

A FAMILIAR FACE

Violence in the lives of children and adolescents

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ABBREVIATIONS


CDC	Centers for Disease Control and Prevention
DHS	Demographic and Health Surveys
FRA	European Union Agency for Fundamental Rights
GBD	Global Burden of Disease Study
GSHS	Global School-based Student Health Surveys
HBSC	Health Behaviour in School-aged Children
MICS	Multiple Indicator Cluster Surveys
SDGs	Sustainable Development Goals
SERCE	Second Regional Comparative and Explanatory Study
TERCE	Third Regional Comparative and Explanatory Study
TIMSS	Trends in International Mathematics and Science Study
VACS	Violence Against Children Surveys
WHO	World Health Organization

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EXECUTIVE SUMMARY

All children have the right to be protected from violence inflicted on them by anyone in their lives – whether parents, teachers, friends, romantic partners or strangers. And all forms of violence experienced by children, regardless of the nature or severity of the act, are harmful. Beyond the unnecessary hurt and pain it causes, violence undermines children’s sense of self-worth and hinders their development.

Yet violence against children is often rationalized as necessary or inevitable. It may be tacitly accepted due to the familiarity of perpetrators, or minimized as inconsequential. The memory or reporting of violence may be buried due to shame or fear of reprisal. Impunity of perpetrators and prolonged exposure may leave victims believing violence is normal. In such ways, violence is masked, making it difficult to prevent and end.

A Familiar Face: Violence in the lives of children and adolescents uses the most current data to shed light on four specific forms of violence: violent discipline and exposure to domestic abuse during early childhood; violence at school; violent deaths among adolescents; and sexual violence in childhood and adolescence.

The statistics reveal that children experience violence across all stages of childhood, in diverse settings, and often at the hands of the trusted individuals with whom they interact on a daily basis.

Ensuring that violence in all its forms is documented through solid data is a first step towards its elimination.

EVERYDAY PLACES, FAMILIAR FACES

One need not look far to find violence in the lives of children.

A child's first experience of human interaction typically occurs at home, in a positive, nurturing and loving context. However, home is also the place where a child's first exposure to violence is likely to occur.

Three quarters of children aged 2 to 4 worldwide – close to 300 million – are regularly subjected to violent discipline (physical punishment and/or psychological aggression) by their parents or other caregivers at home, and around 6 in 10 (250 million) are subjected to physical punishment. Many children are also indirectly affected by violence in the home: Worldwide, 1 in 4 children (176 million) under the age of 5 live with a mother who has been a recent victim of intimate partner violence.

Violence also occurs in places where children are meant to learn and socialize. In 2016 alone, close to 500 attacks or threats of attacks on schools were documented or verified in 18 conflict-affected countries or areas. Children attending schools in countries that are not affected by conflict can also be at risk. Between November 1991 and December 2016, 59 school shootings that resulted in at least one reported fatality occurred in 14 countries across the world. Nearly 3 in 4 of these happened in the United States.

Children are at greatest risk of exposure to sexual violence within the context of close relationships. In the 28 countries with available data, 9 in 10 adolescent girls who have reported forced sex say it occurred for the first time at the hands of someone close or known to them, with current or former boyfriends, partners or husbands the most commonly reported perpetrators. Adolescent boys, too, face sexual abuse from those close to them: Friends, classmates and partners were among the most frequently cited perpetrators of the latest incident in 5 countries with comparable data (Cambodia, Haiti, Kenya, Malawi and Nigeria).

A REALITY THROUGHOUT CHILDHOOD AND ADOLESCENCE

Violence often starts early.

According to data from 30 countries, nearly half of children aged 12 to 23 months are subjected to corporal punishment at home and a similar proportion are exposed to verbal abuse.

As children grow, they spend more time outside their homes and in online spaces. They begin to encounter and interact with more people, including peers and romantic partners. This widening of the social world, while beneficial in many respects, also creates situations in which children may be exposed to new forms of violence. Bullying is one example, experienced by close to 130 million students aged 13 to 15 worldwide.

Although girls and boys are at risk of sexual violence at any age, girls become particularly vulnerable after puberty. Worldwide, the most recent surveys indicate that 9 million girls aged 15 to 19 were forced into sexual intercourse or other sexual acts within the past year. In 20 countries with comparable data, nearly 9 in 10 adolescent girls who reported having experienced forced sex say this happened for the first time during adolescence.

Violent deaths also become more common in adolescence. In 2015 alone, there were around 119,000 violent deaths among children and adolescents below the age of 20; 2 in 3 victims were aged 10 to 19. Older adolescents, aged 15 to 19, are particularly vulnerable: They are three times more likely to die violently than younger adolescents aged 10 to 14.

UNIVERSALITY AND INEQUITIES

Violence is both common and widespread – and no society is without some level of violence against its youngest members.

Data confirm that some types, such as violent discipline, affect children from rich and poor households alike. However, certain groups of children remain particularly vulnerable to other forms of abuse. Knowing relevant risk factors can help ensure that protective measures reach those who need them most.

For some types of violence, exposure and risk have a geographical component. For example, nearly half of all adolescent homicides occur in Latin America and the Caribbean, although the region comprises slightly less than 10 per cent of the global adolescent population. The five countries with the highest homicide rates among adolescents aged 10 to 19, as of 2015, are all located in this region (the Bolivarian Republic of Venezuela, Honduras, Colombia, El Salvador and Brazil).

Conflicts or civil insurrections kill more adolescents in the Middle East and North Africa than in all other regions combined. Only 6 per cent of the world's adolescents live in this region, yet it accounts for more than 70 per cent of the adolescent deaths from collective violence.

The top five most deadly places for adolescent boys are countries in both regions – the Syrian Arab Republic, Iraq, the Bolivarian Republic of Venezuela, Colombia and El Salvador. For girls, the risk is highest in the Syrian Arab Republic, followed by Iraq, Afghanistan, Honduras and South Sudan.

The data also point to some groups of adolescents being at greater risk of violent death based on individual characteristics, such as sex and race.

The global homicide rate is four times higher among adolescent boys than girls. Perpetrators of homicide also reflect a distinctly gendered pattern: Males are much more likely to be killed by strangers. Almost half (47 per cent) of female homicide victims are killed by family members or intimate partners compared to about 6 per cent of males.¹

In the United States a non-Hispanic Black adolescent boy is nearly 19 times more likely to be killed by homicide than a non-Hispanic White adolescent boy. If the homicide rate among non-Hispanic Black adolescent boys was applied nationwide, the United States would be one of the top 10 most deadly countries in the world. In 2015, the risk of being killed by homicide for non-Hispanic Black adolescent boys in the United States was higher than the risk of dying due to collective violence for adolescent boys living in a number of conflict-affected countries.

While boys face a substantially higher risk of dying from violence, girls are generally more vulnerable to sexual victimization. However, the limited availability of data on boys related to sexual violence constrains our understanding of the risks they face.

STILL HIDDEN

Preventing violence against children requires a major shift in what societies regard as acceptable practices.

Worldwide, around 1.1 billion caregivers, or slightly more than 1 in 4, admit to believing in the necessity of physical punishment as a form of discipline. To date, only 59 countries have adopted legislation that fully prohibits the use of corporal punishment at home, leaving more than 600 million children under age 5 without full legal protection. This lack of legal prohibitions is a clear sign that violent discipline remains a largely unacknowledged form of violence against children.

While schools are entrusted with providing a safe environment for children to learn and thrive, laws prohibiting violence in educational settings remain

scarce. Some 732 million school-age children, half the global population aged 6 to 17, live in countries where they are not legally protected from corporal punishment at school.

A key reason why violence against children remains hidden is the reluctance of many victims to disclose their abuse, seek help to cope with the experience or take action to protect themselves from further victimization. Findings from 30 countries confirm this, with only 1 per cent of girls who had experienced forced sex saying they had sought professional help. This reluctance on the part of victims to report incidents to authorities or other professionals poses a challenge to exposing the true extent and nature of violence against children.

Lack of data can hinder efforts to reveal the pervasive nature of violence. This in turn limits the effectiveness of initiatives to prevent it. While the past decade has seen a marked improvement in the availability of data on violence against children, certain types remain under-researched. In a notable example of this gap, just 40 countries have comparable statistics on sexual violence against girls, and only 7 have comparable data on sexual violence against boys.

RIGHTING A GLOBAL WRONG

The data and analysis presented in this report aim to influence the way we think and talk about the all-too-familiar faces of childhood violence. It is hoped that the findings will encourage governments, organizations and individuals everywhere to acknowledge the extent of violence against children and intensify their efforts to end it.

Signs of progress are evident. Whereas the Millennium Development Goals did not address violence directly, three targets in the Sustainable Development Goals (SDGs) adopted in 2015 speak to the issue of violence against children. Many additional targets integrated throughout the framework address related risk factors.

At the national level, an increasing number of countries have implemented coordinated national action plans to address violence against children, enforced legislation to protect victims, and promoted programmes aimed at changing societal beliefs and attitudes around violence.

Protecting children against violence is a path towards more peaceful and inclusive societies, as called for by SDG 16. It will take individual and collective action to right this global wrong.





UNMASKING THE ALL-TOO-FAMILIAR FACES OF CHILDHOOD VIOLENCE

Violence against children in all its forms, from the slap of a parent to the unwanted sexual advances of a peer, is harmful, morally indefensible and a violation of every child's fundamental human rights.

Scientists have long understood that the vital neural pathways formed during the first 1,000 days of life, from conception to age 2, shape the rapidly developing brain. It is well established that these connections require adequate nutrition and stimulation. But recent research reveals that a third element – protection from violence – is essential as well. Exposure to traumatic experiences can produce toxic stress – defined as prolonged, strong or frequent adversity in which the body's stress-response system

remains activated. This can alter the structure and functioning of the brain during the formative early years.²

While violence is especially damaging during the first few years of life, it affects a child's physical safety and emotional and cognitive well-being at every stage. As they grow older, girls and boys begin interacting with a wider array of people outside the home, including peers, teachers, neighbours and romantic partners. This broadening of a child's social world represents an opportunity to build capacities and life skills – but it also opens the door to new forms of violence, with potentially irreversible or long-term consequences.

Children of all ages are likely to find themselves at risk in the very environments where they spend most of their time and where they should feel the safest: at home, in school and in their communities. It is in these contexts that most violence against children occurs, often at the hands of the people with whom they interact on a daily basis. For many children, violence wears a familiar face.

DOCUMENTING SCALE AND SCOPE

Despite a growing awareness of the global nature of violence against children, the misconception that it is relatively rare persists. Media reporting typically focuses on extreme cases, such as death or rape. And while such tragedies, thankfully, are relatively uncommon, other acts of violence are not.

It is the routine, day-to-day abuses that typically remain unacknowledged and ignored. Pervasive forms of violence, such as physical punishment at home and bullying at school, may become normalized in the lives of children. Such forms of violence are often socially accepted, tacitly condoned, or simply not perceived as abusive.

In 2013, UNICEF launched the #ENDviolence campaign, a multiphase initiative to make all forms of violence against children visible and spur action. Pivotal to this effort was the release in 2014 of UNICEF's groundbreaking report, *Hidden in Plain Sight: A statistical analysis of violence against children*.³ In order to shed light on the prevalence and scale of various types of violence, the publication presented statistics from 190 countries. *Hidden in Plain Sight* concluded that additional data, collected regularly and disseminated widely, could help prevent and ultimately end violence against children.

Building on this earlier work, *A Familiar Face: Violence in the lives of children and adolescents* draws on global, regional and national data released since 2014. It provides new statistics and analysis on four specific forms of violence that many children face from early childhood through adolescence:

- Childhood experiences of physical force or verbal intimidation as forms of discipline, presenting new analyses on children as young as 1 year of age, and on young children's exposure to intimate partner violence in the home.
- Violence experienced by children while at school, including bullying, corporal punishment by teachers, attacks on schools and school shootings.

- Violent deaths in adolescence, including new trend analyses.
- Sexual violence, which children and adolescents experience in different settings and across the life cycle.

Because the lives and futures of children are at stake, this report also highlights programmatic approaches that UNICEF and its partners on the ground have developed to tackle the different forms of violence against children. These examples illustrate what is already working and point to national policies and action that can make a positive impact for children at risk.

SIGNS OF PROGRESS

The challenges presented here are daunting, in part because violence against children is so pervasive. The stakes are high: If current trends continue, close to 2 million children and adolescents could be killed by an act of violence by the year 2030.⁴

One of the key recommendations of the United Nations Secretary-General's 2006 *World Report on Violence against Children* was to improve the quality and quantity of the evidence on this issue.⁵ Now, just over a decade later, significantly more data have become available. For instance, the number of countries with cross-nationally comparable data on violent discipline has grown from around 39 in 2005 to nearly 80 today. Data gaps are slowly being filled, thanks to the surge of national surveys and studies dedicated exclusively to the collection of information on children's experiences of violence.

Meanwhile, global commitments to address violence against children have reached an all-time high with the integration of relevant targets into the Sustainable Development Goals (SDGs). These goals, adopted by the international community in September 2015, reiterate that ending violence against children is a critical component of progress in global development. The inclusion of targets to eliminate violence against children by 2030 has helped to elevate the issue, which affects children in all countries, from the richest to the poorest.

The SDGs hold an enormous potential to drive change for children, reach those furthest behind and address persistent inequities. Investing in data – including collection, analysis, dissemination and use – will be vital for monitoring progress and ensuring accountability among both national-level actors as well as members of the international community.

HOW UNICEF WORKS TO END VIOLENCE AGAINST CHILDREN

Following a comprehensive review of its work on protecting children from violence, conducted in 2015,⁶ UNICEF has made ending violence against children an organization-wide priority across all programme areas. In 2016, 124 UNICEF country offices carried out programming to prevent and respond to violence against children through a variety of interventions. To establish a more cohesive global strategy, UNICEF is building on the key approaches outlined below.

Strengthening national commitments to multisectoral plans and priority actions. There is broad international consensus that the most promising approaches to long-term prevention of violence against girls and boys involve comprehensive, coordinated action across all sectors, including leadership from governments and engagement of civil society. Some countries, for example the United Republic of Tanzania, have carried out action under a single comprehensive, costed national plan.

Assisting with the development and implementation of legal and policy frameworks. The development of legal and policy frameworks to protect children and adolescents from all forms of violence, exploitation and discrimination is an essential component of building a protective environment for every child. Such frameworks include national and subnational criminal and civil legislation, family codes and administrative laws, along with other policies, regulations and codes of conduct. But while legal reform may be an important achievement, UNICEF recognizes that it is often just a first step in a longer chain of actions. The greater challenge is to ensure that laws and policies are implemented and enforced in ways that protect all girls and boys from harm.

Providing technical support to the justice, social welfare, health and education sectors, along with other sectors as relevant, including travel and tourism, and information and communication technology. At the country level, technical support is frequently required to strengthen prevention programmes, reporting mechanisms and response services for children and adolescents affected by violence. UNICEF provides such support, helping to establish or strengthen child protection services that directly address the problem and seek to prevent it through, for example, enhancing the capacities of service providers. This support is focused particularly, but not exclusively, within social welfare systems

to strengthen the workforce and support the establishment of effective referral pathways between social welfare and child protective services, the police and other sectors.

Supporting communities, parents and children. Shifting the social norms that encourage violence and discrimination is a key component of UNICEF's work to protect children. Behaviour change efforts are undertaken in community-based interventions and school-based programmes, and through comprehensive and sustained mass media awareness-raising campaigns to shift attitudes, behaviour and social norms and to encourage reporting of violence.

Parenting programmes are another critical area of intervention to prevent and respond to violence. Spurred by neuroscientific evidence on the importance of protecting children from violence and neglect, especially during their early years, most of these programmes have focused on early childhood development, but some have also aimed to reach older children. Evidence suggests that household economic insecurity, gender inequality and domestic violence are among the factors associated with an elevated risk of violence against children, and UNICEF supports action to address these factors as well.

To amplify and improve coordination in prevention and response, UNICEF helped found the Global Partnership to End Violence Against Children, which brings together governments, United Nations agencies, civil society groups, philanthropic foundations and academics, and engages children as well. UNICEF and partners have also developed INSPIRE, a common approach to strategies that address violence against children, which aims to align concrete action through evidence-based programmes.

Current work is sharply focused on online violence, exploitation and abuse, a relatively new area for many countries. To support the 34 country offices working on this issue, UNICEF is reviewing policies and programmes that have proved to be effective in protecting children online, and developing guidance for governments on addressing online violence.

Though much has been achieved in protecting children from all forms of violence, additional investments are needed to sustain and accelerate this progress. Investments in data collection and monitoring of programme results will help with tracking progress and raising public awareness of violence against children and suggesting effective solutions. Investments in capacity building of the social services sector are also crucial.

MEASUREMENT AND ETHICAL CHALLENGES IN COLLECTING DATA ON VIOLENCE AGAINST CHILDREN⁷

Collecting reliable data on violence against children is a complex undertaking that raises considerable methodological challenges. Widely perceived as a social taboo, violence is often under-reported by either victims or perpetrators, even in anonymous surveys. Children may feel pressured to conceal incidents of abuse, particularly when perpetrated by people they know and trust, or may be unwilling to report them for fear of retaliation or stigma. Depending on their age and stage of development, children may be unable to provide accurate accounts of their experiences. When interviewed about the experiences they had as children, adults may likewise be unwilling or unable to report what happened to them. Caution is therefore warranted when interpreting data on violence against children, and one should assume that figures underestimate the actual number of victims.

Among other methodological challenges, certain types of violence can be particularly difficult to define and operationalize, while some are hard to measure due to the extreme secrecy and illegality that surround their occurrence. Furthermore, acts of violence that are socially condoned may not be considered a priority for data collection. While administrative data can be used in the absence of surveys to provide certain information, these data will only capture violence that has been reported to authorities.⁸

The comparability of data across multiple sources and/or countries also presents a challenge. To facilitate comparisons across countries and regions, data collection processes and measurement systems must share a standardized approach.⁹ However, measurement of violence against children often varies widely across datasets, studies, countries and regions.¹⁰ The types of violent acts reported are often inconsistent, resulting in underestimates of some forms of child abuse.¹¹ Moreover, differences among national, regional, and even provincial or territorial definitions and/or theoretical understanding can result in misleading interpretations of prevalence levels across countries and contexts.

Numerous ethical issues confront researchers when collecting data on violence against children, and there are potential safety risks for all involved. When children are involved in this research, it is crucial that fundamental principles are followed for the ethical collection of sound data. Key considerations include: ensuring that questions are asked in a sensitive manner and are tailored to children's developmental stages and capabilities; securing informed consent and, if appropriate, parental consent; protecting children from potential dangers due to their participation, such as the risk of re-traumatization; maintaining confidentiality; and instituting clear procedures for providing follow-up support for children who report being at risk.

NOTES ON THE DATA USED IN THIS REPORT

DEFINITIONS

While various labels and definitions are found in the literature to describe the range of violent experiences suffered by children, the terms ‘abuse’, ‘violence’ and ‘maltreatment’ are used interchangeably throughout this report, as appropriate to the context.

When these umbrella terms are used to describe available data, it is important to remember that specific definitions and diverse data collection tools have been used to capture children’s exposure to violence, with significant implications on prevalence levels. For instance, reported levels of sexual violence tend to be higher in surveys that utilize a wider array of acts to define sexual abuse, such as the inclusion of unwanted sexual touching, or incidents that have been attempted but not completed. On the other hand, surveys that restrict questions to the most violent forms, such as forced sexual intercourse, produce lower prevalence rates.

A correct understanding of the way in which violence has been measured is therefore crucial when interpreting the data. The specific acts of violence covered by the data presented in this report are outlined in boxes at the start of each section, and when definitions differ from these, it is indicated in the main text, endnotes and/or notes on the figures and tables.

DATA COVERAGE

The data presented in this report are from the most recently available source identified for each country. Year ranges provided in the sources for figures, tables and maps denote the period in which data collection took place. For each country, data refer to the most recent year available in the specified range.

The availability of data for different indicators of violence against children is highly uneven across countries. In some cases, the newest source of comparable data dates back to 2005; in others, it is as recent as 2016. Data indicate the status of the particular indicator at the time of collection and do not necessarily reflect the current situation. This is particularly relevant when interpreting data on violent deaths due to interpersonal and collective violence as such figures are sensitive to rapid changes.

Calculation of global estimates was done when there was sufficient population coverage, i.e., when 50 per cent or more of the global population of the relevant age group was covered by the available data. For indicators with more limited data availability, weighted averages of country data were calculated. In these cases, the estimates produced are not globally representative but reflect a subset of countries and are labelled as such in the report.

Given the general lack of uniformity in the way data on violence against children are collected and the distorting impact that such discrepancies have on prevalence levels, this report relies mainly on information gathered through internationally comparable sources. These include the Multiple Indicator Cluster Surveys (MICS) supported by UNICEF, the Demographic and Health Surveys (DHS) supported by the United States Agency for International Development, the Health Behaviour in School-aged Children (HBSC) studies and the Global School-based Student Health Surveys (GSHS) developed by the World Health Organization (WHO), in collaboration with other United Nations agencies and the Centers for Disease Control and Prevention. With the exception of the HBSC, these international survey programmes have been implemented primarily in low- and middle-income countries. So while the focus of this report is largely on these countries, it should in no way be interpreted to suggest that violence against children is not found in high-income nations, or that no data are available since data may have been collected using methods and tools that are largely inconsistent with prevailing approaches.

In light of the limited data availability, multiple data sources on some indicators were combined to produce the most comprehensive picture. Although differences in the measurements and definitions used across sources are highlighted, comparisons across countries should be done cautiously. Calculation of global estimates for indicators with limited comparable data was done through statistical models based on country estimates that were adjusted to comply with standard definitions. These adjusted country estimates are not shown in the report.

Finally, the ability to include data on specific indicators for any given country is based on the availability of published survey reports and access to the datasets. In some instances, only a selection of results was published in survey reports and/or datasets were not available. Results that were based on less than 25 unweighted cases have not been included in this report.

