to strategy-level support to *safe environments* and *income and economic strengthening* (39% and 37%, respectively).

8 The same methodology used by WHO in the global report was used for calculating strategy-level support. For each strategy, it was assumed that the maximum possible support score was the number of laws or approaches within each strategy multiplied by 100, with 100 being equivalent to all reporting countries providing national-level support. Hence, for a strategy with six components, the maximum score would be 600, and for one with two, it would be 200. The actual regional value for each strategy was the sum of the percentages of countries reporting national-level support for each law or approach within the strategy. The reported values for the extent of support were then calculated by dividing the actual value by the maximum possible score and expressing this as a percentage.

At the subregional level, *implementation and enforcement of laws* is the most frequently supported strategy in North and South America, and the Non-Latin Caribbean. In Central America, *education and life skills* is the most frequently supported strategy, followed by *implementation and enforcement of laws*, and then *response and support services*. In the Non-Latin Caribbean, *response and support services* is the second most supported strategy. Support for *norms and values* is comparatively lower in the Non-Latin Caribbean and South America. Gaps in support to *parenting* programs are also noteworthy in the Non-Latin Caribbean. Gaps remain in all subregions with regard to strategy-level support to *safe environments* and *income and economic* strengthening (see Figure 14).

Figure 14. Percentage of countries reporting any support for INSPIRE strategies, by subregions



Note: Number of reporting countries is 31 for the Region of the Americas.

2.5 Achievements related to each INSPIRE strategy

This section examines in more detail the evidence-based approaches associated with each INSPIRE strategy (see Table 2). While strategies are occasionally discussed separately, it is important to recognize that they, like risk and protective factors of violence against children more generally, intersect. As part of a comprehensive and integrated plan, strategies and approaches can reinforce each other. Success in the implementation of one approach can depend on progress on another. Selected interventions may also combine multiple approaches within the same program. Key to this is the need to increasingly work across sectors, disciplines and agencies in order to have the best chance to reduce violence against children.

Table 2. Approaches for each strategy of INSPIRE

Implementation and enforcement of laws	Laws banning violent punishment of children by parents, teachers or other caregivers
	Laws criminalizing sexual abuse and exploitation of children
	Laws that prevent harmful use of alcohol
	Laws limiting youth access to firearms and other weapons
Norms and values	Changing adherence to restrictive and harmful gender and social norms
	Community mobilization programs
	Bystander interventions
Safe environments	Reducing violence by addressing "hotspots"
	Interrupting the spread of violence
	Improving the built environment
Parent and caregiver support	Delivered through home visits
	Delivered in groups in community settings
	Delivered through comprehensive programs
Income and economic strengthening	Cash transfers
	Group saving and loans combined with gender equity training
	Microfinance combined with gender norms training
Response and support services	Counselling and therapeutic approaches
	Screening combined with interventions
	Treatment programs for juvenile offenders in the criminal justice system
	Foster care interventions involving social welfare services
Education and life skills	Increasing enrollment in pre-school, primary and secondary schools
	Establishing a safe and enabling school environment
	Improving children's knowledge about sexual abuse and how to protect themselves against it
	Life and social skills training
	Adolescent intimate partner violence prevention programs

2.5.1 Implementation and enforcement of laws

Laws can be critical tools for the prevention and response to violence against children, and can be used in many different ways. The INSPIRE framework points to laws that establish legal norms that make clear that certain violent behaviors or acts are not acceptable, and that hold people accountable. This includes laws that prohibit sexual violence or ban corporal punishment. Second, laws can help to create an enabling environment for the health and wellbeing of children and their communities, including by tackling risk factors of violence, such as the harmful use of alcohol or access to firearms. Third, laws play an important role in guaranteeing access to support systems, for example, through victim compensation laws.

While these select areas of law do not represent the full spectrum of normative and legal approaches available to countries to strengthen the prevention of and response to violence against children, they represent important pillars of work in line with the INSPIRE framework. They can complement and be complemented by broader work on child rights and child protection, for example, wider efforts to assess and improve the effectiveness of existing Codes for children and adolescents, and related justice systems engaged in their implementation and enforcement, and/or work in follow-up to the observations and recommendations of the United Nations Committee on the Rights of the Child or the IACHR Special Rapporteur on the Rights of the Child.

According to country responses to the survey, only 13% of countries had national laws in all nine key areas in place aimed at preventing and responding to different types of violence against children, including child maltreatment, youth violence and sexual abuse (see Figure 15).

Note: Number of reporting countries is 31 for the Region of the Americas.

Figure 15. Percentage of countries with national laws in key areas related to violence prevention and response

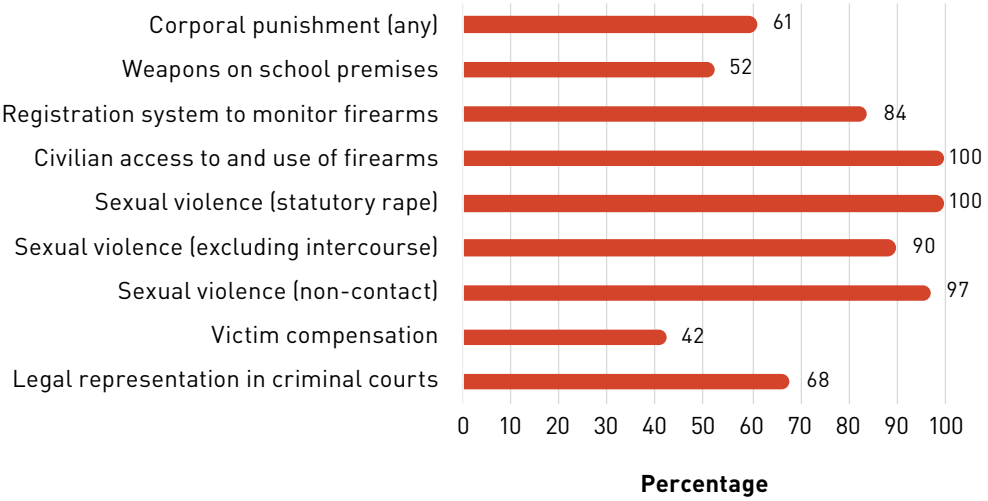
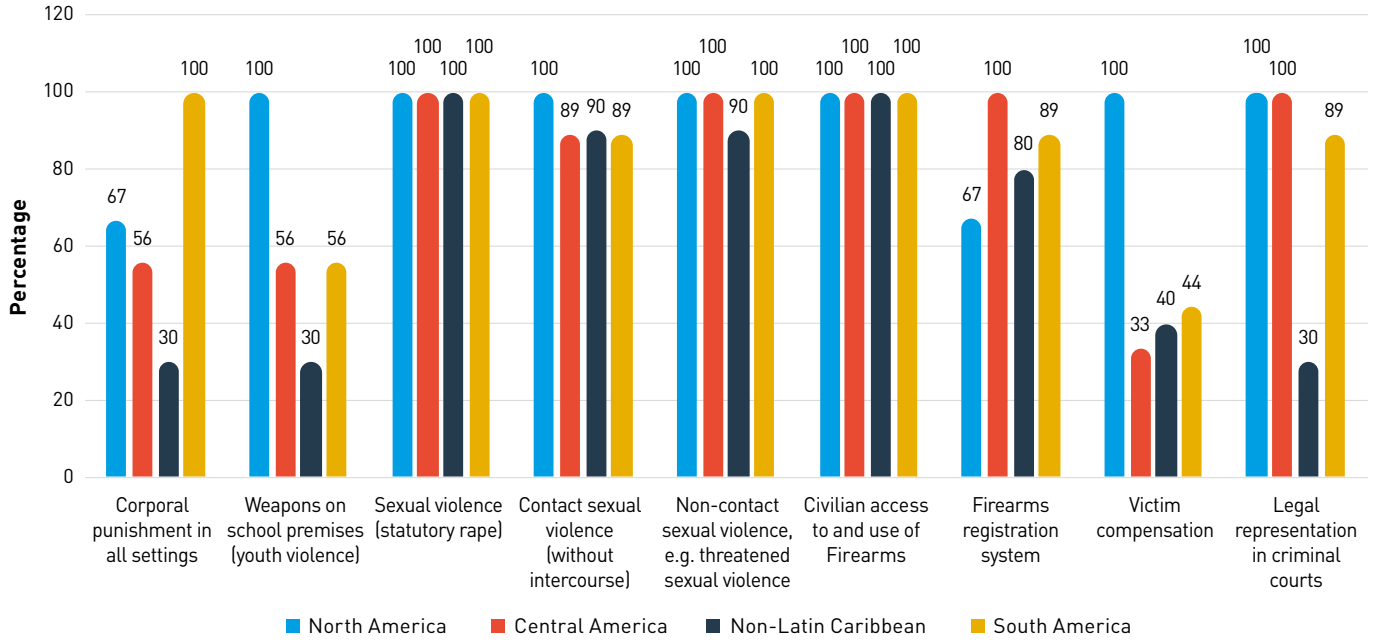


Figure 16. Percentage of countries with national laws to prevent violence, by type and subregion



Note: Number of reporting countries is 31 for the Region of the Americas.

Legislation prohibiting sexual violence is particularly well advanced compared to other legal areas, with 90%–100% of countries reporting that they had appropriate laws in place. This includes laws prohibiting statutory rape and other forms of contact and non-contact sexual violence against children.[9]

Corporal punishment of children

Corporal punishment is a pervasive form of violence against children. Approximately 61% of countries reported national legislation to ban corporal punishment against children. However, this figure dropped substantially when looking at corporal punishment in all settings—this is important, because evidence shows that corporal punishment can take place in multiple settings, including the home, alternative care settings, day care, schools and penal institutions. Only 35% of countries reported national laws that banned corporal punishment in all settings.

The regional average also hides differences across subregions: for example, only one in three countries in the Non-Latin Caribbean and one in two in Central America reported laws banning corporal punishment in all settings (see Figure 16). South America was the only subregion where all countries reported national-level legislation banning corporal punishment in all settings.

Firearms as a risk factor for violence

There is a close association between access to firearms and homicide rates, including youth homicide. A 1990–2016 review of global mortality from

9 Corporal punishment (any); weapons on school premises; registration system to monitor transactions and ownership of firearms; civilian access to and use of firearms; sexual violence (statutory rape); sexual violence excl. intercourse; sexual violence (non-contact); Victim compensation; legal representation in criminal courts.

firearms estimates that firearm injuries caused 251,000 deaths in 2016, of which six countries in the Americas—Brazil, Colombia, Guatemala, Mexico, United States of America and Venezuela (Bolivarian Republic of)—were responsible for more than half of them *(206)*. Available country-reported data indicate that a large percentage of intentional child homicides involved firearms, amounting to more than 70% of country-reported child homicides reported in the Bahamas, Brazil, El Salvador, Guatemala, Jamaica and Panama. Several countries were not able to report homicide data involving firearms, which represents a significant gap in information. A study by the United Nations Regional Centre for Peace, Disarmament and Development in Latin America and the Caribbean found that 45% of all victims of stray bullets were under the age of 18 and 65% under the age of 30 *(207)*.