VIOLENCE AGAINST CHILDREN IN THE SDGS



GOAL 5

Achieve gender equality and empower all women and girls

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

5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to **physical, sexual or psychological violence** by a current or former **intimate partner** in the previous 12 months, by form of violence and by age

5.2.2 Proportion of women and girls aged 15 years and older subjected to **sexual violence** by persons other than an intimate partner in the previous 12 months, by age and place of occurrence



GOAL 16

Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

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

16.1.1 Number of victims of **intentional homicide** per 100,000 population, by sex and age

16.1.2 **Conflict-related deaths** per 100,000 population, by sex, age and cause

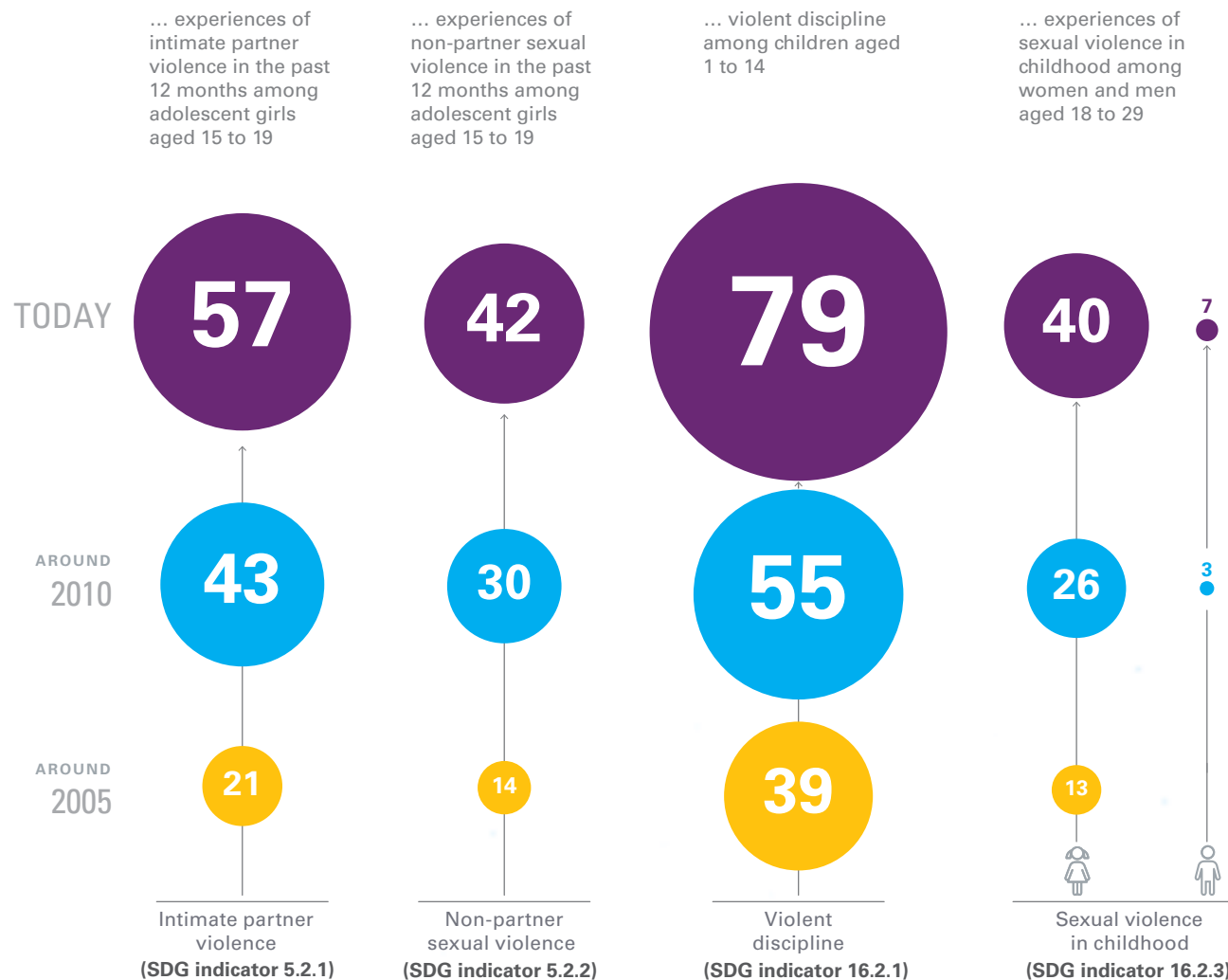
16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children

16.2.1 Proportion of children aged 1 to 17 years who experienced any **physical punishment** and/or **psychological aggression by caregivers** in the past month

16.2.3 Proportion of young women and men aged 18 to 29 years who experienced **sexual violence** by age 18

Despite recent progress, the **AVAILABILITY** of **COMPARABLE DATA** on violence against children remains **LIMITED**, hindering the ability of most countries to report on the **SDGs**

NUMBER OF COUNTRIES WITH COMPARABLE DATA ON...



PROPORTION OF COUNTRIES IN EACH REGION WITHOUT COMPARABLE DATA ON...



... experiences of intimate partner violence in the past 12 months among adolescent girls aged 15 to 19



... experiences of non-partner sexual violence in the past 12 months among adolescent girls aged 15 to 19



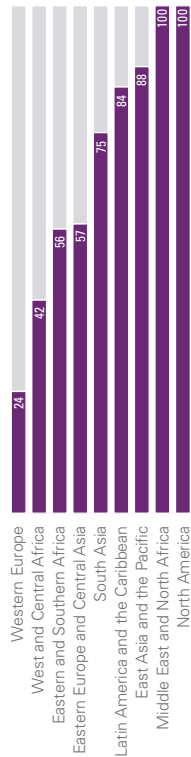
... violent discipline among children aged 1 to 14



... experiences of sexual violence in childhood among women aged 18 to 29



... experiences of sexual violence in adulthood among men aged 18 to 29



CHALLENGES IN MEASURING VIOLENT DEATHS (SDG 16.1)

There remain substantial gaps in data on levels, trends and causes of death globally. Such statistics may not be systematically collected by the criminal justice, health or vital registration systems, and determining cause of death, particularly when victims are very young, can be challenging even in countries with advanced and well-functioning systems.

Vital statistics may be a poor source of data on violence-related deaths among children due to the limited information available on many death certificates, strict coding guidelines that may require a documented history of abuse, and/or reluctance among individuals completing the death certificate to register child abuse as the cause of death. In particular, homicides may be substantially under-reported in death registration and criminal justice systems. Conflict-related deaths often occur in settings where death registration is non-existent or has ceased to exist and there are considerable political debates around estimates of the number of victims in these contexts.

As of 2012, only 48 countries had age-disaggregated data on homicide from national registration systems since 2005, while the actual count of conflict-related deaths remains unknown for most countries.¹²

In the absence of reliable figures from actual counts, mortality estimates for causes of death are necessarily based on modelling methods that attempt to account for possible errors due to under-reporting and misclassification of causes of death. However, such estimates, including those presented in this report, are not immune to limitations and are prone to measurement errors.¹³

Notes: The charts on this spread reflect the availability of comparable data compiled in UNICEF global databases. It is possible that some countries may have available data on these topics using non-comparable methods and tools or may have comparable data that are not yet included in UNICEF's global data compilation efforts.

Source: UNICEF global databases, 2017, based on DHS, MICS and other nationally representative surveys, 2005-2016.





VIOLENT DISCIPLINE AND EXPOSURE TO DOMESTIC VIOLENCE IN EARLY CHILDHOOD

Close to **300 MILLION** (3 in 4) children aged 2 to 4 worldwide experience violent discipline by their caregivers on a regular basis; **250 MILLION** (around 6 in 10) are punished by physical means.

Worldwide, **1 IN 4** (176 million) children under age 5 live with a mother who is a victim of intimate partner violence.

Based on data from 30 countries, **6 IN 10** children aged 12 to 23 months are subjected to violent disciplinary methods. Among children this age, almost half experience physical punishment and a similar proportion are exposed to verbal abuse.

Globally, around **1.1 BILLION** (slightly more than 1 in 4) caregivers say that physical punishment is necessary to properly raise or educate children.

Only 59 countries have adopted legislation that fully prohibits the use of corporal punishment against children at home, leaving more than **600 MILLION** children under age 5 without full legal protection.



KEY DEFINITIONS USED IN THIS SECTION

Physical punishment: Shaking, hitting or slapping a child on the hand/arm/leg, hitting on the bottom or elsewhere on the body with a hard object, spanking or hitting on the bottom with a bare hand, hitting or slapping on the face, head or ears, and hitting or beating hard and repeatedly.

Severe physical punishment: Hitting or slapping a child on the face, head or ears, and hitting or beating a child hard and repeatedly.

Psychological aggression: Shouting, yelling or screaming at a child, as well as calling a child offensive names such as 'dumb' or 'lazy'.

Violent discipline: Any physical punishment and/or psychological aggression.

Violent discipline at home is the most common form of violence experienced by children. While teaching children self-control and acceptable behaviour is an integral part of child rearing in all cultures, many caregivers rely on the use of violent methods, both physical and psychological, to punish unwanted behaviours and encourage desired ones. Caregivers do not necessarily use this type of discipline with the deliberate intention of causing harm or injury to the child. Rather, it sometimes stems from anger and frustration, lack of understanding of the harm it can cause or limited familiarity with non-violent methods.

While the Convention on the Rights of the Child recognizes and respects the responsibility of families to provide children with direction and guidance, article 19 mandates States Parties to take all appropriate measures, including enacting legislation, **to protect children from all forms of violence** while in the care of parents, guardians or other caregivers.¹⁵ In General Comment No. 8, the Committee on the Rights of the Child provides further interpretation by stating that any form of discipline that is violent, cruel or degrading is unacceptable.¹⁶ Yet, in only 59 countries around the world today do children enjoy full legal protection from corporal punishment at home.

Research indicates that parents' expectations of their children's cognitive abilities, such as understanding and complying with complex instructions, often **misalign with developmental norms**.¹⁷ This lack of knowledge, in combination with other factors such as cultural practices, can result in the use of disciplinary methods that are both ineffective and harmful. Even with children as young as 12 months, verbal aggression and corporal punishment are used, frequently in combination with non-violent methods such as explaining why certain behaviour is wrong.

That said, even when there is no intention to hurt the child, the use of violence to control or correct behaviour has **negative consequences** that range from immediate impacts to long-term harm. While children of all ages are at risk, experiencing violent discipline at a young age can be particularly harmful, given the increased potential for physical injuries as well as children's inability to understand the motivation behind the act or to adopt coping strategies to alleviate their distress. In particular, corporal punishment has been linked to harmful consequences for children that vary according to the nature, extent and severity of exposure.¹⁸

Children can also be **indirectly harmed by family violence**, such as when their caregivers are subjected to intimate partner violence or when they witness this taking place. Research has shown that children who witness violence at home or live with mothers who are victims of intimate partner violence are at a heightened risk of experiencing abuse within the home.¹⁹ There is also evidence to suggest that children exposed to domestic violence are more likely to act aggressively towards peers or siblings,²⁰ to carry violence into adulthood, as either victims or perpetrators.²¹ Witnessing violence between parents or caregivers might also influence children's attitudes about its acceptability within the family and close relationships; in turn, this could be passed down to their children, thus perpetuating the cycle of violence.²²

Worldwide, **3 IN 4** young children are regularly subjected to violent discipline by their caregivers

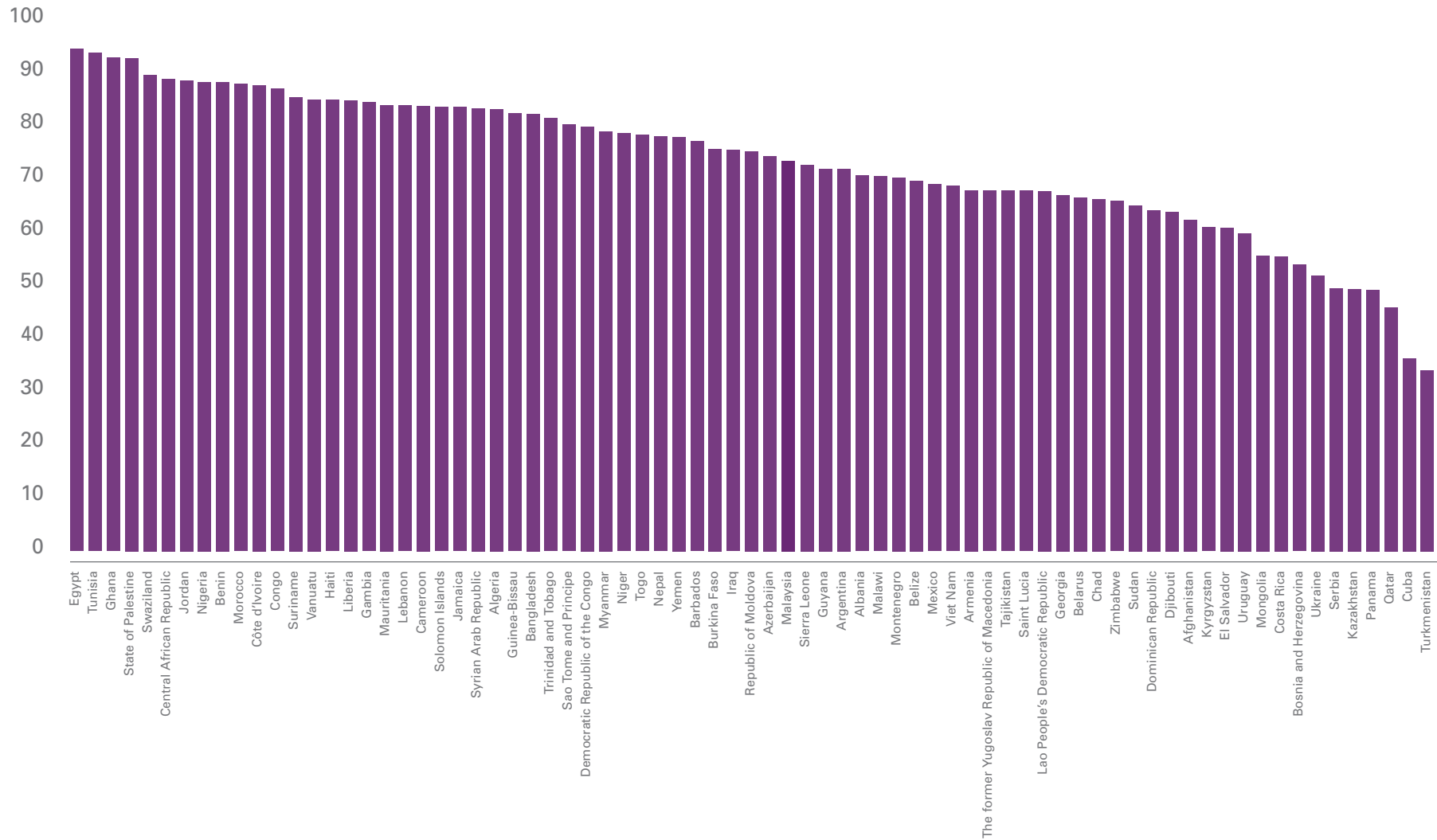


Percentage of children aged 2 to 4 years who experienced any violent discipline in the past month, by type

Notes: These estimates are based on a subset of 94 countries with data covering 55 per cent of the global population of children aged 2 to 4 years. In order to ensure sufficient population coverage, data from multiple sources were combined and in some cases there were differences across countries included in these estimates in terms of the age group covered or the definitions employed. When possible, underlying country data were adjusted to align with standard definitions.

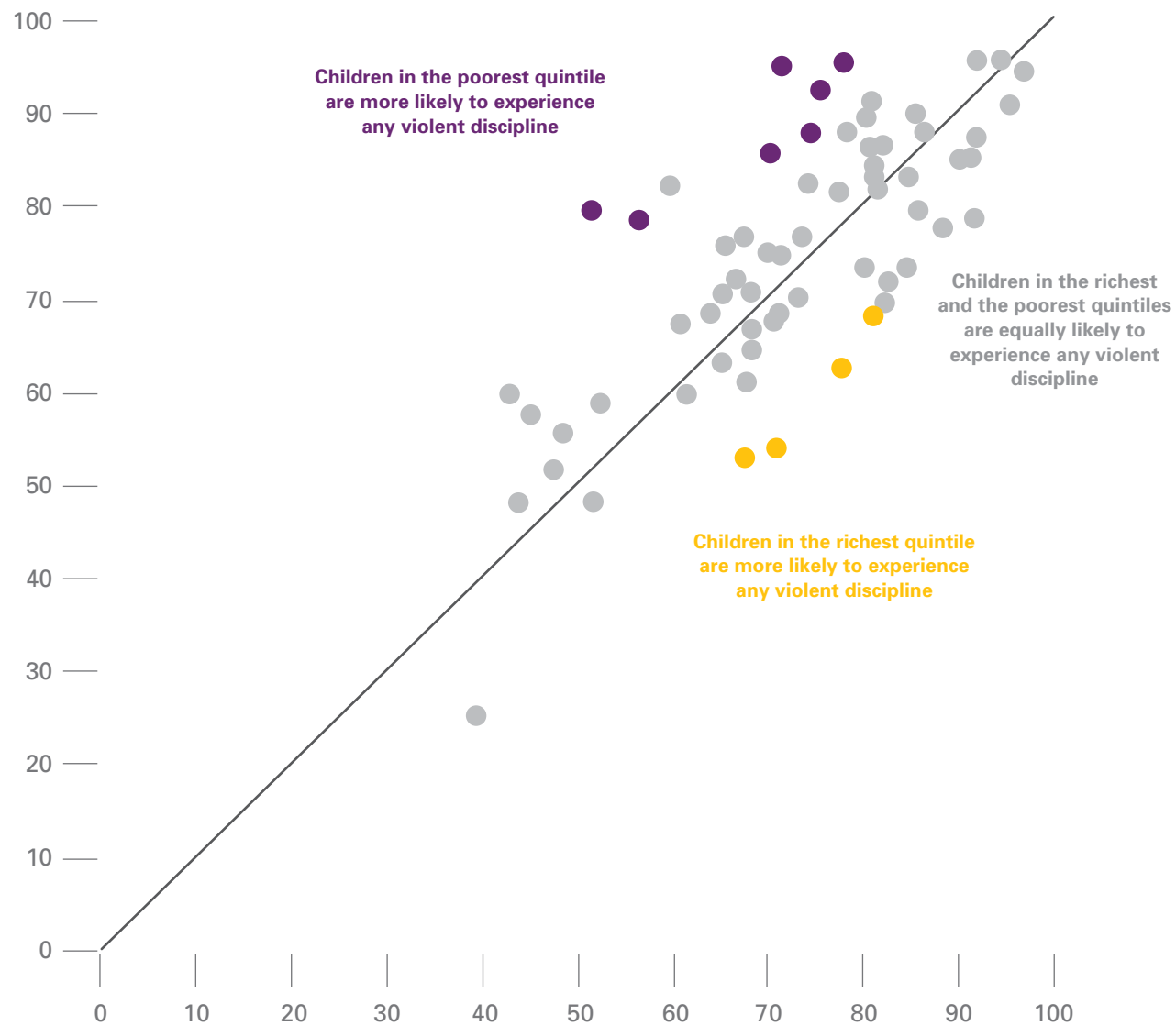
Source: UNICEF global databases, 2017, based on DHS, MICS and other nationally representative surveys, 2005–2016.

In all but three countries, at least **HALF** of children experience violent discipline at home



Percentage of children aged 2 to 4 years who experienced any violent discipline in the past month

Notes: Data for Belarus, Malaysia, Qatar and Yemen differ from the standard definition. Data for Turkmenistan should be interpreted with caution since levels of violent discipline are lower than expected due to some data quality issues that arose early in the fieldwork. Source: UNICEF global databases, 2017, based on DHS, MICS and other nationally representative surveys, 2005–2016.



In **MOST** of the countries with data, children from wealthier households are equally likely to experience violent discipline as those from poorer households

Percentage of children aged 2 to 4 years who experienced any violent discipline in the past month, by wealth quintile

Notes: Each dot represents a country. Yellow and purple dots represent countries in which differences in the percentage of children experiencing violent discipline by wealth quintile were statistically significant at the $p < 0.01$ level.

Source: UNICEF analysis based on DHS and MICS, 2005–2016.