Limiting access to and reducing demand for firearms and other lethal means is an important violence prevention strategy *(208)*. For example, the experience of firearm legislation in Colombia indicates that cities that introduced firearm restrictions experienced a faster decrease in homicide deaths, especially in urban public areas and among males *(209, 210)*. While all countries reported having national laws to regulate access to and use of firearms by civilians, there are notable differences across laws. This is important, because evidence indicates that more restrictive laws are more effective at reducing firearm deaths, suggesting a need for more in-depth assessment of the laws and their enforcement *(211, 212, 213).*

Laws against weapons (e.g., firearms, knives and other bladed weapons, bats) on school premises are reportedly much less common in the Region—only 52% of countries reported having such laws at national level. A global meta-analysis including selected countries from the Region of the Americas found that weapons on school premises were associated with bullying *(214)*. There are gaps in laws, particularly in the Non-Latin Caribbean and to a lesser extent in Central and South America. Given the high rates of youth violence in the Region, greater attention is called for regarding the issue of weapons on school premises, linked with broader efforts to address the social determinants of violence.

Harmful use of alcohol as a risk factor for violence

Evidence indicates that the harmful use of alcohol can increase the risk of both victimization and perpetration of violence *(215)*. A recent study of emergency room data from 10 Latin American and Caribbean countries estimated that almost 33% of all intentional interpersonal violence-related injuries were attributable to alcohol *(216)*. Approximately 18% of deaths in the Americas due to firearm violence were associated with alcohol use in 2016 *(217)*. Global research (drawing mainly on US data) suggests that 48% of homicide victims and 48% of perpetrators had consumed alcohol prior to the crime *(218, 219)*.

Given the relationship between alcohol use and violence, laws that aim to reduce excessive alcohol consumption, for example, by increasing the price, establishing a minimum age for purchase, limiting times and days of sale, and reducing the density of outlets are an important violence prevention approach *(220, 221)*. Data from the *Regional Status Report on Alcohol and Health in the Americas 2020* complement

data collected as part of this report *(222)*. Almost all countries in the Americas have established minimum legal ages for alcohol purchase (91% for off-premise, and 100% for on-premise sales), although ages range from 16 to 21, with 18 years being the most common. Although regulating marketing is important to prevent alcohol initiation and excessive consumption by minors, substantial gaps remain in the Americas, where only two countries have a ban on at least one type of media, and two have restrictions on any type on digital marketing *(223)*.

Victim compensation and legal representation laws

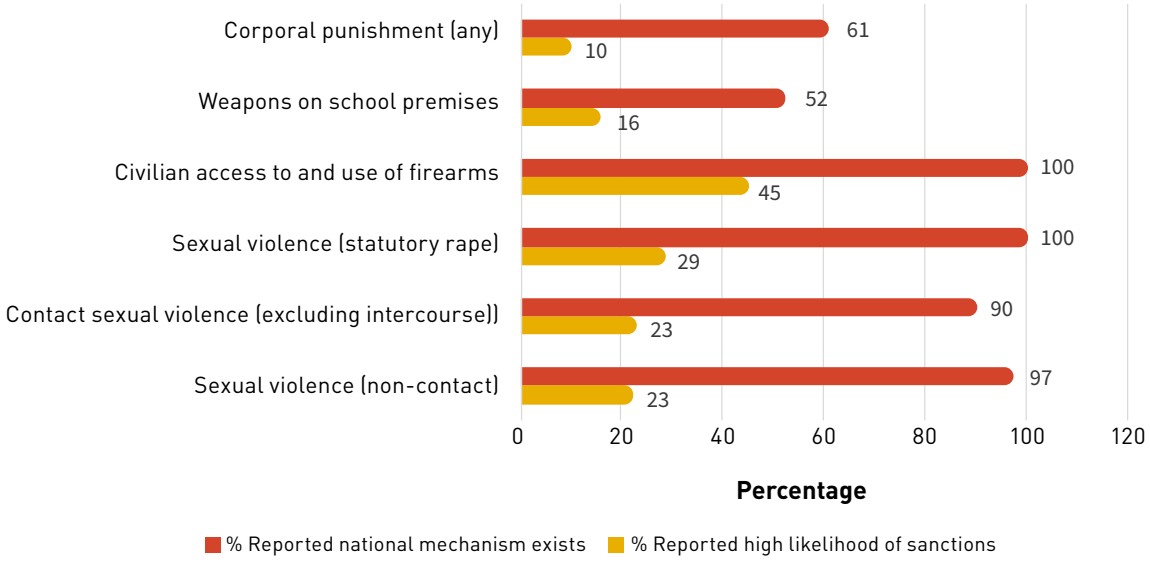
Laws providing state compensation for victims of violence are a critical step in ensuring justice and facilitating redress, including, for example, financial assistance with health care costs for victims and their families. Victim compensation laws were the least common form of legislation — approximately 42% of responding countries reported having such legislation at a national level, with substantial gaps in all subregions except North America. National laws providing victims of violence with free, state-funded legal representation in criminal courts were reported by 68% of countries, with gaps primarily among Non-Latin Caribbean countries.

Gaps in quality and enforcement

The existence of these laws is only a first step. There is substantial diversity in the quality of laws, with some presenting as somewhat outdated and not necessarily based on the best available evidence with the highest potential to reduce violence against children. In addition, enforcement remains a major challenge. Although there are many laws in the Region, only a few countries reported that there was a high likelihood that a person who broke the laws would be sanctioned (see Figure 17).

Note: Number of reporting countries is 31 for the Region of the Americas.

Figure 17. Percentage of countries that reported a high likelihood of sanctions according to their national laws to prevent violence, by type



An analysis by UNICEF provides a comprehensive assessment of the legal situation in Latin America in line with the Convention on the Rights of the Child, including of the gaps in the enforcement and operationalization of normative standards *(224)*. Major barriers include limited political will, lack of harmonization across laws, lack of resources and lack of coordination across sectors and stakeholders involved in implementation. Moreover, impunity is a major challenge in the Region, underlining the high social acceptability of violence against girls and boys in the Americas *(225, 226)*. Going forward, there is an urgent need to strengthen attention to the quality and enforcement of laws. Efforts should be informed by a multidimensional assessment of not only the legal texts, but also the capacity of mechanisms and actors involved in implementation and enforcement.

2.5.2 Norms and values

Violence against children is rooted in gender and social inequality *(227, 288)*. Gender and social norms exist in every society and not all are necessarily harmful to health and wellbeing. However, in order to prevent violence, it is important to identify and address those norms and values that make violence seem acceptable, for example, the perception of corporal punishment as 'normal' or 'justifiable' to discipline children. Attention to the social acceptability of violence is critical, because it can reduce the space for and support to prevention efforts by the broader community and stop survivors from coming forward and seeking help due to fear, shame or stigma. Accordingly, INSPIRE recommends the three approaches that tackle norms and values, as follows:

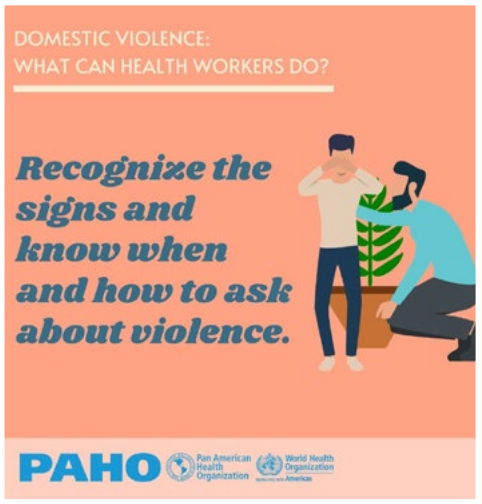
First, bystander interventions address harmful social attitudes that make sexual and/or dating violence more acceptable. Evaluation of the Green Dot program and similar interventions in the United States of America found that the approach reduced violence, although hurdles in the effective implementation of such programs remain *(229, 230, 231, 232)*. A follow-up study on the Green Dot program, for example, called for more direct targeting of sexual minority youth, who may face particular risks of violence *(233)*.

Second, the Choices program, developed by Save the Children, is an example of an approach that challenges harmful gender norms among adolescents through a curriculum-based, small group program. The model was initiated and evaluated in Nepal and has since been implemented in various settings around the world *(234)*. The program has been adapted to Bolivia (Plurinational State of) and El Salvador, providing opportunities for younger adolescents aged 10–14 to learn about social norms, values and other risk factors of violence, and to build skills for positive communication and respectful relationships *(235, 236)*. Another example for a curriculum-based program is provided in Box 10.

Highlight 2.

The COVID-19 pandemic response reiterates the importance of paying attention to gender and social norms to prevent violence.

Risk communication and community mobilization campaigns have been initiated in many countries to raise awareness of the increased risk of violence against women, children and older people in the context of COVID-19 isolation measures. Governments and partners have strengthened the use of Twitter, Facebook, Instagram, WhatsApp and many other social media and communication platforms to provide information to survivors and their communities about where to get help and tackle harmful social norms that justify the use of violence in the home (examples of PAHO messages are provided below). Although universal campaigns can help to shape norms and behaviors around violence, more work is needed to evaluate the effectiveness of these interventions in different contexts.



Box 10. Program H[1] (homens or hombres) encourages men to reflect on masculinities

Program H is a gender-transformative curriculum- and community-based program developed by Promundo. It is designed to engage men in challenging harmful gender norms and in reducing sexual and dating violence. Launched in 2002 and adapted in 2016 as Manhood 2.0, the program targets young men aged 15–24 and encourages them to critically reflect on rigid social norms related to manhood. The program was officially adopted by governments and partners in Brazil, Mexico and Chile, among other countries, and has shown to be effective in helping to reduce gender-based violence and improving gender-related attitudes on caregiving.[2,3]

Sources:

1 Promundo. Working with young men series [Internet]. Washington, DC: Promundo; 2014 [cited 1 Oct 2020]. Available from: https://promundoglobal.org/wp-content/uploads/2014/12/Program-H-Working-With-Young-Men.pdf

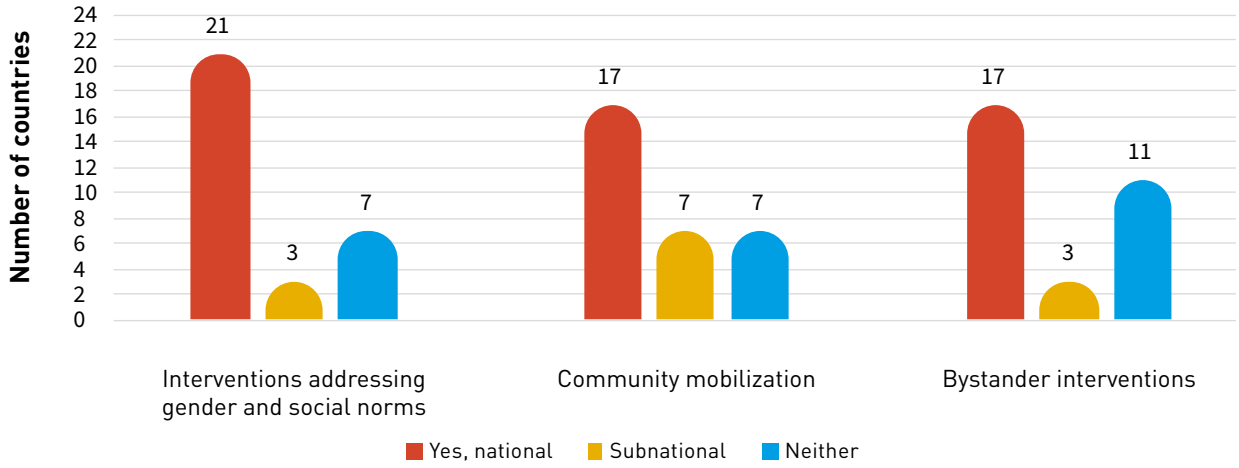
2 Pan American Health Organization and Promundo. Program H and Program M: engaging young men and empowering young women to promote gender equality and health [Internet]. Washington, DC: PAHO and Promundo; 2010 [cited 1 Oct 2020]. Available from: https://promundoglobal.org/resources/program-h-and-program-m-engaging-young-men-and-empowering-young-women-to-promote-gender-equality-and-health/