Children who experience physical punishment are **LESS LIKELY** to reach some social-emotional development milestones

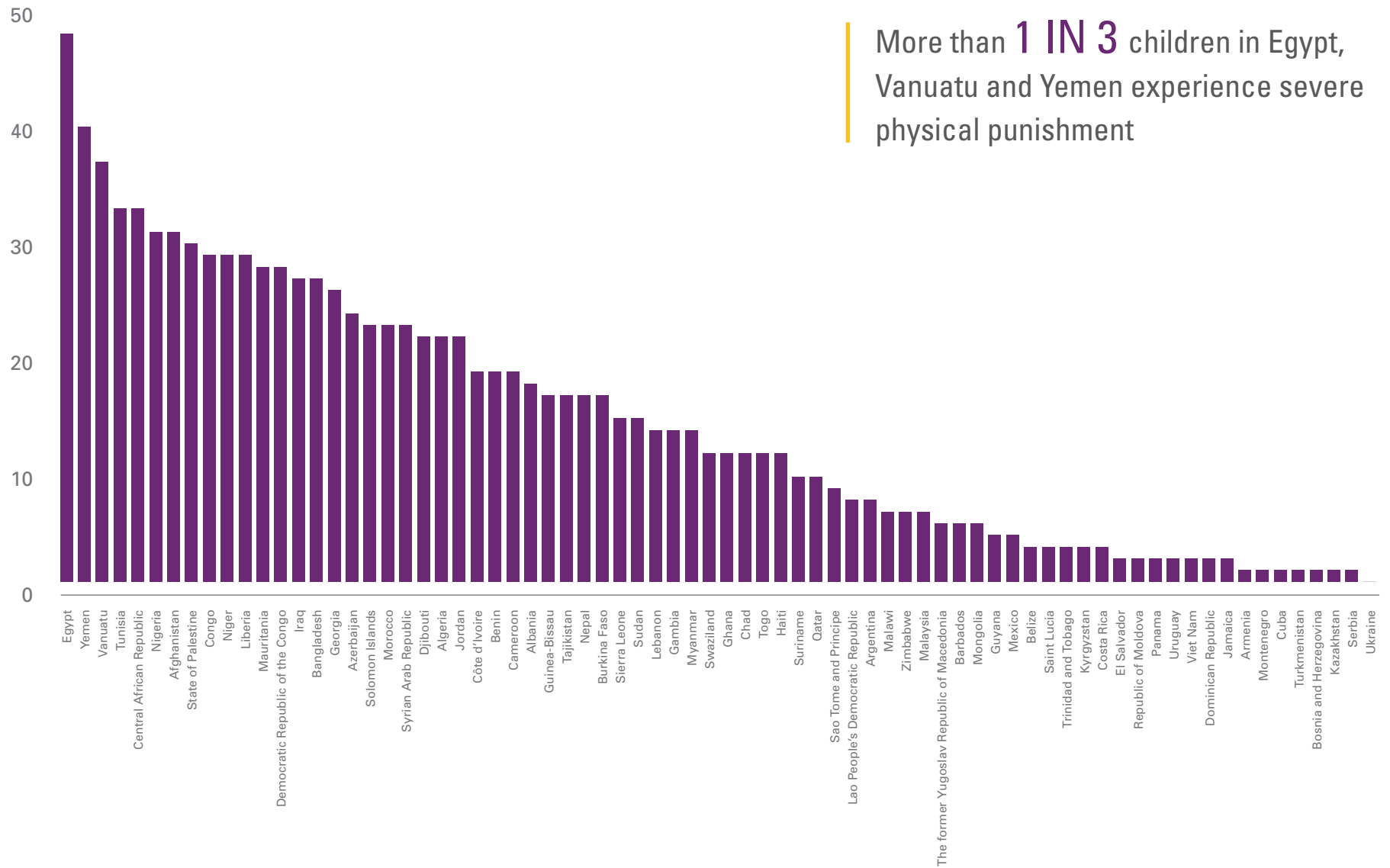
Children who experienced physical punishment
 Children who did not experience physical punishment



Percentage of children aged 36 to 59 months who have achieved at least two of three social-emotional development milestones, by whether or not they experienced physical punishment in the past month

Notes: The social-emotional development milestones are: the child gets along well with other children; the child does not kick, bite or hit other children or adults; and the child does not get distracted easily. The analysis was based on a subset of 44 countries with available data. In 37 countries, children who had experienced physical punishment had lower odds of having reached at least two of three social-emotional development milestones, as reported by their mothers, compared to children who had not experienced physical punishment. In the countries shown here, this difference is statistically significant at the $p < 0.01$ level. The association observed between the experience of physical punishment and social-emotional development does not imply a causal relationship; moreover, this analysis did not control for other potential confounding factors.

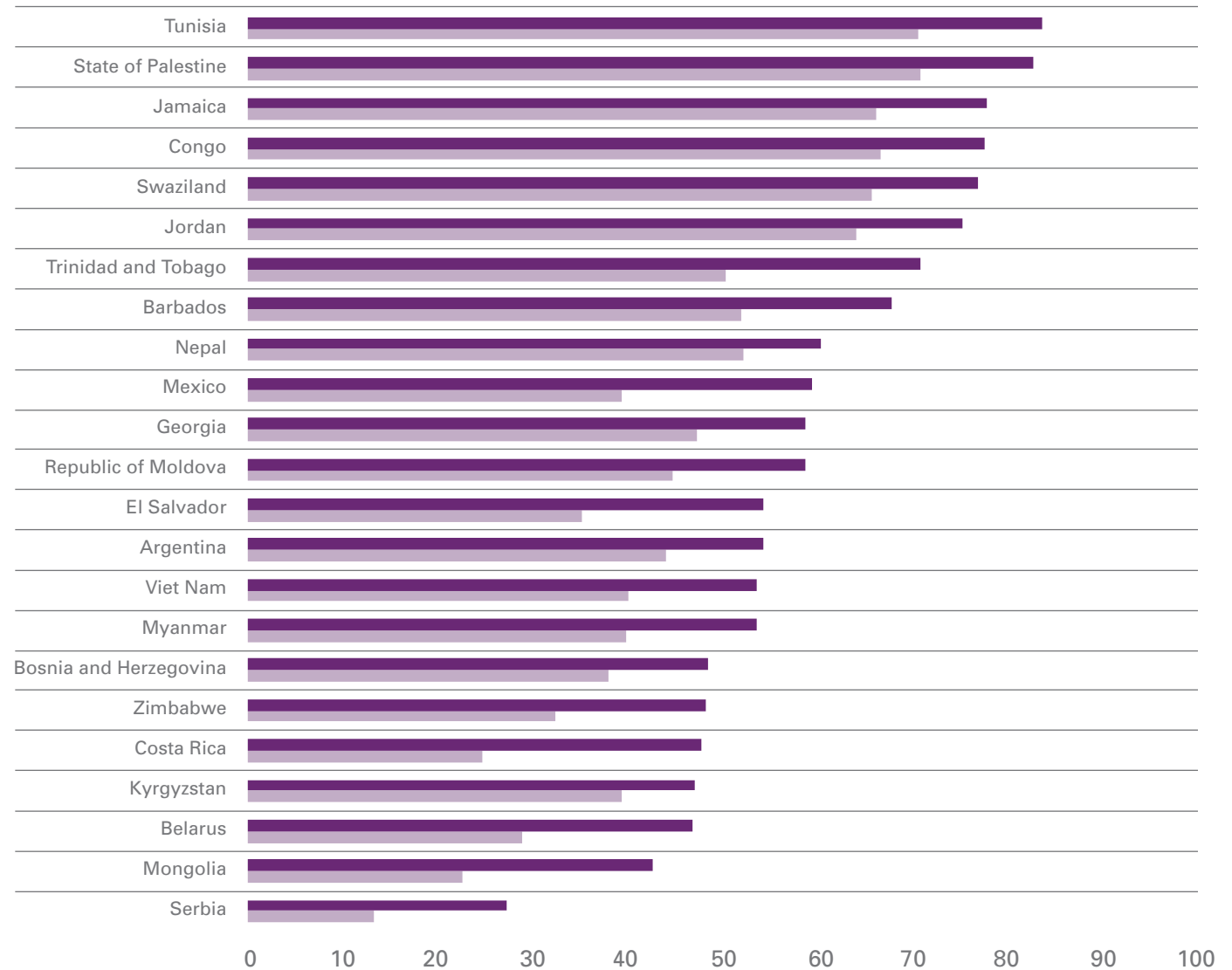
Source: UNICEF analysis based on MICS, 2010–2014.



Percentage of children aged 2 to 4 years who experienced severe physical punishment in the past month

Notes: Data for Malaysia, Qatar and Yemen differ from the standard definition. Data for Turkmenistan should be interpreted with caution since levels of severe physical punishment are lower than expected due to some data quality issues that arose early in the fieldwork.
 Source: UNICEF global databases, 2017, based on DHS, MICS and other nationally representative surveys, 2005–2016.

In some countries, younger children are **MORE LIKELY** to be subjected to physical punishment compared to their older counterparts



Percentage of children aged 2 to 14 years who experienced physical punishment in the past month, by age

Notes: The chart includes only those countries where the difference between children aged 2 to 4 years and children aged 5 to 14 years is statistically significant at the $p < 0.01$ level. Data for Belarus differ from the standard definition.

Source: UNICEF analysis based on MICS, 2005–2016.



Violent disciplinary methods are used even with children as young as **1 YEAR OF AGE**

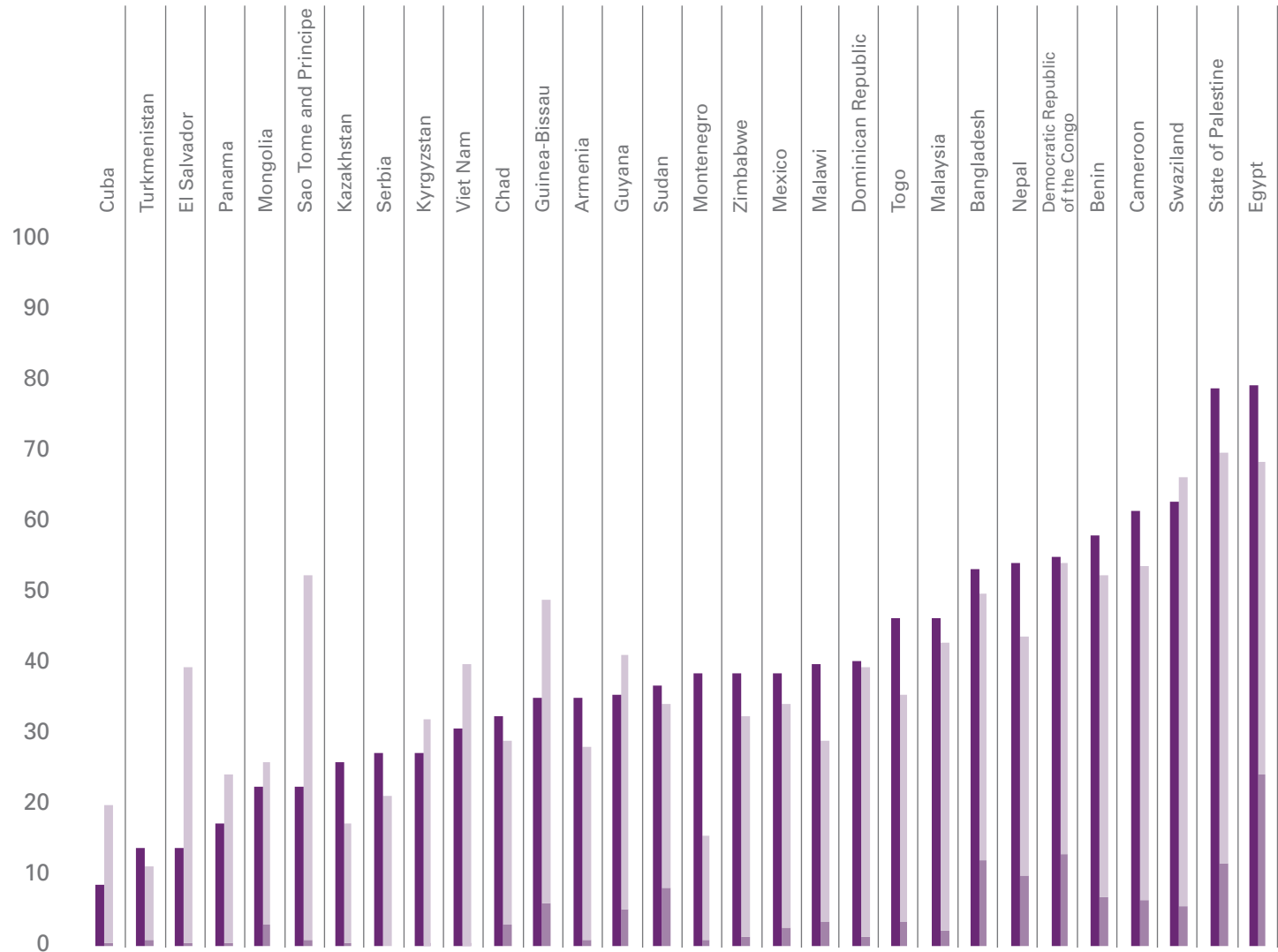
Percentage of children aged 12 to 23 months who experienced any violent discipline in the past month

Notes: Data for Turkmenistan should be interpreted with caution since levels of violent discipline are lower than expected due to some data quality issues that arose early in the fieldwork. Data for Malaysia differ from the standard definition.

Source: UNICEF global databases, 2017, based on DHS, MICS and other nationally representative surveys, 2012–2016.

Experiences of psychological aggression and physical punishment are both **WIDESPREAD** among one-year-olds

- Psychological aggression
- Severe physical punishment
- Other types of physical punishment



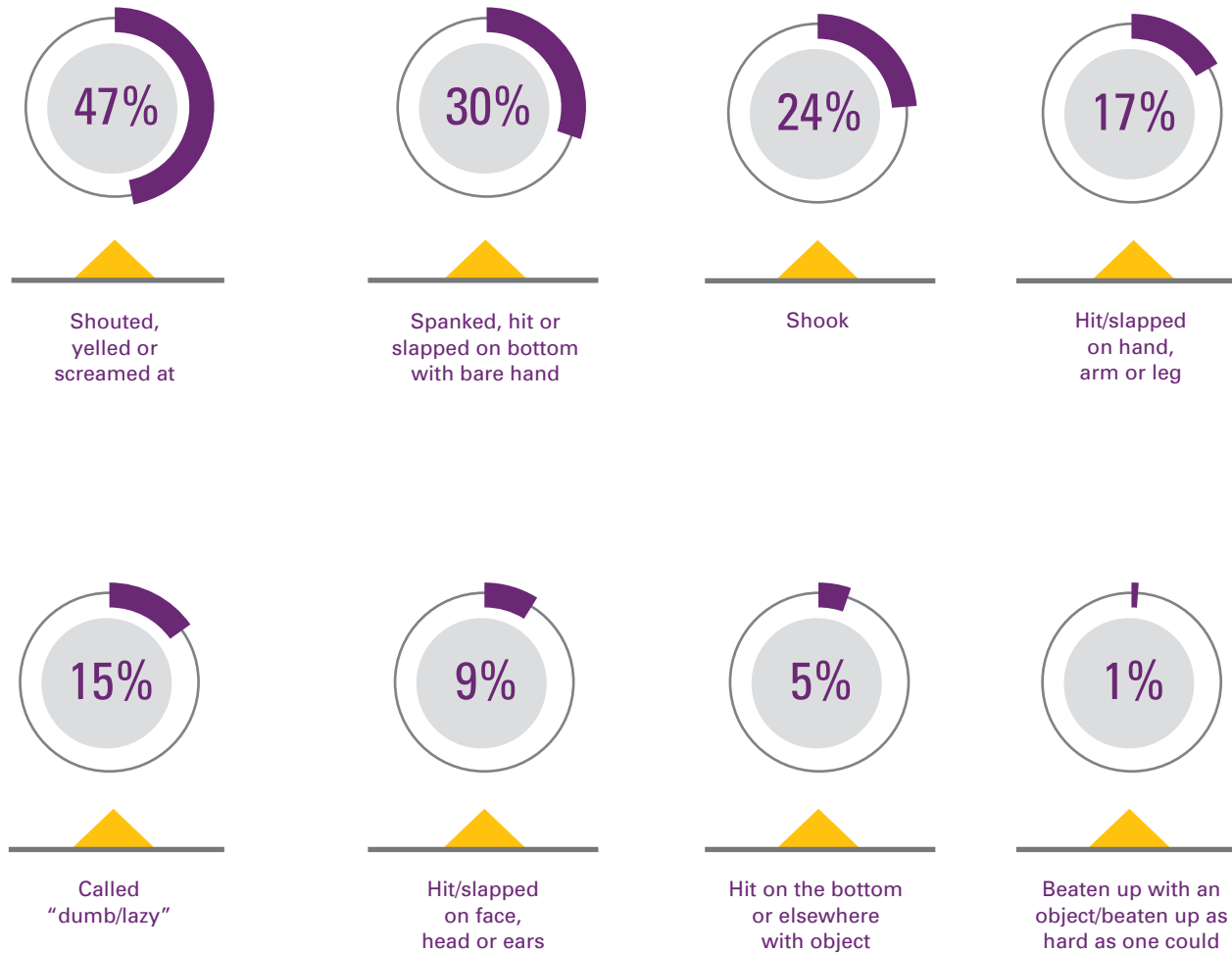
Percentage of children aged 12 to 23 months who experienced any violent discipline in the past month, by type

Notes: Data for Turkmenistan should be interpreted with caution since levels of violent discipline are lower than expected due to some data quality issues that arose early in the fieldwork. Data for Malaysia differ from the standard definition.

Source: UNICEF global databases, 2017, based on DHS, MICS and other nationally representative surveys, 2012–2016.

NEARLY HALF

of one-year-old children in 29 countries experience shouting, yelling or screaming as a form of discipline; **3 IN 10** are subjected to spanking

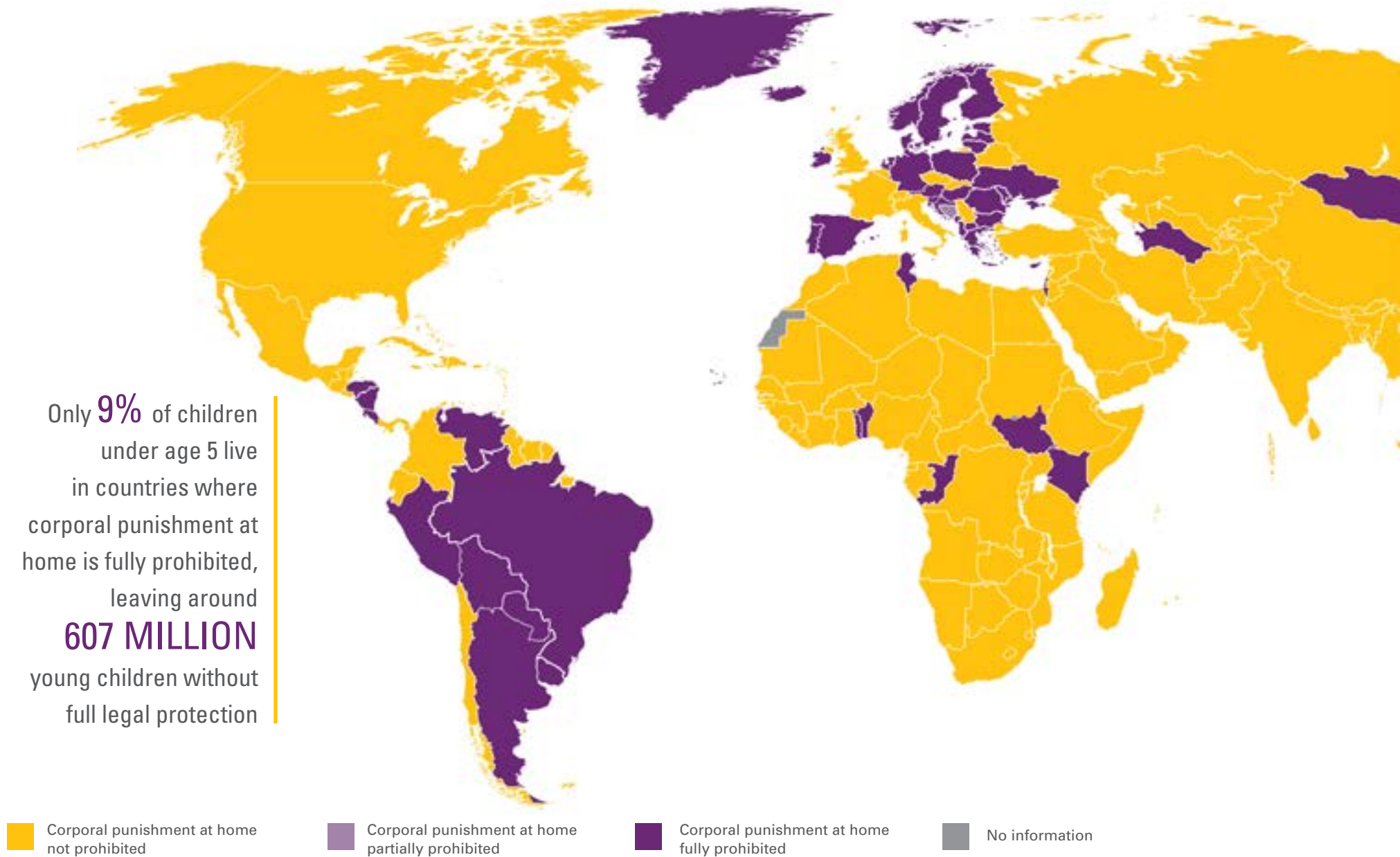


Percentage of children aged 12 to 23 months who experienced any violent discipline in the past month, by type

Note: These are weighted averages based on comparable data from 29 countries.

Source: UNICEF global databases, 2017, based on DHS and MICS, 2012–2016.

Only **9%** of children under age 5 live in countries where corporal punishment at home is fully prohibited, leaving around **607 MILLION** young children without full legal protection



Notes: This map is stylized and not to scale. It does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. The final boundary between the Sudan and South Sudan has not yet been determined. The final status of the Abyei area has not yet been determined.

Source: Global Initiative to End All Corporal Punishment of Children, <www.endcorporalpunishment.org>.