3 World Health Organization. Promoting gender equality to prevent violence against women [Internet]. Geneva: WHO; 2009 [cited 1 Oct 2020]. Available from: https://www.who.int/violence_injury_prevention/violence/gender.pdf

Third, norm changes often require collaboration with different stakeholders, including with the communities. Community mobilization programs engage communities to raise awareness, encourage critical thinking and build capacity to create positive change through a participatory approach. SASA! is an example of such a program, which was first developed in Uganda and has since been adapted to various contexts *(237)*. Beyond Borders' Rethinking Power program has culturally adapted the SASA! Methodology to Haiti in order to promote community-led change of norms and behaviors that perpetuate gender inequality and violence and increase vulnerability to HIV among women and girls *(238)*. Community mobilization programs may also include communication campaigns, which should ideally be integrated within broader prevention efforts *(239)*.

According to responses to the survey, 20 countries (65%) in the Americas reported having bystander interventions at the national or subnational level, 24 (77%) reported community mobilization approaches, and 24 (77%) reported interventions related to gender and social norms (see Figure 18).

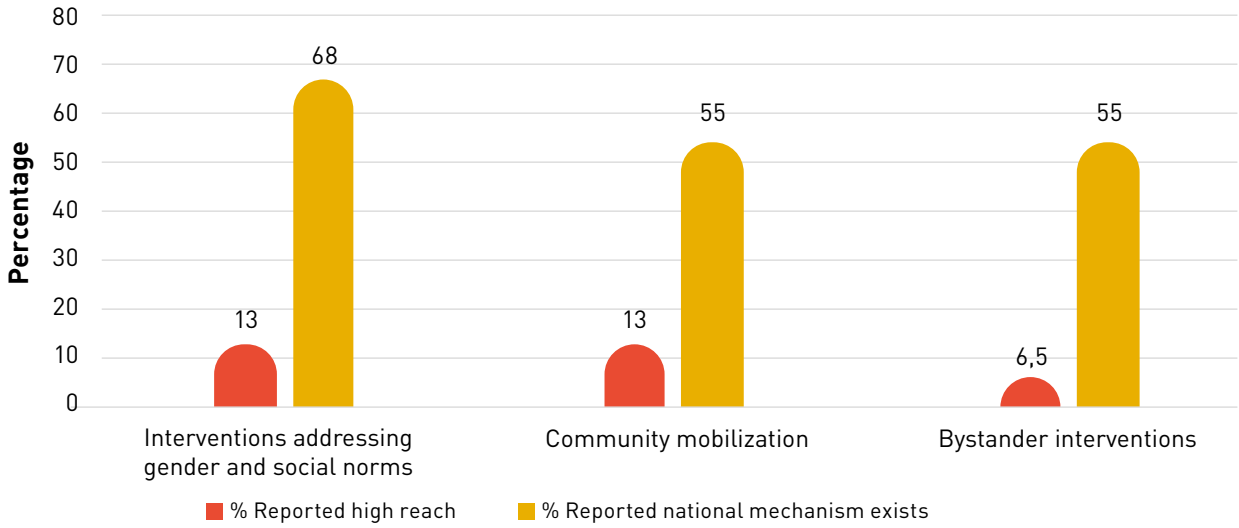
Figure 18. Number of countries with national and subnational government mechanisms to support local-level implementation of norms and values interventions



Note: Number of reporting countries is 31 for the Region of the Americas.
However, these numbers reduced substantially when considering if the reported approaches were perceived to be adequate to reach all in need. At the national level, bystander interventions were considered particularly limited: only 6.5% of countries reported that these interventions reached all or nearly all who needed them, a drop of nearly 50% (see Figure 19).

Reach was reported as slightly higher (13%) for both community mobilization and gender and social norms approaches, although substantial gaps in reach remain for all three. It should be highlighted that changing harmful gender and social norms is complex and should ideally involve multiple components as part of integrated and coordinated efforts. Stand-alone interventions, for example, a one-off community mobilization campaign, are unlikely to result in real change on the ground.

Figure 19. Percentage of countries where national-level support on norms and values is considered adequate to reach all or nearly all in need, by approach



Note: Number of reporting countries is 31 for the Region of the Americas.

2.5.3 Safe environments

Creating and ensuring safe environments is a promising strategy to reduce violence in childhood, which draws attention to its social, physical and environmental determinants. This INSPIRE strategy includes three approaches (see also Boxes 11 and 12). First, it seeks to promote positive behaviors and community wellbeing through the built environment. Second, it aims to identify and address 'hotspots' of violence in a community through partnerships between health and police sectors. Third, it interrupts conflict through identification of at-risk groups and engagement of community members.

Box 11. 'Cure Violence' in the United States of America, Trinidad and Tobago and Honduras

Cure Violence is an example of an intervention that aims to interrupt the spread of violence. The approach includes a combination of steps to engage the community, to detect and interrupt situations before violence occurs or escalates and to target and respond to those at greatest risk.[1] The approach was first developed in the United States of America, including the Chicago's Ceasefire program and its adaptation to other cities, such as Baltimore's Safe Streets program, which have been shown to reduce violence and homicides.[2–5]

Within the framework of its citizen security program, Trinidad and Tobago adopted the Cure Violence approach, known as project REASON (Resolve Enmity, Articulate Solution, Organise Neighbourhoods), in communities around Port of Spain.[6] An evaluation found that there was a reduction in the violent crime rate, in the admissions for firearm injuries in the closest hospital, and of police calls due to violence. The evaluation also shows that the costs of the intervention per violent incidence compared well to the much higher costs of violence and crime in the country.

The Cure Violence model was also adapted to San Pedro Sula in Honduras.[7] The project started with an assessment of the local dynamics of violence, followed by a phased approach to implementation that recognized the need to develop credibility and trust with the community. This adaptation put particular emphasis of the role of violence interrupters, recruited from the community, that helped to identify and build relationships with high-risk individuals and groups, mediate conflict and encourage social norm change. Evaluations of the project pointed to significant reductions in shootings and killings.[8] The Cure Violence approach is now also being expanded by UNICEF in Honduras.

Sources:

1 Cure Violence [Internet]. Chicago: Cure Violence; 2020. Available at: https://cvg.org
2 Skogan WG. Evaluation of CeaseFire, a Chicago-based violence prevention program, 1991-2007. Ann Arbor: Inter-university Consortium for Political and Social Research; 2015. doi:10.3886/ICPSR23880.v1.
3 Milam AJ, Buggs SA, Furr-Holden CD, Leaf PJ, Bradshaw CP, Webster D. Changes in attitudes toward guns and shootings following implementation of the Baltimore Safe Streets Intervention. J Urban Health. 2016 Aug;93(4):609–26. doi:10.1007/s11524-016-0060-y.
4 Butts J, Roman C. Cure Violence evaluation plan [Internet]. Chicago: Cure Violence; 2013 [cited 1 Oct 2020]. Available from: https://johnjayrec.nyc/wp-content/uploads/2013/02/cvplan.pdf
5 Webster D, Mendel Whitehill J, Vernick J, Parker M. Evaluation of Baltimore's Safe Streets Program: effects on attitudes, participants' experiences, and gun violence [Internet]. Baltimore: Johns Hopkins Center for the Prevention of Youth Violence; 2012 [cited 1 Oct 2020]. Available from: https://www.jhsph.edu/research/centers-and-institutes/center-for-prevention-of-youth-violence/field_reports/2012_01_11.Executive%20SummaryofSafeStreetsEval.pdf
6 Maguire ER, Oakley MT, Corsaro N. Evaluating Cure Violence in Trinidad and Tobago. Washington, DC: Inter-American Development Bank; 2018. 87 p.
7 Ransford C, Decker RB, Slutkin G. Report on the Cure Violence model adaptation in San Pedro Sula, Honduras. Chicago: Cure Violence Global; 2016. 12 p.
8 Ransford C, Decker R, Cruz G, Sánchez F, Slutkin G. El modelo Cure Violence: reducción de la violencia en San Pedro Sula (Honduras) [Internet]. Barcelona: RACO; 2017 [cited 1 Oct 2020]. Available from: https://www.raco.cat/index.php/RevistaCIDOB/article/view/10.24241-rcai.2017.116.2.179

Box 12. Peace Management Initiative in Jamaica

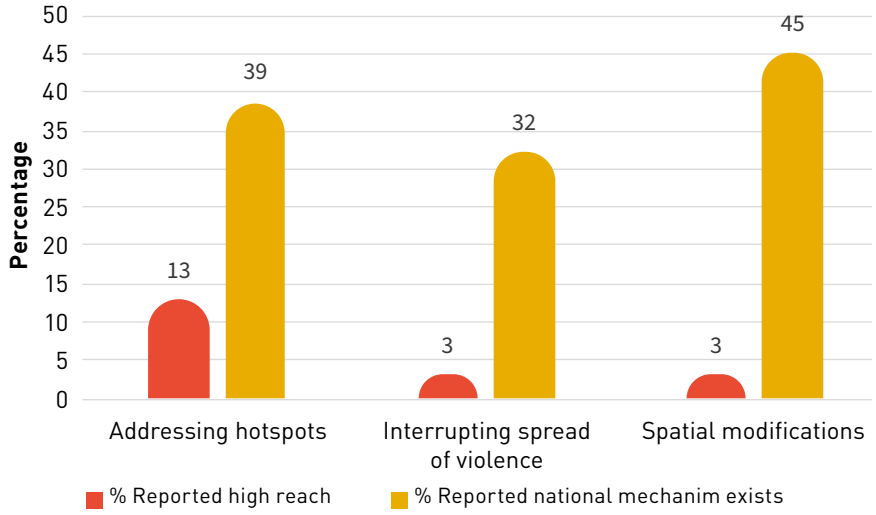
Jamaica has seen a range of different national, regional and international violence prevention programs.[1] The Peace Management Initiative (PMI) is an example of an intervention that aims to prevent community violence, including homicide. It involves multiple components, including youth and community mobilization activities to raise awareness and tackle social norms as well as a provision of response services. An evaluation of the initiative found that after a five-year implementation phase, homicides decreased by 97%, with the cost/benefit ratio estimated at JMD $12.38 saved per each dollar spent on the intervention.[2] UNICEF has worked with PMI on a violence interruption program targeting youth aged 15–19 years by providing psychosocial support and alternative pathways out of gang activity.[3]

Sources:

1 Harriott A, Jones M. Crime and violence in Jamaica: IDB series on crime and violence in the Caribbean. Washington, DC: Inter-American Development Bank; 2017.
2 Ward E, McGaw K, Hutchinson D, Calogero E. Assessing the cost-effectiveness of the Peace Management Initiative as an intervention to reduce the homicide rate in a community in Kingston, Jamaica. Int J Public Health. 2018 Nov;63(8): 987–92. doi:10.1007/s00038-018-1163-x.
3 Saura de la Campa E, Taylor J, Llop ST, Rodríguez-Caso MD. Reducing violence against children: a multi-country evaluation of UNICEF-led interventions in the Latin America & Caribbean region. Evaluation report: Jamaica [Internet]. Kingston: United Nations Children's Fund; 2019 [cited 1 Oct 2020]. Available from: https://www.unicef.org/evaldatabase/files/Evaluation_VAC_Jamaica_final_revised.pdf

Among reporting countries, 14 (45%) indicated national-level interventions addressing the built environment through spatial modifications, 12 (39%) reported hotspot interventions at the national level, and ten (32%) national-level interventions to interrupt the spread of violence. Reach at the national level was considered extremely low, especially for interventions related to spatial modification and violence interruptions (both reported by only 3%). Only 13% of countries reported that hotspot interventions were likely to reach everyone who needed them (see Figure 20).

Figure 20. Percentage of countries where national-level support on safe environments is considered adequate to reach all or nearly all in need, by approach

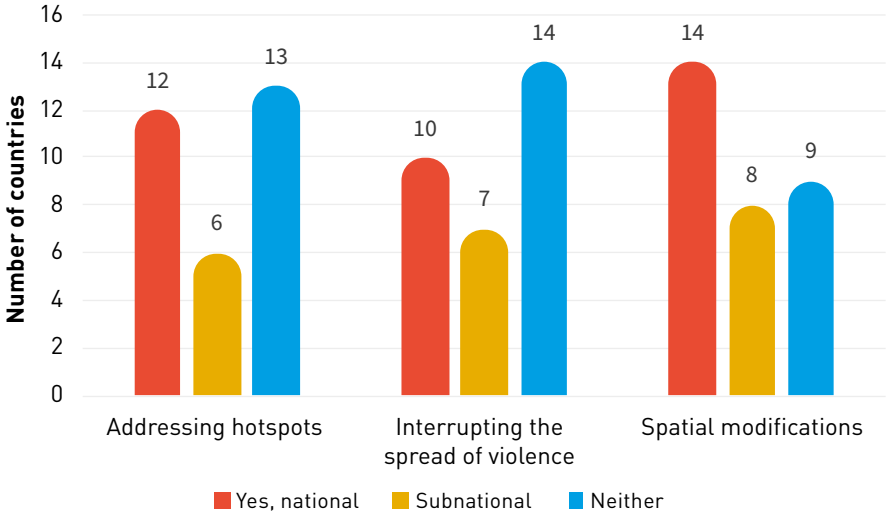


Note: Number of reporting countries is 31 for the Region of the Americas.

A closer look at responses indicates that these approaches have also been taken up at the subnational level: an additional eight countries (26%) reported having approaches to improve the built environment, six (19%) reported hotspot interventions, and seven (23%) reported interventions to interrupt the spread of violence (see Figure 21). It was not possible to assess reach for subregional approaches as part of this data collection effort. However, given the focus on safe environments, the findings make a case for closer collaboration with subnational and local governments, including mayors and community leaders, to expand the roll-out, assess effectiveness and strengthen equity in access to these approaches.

Note: Number of reporting countries is 31 for the Region of the Americas.

Figure 21. Number of countries with national or subnational mechanisms to support safe environments



2.5.4 Parent and caregiver support

Mothers, fathers and caregivers have a critically important role in nurturing healthy and non-violent behaviors, implementing positive discipline and modelling effective communication. Positive parenting practices can help to build child resilience, avoid long-term child-family separation, reduce the risk of violence at home and/or prevent violent behavior in children and adolescents *(240,241,242)*. Global literature also points to the cost-effectiveness of parenting interventions *(243,244,245)*. This strategy aligns with broader efforts by WHO/PAHO, UNICEF and other partners under the Nurturing Care Framework, which explicitly addresses the prevention of violence against children, including parent and caregiver support, as part of early childhood development *(246, 247)*.

In the Americas, approaches to support parents and caregivers are diverse (see Boxes 13–15) *(248, 249)*. Examples include home visiting programs such as the Roving Caregivers Program in the Caribbean *(250)* and *Nadie es perfecto* (Nobody is perfect) *(251)*, a group-based program under Chile's *Crece Contigo*. Similarly, Ecuador's *Creciendo con nuestros hijos* (Growing with our children) combines home visits for families with children up to 24 months with group-based parenting support for those with children aged 24–36 months *(252)*. Parenting programs can also provide an opportunity to address social norms; for example, the PROANDES program includes activities to engage fathers and transmit gender-transformative messages *(253)*. Also, worth mentioning in this context is PAHO's *Familias Fuertes* program, which has been implemented in more than 10 countries in Latin America and been adopted as a national strategy in Colombia, Peru and Mexico *(254)*.

INSPIRE draws attention to two types of approaches—center-based parenting interventions, for example, community parenting groups; and home visiting programs. In the Region, 22 countries (71%) reported having center-based interventions, and 19 (61%) reported home visiting programs at the national or subnational level (see Figure 22).

Box 13. The Nurse-Family Partnership in the United States of the America

This program is a well-known example of supporting parents and caregivers, which involves a series of home visits from nurses to low-income families from before birth to age 2 of the child. It aims to improve child-parent interactions in combination with broader health issues. Numerous evaluations have taken place since the program's initiation in the 1990s, highlighting its positive impact.[1] For example, estimates by Thomas et al. suggest that the program decreases child maltreatment by 31%, youth arrests by nearly 45%, and intimate partner violence by 16%.[2]

Source:

1 Nurse-Family Partnership. Fact sheet: Research trials and outcomes [Internet]. Denver: Nurse-Family Partnership; 2020 [cited 1 Oct 2020]. Available from: https://www.nursefamilypartnership.org/wp-content/uploads/2020/06/NFP-Research-Trials-and-Outcomes-1.pdf
2 Miller TR. Projected outcomes of Nurse-Family Partnership home visitation during 1996-2013, USA. Prev Sci. 2015 Aug;16(6):765–77. doi:10.1007/s11121-015-0572-9.

Box 14. The Metamorphosis Program by Restore Belize

This program targets adolescent boys aged 11–14 in Belize city and their parents.[1] The program includes a combination of counselling sessions, peacebuilding retreats and extracurricular activities targeting at-risk children as well as family visits, parenting classes and other support for parents. The program has specifically targeted single mothers from low socioeconomic backgrounds, many of whom had been adolescent mothers. An evaluation of the pilot between 2012 and 2014 found an overall positive impact, including improvements in behaviors, school engagement and social support for children as well as in parenting practices and family relationships.[2]

Source:

1 Restore Belize. Metamorphosis Programme. Belize City: Restore Belize; 2020 [cited 1 Oct 2020]. Available from: http://restorebelize.gov.bz/programmes/metamorphosis-project
2 Catzim-Sanchez A. Metamorphosis programme: building resiliency in high-risk male children. Evaluation report [Internet]. Belize City: Restore Belize; 2014 [cited 1 Oct 2020]. Available from: http://restorebelize.gov.bz/resources/document-library/category/7-rb-core-documents

Box 15. Parent and caregiver support in Colombia

The International Child Development Programme (ICDP) is a community-based, psychosocial program targeting parents and caregivers of pre-school children.[1,2] It involves a series of weekly group sessions, run by ICPD facilitators, at a local center, combined with home practice and reporting back. The model has been implemented in various countries and settings, including in Chocó, Colombia.[3] An evaluation of the Colombian program found that physical violence against children decreased significantly.[3] There was also a reduction of intimate partner violence and improvements in parent mental health. For very severe forms of violence, an adaptation of the model with a specific violence prevention curriculum was shown as more effective than standard ICPD. The adaptation of the model to Chocó shows that violence against children can be prevented, including in post-conflict, low-income settings with high rates of both community and family violence.[4]

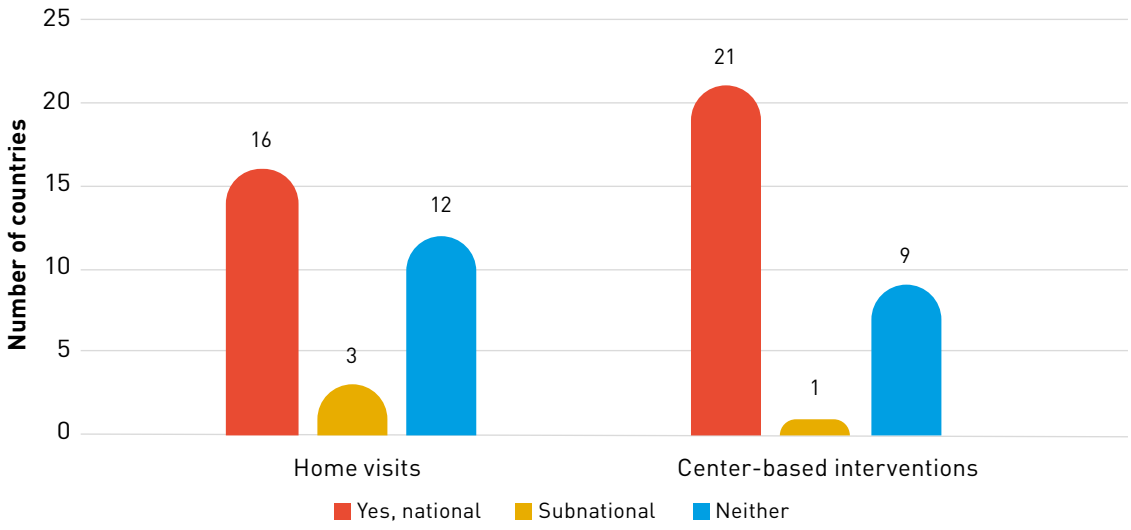
Sources:

1 Sherr L, Solheim Skar A, Clucas C, von Tetzchner S, Hundeide K. Evaluation of the International Child Development Programme (ICDP) as a community-wide parenting programme. Eur J Dev Psychol. 2014 Jan;11(1):1–17. doi:10.1080/17405629.2013.793597.
2 Solheim Skar A, von Tetzchner S, Clucas C, Sherr L. The long-term effectiveness of the International Child Development Programme (ICDP) implemented as a community-wide parenting programme. Eur J Dev Psychol. 2015 Jan;12(1):54–68. doi:10.1080/17405629.2014.950219.
3 Solheim Skar A, Sherr L, Macedo A, von Tetzchner S, Fostervold KI. Evaluation of parenting interventions to prevent violence against children in Colombia: a randomized controlled trial. J Interpers Violence. 2017 Nov 1;886260517736881. doi:10.1177/0886260517736881.
4 World Health Organization, in collaboration with the Global Partnership to End Violence against Children, UnitedNations 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. 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

There were substantial differences across subregions: for example, among Non-Latin Caribbean countries, only 30% reported home visits and 50% center-based interventions. Given the comparatively high rates of corporal punishment in the Non-Latin Caribbean, there is a need for stronger engagement of parents and caregivers as key partners in the prevention of violence against children.