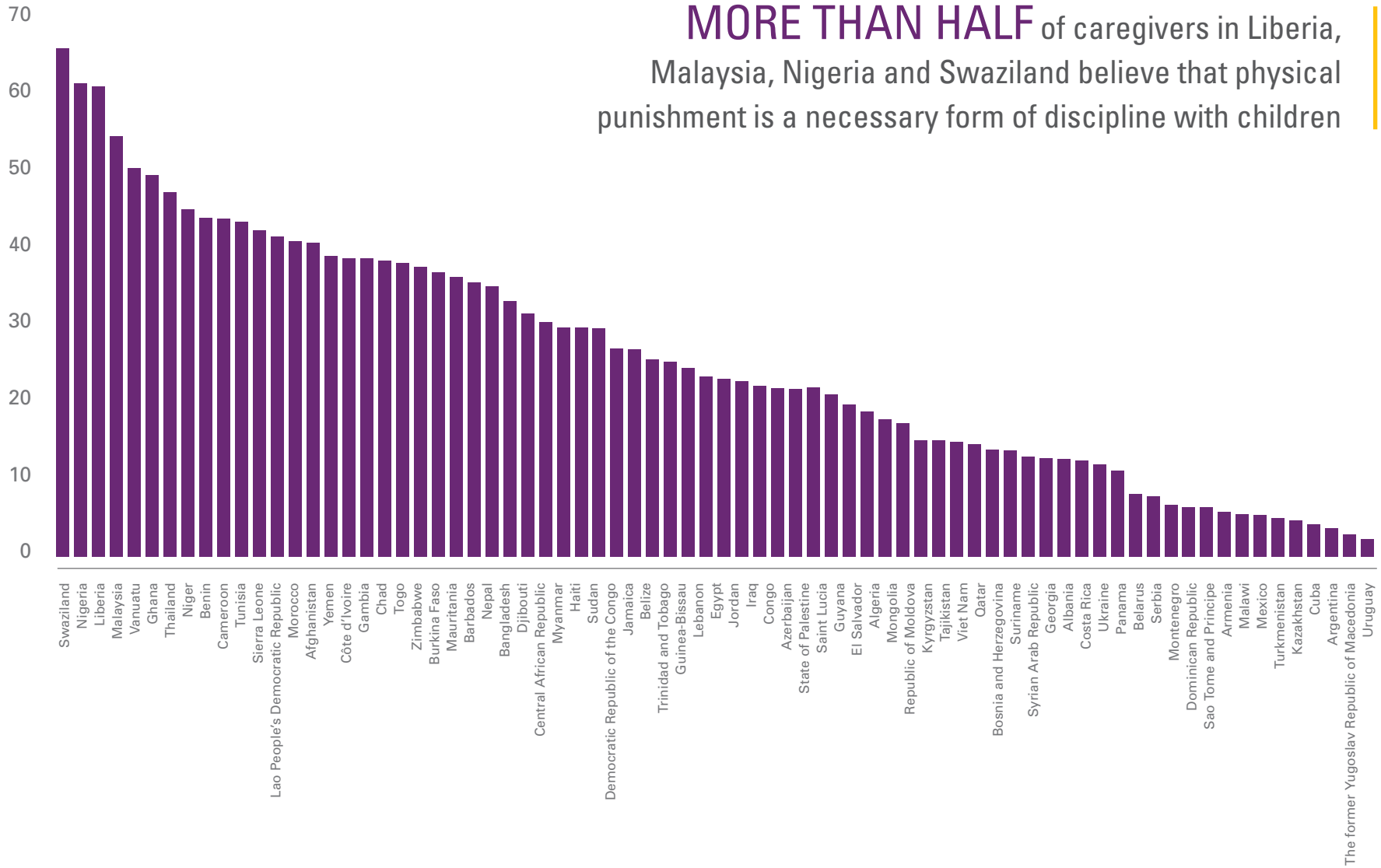
Montenegro	2017
Lithuania	2017
Slovenia	2016
Paraguay	2016
Greenland	2016
Mongolia	2016
Benin	2015
Ireland	2015
Peru	2015
Andorra	2014
Argentina	2014
Plurinational State of Bolivia	2014
Brazil	2014
Estonia	2014
Malta	2014
Nicaragua	2014
San Marino	2014
Cabo Verde	2013
Honduras	2013
Saint Maarten	2013
The former Yugoslav Republic of Macedonia	2013
Curaçao	2011
South Sudan	2011
Albania	2010
Congo	2010
Kenya	2010
Poland	2010
Tunisia	2010
Costa Rica	2008
Liechtenstein	2008

Luxembourg	2008
Republic of Moldova	2008
Netherlands	2007
New Zealand	2007
Portugal	2007
Spain	2007
Togo	2007
Uruguay	2007
Bolivarian Republic of Venezuela	2007
Greece	2006
Hungary	2004
Romania	2004
Iceland	2003
Pitcairn Islands	2003
Ukraine	2003
Turkmenistan	2002
Bulgaria	2000
Germany	2000
Israel	2000
Croatia	1998
Latvia	1998
Denmark	1997
Faroe Islands	1997
Cyprus	1994
Austria	1989
Norway	1987
Svalbard and Jan Majen Islands	1987
Finland	1983
Sweden	1979

Prohibition has accelerated – **TWO THIRDS** of the 59 countries that have prohibited corporal punishment in the home adopted legislation in the past 10 years

Source: Global Initiative to End All Corporal Punishment of Children, <www.endcorporalpunishment.org>.

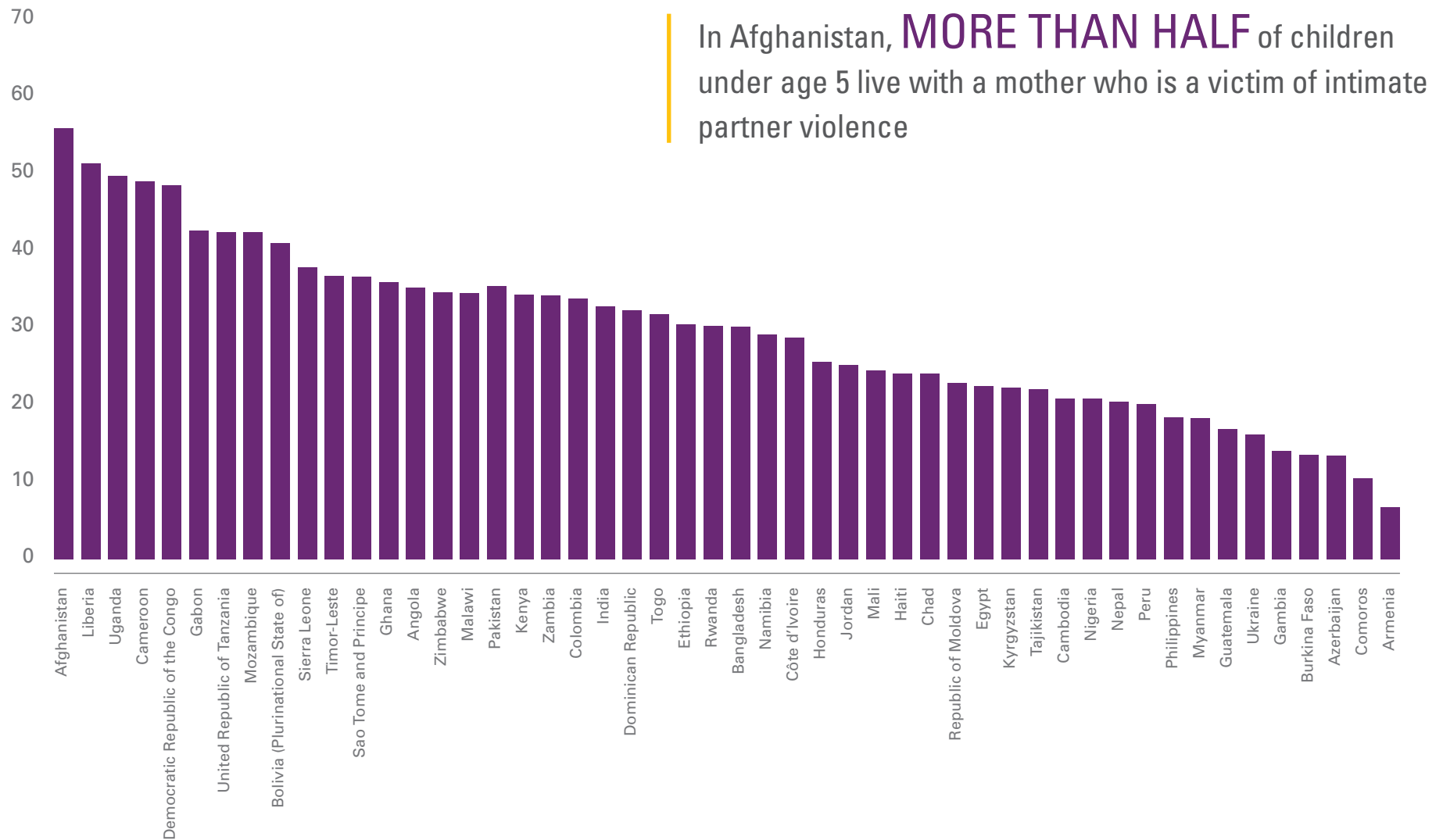
MORE THAN HALF of caregivers in Liberia, Malaysia, Nigeria and Swaziland believe that physical punishment is a necessary form of discipline with children



Percentage of population aged 15 and above who think that physical punishment is necessary to properly raise or educate children

Notes: Data for Azerbaijan, Burkina Faso, Côte d'Ivoire, Djibouti, Georgia, Jordan, the Syrian Arab Republic, Tajikistan, Trinidad and Tobago, and Vanuatu refer to mothers/primary caregivers only. Data for Lebanon and Morocco refer to children aged 2 to 14 years whose mother/primary caregiver thinks that physical punishment is necessary to properly raise or educate children. Data for all other countries refer to any adult household member who responded to questions about child discipline.

Source: UNICEF global databases, 2017, based on DHS, MICS and other nationally representative surveys, 2005–2016.



Percentage of children aged 0 to 4 years living with a mother who experienced any physical, sexual or emotional violence committed by a husband or partner during the past 12 months

Notes: Data refer only to children of women who have ever been married or lived with a partner. Data for Azerbaijan, Bangladesh, Burkina Faso, Cameroon, Côte d'Ivoire, Ghana, India, Liberia, Peru, the Republic of Moldova, Timor-Leste, the United Republic of Tanzania and Ukraine do not include children of women who are widowed. Data for Pakistan refer only to children whose mother experienced any physical or emotional intimate partner violence in the past 12 months.

Source: UNICEF global databases, 2017, based on DHS, 2005–2016.



PROGRAMMES IN FOCUS: ENDING VIOLENT DISCIPLINE AT HOME

In light of growing scientific evidence on the impact of violence and neglect during the early years of life, stronger laws and policies, better monitoring and enforcement, and programmes aiming to prevent physical, emotional and sexual violence against children in the home are needed in many countries.

UNICEF works with governments and other national and local partners to help meet these urgent needs. Advocacy and raising awareness with national governments and partners to change the legal and policy frameworks to better protect children from violence is one area of focus, and has contributed to increased legislation to ban corporal punishment in all settings, including the family home. During 2016, UNICEF also worked in 36 countries to support the integration of violence prevention into existing early childhood programmes, and to promote the development of parenting sessions designed to build parents' and caregivers' skills.

UNICEF and its partners engage directly with households and communities – especially the most disadvantaged – sharing information on how violence against children can be prevented, and where children and families may report incidents and seek assistance. In addition, its work with the health and social service sectors aims to support their efforts to prevent and detect violence in early childhood.

CAMPAIGNING TO ENCOURAGE CALM, NOT HARM, IN EGYPT

In 2016, UNICEF partnered with the Government of Egypt and civil society to promote positive parenting and non-violent discipline in response

to the high prevalence of violent discipline reported by caregivers in the 2014 Demographic and Health Survey. As part of the effort, a national task force composed of government officials, civil society representatives and experts has been formed and is developing a national strategic framework around two main pillars: strengthening the child protection system and promoting positive social and behavioural change. The National Council for Childhood and Motherhood, together with UNICEF and supported by the European Union, launched a communication campaign to raise awareness about non-violent discipline and positive parenting that reached more than 88 million people through Facebook and the banner **#CalmNotHarm**, while over 12 million people were reached through television and radio. The branding and messaging of the campaign also received visibility through billboards posted in the streets and Egypt's main supermarkets. Three million mobile users were reached with messaging on positive parenting via SMS, as a contribution from the three private sector mobile operators.

The campaign encouraged parents and caregivers to seek assistance, including counselling on positive discipline for young children, from the National Child Helpline and Family Counselling Line. In addition, Muslim and Christian religious leaders widely disseminated a joint publication on protecting children from violence and harmful practices. The publication was developed collaboratively by the International Islamic Centre for Population Studies and Research at Al-Azhar University and the Bishopric of Public, Ecumenical and Social Services of the Coptic Orthodox Church, with UNICEF support.²³

SUPPORTING POSITIVE PARENTING IN JORDAN

More than two decades ago, a national survey found that a majority of parents in Jordan did not have the information and skills they needed to create a stimulating home environment for their children's social and emotional development.²⁴ In response, the Government, UNICEF and civil society organizations launched the **Better Parenting Programme**, which focuses on parents and caregivers of children under age 8 – especially those in poor and disadvantaged households. The ongoing programme aims to help families create a loving and protective home environment for their children, and continues to offer parenting courses conducted by early childhood professionals, including teachers, health-care practitioners and social workers as well as trained local facilitators who deliver the programme to families within their village or region.

According to a 2009 evaluation, the use of positive discipline methods had increased, while negative or abusive methods had decreased, among families reached by Better Parenting.²⁵ By 2011, the programme was reaching 12 per cent of households nationwide and 250,000 children below age 8. In 2014, it expanded to reach Syrian refugee families living in Jordan. As a result of its success, the programme has been incorporated into the Ministry of Education's annual plans and into Jordan's National Strategy for Human Development (2016 to 2025).

ADVOCATING FOR CHILDREN AT RISK IN MONTENEGRO

Violence, neglect and dysfunctional parenting have long-term costs for children, families and societies, but those costs can be averted through stronger public health and child-protection interventions. This was the central message of a February 2017 conference on ending violence against children, organized by the Government of Montenegro and UNICEF in partnership with the European Union and the Telenor Foundation.

Attended by the country's President and several key ministers, the meeting covered a range of issues, including the outlawing of corporal punishment and the development of Montenegro's first national **Strategy on Prevention and Protection of Children from Violence** (2017 to 2021). Among other things, the Strategy encompasses programmes on positive parenting and family support, with an emphasis on the needs of socially excluded children, notably those who live in institutions.

The conference coincided with the second phase of a UNICEF-supported campaign under the umbrella of the global #ENDviolence initiative. While the first part of the campaign in Montenegro dealt with online violence, the current phase is addressing all forms of violence against children and in particular that which occurs within families. This phase builds on research by UNICEF and partners in December 2016, which revealed, among other findings, that 1 in 2 adults aged 18 and older think corporal punishment of children by parents and caregivers is acceptable in some situations. On the other hand, it is encouraging that the majority of Montenegrin citizens (77 per cent) agreed that parents should be provided with support by the state to raise children without violence.²⁶

PARTNERING WITH FAMILIES AND CHILDREN IN SERBIA

In Serbia, marginalized children – including Roma girls and boys, children from poor families and children with disabilities – are among those most vulnerable to violence. According to the 2014 Multiple Indicator Cluster Survey (MICS), the level of violent discipline experienced by Roma children is higher than the national average.²⁷ Additionally, research conducted on a sample of case files of children in care outside the home due to violence and neglect revealed that most caregivers never received training in parenting skills that could prevent such abuse. And while parenting workshops may be available, parents from marginalized households are often unable or reluctant to attend them.²⁸

In response to these findings, the Government of Serbia, UNICEF and the Novak Djokovic Foundation launched **Partnering with Families** in 2012. Through this initiative, social service agencies identify families at risk and refer them to outreach workers, who conduct home visits to discuss childcare and help with preschool enrolment, among other interventions. They also help families gain access to services such as health care, cash transfers or disability benefits.

For families reached by the programme, school attendance and health outcomes have reportedly improved, and physical punishment of children at home has dropped significantly. Among participating families, school attendance or achievement improved in 87 per cent of cases, children had better health outcomes in 86 per cent of cases, and there was a drop in physical violence and disciplining of children in the home in 80 per cent of cases.²⁹ In 2015, the programme was extended to cover the families of children with disabilities who are at risk of being placed in residential care. UNICEF is working closely with the Ministry for Social Affairs to integrate the service into the national child protection system.





VIOLENCE AT SCHOOL


Worldwide, close to **130 MILLION** (slightly more than 1 in 3) students between the ages of 13 and 15 experience bullying.

About **3 IN 10** (17 million) young adolescents in 39 countries in Europe and North America admit to bullying others at school.

732 MILLION (1 in 2) school-age children between 6 and 17 years live in countries where corporal punishment at school is not fully prohibited.

59 school shootings that resulted in at least one reported fatality were recorded in 14 countries during the past 25 years. Nearly **3 IN 4** of these occurred in the United States.

Close to **500** attacks or threats of attacks on schools were documented or verified in 2016 in **18** countries or areas around the world.



KEY DEFINITIONS USED IN THIS SECTION

Attacks on schools: An umbrella term used for both indiscriminate and direct attacks against schools and education personnel that result in partial damage or total destruction of facilities or compromise the ability of personnel to function. Incidents may involve physical attacks, looting, pillaging and wanton destruction, as well as the death, injury, abduction and use of related protected persons as human shields. 'Schools' in this context refers to all learning sites and educational facilities, incorporating all spaces, structures, infrastructure and grounds that provide early childhood, primary and secondary education and vocational training to children and adolescents.³¹

Bullying: Occurs when a student, or group of students, say or do bad, nasty or unpleasant things to another student. It is also bullying when a student is teased repeatedly in an unpleasant way or when he or she is deliberately left out of things. It is not bullying when two students of about the same strength or power argue or fight or when teasing is done in a friendly and playful or fun way.

School shootings: Incidents carried out with at least one firearm on the grounds of an elementary or secondary school, involving two or more victims, and resulting in at least one death.

In order to fully realize their potential, children need a safe, nurturing and inclusive environment in which to grow, learn, thrive and succeed. Typically, parents, teachers, students and communities expect schools to provide this type of safe haven. Yet for many students all over the world, the presence or threat of **violence at school** compromises their ability to fully benefit from educational opportunities.

Once children enter school, friendships and interactions with peers take on an increasingly important role in their lives. These relationships have the potential to contribute to a child's sense of well-being and social competence,³² but they are also associated with **exposure to new forms of victimization**.

While peer violence can take many forms, available data suggest that bullying by schoolmates is by far the most common. **Both sexes are at about equal risk of being bullied**, but boys are more likely to be subjected to physical violence and threats,³³ while girls seem more prone to be victims of psychological/relational forms of bullying, which can involve such actions as excluding others or spreading rumours.³⁴ Those who develop a non-traditional sexual orientation and/or gender identity³⁵ can be especially vulnerable to targeted acts of violence.³⁶

School violence can also manifest as corporal punishment inflicted by teachers, sexual harassment and violence from peers or school personnel, assault (with or without the use of weapons) and witnessing the victimization of others. It encompasses acts that occur not only in school buildings but also on school property, while travelling to or from school, and en route to or while attending school-sponsored events and activities. School infrastructure, such as lack of private toilets or toilets in isolated or dimly lit areas with little supervision, can also create risks of violence for schoolchildren. During times of conflict, civil unrest or emergencies, schools can become vulnerable to attacks, whether targeted or indiscriminate.

What these different forms of violence have in common is the **devastating effect** they have on children, their families and communities.³⁷ Violence in schools significantly hinders attendance, contributes to lower academic results, and leads to higher drop-out rates.

In the **United States**, in 2015, **6 per cent** of students said they had not gone to school on at least one day during the past month because of safety concerns either at school or on the way to/from school.³⁸ In **El Salvador**, nearly **1 in 4** (23 per cent) students aged 13 to 15 reported that they had not attended school on one or more days during the past month due to safety concerns.³⁹ At least **4 in 10** students aged 12 to 17 in selected cities/areas in **Cambodia, Indonesia, Nepal and Viet Nam** rated their school as 'somewhat unsafe', 'unsafe' or 'totally unsafe'.⁴⁰ The most commonly reported factors that contributed to feelings of being unsafe at school included exposure to humiliating language, frequent physical fights and harassment from other students.

Analyses of data from Ethiopia, India, Peru and Viet Nam reveal that violence in schools, including physical and verbal abuse by teachers and by other students, is the most common reason children expressed for disliking school, and is significantly associated with lower scores in mathematics, self-efficacy and self-esteem.⁴¹

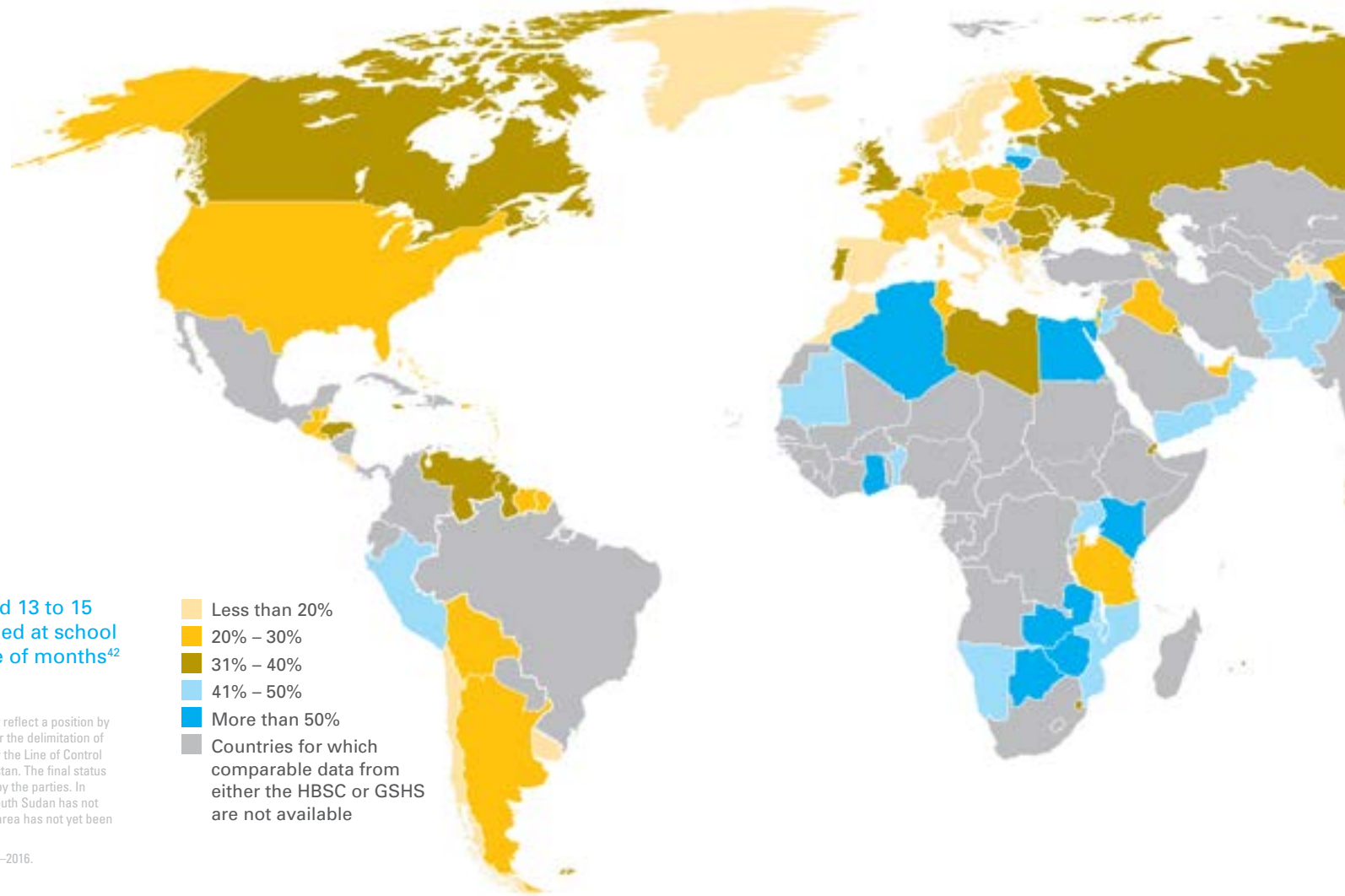


Bullying is a reality for
**SIGNIFICANT
PROPORTIONS**
of adolescents
around the world

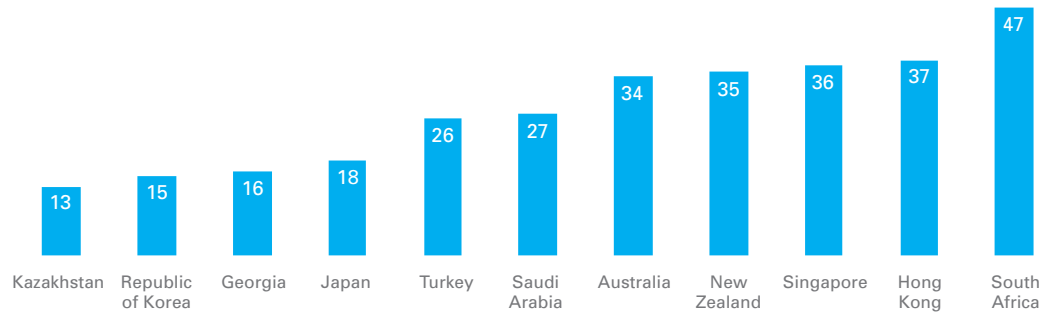
Percentage of adolescents aged 13 to 15 years who reported being bullied at school at least once in the past couple of months⁴²

Notes: This map is stylized and not to scale. It does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. In addition, the final boundary between the Sudan and South Sudan has not yet been determined, and the final status of the Abyei area has not yet been determined.