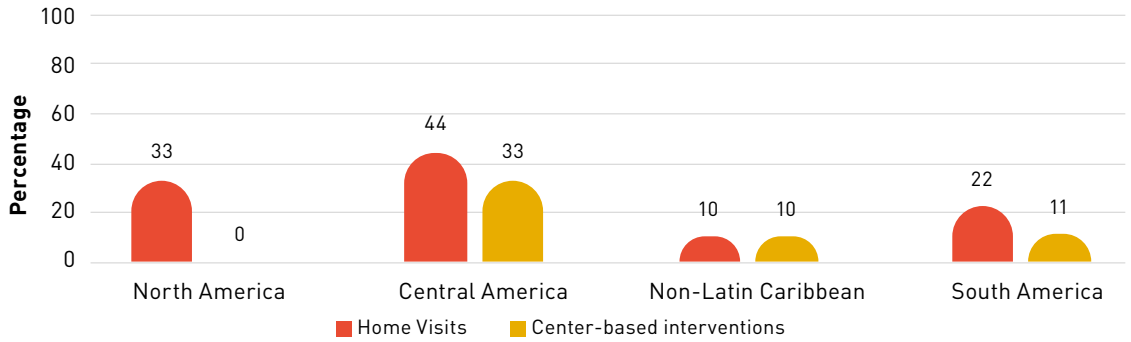
Reach remains a major challenge (see Figure 23). While many countries in the Region reported having national-level approaches involving home visits and center-based interventions at the national level (52% and 68%, respectively), only 26% and 16% of countries, respectively, considered that they reached all or nearly all those who needed them. For example, no country in North America and only 10%–11% of countries in the Non-Latin Caribbean and in South American reported having center-based interventions to reach all or nearly all in need.

Figure 22. Number of countries with national or subnational mechanisms to support local-level implementation of parent and caregiver support



Note: Number of reporting countries is 31 for the Region of the Americas.

Figure 23. Percentage of countries where national-level support for parents and caregivers is considered adequate to reach all or nearly all in need, by subregion



Note: Number of reporting countries is 31 for the Region of the Americas.

Highlight 3.

#HealthyAtHome: Healthy parenting during COVID-19

COVID-19 has led to unprecedented changes in the lives of children, parents and caregivers, families and communities. Families may be navigating public health measures consisting of physical distancing, remote working and school closures, and they may face new barriers in access to childcare. Children may feel more isolated, anxious, uncertain or bored. Stress, fear, worry and grief may increase the risk of familial conflict. To support parents and their children during these times, partners from Parenting for Lifelong Health, in colaboration with WHO, UNICEF, UNODC, End Violence, USAID, CDC and others, developed a set of parenting resources and tips for parents[1], including:

- Talk to your child about COVID-19. Be honest. It is okay not to know all the answers. Allow your child to talk about how they are feeling and let them know you are there for them.
- Create a new daily routine for you and your children. Give them simple jobs. Include physical activity, and teach them about hand washing, hygiene and safe distances.
- Set aside time to spend with each child. Listen to them, ask them for suggestions and have fun together!
- Stay positive. Communicate the behavior you want to see, and praise your child when behaving well.
- Catch bad behavior early and redirect your child's attention before it starts. Use and follow through with consequences.
- Be kind to everyone in the family, share the workload at home, and model the behavior you would like to see in your children.
- Keep calm and manage stress. When things get tough, give yourself a brief pause and try again. Take care of yourself.

Note: For more information, see: www.covid19parenting.com/#/home
Source:

1 Parenting for Lifelong Health [Internet]; 2020 [cited 1 Oct 2020]. Available from: http://www.covid19parenting.com

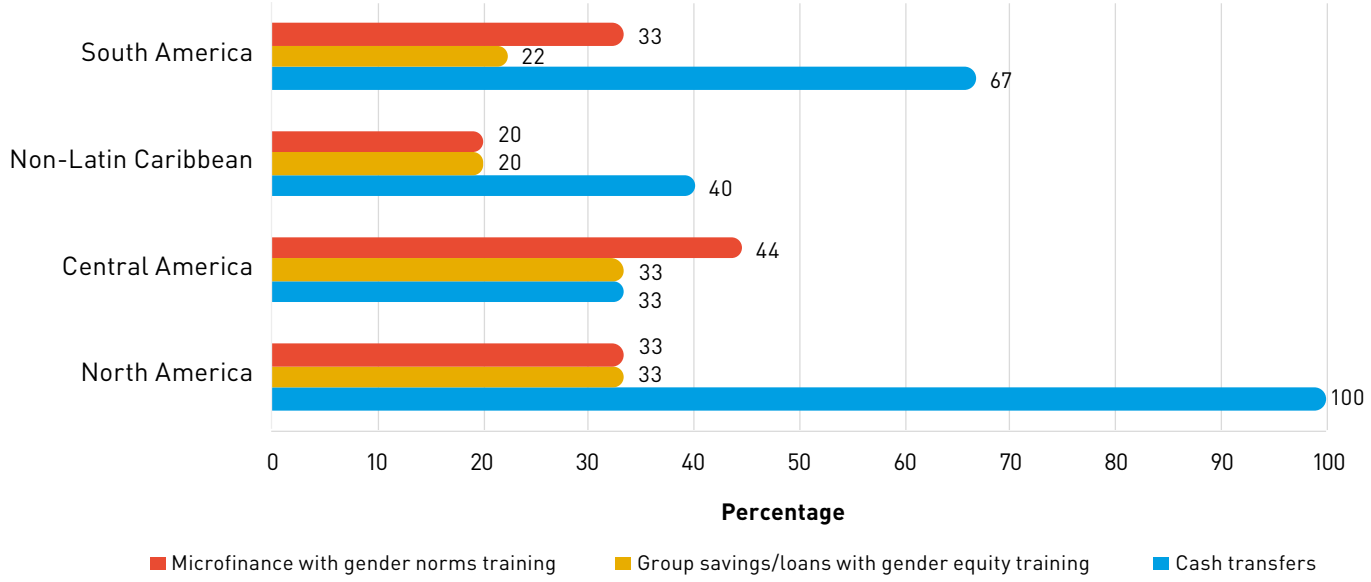
2.5.5 Income and economic strengthening

Economic security and stability can be an important protective factor for violence against children. Evidence shows that economic strengthening programs can help to prevent intimate partner violence, thereby reducing at least the probability that the child will witness violence in their home *(255, 256)*. Increasing women's access to economic resources can improve the household's economic situation, thus reducing the risk of abuse and neglect while potentially increasing access to education and other protective factors. Economic strengthening approaches are closely related to efforts to promote gender equality and support parents and caregivers, reiterating the intersections between the INSPIRE strategies and approaches. INSPIRE specifically draws attention to three approaches: cash transfers; group savings and loans with gender equity training; and microfinancing with gender norms training.

Economic strengthening programs are not new to the Region, although more research on their effectiveness is needed. For example, a study of the *Bolsa Familia* Program from Brazil shows that the program resulted in reductions in deaths and injuries requiring hospitalization due to violence between 2004 and 2012 *(257, 258)*. Literature similarly points to the positive effects of conditional cash transfer and economic strengthening programs in Mexico on homicides and sexual violence *(259)*. *Familias en Acción* in Colombia has shown promising impacts on urban crime in Bogotá and on intimate partner violence in general *(260, 261)*. A small cross-sectional study in rural Guatemala reported that women's access to microfinance services were associated with reductions in economic and emotional violence *(262)*. An evaluation of Sumaq Warmi in Peru found improvements in women's awareness of emotional health measures and other help-seeking resources, although no major changes to social norms and attitudes related to violence *(263)*. A World Food Programme intervention

Note: Number of reporting countries is 31 for the Region of the Americas.

Figure 24. Percentage of countries with a national mechanism for local implementation of economic strengthening interventions, by subregion



Highlight 4.

Promoting economic strengthening interventions during COVID-19

COVID-19 has resulted in unprecedented changes to lives and livelihoods in the Region of the Americas, including a significant and potentially long-lasting socioeconomic impact. For example, the United Nations Economic Commission for Latin America and the Caribbean (ECLAC) projects a decrease in economic growth of -9.1%, an increase in unemployment to 13.5%, an increase in the poverty rate of 7.0%, combined with growing inequalities. Violence prevention efforts, including health services for survivors, which were already underfunded and fragmented in many countries and settings before the pandemic, are likely to face additional pressures in the future. Marginalized population groups, including women, children and older person, especially those with disabilities, those working in the informal sector, as well as indigenous, Afro-descendant and migrant groups, are likely to be especially vulnerable to the socioeconomic impacts of COVID-19, while also facing a higher risk of violence.

In response, a recent joint report by PAHO and ECLAC calls for the adoption of health, economic, social and productive policies that aim to control and mitigate the effects of the pandemic and promote economic recovery by protecting populations and rebuilding in a sustainable and inclusive way.[1] Similarly, a recent paper by UN Women pointed to conditional cash transfers as a key mechanism for mitigating the socioeconomic impact of COVID-19, especially for vulnerable groups of women and their children.[2]

Sources:

1 Pan American Health Organization and Economic Commission for Latin America and the Caribbean. Health and the economy: a convergence needed to address COVID-19 and retake the path of sustainable development in Latin America and the Caribbean [Internet]. Washington, DC: PAHO and ECLAC; 2020 [cited 1 Oct 2020]. Available from: https://iris.paho.org/handle/10665.2/52535

2 UN Women Regional Office for the Americas and the Caribbean. Cash transfers and gender equality: improving its effectiveness in response to the COVID-19 [Internet]. New York: UN Women Regional Office for the Americas and the Caribbean; 2020 [cited 1 Oct 2020]. Available from: https://lac.unwomen.org/en/digiteca/publicaciones/2020/05/respuesta-covid-19-transferencias-monetarias

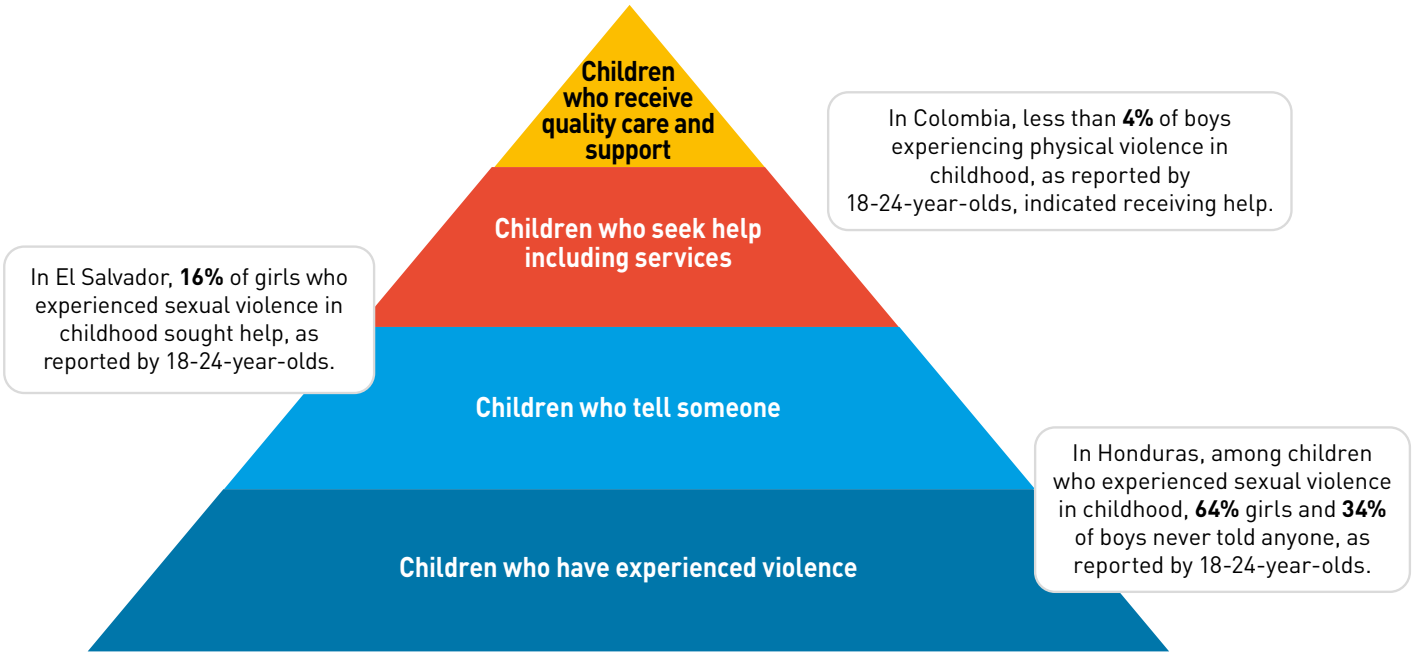
involving cash and food transfers as well as vouchers for women in Ecuador was shown to decrease controlling behaviors and physical and/or sexual violence *(264)*.

Despite the potential benefit of these approaches, they have received the least amount of attention in the Region compared to other strategies and approaches—at the national level, only 52% of countries reported having cash transfer programs, 32% reported microfinancing with gender norms training, and only 26% reported group savings/loans with gender equity training. At the subregional level, all countries in North America and most in South America reported having cash transfer programs, and microfinancing with gender training were most frequently reported by countries in Central America (see Figure 24).

2.5.6 Response and support services

When children are exposed to violence, it is fundamental to identify them as soon as possible, help them in a comprehensive manner and protect them from additional harm. When access to quality response services is assured, these services are not only able to respond to the urgent needs of survivors and mitigate consequences of violence, but also prevent the secondary victimization or revictimization, thus helping to interrupt the cycle of violence. Despite these potential benefits, substantial gaps remain. Of all children who have experienced violence, few tell anyone about their experience. Even fewer children seek help and support, and only a small proportion of these access integrated, multisectoral services of appropriate quality (see Figure 25).

Figure 25. Access to needed response services



Source: (i) Government of Colombia. Violence Against Children and Youth Survey, 2018. Bogota: Government of Colombia, Ministry of Health and Social Protection; 2019; (ii) Government of Honduras. Violence Against Children Survey, 2017. Tegucigalpa: Government of Honduras, Sub-Secretariat of Security in Prevention, Secretariat of Security; 2019; and (iii) Government of El Salvador. Violence Against Children Survey, 2017. San Salvador: Government of El Salvador, Ministry of Justice and Public Security; 2019.

Box 16. Integrated service delivery in the Plurinational State of Bolivia

The foundation A Breeze of Hope is a non-government actor providing free legal, social, and psychological services to child and adolescent survivors of sexual violence in Cochamba, the Plurinational State of Bolivia.[1-3] Its model applies an integrated, multi-disciplinary approach, bringing together psychological support, legal assistance and social services to support survivors and their families.[4] In addition to these response services, the Foundation also engages in prevention efforts, challenging social and gender norms through community mobilization and policy advocacy. This included, for example, the creation of a Youth Network Against Sexual Violence, through which children and young people can lead advocacy efforts and learn from each other.

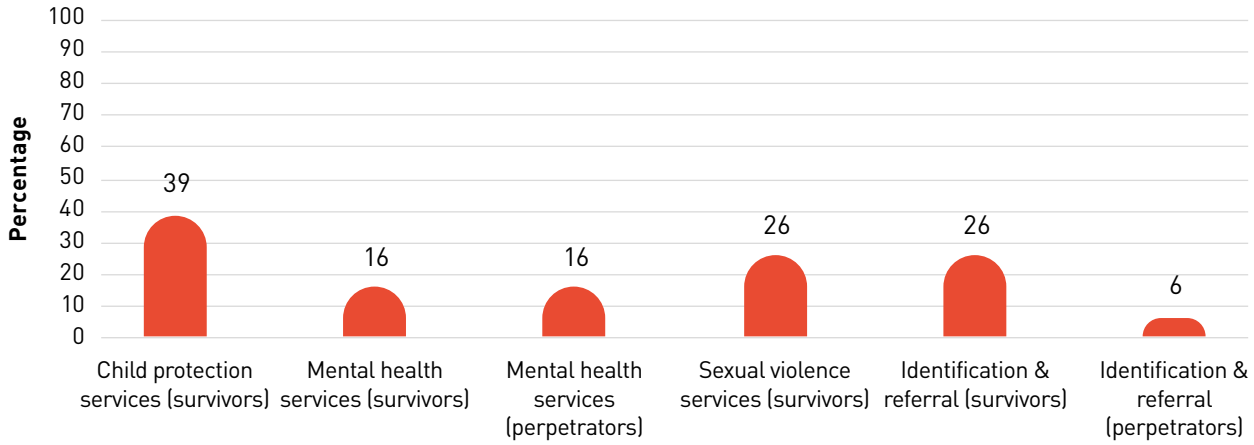
Sources:

1 A Breeze of Hope Foundation [Internet]; 2020 [cited 1 Oct 2020]. Available from: http://www.abreezeofhope.org
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. 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
3 Ligiero D, Hart C, Fulu E, Thomas A, Radford L. What works to prevent sexual violence against children: evidence review. Washington, DC: Together for Girls; 2019. 134 p.
4 Together for Girls, Global Women's Institute at George Washington University, and Breeze of Hope Foundation. A Breeze of Hope (ABH) case study. Washington, DC: Together for Girls, Global Women's Institute at George Washington University, and Breeze of Hope Foundation; 2017.

Given the burden of violence on population health, responding to violence against children is an important mandate of the health system. The health system often represents the frontline in the response to violence against children, dealing with the short-, medium- and long-term consequences of violence on the health and wellbeing of children, their families and communities. In some settings, emergency care may act like a safety net for survivors of violence, while at risk of potentially being overwhelmed. Hence, the health sector has a duty and an interest to build its response capacity, while also engaging with other sectors in the prevention of violence.

The health system is also well-placed to lead the response to violence: it often has connections with children and their families, which can help identify those at risk of violence in a timely manner. When appropriately trained, health workers can make a big difference to the health and wellbeing of children by providing them with compassionate and effective care and first-line support. The health system can make sure that good quality mental, physical, sexual and reproductive health services are available, accessible, affordable and acceptable to all boys and girls, regardless of sex, gender identity and sexual orientation, age, culture, socioeconomic and other status. The health system is also in a unique position to act as a doorway to other support services. Healthcare services must therefore coordinate with other essential services, such as those in the police/justice system, social welfare and child protection (see Box 16). Evidence underlines the importance for essential response services to work together and offer a coordinated response to the survivor *(265, 266, 267)*.

Figure 26. Percentage of countries where national-level support for response and support services is considered adequate to reach all or nearly all in need, by approach



Note: Number of reporting countries is 31 for the Region of the Americas.

In response to this urgent need, many countries in the Americas have taken action to strengthen response and support services for child survivors of violence:

- thirty countries (97%) reported having national or subnational mechanisms to provide child protection services for survivors of child maltreatment;
- twenty-eight countries (90%) reported having national or subnational mechanisms to provide mental health services for child survivors of violence;
- twenty-two countries (71%) reported having national or subnational mechanisms to provide mental health services for child perpetrators of violence;
- thirty countries (97%) reported having national or subnational mechanisms to provide clinical services for child survivors of sexual violence;
- twenty-seven countries (87%) reported having national or subnational mechanisms to enable health care providers to carry out systematic identification of, and referral to appropriate services for, child survivors of violence;
- thirteen countries (42%) reported having national or subnational mechanisms to enable health care providers to carry out systematic identification of, and referral to appropriate services for, child perpetrators of violence.

Health sector protocols provide an important opportunity for strengthening the health sector response (see Box 17).

Overall, this strategy and related approaches received some of the highest ratings by participating countries, likely because response services fit well within the traditional mandate of the health system. There has been less progress, however, in the implementation of perpetrator services than of other services, possibly reflecting the need to prioritize responses to survivors in resource-constrained settings. In addition, strengthening perpetrator services will be especially relevant to the Region in the future, given the high burden of peer violence. INSPIRE draws attention to children in conflict with the law, who are often from marginalized groups and may be both victims and perpetrators of violence *(268)*. In order to prevent escalation of, or future

involvement in, violence and crime, it will be important to scale up appropriate response services for these children. This would include prevention and treatment services for at-risk and detained children as well as those in juvenile justice systems, including services addressing substance use, mental health and behavioral problems.

More broadly, while progress in the roll-out of these approaches has been achieved, there are substantial gaps in their reach. Few country respondents reported that these approaches reached everyone or almost everyone who needed them (see Figure 26). Response services were among those approaches with some of the largest reductions in percentages when comparing reported existence of national-level interventions with perceived adequacy of reach. For example, only 26% of countries reported having sexual violence services for survivors that reached everyone or almost everyone who needed them, a reduction of 64% compared to the 90% of countries that initially reported having such intervention at national level.

Reach is also perceived to be low when looking at mental health interventions. Only 16% of countries reported having mental health services for survivors and perpetrators reaching everyone or nearly everyone in need. Cognitive behavioral therapy is recommended by INSPIRE as an intervention with substantial potential to prevent and respond to violence; however, it relies on the availability and accessibility of quality mental health services. Given the mental health consequences of violence against children, and the potential for prevention through mental health interventions, there is an urgent need to build up capacity of mental health services to respond to survivors and perpetrators in an equitable manner.

Box 17. Analysis of health sector protocols to respond to violence against children

During data collection and validation, PAHO added an additional question to allow for a deeper analysis of the current status of the health system response to violence against children. All Member States were asked if the country had protocols or standard operating procedures guiding the health system's response to violence against children. Thirty-five countries responded, thus representing a slightly higher response rate. This is partly due to the close engagement of country offices in this technical area of work as well as in the close follow up by PAHO/WHO country offices on this question.

Of the 35 countries, 60% (21 countries) indicated that they had at least one protocol, guideline or standard operating procedure to guide the health system response to violence against children. Although some countries shared a single, integrated document, almost half of those with protocols had in fact multiple documents and tools, tackling different aspects of the health sector response to violence against children.