Source: HBSC 2009/2010 and 2013/2014 and GSHS 2003–2016.



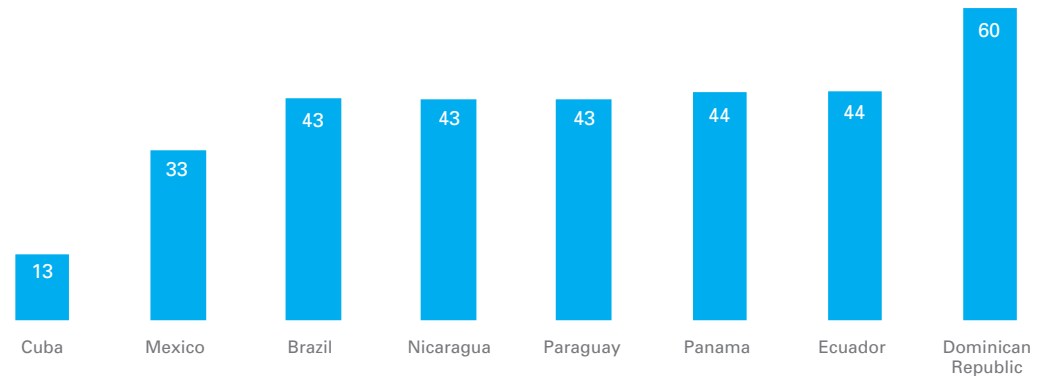
In 2014, the United Nations General Assembly adopted a resolution that recognizes the occurrence of bullying worldwide and its potential long-term effects on victims. The resolution encourages the international community to take appropriate measures to prevent and respond to violence against children in schools, including bullying, and calls for greater statistical information and disaggregated data to inform effective public policies.⁴³



Percentage of adolescents aged 13 to 15 years who reported being bullied about monthly

Notes: Average age (in years) of respondents in each country when the survey was conducted: Australia, 14.0; Georgia, 13.7; Hong Kong, 14.2; Japan, 14.5; Kazakhstan, 14.3; Republic of Korea, 14.4; New Zealand, 14.1; Saudi Arabia, 14.1; Singapore, 14.4; South Africa, 15.7; and Turkey, 13.9. Students were asked how often in the school year other students from their school did the following to them (including through text or over the Internet): made fun of him/her or called him/her names; left him/her out of games or activities; spread lies about him/her; stole something from him/her; hit or hurt him/her (e.g., shoving, hitting, kicking); made him/her do things he/she did not want to do; shared embarrassing information about him/her; posted embarrassing things about him/her online; and threatened him/her. Countries with data from either the HBSC or GSHS are not included.

Source: TIMSS, 2015.

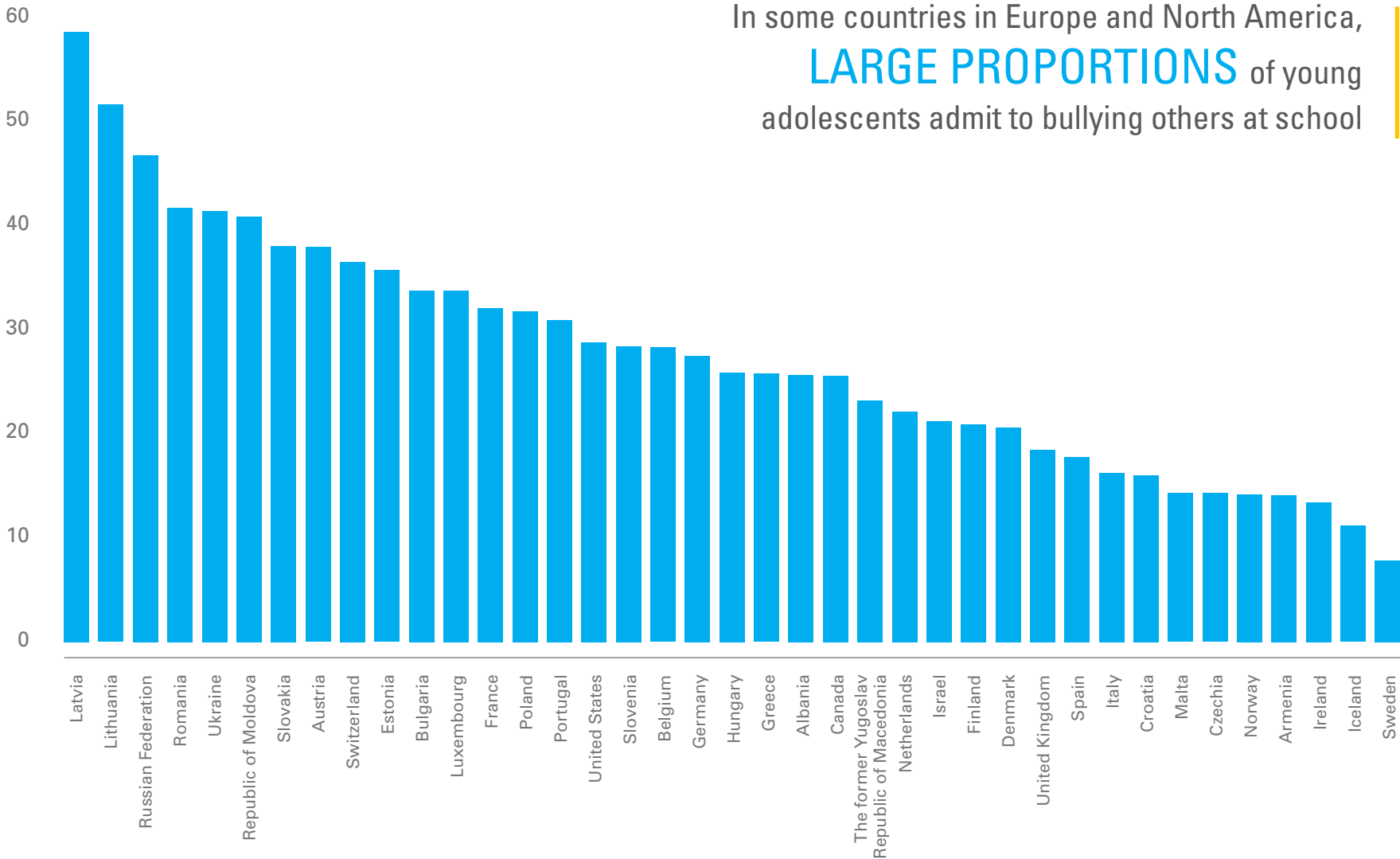


Percentage of students in Grade 6 (aged 11 to 12 years) who were bullied at school during the past month

Notes: Data for Cuba and the Dominican Republic are from the Second Regional Comparative and Explanatory Study (SERCE) and for all other countries from the third study (TERCE). In the SERCE, bullying included being robbed, insulted, threatened, physically struck or mistreated. In the TERCE, bullying included being teased, threatened, left out, hit, forced to do things he/she did not want to do or made to feel afraid.

Source: SERCE, 2006, and TERCE, 2013.

In some countries in Europe and North America,
LARGE PROPORTIONS of young
 adolescents admit to bullying others at school



Percentage of adolescents aged 11 to 15 years who reported bullying others at school at least once in the past couple of months

Notes: Data were recalculated as weighted averages for 11- to 15-year-olds. Data for the United States are from HBSC 2009/2010 as the country did not participate in the 2013/2014 round. Data for Belgium are a weighted average of the Flemish and French samples. Data for the United Kingdom are a weighted average of the samples in England, Scotland and Wales.
 Source: HBSC 2009/2010 and 2013/2014.



ATTACKS ON SCHOOLS DURING CONFLICT

For the estimated 158 million school-age children and adolescents (6 to 17 years) living in the 24 countries and areas affected by armed conflict, schools do not necessarily represent a safe place to learn and socialize. In situations of conflict and insecurity, schools can be vulnerable to both targeted and indiscriminate attacks, and are sometimes used for military purposes. Such volatile situations can interfere with the normal functions of educational institutions, hinder the ability of school personnel to carry out their responsibilities, impact student attendance or force schools to shut down.





Attacks on schools are included as one of the six grave violations condemned by the United Nations Security Council. Since 2012, the Secretary-General's Report on Children and Armed Conflict identifies and lists the armed forces and groups that have attacked schools or school personnel.⁴⁴ According to the 2017 Report on Children and Armed Conflict, there were around 400 verified attacks or threats of attacks on schools during 2016, with an additional 81 documented attacks or threats of attacks on schools that remained unverified. These close to 500 incidents occurred in 14 countries or areas with situations on the agenda of the Security Council (Afghanistan, the Central African Republic, Colombia, the Democratic Republic of the Congo, Iraq, Israel, Lebanon, Mali, Myanmar, Somalia, State of Palestine, the Sudan, the Syrian Arab Republic and Yemen) and four countries with other situations (India, Pakistan, the Philippines and Thailand).⁴⁵

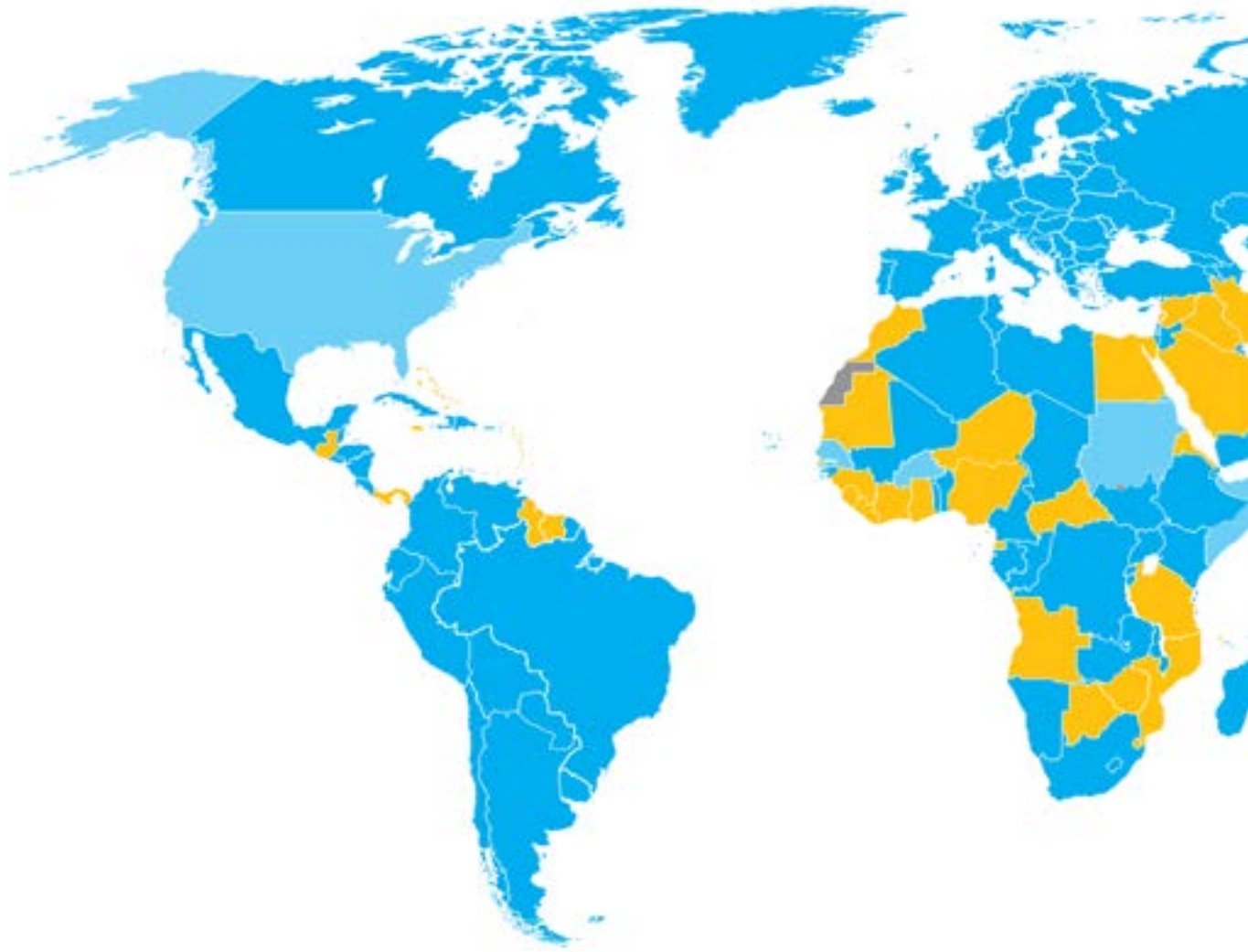
SCHOOL SHOOTINGS

Even during times of relative peace, children can find themselves vulnerable to violent attacks while at school. The disturbing trend of school shootings that has unfolded over the past two decades is a tragic testament to this fact.

Between November 1991 and December 2016, 59 school shootings involving two or more victims, with at least one fatality, were documented in 14 countries.⁴⁶ The largest number of these incidents – a total of 43, or nearly 3 in 4 – occurred in the United States. Nine of the documented school shootings took place in seven European countries, while the remaining seven incidents occurred in other countries of North America, South America, East Asia, Southern Africa and the Middle East.⁴⁷

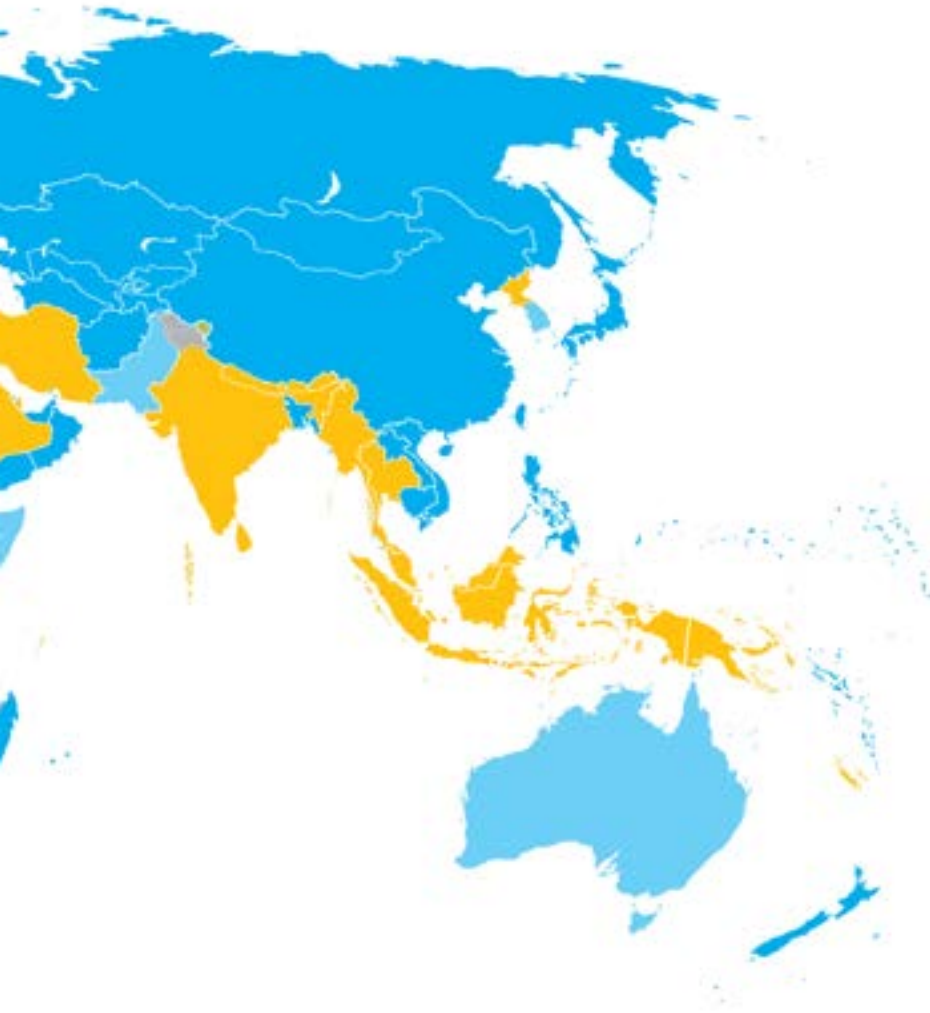
Worldwide, **HALF** of all school-age children (6 to 17) live in countries where corporal punishment at school is not fully prohibited, leaving **732 MILLION** children without legal protection

-  Corporal punishment at school not prohibited
-  Corporal punishment at school partially prohibited
-  Corporal punishment at school fully prohibited
-  No information



Notes: This map is stylized and not to scale. It does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. In addition, the final boundary between the Sudan and South Sudan has not yet been determined, and the final status of the Abyei area has not yet been determined.

Source: Global Initiative to End All Corporal Punishment of Children, <www.endcorporalpunishment.org>.



CORPORAL PUNISHMENT BY TEACHERS

Article 28(2) of the Convention on the Rights of the Child explicitly mandates that children be protected from violent discipline while at school, stating that “States Parties shall take all appropriate measures to ensure that school discipline is administered in a manner consistent with the child’s human dignity and in conformity with the present Convention.”⁴⁸ Still, children living in 73 countries today lack full legal protection from this form of violence. And even where it has been outlawed, its use may continue.

While limited data exist about children’s exposure to corporal punishment by teachers, data collected in 2009 found that in India’s Andhra Pradesh and Telangana states, 78 per cent of children aged 8 years and 34 per cent of adolescents aged 15 years reported that they had been physically punished once, twice, most or all of the time during the past week by teachers at school. In Ethiopia, 38 per cent and 12 per cent of children aged 8 and 15 years, respectively, reported physical punishment by teachers in the past week at least once, while in Peru, physical punishment perpetrated by teachers at least once in the past week was reported by 30 per cent of children aged 8 and 7 per cent of those aged 15. In Viet Nam, while at least one experience of physical punishment by teachers in the past week was reported by 20 per cent of children aged 8, only 1 per cent of those aged 15 reported this experience.⁴⁹

Across all four countries, boys aged 8 were consistently more likely to report experiences of corporal punishment by teachers than girls of the same age, and the proportions of students who reported witnessing a teacher administer corporal punishment on other students during the past week were even higher than reports of direct experiences.⁵⁰



**PROGRAMMES
IN FOCUS:**
ENDING VIOLENCE
AGAINST CHILDREN
IN SCHOOLS

To help reduce the level of school violence, UNICEF works with government policymakers, teachers, administrators, parents, students and other partners in more than 70 countries. Among other priorities, UNICEF advocates for the adoption of laws prohibiting corporal punishment in schools. It also helps raise awareness and build the capacity of teachers and other school staff, as well as children and parents, to prevent the many forms of violence that children experience in educational settings.

PROMOTING POSITIVE SCHOOL DISCIPLINE IN CAMBODIA

In 2013, a survey on violence against children in Cambodia revealed that more than half of male and female respondents aged 18 to 24 reported at least one experience of physical violence prior to the age of 18, including severe beating, hitting and slapping. And teachers were among the most frequent perpetrators of violence outside the home environment.⁵¹

In response to these findings, the Government partnered with civil society organizations and committed to addressing the issue of violence against children in schools. A costed interministerial action plan to prevent and respond to violence against children has been finalized and will be launched in November 2017, with prevention in schools as a key component.

UNICEF is supporting violence prevention in schools through the school-based **Positive Discipline Programme**, which provides in-service teacher training. The programme's training package, which includes a child-friendly schools manual and accompanying tools on positive discipline and class management, is designed to help educators understand the different types of violence and their responsibility to prevent it – a responsibility shared by school principals, students and parents. The training emphasizes that teaching children better behaviour is more effective than punishing them.

According to preliminary feedback from participants, attitudes towards corporal punishment are changing and newly introduced techniques are improving classroom management. Many schools have conducted courses in positive discipline, involving school staff as well as village chiefs, monks, school support committees and student councils. In a win for the sustainability of positive approaches to school discipline, the Government of Cambodia now plans to extend the courses to selected provincial teacher-training colleges.

MAKING SCHOOLS SAFER IN CROATIA

In 2003, the Ministry of Science, Education and Sport, the Education and Teacher Training Agency and UNICEF launched **For a Safe and Enabling School Environment**, an anti-violence initiative. The programme's aims were twofold: to raise public awareness about how physical and verbal violence and bullying affect schoolchildren, and to advance school-based interventions aimed at lowering the incidence of peer violence. It promoted children's participation in these activities, fostering a safe school environment not only to protect students but also to further their education and development.

Over the years, evaluations have found that fewer children experienced bullying or bullied others, and that students felt safer overall, as a result of the programme.⁵² The evaluation conducted in 2008, for example, indicates that rates of frequent bullying in targeted schools had been reduced by half between 2004 and 2008. To make these results more sustainable, the 2012 evaluation recommended integrating safe and enabling school environments into the country's general curriculum and its national framework on preventing violence against children.