A rapid review of the content of these guidelines showed that most countries with guidelines provided specific guidance on how to identify survivors of violence. Almost all of these countries had at least one guideline that made reference to psychosocial support, including psychological first aid and first-line support to survivors, the latter often described as one of the most important types of support that health workers can provide. This number decreased when looking for specific reference to non-judgmental responses to disclosure.

Many guidelines also made reference to the importance of providing referrals and strengthening linkages between services and sectors through intersectoral collaboration, highlighting the critical role for the health system to act as a gateway to other essential services provided by the police, justice, social and protection system.

The review of the guidelines also showed a good understanding and recognition of the need for informed consent, as appropriate to the child's or adolescent's age and evolving capacity, confidentiality (for example, in providing care and documenting findings), as well as privacy during consultation. The principle of the best interest of the child was less frequently used; only 11 countries made explicit mention.

Key aspects of the response to sexual violence, including the availability of sexual assault services 24/7, emergency contraception and post-exposure prophylaxis for sexually transmitted infections, including HIV, were much less often explicitly addressed in the guidelines. This presents an important agenda for renewed action, particularly given the large gap between the existence of national-level interventions and their perceived reach, as mentioned above.

References to health system dimensions were also much more limited in guidelines—for example, 13 countries had at least one guideline that made references to needed capacity-building for health workers. Attention to this area will be critical to facilitate appropriate implementation of these standards. While much progress has been made in the development of health system guidelines and tools, there is a need to continue strengthening their implementation, including by strengthening training, supervision and mentoring available to health workers.

2.5.7 Education and life skills

It is critical to equip children with needed knowledge, skills and experiences that strengthen their health and resilience, and reduce risk factors for violence. In schools, the provision of education and organized activities alone can provide powerful protection against violence. For example, a paper on Chile's school reform found that lengthening the school day reduced youth crime, among other positive impacts *(269)*. According to a scoping review of youth violence prevention efforts in Latin American and Caribbean, school-based initiatives benefit from a particularly strong evidence base *(270, 271)*.

Schools offer a setting for strengthening children's knowledge on violence-related risks, including how to protect themselves, and for building their life skills, such as skills in managing conflict (see also Box 18). For example, an evaluation of Aulas en Paz in Colombia reported overall positive impacts, including an increase in prosocial behaviors and assertiveness and a reduction in aggressive behaviors and verbal victimization *(272)*. More broadly, a global review, including many studies from North America, identified 31 reviews of school-based interventions, most of which were found to be effective in preventing the perpetration of peer violence *(273)*.

Schools can help to shape attitudes about the acceptability of violence as well as common risk factors, such as alcohol and drug use and the carrying of weapons. This includes opportunities to shape gender and social norms associated with dating violence in adolescence. The Evaluation of Shifting Boundaries and Safe Dates in the United States of America as well as the Fourth R: Skills for Youth Relationships in Canada confirm the effectiveness of these approaches in preventing violence against and among adolescents *(274, 275, 276)*.

Teachers and other school staff can help to identify children experiencing or at risk of violence, and connect them to other essential services for survivors, including needed health care. Schools can also be settings where violence takes place, thus underlining the role of schools, teachers and other staff in ensuring safety in the school environment. Literature from selected countries in the Region highlights opportunities for reducing school-based violence through interventions that change teacher behavior and improve student-teacher communication and school connectedness *(277, 278, 279)*. A school-based violence prevention program targeting teachers in Jamaican primary schools was found to reduce the use of violence by teachers and more generally improved the quality of the learning environment *(280, 281)*.

INSPIRE points to six evidence-based approaches to prevent violence against children under this strategy. Among participating countries, all reported having national or subnational mechanisms to increase school enrollment. A vast majority of countries also reported existence of national or subnational mechanisms to provide training for children and adolescents to recognize sexual abuse, school-based life and social skills training, school-based anti-bullying interventions and interventions to reduce violence by school staff (see Figure 27).

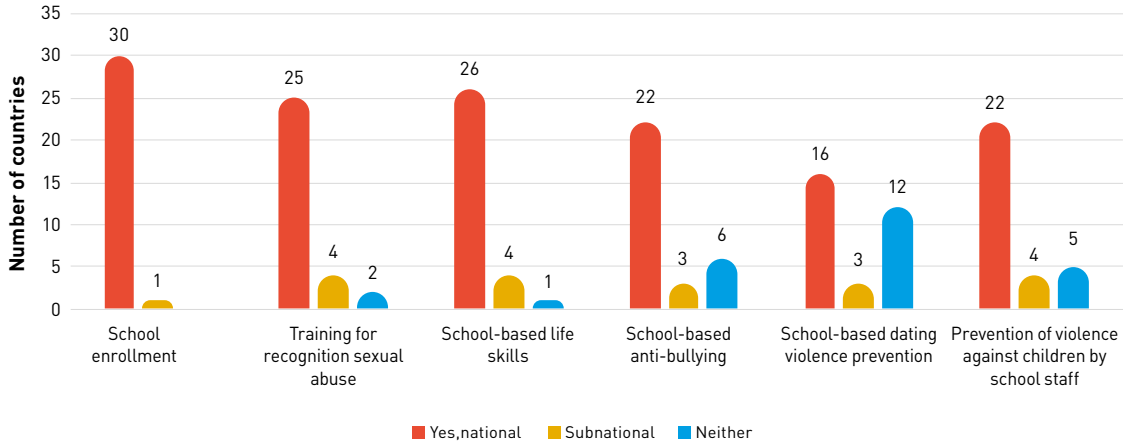
Box 18. Music as a tool to prevent violence

The Organization of American States (OAS) has supported the OASIS project in Apoya, El Salvador and Tela, Honduras since 2019, building on past work between 2009 and 2019 in four countries of the Region.[1] The project builds life skills of at-risk adolescents aged 10–18 years through music. Through participation in an orchestra or choir, students learn to manage aggressive and antisocial behaviors, improve their self-esteem and strengthen individual and collective relationship skills. The project methodology is informed by a situational analysis and benefits from inter-institutional collaboration, including the engagement of teachers, parents, community leaders and civil society groups.

Source:

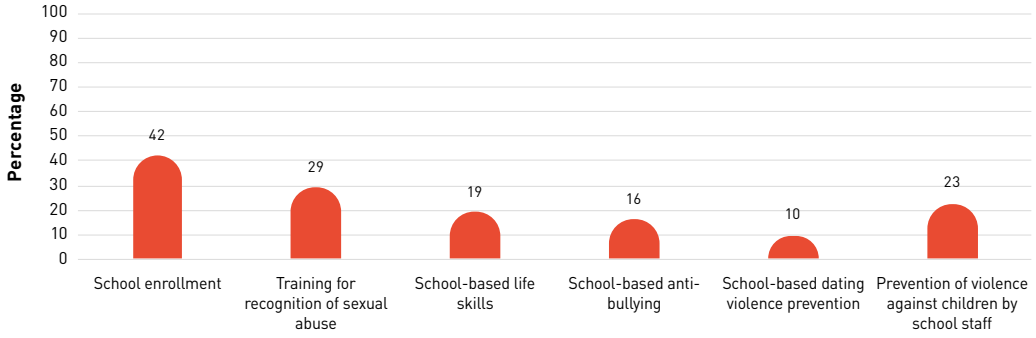
1 OASIS - música para la prevención de la violencia. Prevención de la violencia juvenil cometida con el uso de armas de fuego [Internet]. Washington, DC: Organization of American States; 2020 [cited 1 Oct 2020]. Available from: http://www.oas.org/es/sms/dps/docs/ASIS-Tela-yOASIS-Apopa-Prevencion-de-la-Violencia-Juvenil.pdf

Figure 27. Number of countries with national or subnational mechanisms to support local-level implementation on education and life skills



Note: Number of reporting countries is 31 for the Region of the Americas.

Figure 28. Percentage of countries where national-level support on education and life skills is considered adequate to reach all or nearly all in need



Note: Number of reporting countries is 31 for the Region of the Americas.

It should be noted that school-based dating violence interventions seem to be lagging. Given the burden of intimate partner violence in the Americas, affecting approximately one in three women and girls, it will be critically important to strengthen implementation, effectiveness and reach of these programs in the future. Less than 10% of countries reported having school-based dating violence prevention interventions that reach all or nearly all in need (see Figure 28).

It should also be noted that when comparing the percentages of countries reporting that approaches existed and those reporting that they were perceived to reach all or nearly all in need, the largest differences were found related to school-based life skills training (84% compared to 19% of countries). Stark differences in perceived reach of school-based training in life skills are also noteworthy when comparing regional with global averages. Approximately 41% of countries globally reported school-based life skills training reached all or almost all in need, compared to only 19% in the Americas. These results indicate substantial gaps in access and reach of interventions that must be addressed.

Highlight 5.

Questions and challenges on reopening schools in the context of -COVID-19

It is key to consider the needs of child survivors of violence as part of discussions on school closures or reopening. Children with disabilities, children in institutions, homeless children, and migrant or returned children can experience particular risks and needs in the context of violence. Schools provide not only a powerful protection against violence, but also offer an entry point for identifying at-risk children and referring them to needed support services. As schools remain closed for extended period of times, open partially, or provide online classes, it is important to consider the issue of violence prevention as an integral part of these discussions. Key questions for consideration include:

- What is the risk of deciding not to reopen schools, including with regard to violence?
- Can vulnerable groups of children be prioritized in case of partial opening (e.g., child survivors of violence, low-income or informal households, children with disabilities)?
- Are caregivers able to access information or have the necessary tools to protect children from online abuse, including online bullying or grooming?
- How are referral systems reviewed and strengthened, particularly for severe cases of violence, during closure and after reopening of schools?
- How can school staff build needed capacities to identify and refer at-risk groups, including referrals for gender-based violence, protection against sexual exploitation and abuse, and sexual and reproductive health services?

Due to the increased risk of violence in the context of COVID-19, there may be greater demand in the future for responses from the education system, including the capacity of teachers and other staff to identify survivors as soon as possible, connect them to essential services, and manage conflict and build social skills.

III. Conclusions and recommendations

Violence against children in the Region of the Americas takes multiple, intersecting forms, all of which have substantial health, social and economic consequences. This status report offers valuable data on the status and perceived reach of country efforts to prevent and respond to violence against children. The report is the first of its kind, presenting a detailed overview of the response of the Region to violence against children, including achievements made in establishing multisectoral mechanisms, developing policies and laws, and promoting approaches in line with the INSPIRE framework.

Strengths and limitations

The high response rate of 31 countries in the Americas (89% of PAHO Member States) suggests a solid level of commitment from countries to action in this area. Data were largely formally approved by governments, which indicates country ownership of the results and provides an added incentive for action on the report's recommendations. The data collection process, involving multisectoral consultation and multiple rounds of validation, strengthened the quality of findings and facilitated in-depth dialogue between PAHO, national counterparts and other partners, such as UNICEF, End Violence and others. This ongoing dialogue alone provided an opportunity to build country capacity on evidence-based approaches to prevent and respond to violence against children. The report showcases textboxes to highlight selected examples from the Region, in an effort to help strengthen the visibility of actions and experiences from the Region. Additional textboxes describe the changing context and relevance to COVID-19, given that data were collected before the pandemic.