The success of the programme in Croatia has led to similar initiatives in Bulgaria, Kazakhstan, Montenegro, Serbia and Slovenia, and a handbook describing the Croatian model has been disseminated to UNICEF country offices worldwide.

WORKING TO STOP SCHOOL BULLYING IN JAMAICA

Jamaica's first-ever national study on bullying and peer abuse – *Investigating the Prevalence and Impact of Peer Abuse (Bullying) on the Development of Jamaica's Children*, published in 2015 – found that 6 in 10 children had been bullied by a peer at some point. Nine in 10 students said they had witnessed others being bullied, and almost 30 per cent of children said they feared attending school because of bullying.⁵³ Commissioned by the Child Development Agency, Ministry of Youth and Culture, and funded by UNICEF, the study heightened awareness of the issue and the need to strengthen the capacity of organizations that are charged with safeguarding children from harm.

Study findings prompted renewed efforts to identify the underlying factors

that cause bullying, educate both children and teachers on how to address it and, ultimately, reduce the prevalence of bullying in schools. Specifically, they informed a review of Jamaica's Child Care and Protection Act and the development of a Safe School Policy by the Ministry of Education, Youth and Information. In addition to addressing bullying in schools, the Ministry's efforts include the **School-Wide Positive Behaviour Intervention and Support** programme, applying a team-based, whole-school approach. The new policy sets guidelines to establish a culture of safety in all schools by securing school grounds and dealing with bullying and other challenges – such as the presence of drugs and weapons, gang culture, and online violence and harassment of students.

BUILDING PEACE IN THE SCHOOLS OF CÔTE D'IVOIRE

Although peace was restored in Côte d'Ivoire in 2011, the country is still feeling the effects of a decade of conflict and political crisis during which schools were attacked and student unions were used to spread hatred, stigma, intimidation and violence. After the crisis ended, the Government banned violent student unions and introduced **Peace Clubs** – student-led groups engaged in conflict prevention and resolution. The clubs are based on the understanding that children have a crucial role in peace-building.

The Peace Clubs programme started in 2013 through a partnership involving the Government, UNICEF and the NGO Search for Common Ground. Through the programme, teachers, students and parents participate in training on conflict prevention, constructive dialogue, mediation and peace-building techniques. Students who participate in the training then lead conflict-reduction initiatives in their schools.

According to a 2015 evaluation, programme participants showed a general increase in tolerance and non-violent behaviour,⁵⁴ and conflicts decreased or were mostly resolved without violence in participating schools. One participant, a young man named Stephane, said he was the leader of a violent youth gang during the conflict. "From the age of eight, I knew how to hold and shoot a gun," he recalled. Stephane turned a corner when a friend persuaded him to join the Peace Club at their school. He soon became the leader of the club, inviting many other former members of gangs to join and becoming a model of peaceful conflict resolution. "I'm no longer the violent child that I was yesterday," he explained. "I wanted to transform my negative past into a positive future."



VIOLENT DEATHS AMONG ADOLESCENTS

Every **7** minutes, somewhere in the world, an adolescent is killed by an act of violence. In 2015 alone, violence took the lives of around **82,000** adolescents worldwide. Those aged 15 to 19 are particularly vulnerable, being three times more likely to die violently than younger adolescents aged 10 to 14.

More adolescent deaths result from interpersonal than collective violence. In 2015, nearly **2 IN 3** victims died of homicide, while the rest were killed by conflicts.

While only about **6%** of the world's adolescents live in the Middle East and North Africa, more than **70%** of adolescents who died in 2015 due to collective violence were living in this region – with mortality rates having risen dramatically since 2011. If all adolescents faced the same risk of dying due to collective violence as those in the Syrian Arab Republic, there would be an adolescent death in the world every **10** seconds.

Latin America and the Caribbean is the only region that has seen an increase (albeit relatively small) in homicide rates among adolescents aged 10 to 19 since 2007. Slightly less than **10%** of the world's adolescents live in the region, but nearly half of all homicides among adolescents in 2015 occurred there. The five countries with the highest homicide rates among adolescents are all located in Latin America.

In the United States, the homicide rate among non-Hispanic Black adolescent boys aged 10 to 19 is almost **19** times higher than the rate among non-Hispanic White adolescent boys. If the homicide rate among non-Hispanic Black adolescent boys was applied nationwide, the United States would be one of the top 10 most deadly countries in the world. In 2015, the risk of being killed by homicide for non-Hispanic Black adolescent boys in the United States was higher than the risk of dying due to collective violence for adolescent boys living in a number of conflict-affected countries. Non-Hispanic Black girls in the United States also face an increased risk of homicide, with a rate that is around **FIVE** times greater than that of non-Hispanic White adolescent girls.



KEY DEFINITIONS USED IN THIS SECTION

Interpersonal violence: Homicides or injuries inflicted by another person with intent to injure or kill by any means.⁵⁶

Collective violence and legal intervention: Injuries to civilians and military personnel caused by war and civil insurrection, or injuries inflicted by the police, other law-enforcement agents and on-duty military personnel in the course of arresting or attempting to arrest lawbreakers, suppressing disturbances, maintaining order and other legal action.⁵⁷ Because deaths due to legal intervention are rare in most countries/regions, this cause of death is frequently referred to as 'collective violence' in this report for readability.

Violent deaths: Killings due to interpersonal or collective violence and legal intervention. Deaths due to self-harm (i.e., suicides) are not included.

TECHNICAL NOTE ON MORTALITY DATA

Estimates of mortality are derived from the Global Health Estimates for 2000 through 2015 produced by the World Health Organization (WHO). These figures are obtained through a standardized set of statistical analyses that produce comprehensive and comparable estimates on all causes of death, including figures on fatalities due to violence. The use of such estimates to draw conclusions on levels, trends and patterns requires a correct understanding of their strengths and limitations and needs to be undertaken with some degree of caution.

Through the WHO Mortality Database, countries report cause-of-death statistics – by year, cause, age and sex – on an annual basis. Estimates were produced based on statistics from the 183 WHO member States that had populations greater than 90,000 in 2015 and met other criteria for inclusion. By the end of October 2016, 69 States, many of them high-income countries, had reported death registration data in the Mortality Database that were deemed to be of good quality;⁵⁸ these data were directly used to produce estimates of cause-specific deaths.

For countries that did not meet the inclusion criteria, WHO drew on multiple sources, including: all-cause child and adult mortality estimates produced by WHO, other United Nations agencies, and the Interagency Group on Child Mortality Estimation;⁵⁹ updated assessments of levels and trends for specific causes of death, including homicide and conflict deaths,⁶⁰ by WHO programmes and inter-agency groups; and updated analyses for other cause-specific deaths from the *Global Burden of Disease Study (GBD) 2015*, led by the Institute for Health Metrics and Evaluation.⁶¹ Prior to publication of the final estimates, consultations were conducted with around 100 countries in order to obtain feedback on the draft estimates, and to gather any additional cause-of-death data that could be helpful to understanding the epidemiological profile of the country.

To calculate estimates of deaths due to homicide, statistics from vital registration and criminal justice systems published in the *Global Status Report on Violence Prevention 2014*⁶² for 2000 to 2012 were projected forward to 2015 using recent trends in death registration data where available, or the trend for recent

years to 2015 from the GBD 2015. Country-specific estimates of conflict-related deaths were updated using methods that draw on information on conflict intensity, time trends and mortality obtained from a number of war mortality databases.⁶³ Estimates of deaths resulting from homicide and collective violence are highly uncertain in countries without good death registration data. Where they exist, death registration systems often break down or fail to fully capture the number of deaths when substantial conflict situations occur. Age patterns of homicide and conflict-related deaths are generally derived from limited data for specific countries and conflicts.⁶⁴

The most recent WHO estimates draw on newly available data and on the results of the GBD 2015 study, and there have been substantial revisions to calculation methods for many causes. Therefore, estimates for 2000 through 2015 are not directly comparable with the WHO estimates for 2000 through 2012, or earlier versions. Additionally, it should be noted that the estimates may not be the same as official national estimates and have not necessarily been endorsed by WHO member States.

As girls and boys move through adolescence, they begin to spend increasing amounts of time in an ever-expanding social environment within and beyond their immediate networks, interacting with a wider array of people. This widening of the social world, while beneficial in many respects, also creates situations in which children may be exposed to new forms of violence. The increased risk of victimization during adolescence is **evident when looking at age-related patterns** of deaths due to violence. As children enter the second decade of their lives, the mortality rate from violence more than doubles what it had been during their first 10 years of life.

Globally, an estimated **1.2 million** adolescents aged 10 to 19 died from all causes in 2015. For girls, the leading cause of death changes from lower respiratory infections among younger adolescents (aged 10 to 14) to maternal conditions among older adolescents (aged 15 to 19). For older adolescent boys, **interpersonal violence** is the second most prevalent cause of death, after road injuries, while it is not among the top factors among younger adolescent boys.⁶⁵

While some causes of death, such as unintentional injuries, figure prominently everywhere, others have a **distinct regional pattern**. For instance, interpersonal violence is among the main causes of adolescent deaths in Latin America and the Caribbean, while communicable diseases and HIV and AIDS claim the greatest number of adolescent lives in sub-Saharan Africa. In the Middle East and North Africa, the driving force behind adolescent deaths is conflict.

Around **125 million** adolescents aged 10 to 19 are living in countries and areas affected by **armed conflict**.⁶⁶ For the adolescents living in these settings, the risks they face can range from psychological or emotional trauma to being recruited or used by armed forces or groups, or dying as a result of being caught in the crossfire. While accurately counting the number of conflict-related deaths remains challenging, particularly among children, available modelled estimates suggest that in 2015, the most recent year for which such figures are available, **more than 30,000** adolescents died due to war or civil insurrection, and police or military intervention.⁶⁷ These deaths were primarily concentrated in one region: the **Middle East and North Africa**.

Though fatalities during times of conflict are common, most violent deaths result from interpersonal violence. In 2015, **homicide** took the lives of around **51,000** adolescents worldwide, representing roughly 1 in 9 homicide victims that year. Most of these were older adolescents between the ages of 15 and 19, and they were more likely to have been boys. Among all adolescent boys (aged 10 to 19), the global homicide rate is four times higher than that of girls.

When it comes to the risk of dying as a result of homicide, the most dangerous region for an adolescent is **Latin America and the Caribbean**, where close to **70 adolescents die every day** due to interpersonal violence. The region's mortality rate in 2015 was five times higher than the global average. In this part of the world, an older adolescent is nearly 11 times more likely to be killed than a younger adolescent, and adolescent boys between the ages of 10 and 19 are around eight times more likely to be the victim of homicide than girls the same age. The homicide rate among adolescent girls in the region is nonetheless remarkably high compared to the rest of the world.

Several other individual-level factors have been linked to an increased risk of homicide, including **race**. In Brazil, the homicide rate in 2014 among adolescent boys of African descent or multiracial origins was nearly three times that of boys who were White.⁶⁸ In the United States, the homicide rate among non-Hispanic Black adolescent boys aged 10 to 19 in 2015 was almost **19 times** higher than the rate among non-Hispanic White adolescent boys.⁶⁹ In both countries, girls of African heritage also face an increased risk of homicide.⁷⁰

However, race and other individual factors should be viewed in light of the fact that children and adolescents from marginalized groups also tend to be more likely to live in communities with macro-level dynamics that have been linked to higher levels of homicide.⁷¹ These factors include income and social inequality, availability of weapons, presence of drug trafficking, widespread use of drugs and/or alcohol, lack of employment opportunities, disorganized urbanization and urban segregation.⁷²

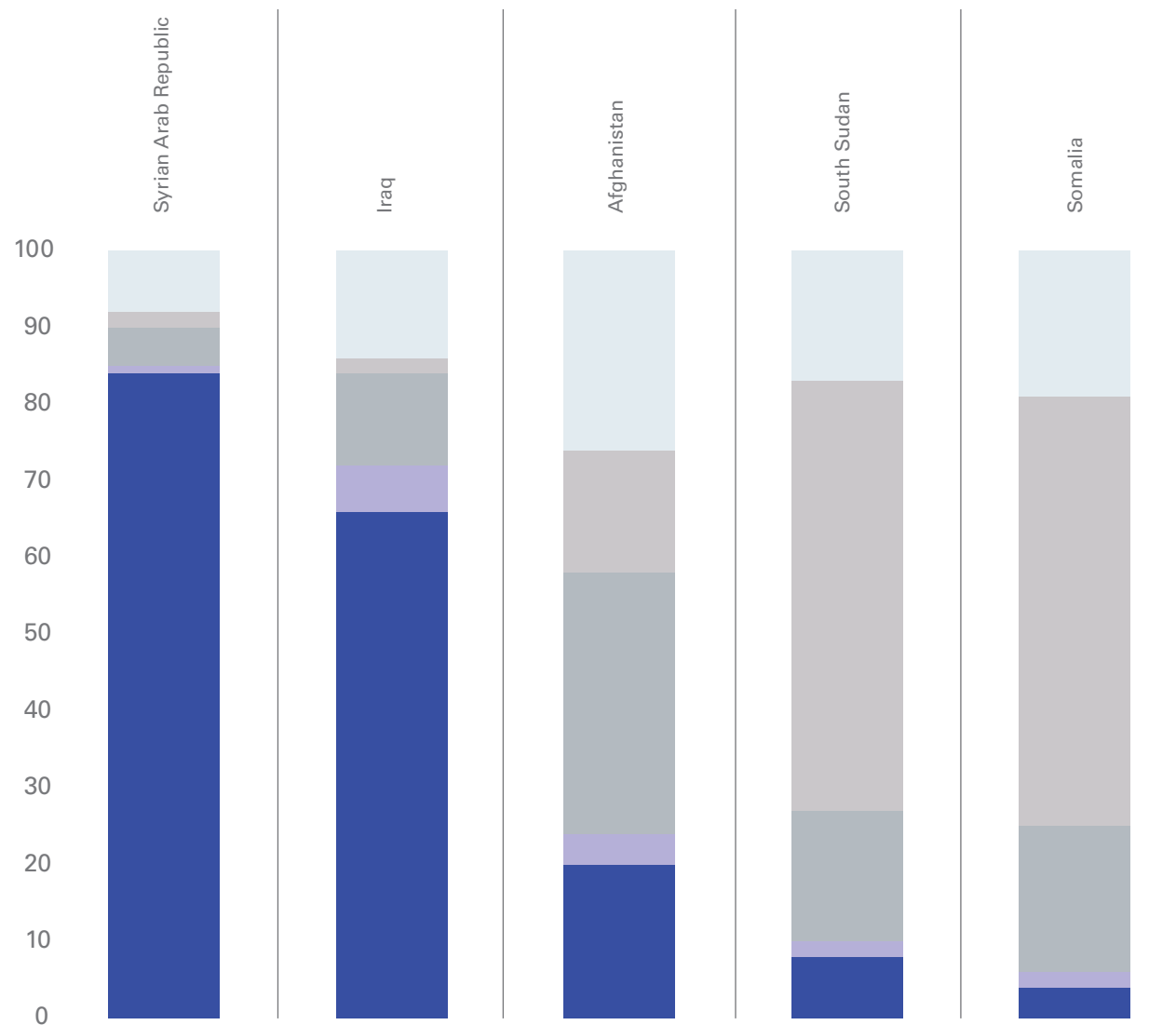
Nearly **3 IN 4** adolescents in the world who died as a result of **COLLECTIVE VIOLENCE** in 2015 lived in the Middle East and North Africa

Region	Number of deaths	Rate per 100,000		
		Total	Boys	Girls
Middle East and North Africa	22,000	29.9	35.6	23.9
West and Central Africa	2,000	1.9	2.4	1.3
Eastern and Southern Africa	1,700	1.4	1.8	1.0
South Asia	4,600	1.3	1.6	1.1
Eastern Europe and Central Asia	200	0.4	0.6	0.3
East Asia and the Pacific	400	0.1	0.2	0.1
Latin America and the Caribbean	150	0.1	0.2	0.1
North America	<10	0.0	0.0	0.0
Western Europe	<10	0.0	0.0	0.0
World	31,000	2.6	3.1	2.0

Number of deaths and mortality rate (deaths per 100,000) due to collective violence among adolescents aged 10 to 19 years, by region and by sex, in 2015

Notes: Figures in this table have been rounded. Zeroes appearing in the table do not necessarily mean there were no victims in these regions, but rather that the recalculated rate came to zero after rounding. The sum of deaths by region differs from the world total due to rounding.

Source: World Health Organization, *Global Health Estimates 2015: Deaths by cause, age and sex, by country and by region, 2000–2015*, WHO, Geneva, 2016, recalculated by UNICEF.



Among adolescents in the Syrian Arab Republic and Iraq, the **LEADING CAUSE** of death is collective violence

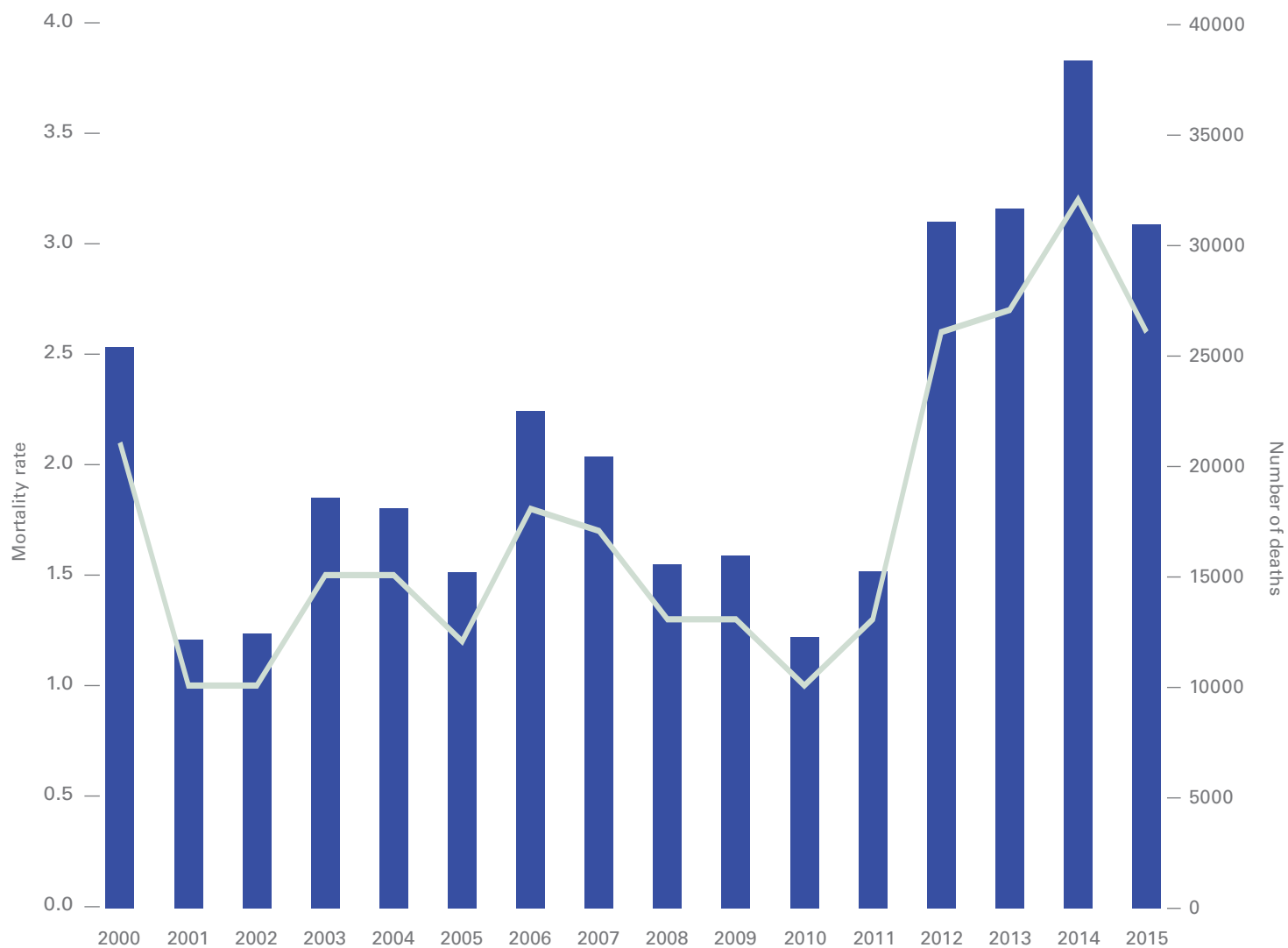
- Non-communicable diseases
- Communicable diseases, maternal, neonatal and nutritional conditions
- Unintentional injuries
- Other intentional injuries
- Collective violence

Percentage distribution of deaths among adolescents aged 10 to 19 years in 2015, by cause, in the five countries with the highest rates of death due to collective violence worldwide among this population group

Note: All countries in the above chart had national death registration data that were unavailable or unusable due to quality issues; therefore, the estimates are uncertain and should be interpreted with caution.