This report primarily presents country-reported data. It reports on the existence of mechanisms, plans and approaches, but cannot assess the quality of the actions taken, including for example, the extent to which the content of a law or plan matches best available evidence or their effectiveness in preventing violence in practice. Potential biases may have been introduced as part of the self-administered questionnaire, which was the basis for data collection. While efforts were made to validate reported data, this was not always possible. Responses may overestimate the level of progress, including with regard to the implementation and enforcement of laws, plans and approaches. The report also specifically included a subjective assessment of respondents about the perceived reach of interventions, which does not necessarily reflect the full reality of equity in access and distribution in countries. As part of data collection, large numbers of laws, plans and protocols were shared by countries. While these were used to inform two rapid, secondary analyses (of action plans and health sector protocols), the data could potentially inform additional analyses, thus helping to strengthen the existing evidence base.

Key messages and next steps

The Region has an opportunity to build on achievements described in this report and accelerate progress towards the elimination of all forms of violence against children through the promotion, implementation and scale-up of evidence-based strategies.

The prevention and response to violence against children rely on government commitment and leadership, including government institutional capacity to apply an evidence-based approach to addressing violence. The findings of this report underline the importance of **strengthening good governance for violence prevention, with the appropriate mechanisms, plans and resources** to take action.

The report highlighted the number of diverse laws and action plans that have been developed in the Region. In the future, it will be critical to look beyond the existence of legal and policy frameworks and assess their quality in line with the evidence base and their effectiveness in reaching all in need. Further efforts are needed to **improve the quality and effectiveness of legal and policy frameworks, informed by a multidimensional assessment of the existing mechanisms and infrastructures, and their enforcement.**

Sustained **coordination and collaboration across all government sectors and partners** on addressing violence against children is fundamental. This is a cross-cutting theme of INSPIRE and requires strengthening of multisectoral partnerships and their effectiveness on an ongoing basis. This report benefited from the collaboration of government officials from multiple sectors, representatives of civil society, academia, international and regional organizations, and many more. It is hoped that in the dissemination and use of findings, these partnerships can continue to flourish in order to jointly advance progress towards the elimination of all forms of violence against children in the Americas.

Working in partnership also draws attention to the need to **build the institutional capacity of the health sector to engage in these multisector and multi-stakeholder discussions, and advocate for a public health approach**. Health in All Policies (HiAP) approaches are not new to the Region and are highly relevant to the work on violence prevention. There is a need to build the capacity of health sector staff to engage effectively in multisectoral discussions, to contribute to and, at times, lead implementation of strategies and approaches.

In addition to collaboration across government, findings of this report related to safe environments further suggest a need to **strengthen engagement of subnational governments, including mayors and community leaders**, to sustain and expand capacities and foster local action to prevent violence against children.

The report should not be seen as the conclusion of, but rather as a key milestone in this process of monitoring and reporting on the status of preventing and responding to violence against children. The findings and lessons learned can guide future efforts in **sustaining the momentum of the existing achievements of INSPIRE in the Region and take concerted action to fill identified gaps, including with regard to the effectiveness of interventions**.

The **health system remains an important entry point** for multisectoral services for child survivors of violence. Findings of this report highlight urgent gaps in the reach and quality of interventions. Priority areas for the health system include: (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 essential services in other sectors (child protection, social services, justice/police, etc.); and (iv) the use of health system data to guide policy and practice.

Efforts to reduce violence against children are not made in isolation, but rather intersect with a range of other health and social programs, from programs targeting other forms of violence to programs on mental health, substance abuse or child and adolescent health, among many. There are opportunities to fast-track prevention of violence against children through greater collaboration and integration with partner programs within the health sector and beyond. **Strengthening integrated approaches to violence prevention** also takes into account the intersections between different forms of violence against children and other forms of violence. Given the burden of youth homicide in the Region, the lessons described in this report are especially relevant and offer renewed impetus for action.

The report highlights the growing equity challenge, in particular the importance of expanding **the reach of existing interventions to all those that need them**. This is critical in the context of leaving no one behind on the path towards achieving the 2030 Agenda for Sustainable Development and calls for greater attention to equity-focused analysis and programming of interventions. This can be achieved by strengthening the equitable distribution of, and access to, evidence-based approaches across all population groups and by prioritizing those groups furthest left behind. This is especially important given the increased burden of violence among groups in conditions of vulnerability.

The report stresses the need to **establish a culture of robust monitoring and evaluation**. Quality data are essential to guide policy and practice; however, information remains scarce in many areas, and available information is not yet systematically being analyzed and used. Going forward, renewed efforts are needed to prioritize data collection, analysis *and* use, including population-based, police and vital registration, as well as health service and program data. There are opportunities to scale up implementation research in the Region, including through support by regional and international actors, to expand the evidence base on what works in the Americas.

Finally, this report provides a snapshot of efforts in the Americas to prevent and respond to violence against children in line with the INSPIRE framework. 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 *(282)*. 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 and other relevant themes.

Given the richness of experiences in the Region, the report underlines the value of regional exchanges of information, experiences and solutions. In order to translate global evidence frameworks such as INSPIRE into practice, these tools must be adapted to regional, subregional and country contexts. Strengthening regional and subregional dialogue on these tools, for example, the 2019 INSPIRE conference for Central America, has been an effective way to facilitate the exchange of learning and foster adaptation. This report is another small step towards contributing to the documentation and dissemination of experiences. There continues to be great value in **strengthening regional and subregional dialogue across countries and partners in order to boost learning on what works to prevent and respond to violence against children.**

PAHO is ready to work in partnership with Member States and other stakeholders in preventing and responding to violence against children. Partnerships with UNICEF, End Violence, UNESCO, UNODC, Save the Children, Together for Girls, OAS, WHO Collaborating Centres and many others are central to this effort. This report is an important milestone on the Region's path towards the goals and targets identified in PAHO's Strategic Plan 2020–2025 and related commitments made by Member States. Moving forward, key priorities include:

- raising awareness of the need for action to reduce violence against children in the Americas;
- identifying, synthesizing and disseminating data and evidence on what works to reduce violence against children;
- providing technical guidance and support to countries to develop evidence-based prevention and response capacity; and
- strengthening partnerships across health programs, sectors and stakeholders for coordinated and comprehensive violence prevention and response efforts, including addressing the intersections between violence against children and other forms of violence in the Region.

The report highlights the need for countries to continue to prioritize the prevention and response to violence against all children as a key policy issue, including in their collaboration at the global, regional, subregional and national levels. Attention to this topic is especially timely in the context of the start of the decade and the opportunity to scale up efforts to reach the SDGs by 2030. Achieving these goals requires all stakeholders to pay particular attention to leaving no one behind by strengthening the reach of interventions, including for groups furthest left behind. Violence against children in all its forms is preventable, and its consequences can be mitigated. PAHO is committed to continue working with partners and countries in taking this agenda forward in order to ensure that women and men, and boys and girls in the Americas are able to live a life without fear and violence, and in health and wellbeing.

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Glossary

Bullying	Bullying is a multifaceted form of mistreatment, mostly seen in schools and the workplace. It is characterized by the repeated exposure of one person to physical and/or emotional aggression, including teasing, name calling, mockery, threats, harassment, taunting, hazing, social exclusion or rumors.
Child maltreatment	Child maltreatment is the abuse and neglect that occurs to children under 18. It is an umbrella term including all types of physical, emotional and/or sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.
Corporal punishment	Corporal punishment is any punishment in which physical force is used and intended to cause some degree of pain or physical discomfort, however slight. It often includes hitting (with the hand or an implant), but can also involve kicking, shaking, throwing, burning, etc.
Emotional violence	Emotional or psychological violence includes the restriction of a child's movements, denigration, ridicule, threats and intimidation, discrimination, rejection and other non-physical forms of hostile treatment.
Homicide	Homicide is the killing of one person by another with intent to cause death or serious injury, by any means.
Interpersonal violence	Interpersonal violence is the intentional use of physical force or power, threatened or actual, by a person or group of persons against another person or against a group of persons, that either results in, or has a high likelihood of resulting in, injury, death, psychological harm, maldevelopment or deprivation. Violence against children includes all forms of violence against persons under 18.
Intimate partner violence	Intimate partner violence is violence perpetrated by both current and former partners, such as a husband, boyfriend, date, ex-partner or other partner. It includes physical, sexual and emotional violence, and controlling behaviors. Intimate partner violence overlaps with violence within child or early/forced marriages. The term 'dating violence' is often being used to describe intimate partner violence among and against children, adolescents and youth.
Youth violence	Youth violence refers to violence against and among children and young adults aged 10–29, which occurs most often in community settings between acquaintances and strangers. It includes emotional, sexual, and physical violence, and may start early and continue into adulthood. It may also involve gang violence.
Physical violence	Physical violence is the intentional use of physical force a gainst a child that results in—or has a high likelihood of resulting in—harm for the child's health, survival, development or dignity. This includes hitting, beating, kicking, shaking, biting, strangling, scalding, burning, poisoning and suffocating. It also includes physical punishment of children by parents, caregivers and other authority figures (e.g. in schools and other institutions).
Sexual violence	Sexual violence is any sexual act or attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic that are directed against a person's sexuality using coercion by anyone, regardless of their relationship to the victim, in any setting, including at home and in the community. Three forms of sexual violence are commonly distinguished: sexual violence involving intercourse (i.e. rape); contact sexual violence (e.g., unwanted touching, but excluding intercourse); and non-contact sexual violence (e.g., threatened sexual violence, exhibitionism and verbal sexual harassment.

Sources: World Health Organization, Centers for Disease Control, Global Partnership to End Violence against Children, Pan American Health Organization, Together for Girls, United Nations Children's Fund, et al. INSPIRE handbook: action for implementing the seven strategies for ending violence against children [Internet]. Geneva: WHO; 2018 [cited 1 Oct 2020]. Available from: https://www.who.int/publications/i/item/inspire-handbook-action-for-implementing-the-seven-strategies-for-ending-violence-against-children; (ii) World Health Organization. Fact sheet: Violence against children [Internet]. Geneva: WHO; 2020 [cited 1 Oct 2020]. Available from: https://www.who.int/news-room/fact-sheets/detail/violence-against-children; (iii) World Health Organization. Violence Info [Internet]. Geneva: WHO; 2020 [cited 1Oct 2020]. Available from: https://apps.who.int/violence-info; and (iv) World Health Organization. Global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children [Internet]. Geneva: WHO; 2016 [cited 1 Oct 2020]. Available from: https://www.who.int/reproductivehealth/publications/violence/global-plan-of-action/en/

Violence against children is widespread in the Region of the Americas, and it takes many different, equally unacceptable forms. This report is a major milestone for the Region, because it is the first of its kind. It specifically builds on and is informed by the momentum of *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.

The report provides an analysis of strategies and approaches to prevent and respond to violence against children in the Americas. Being in line with the commitment made by Member States to the Sustainable Development Goals (SDGs) and multiple regional and global strategies, attention to this topic is timely. Its importance is further 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 the evidence-based strategies of INSPIRE.

The report comes at unprecedented times, as the COVID-19 pandemic has created a new urgency for action on violence against children. This report offers a baseline of efforts in the Region to prevent and respond to violence against all children everywhere.

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In collaboration with:

End Violence Against Children

UNESCO United Nations Educational, Scientific and Cultural Organization
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