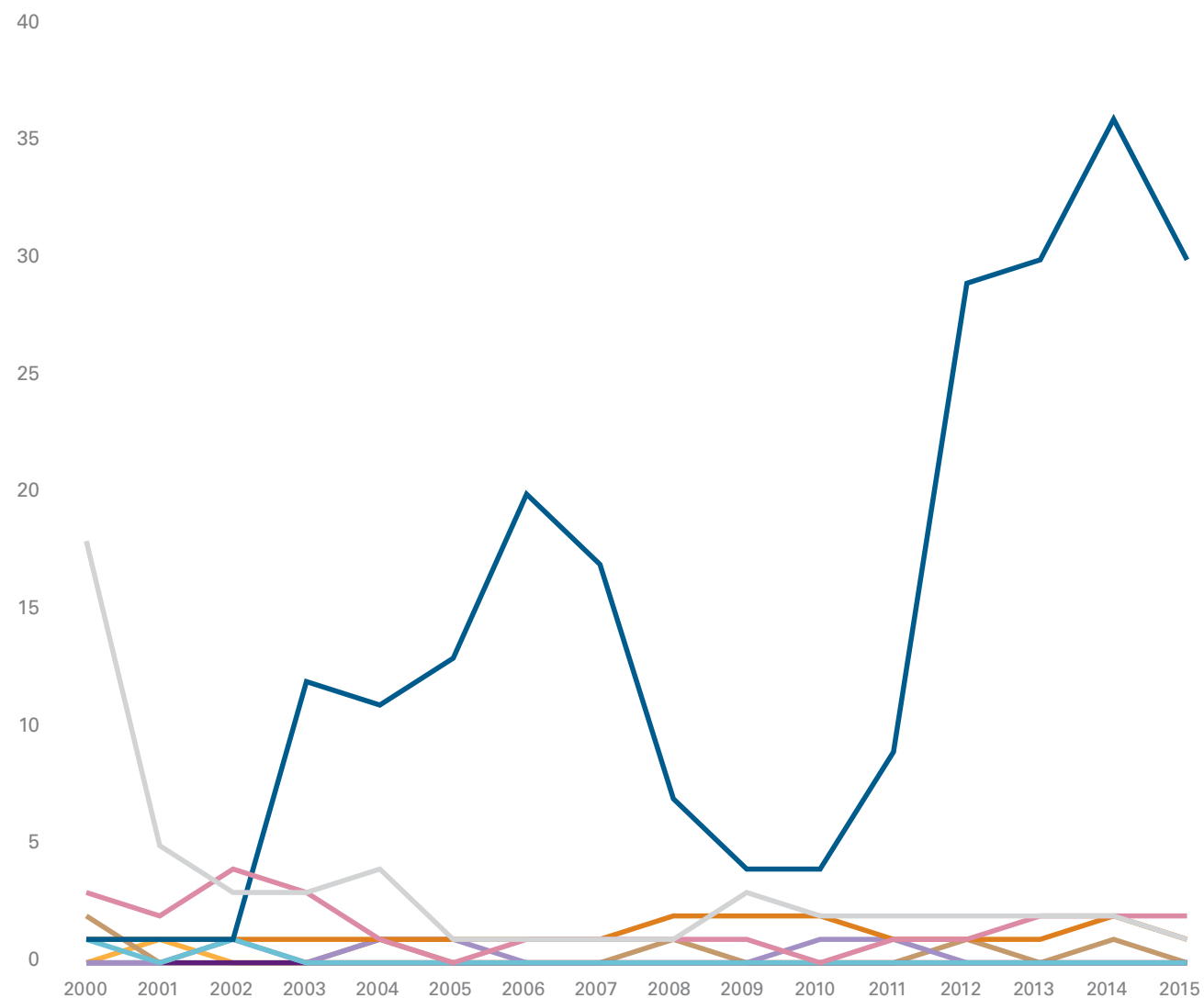
Source: World Health Organization, *Global Health Estimates 2015: Deaths by cause, age and sex, by country and by region, 2000–2015*, WHO, Geneva, 2016, recalculated by UNICEF.

From 2001 to 2011, global mortality rates from collective violence remained relatively stable but have since **INCREASED**, largely driven by dramatic rises in the Syrian Arab Republic



Number of deaths and mortality rate (deaths per 100,000) due to collective violence among adolescents aged 10 to 19 years, 2000 to 2015

Source: World Health Organization, *Global Health Estimates 2015: Deaths by cause, age and sex, by country and by region, 2000–2015*, WHO, Geneva, 2016, recalculated by UNICEF.



In the Middle East and North Africa region, the mortality rate from collective violence among adolescents has dramatically **INCREASED** since 2011

Mortality rate (deaths per 100,000) due to collective violence among adolescents aged 10 to 19 years, by region, 2000 to 2015

Source: World Health Organization, *Global Health Estimates 2015: Deaths by cause, age and sex, by country and by region, 2000–2015*, WHO, Geneva, 2016, recalculated by UNICEF.

In 2015, the **HOMICIDE** rate in Latin America and the Caribbean was **FIVE** times higher than the global average

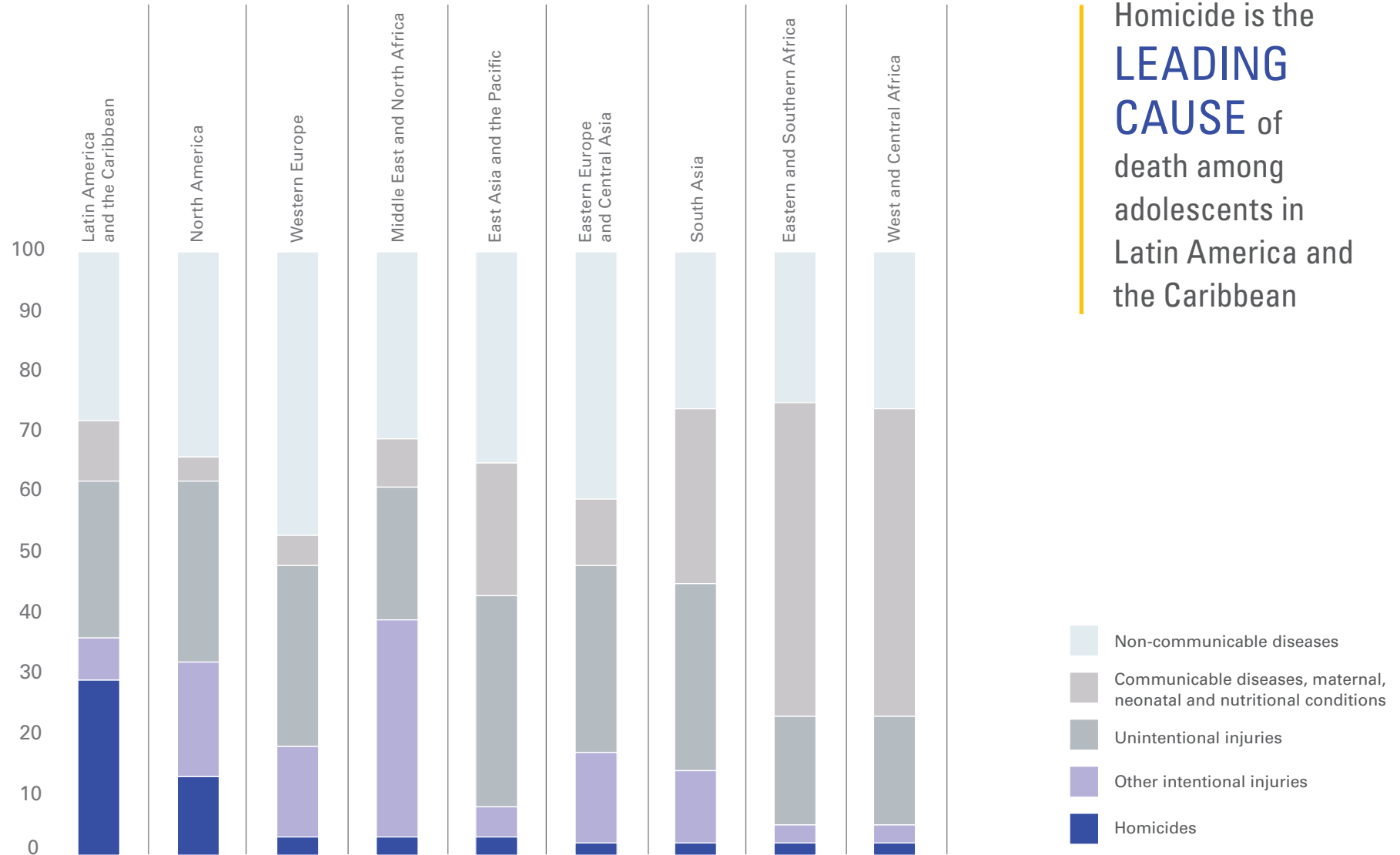
Region	Number of deaths	Rate per 100,000		
		Total	Boys	Girls
Latin America and the Caribbean	24,500	22.1	38.5	5.1
West and Central Africa	6,000	5.4	8.1	2.6
Eastern and Southern Africa	5,000	4.1	6.5	1.7
North America	1,600	3.6	5.9	1.2
Middle East and North Africa	2,200	3.1	4.7	1.4
South Asia	6,700	2.0	2.6	1.2
East Asia and the Pacific	4,300	1.5	2.3	0.6
Eastern Europe and Central Asia	700	1.4	1.9	0.8
Western Europe	200	0.4	0.6	0.3
World	51,300	4.3	6.8	1.6

Number of deaths and mortality rate (deaths per 100,000) due to homicide among adolescents aged 10 to 19 years, by region and by sex, in 2015

Notes: Figures in this table have been rounded. The sum of deaths by region differs from the world total due to rounding.

Source: World Health Organization, *Global Health Estimates 2015: Deaths by cause, age and sex, by country and by region, 2000–2015*, WHO, Geneva, 2016, recalculated by UNICEF.

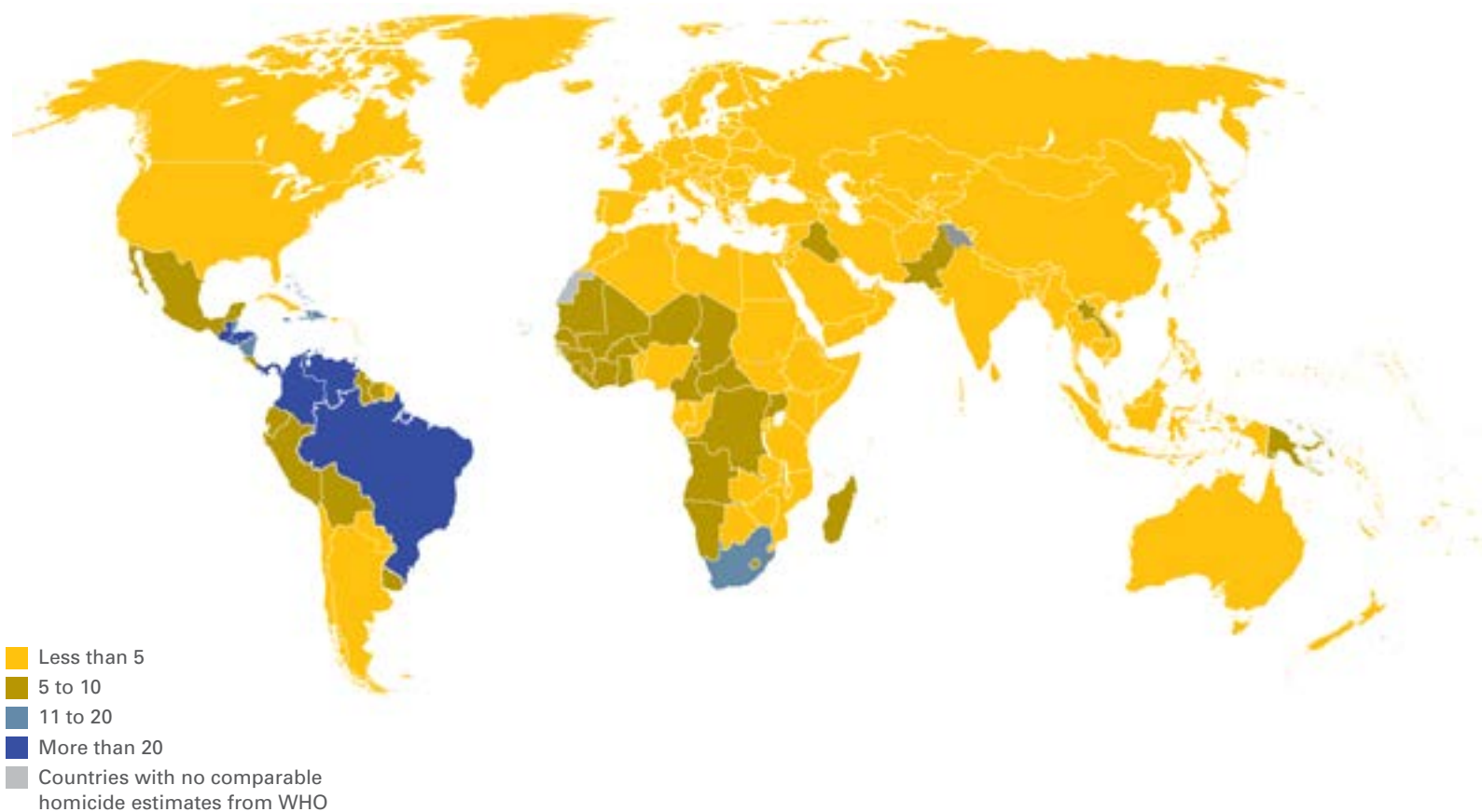
Homicide is the **LEADING CAUSE** of death among adolescents in Latin America and the Caribbean



Percentage distribution of deaths among adolescents aged 10 to 19 years in 2015, by cause and by region

Source: World Health Organization, *Global Health Estimates 2015: Deaths by cause, age and sex, by country and by region, 2000–2015*, WHO, Geneva, 2016, recalculated by UNICEF.

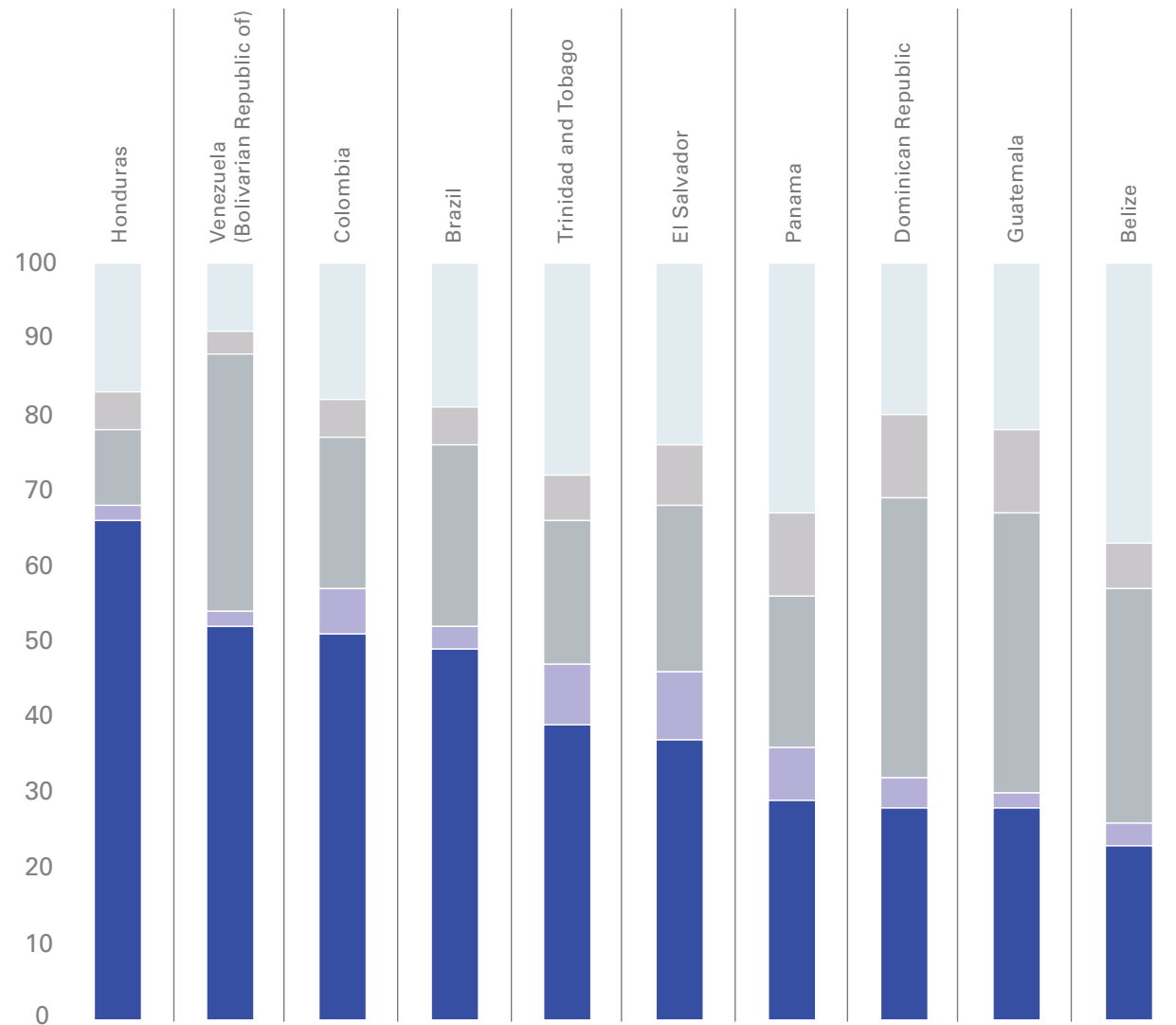
The **FIVE** countries with the highest homicide rates among adolescents (the Bolivarian Republic of Venezuela, Honduras, Colombia, El Salvador and Brazil) are home to only 1 in 20 of the world's adolescents, yet more than **1 IN 3** adolescent homicides occur in these countries



Mortality rate (deaths per 100,000) due to homicide among adolescents aged 10 to 19 years, in 2015

Notes: This map is stylized and not to scale. It does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. In addition, the final boundary between the Sudan and South Sudan has not yet been determined, and the final status of the Abyei area has not yet been determined. WHO Global Health Estimates are only available for WHO member States with populations greater than 90,000 in 2015. For detailed information on data quality and methods used for each country, see World Health Organization, <www.who.int/healthinfo/global_burden_disease/estimates/en/index1.html>.

Source: World Health Organization, *Global Health Estimates 2015: Deaths by cause, age and sex, by country and by region, 2000–2015*, WHO, Geneva, 2016, recalculated by UNICEF.



In Honduras, the Bolivarian Republic of Venezuela and Colombia, adolescent boys are **MORE LIKELY** to die from homicide than from all other causes combined

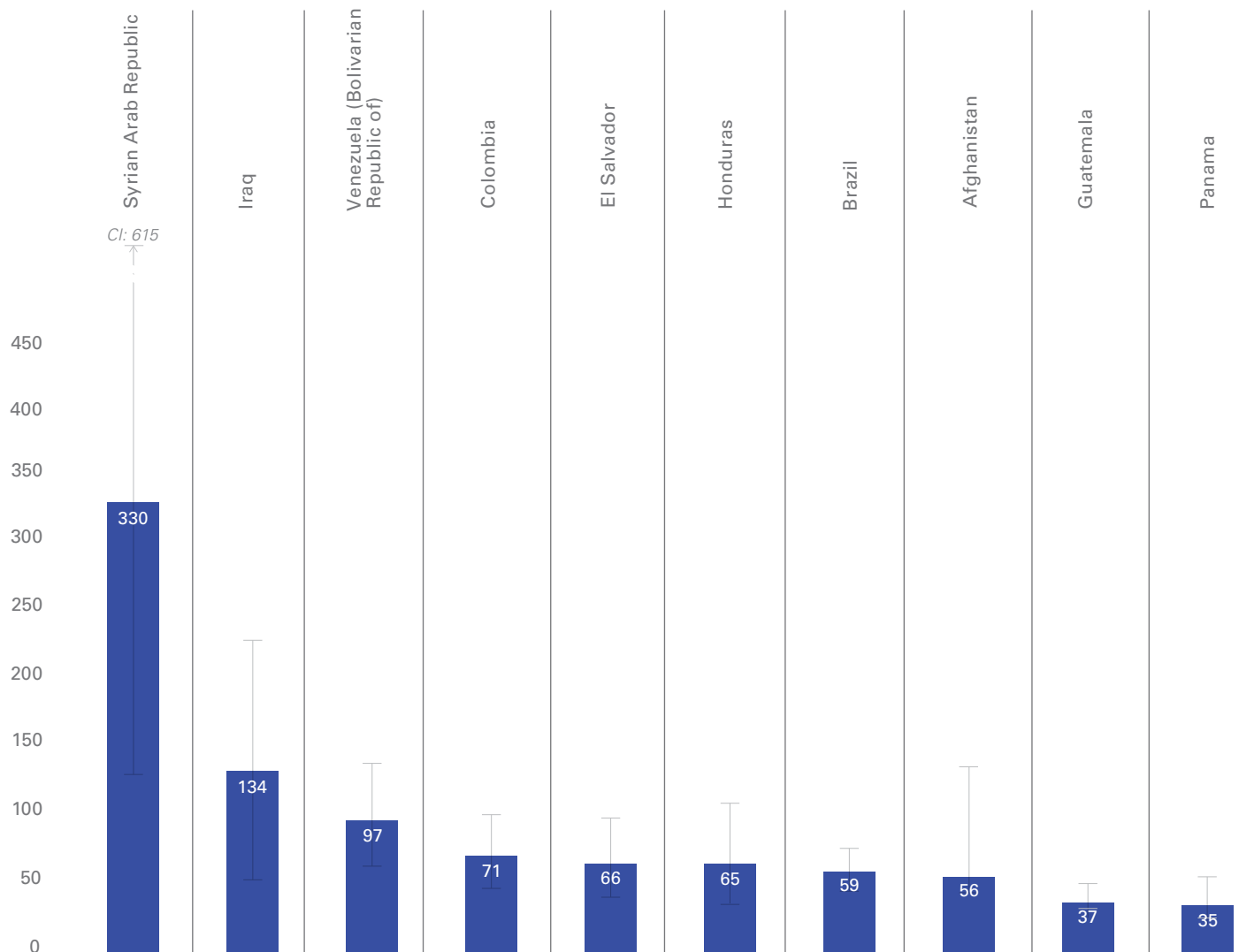


Percentage distribution of deaths among boys aged 10 to 19 years in 2015, by cause, in the ten countries with the highest homicide rates worldwide among this population group

Notes: Multiple years of national death registration data with high completeness and quality cause-of-death assignment were available for Colombia and Trinidad and Tobago. Multiple years of national death registration data with low completeness and/or moderate quality issues were available for Belize, Brazil, Guatemala, Panama and the Bolivarian Republic of Venezuela and comparison among countries should be interpreted with caution. Multiple years of national death registration data with low completeness and/or severe quality issues were available for the Dominican Republic and El Salvador and comparison among countries should be interpreted with caution. National death registration data were unavailable or unusable due to quality issues for Honduras; therefore, the estimates are uncertain and should be interpreted with caution.

Source: World Health Organization, *Global Health Estimates 2015: Deaths by cause, age and sex, by country and by region, 2000–2015*, WHO, Geneva, 2016, recalculated by UNICEF.

The
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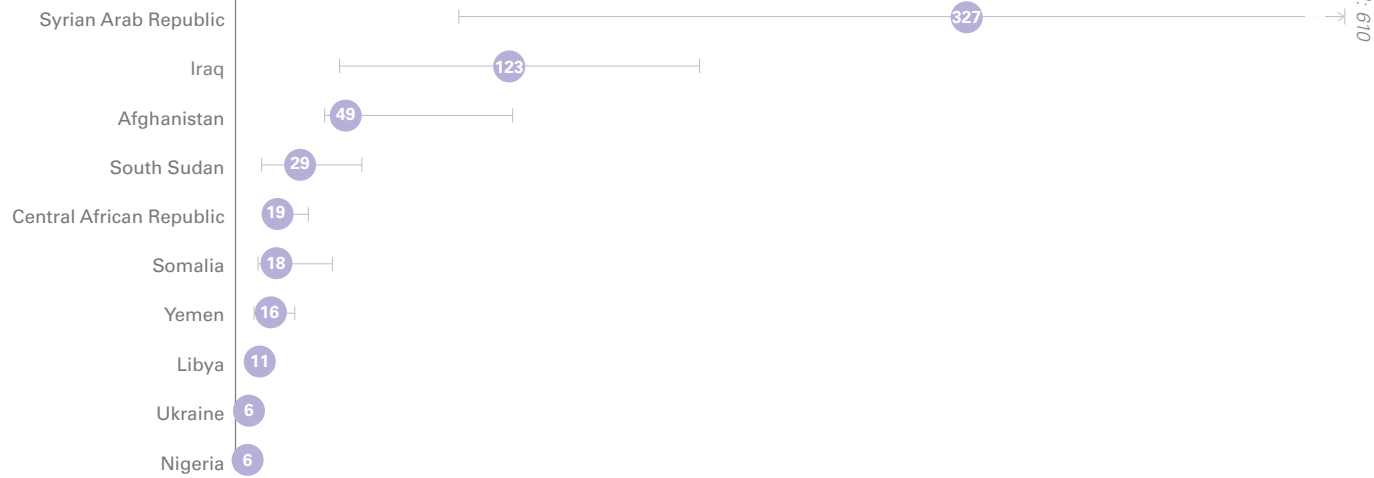


Ten countries with the highest mortality rate (deaths per 100,000) due to homicide and collective violence among boys aged 10 to 19 years, in 2015

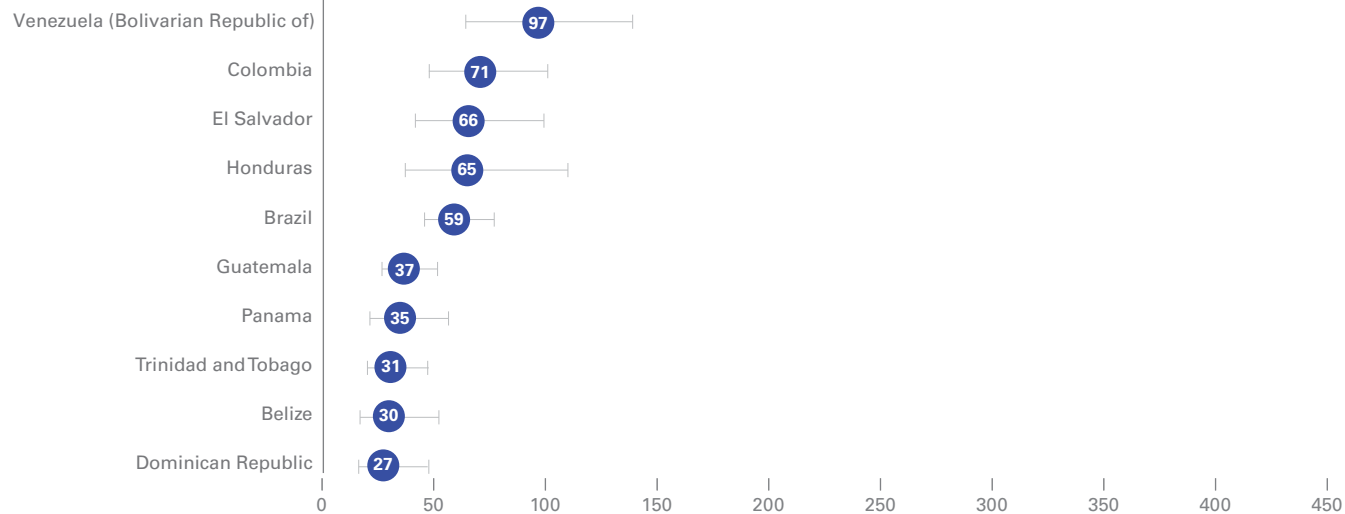
Notes: Multiple years of national death registration data with high completeness and quality cause-of-death assignment were available for Colombia. Multiple years of national death registration data with low completeness and/or moderate quality issues were available for Brazil, Guatemala, Panama and the Bolivarian Republic of Venezuela and comparison among countries should be interpreted with caution. Multiple years of national death registration data with low completeness and/or severe quality issues were available for El Salvador and comparison among countries should be interpreted with caution. National death registration data were unavailable or unusable due to quality issues for Afghanistan, Honduras, Iraq and the Syrian Arab Republic; therefore, the estimates are uncertain and should be interpreted with caution. Estimates for El Salvador, Guatemala, Honduras, Panama and the Bolivarian Republic of Venezuela reflect only deaths due to homicide since there were no estimated deaths due to collective violence in these countries. The confidence interval for the Syrian Arab Republic is denoted with a broken line since the upper limit extends beyond the chart area.

Source: World Health Organization, *Global Health Estimates 2015: Deaths by cause, age and sex, by country and by region, 2000–2015*, WHO, Geneva, 2016, recalculated by UNICEF.

Mortality rate from collective violence per 100,000



Homicide rate per 100,000



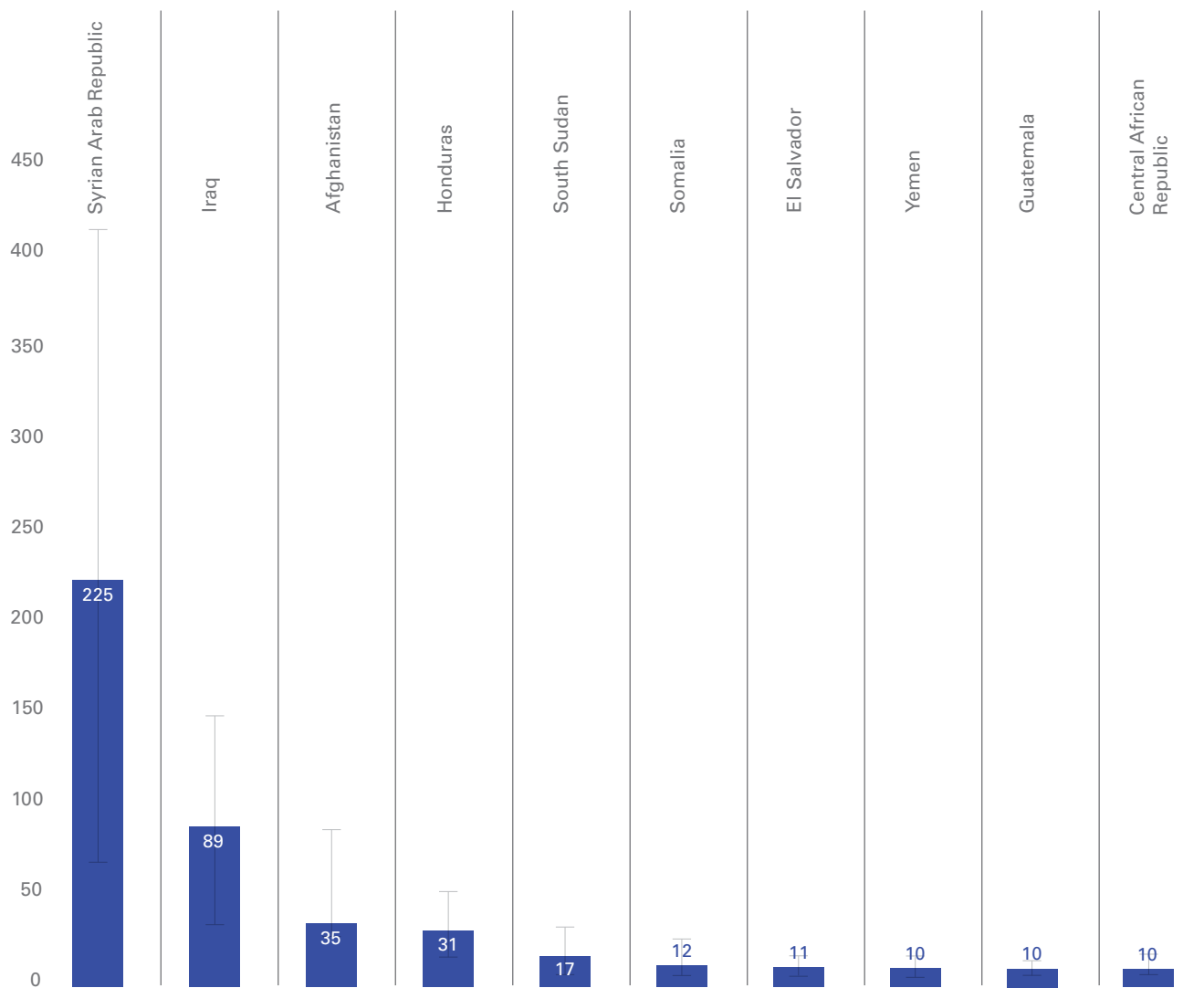
Ten countries with the highest mortality rates (deaths per 100,000) due to homicide and due to collective violence among boys aged 10 to 19 years, in 2015

Notes: Multiple years of national death registration data with high completeness and quality cause-of-death assignment were available for Colombia and Trinidad and Tobago. Multiple years of national death registration data with low completeness and/or moderate quality issues were available for Belize, Brazil, Guatemala, Panama, Ukraine and the Bolivarian Republic of Venezuela and comparison among countries should be interpreted with caution. Multiple years of national death registration data with low completeness and/or severe quality issues were available for the Dominican Republic and El Salvador and comparison among countries should be interpreted with caution. National death registration data were unavailable or unusable due to quality issues for Afghanistan, the Central African Republic, Honduras, Iraq, Libya, Nigeria, Somalia, South Sudan, the Syrian Arab Republic and Yemen; therefore, the estimates are uncertain and should be interpreted with caution. The confidence interval for the Syrian Arab Republic is denoted with a broken line since the upper limit extends beyond the chart area.

Source: World Health Organization, *Global Health Estimates 2015: Deaths by cause, age and sex, by country and by region, 2000–2015*, WHO, Geneva, 2016, recalculated by UNICEF.

For adolescent boys, the risk of being killed by homicide in some countries in Latin America and the Caribbean is **HIGHER** than the risk of dying from collective violence for adolescent boys living in certain conflict-affected countries

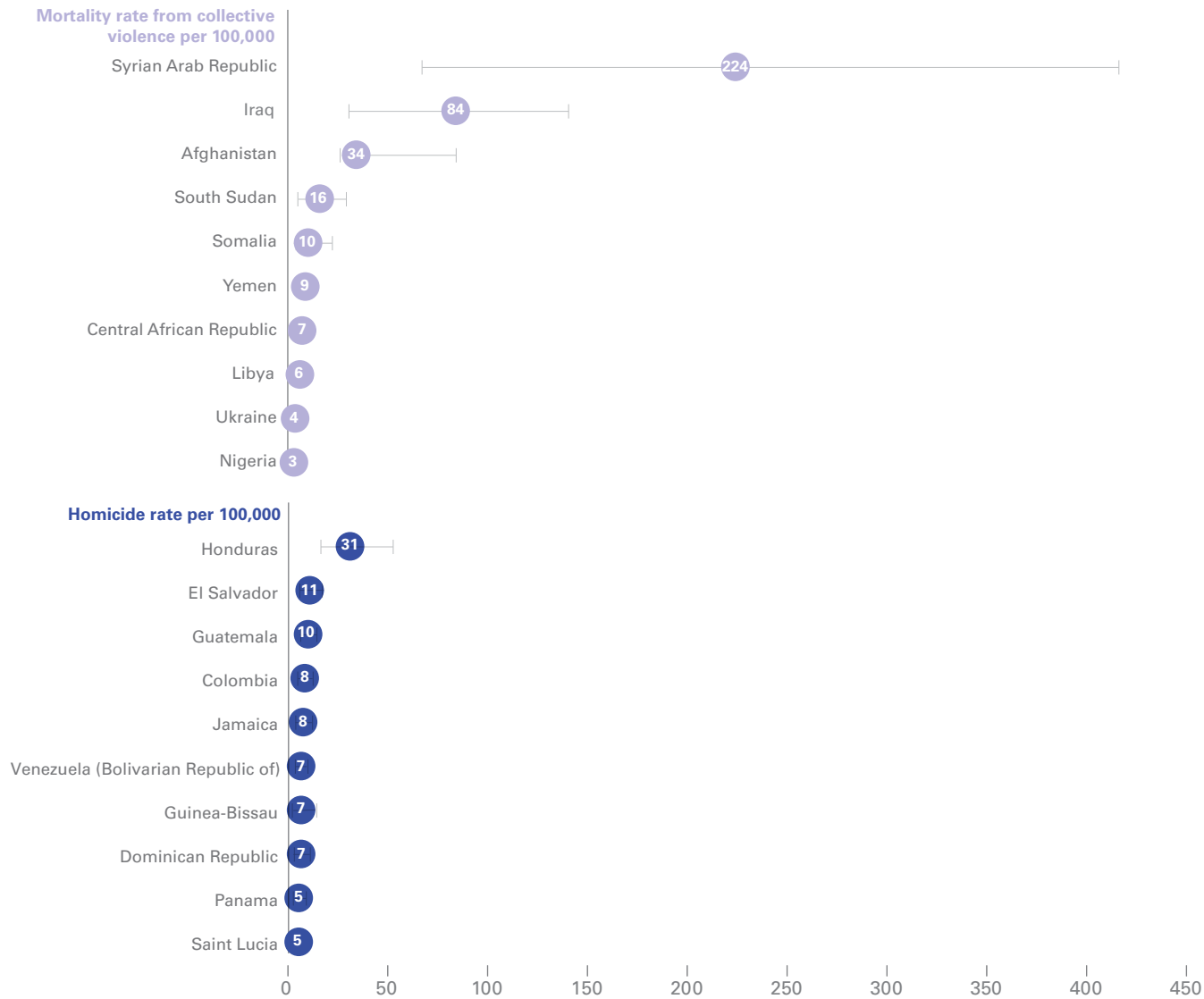
The
**MOST
 DEADLY**
 places in the
 world for
 adolescent
GIRLS



Ten countries with the highest mortality rate (deaths per 100,000) due to homicide and collective violence among girls aged 10 to 19 years, in 2015

Notes: Multiple years of national death registration data with low completeness and/or moderate quality issues were available for Guatemala, and comparison among countries should be interpreted with caution. Multiple years of national death registration data with low completeness and/or severe quality issues were available for El Salvador and comparison among countries should be interpreted with caution. National death registration data were unavailable or unusable due to quality issues for Afghanistan, the Central African Republic, Honduras, Iraq, Somalia, South Sudan, the Syrian Arab Republic and Yemen; therefore, the estimates are uncertain and should be interpreted with caution. Estimates for El Salvador, Guatemala and Honduras reflect only deaths due to homicide since there were no estimated deaths due to collective violence in these countries.

Source: World Health Organization, *Global Health Estimates 2015: Deaths by cause, age and sex, by country and by region, 2000–2015*, WHO, Geneva, 2016, recalculated by UNICEF.



Ten countries with the highest mortality rates (deaths per 100,000) due to homicide and due to collective violence among girls aged 10 to 19 years, in 2015

Notes: Multiple years of national death registration data with high completeness and quality cause-of-death assignment were available for Colombia. Multiple years of national death registration data with low completeness and/or moderate quality issues were available for Guatemala, Jamaica, Panama, Saint Lucia, Ukraine and the Bolivarian Republic of Venezuela and comparison among countries should be interpreted with caution. Multiple years of national death registration data with low completeness and/or severe quality issues were available for the Dominican Republic and El Salvador and comparison among countries should be interpreted with caution. National death registration data were unavailable or unusable due to quality issues for Afghanistan, the Central African Republic, Guinea-Bissau, Honduras, Iraq, Libya, Nigeria, Somalia, South Sudan, the Syrian Arab Republic and Yemen; therefore, the estimates are uncertain and should be interpreted with caution.

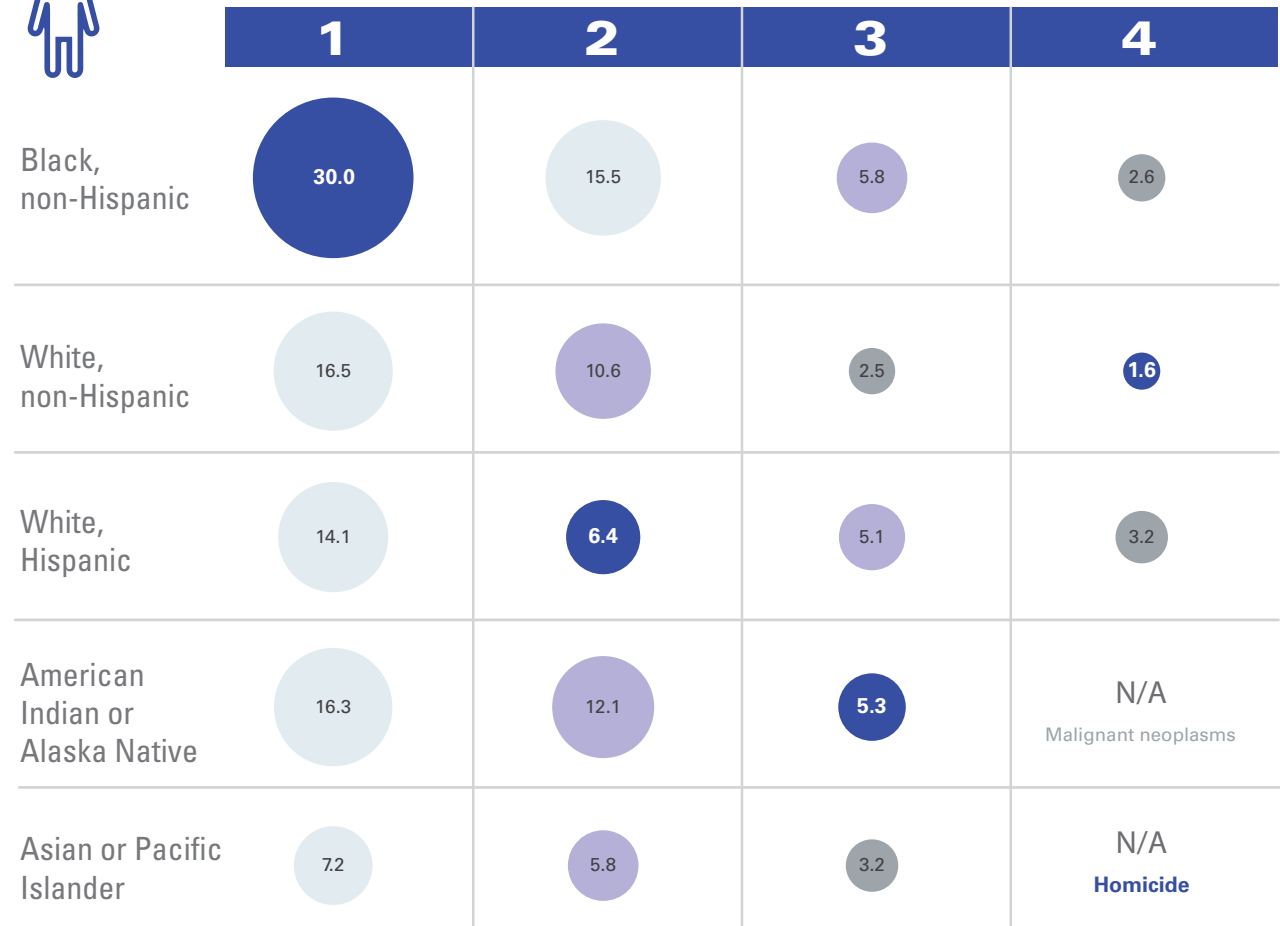
Source: World Health Organization, *Global Health Estimates 2015: Deaths by cause, age and sex, by country and by region, 2000–2015*, WHO, Geneva, 2016, recalculated by UNICEF.

Adolescent girls in some Latin American and Caribbean countries are **AS LIKELY** to die from homicide as girls in some conflict-affected countries are to die as a result of collective violence

In the United States, non-Hispanic **BLACK** adolescent boys are nearly **19 TIMES** more likely to die from homicide than non-Hispanic **WHITE** adolescent boys



TOP FOUR LEADING CAUSES OF DEATH, BOYS



- Unintentional injuries
- Homicide
- Suicide
- Malignant neoplasms

Mortality rate (deaths per 100,000) for the top four leading causes of death among boys aged 10 to 19 years, in 2015, in the United States, by race

Notes: n/a = Death rates based on counts of less than 20 are considered statistically unreliable and are not included. 'Black' includes African American and 'Hispanic' includes Latino. For detailed descriptions of the causes of death, refer to the International Statistical Classification of Diseases and Related Health Problems (10th revision), available at <<http://apps.who.int/classifications/icd10/browse/2010/en>>. All the rates for Black, Hispanic boys were based on counts of less than 20 and are therefore not included here.

Source: CDC WONDER, 'Multiple Cause of Death, 1999–2015', Centers for Disease Control and Prevention, National Center for Health Statistics, Atlanta, Ga., December 2016, <<http://wonder.cdc.gov/mcd-icd10.html>>. Data as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.



TOP FOUR LEADING CAUSES OF DEATH, GIRLS

	1	2	3	4
Black, non-Hispanic	6.9	3.8	2.3	1.9
White, non-Hispanic	8.3	4.0	2.2	0.8
White, Hispanic	5.4	2.4	2.4	1.1
American Indian or Alaska Native	9.7	7.8	N/A Heart diseases	N/A Chronic lower respiratory diseases
Asian or Pacific Islander	3.3	2.4	N/A Malignant neoplasms	N/A Heart diseases

Homicide is also a **PROMINENT** cause of death among non-Hispanic Black girls

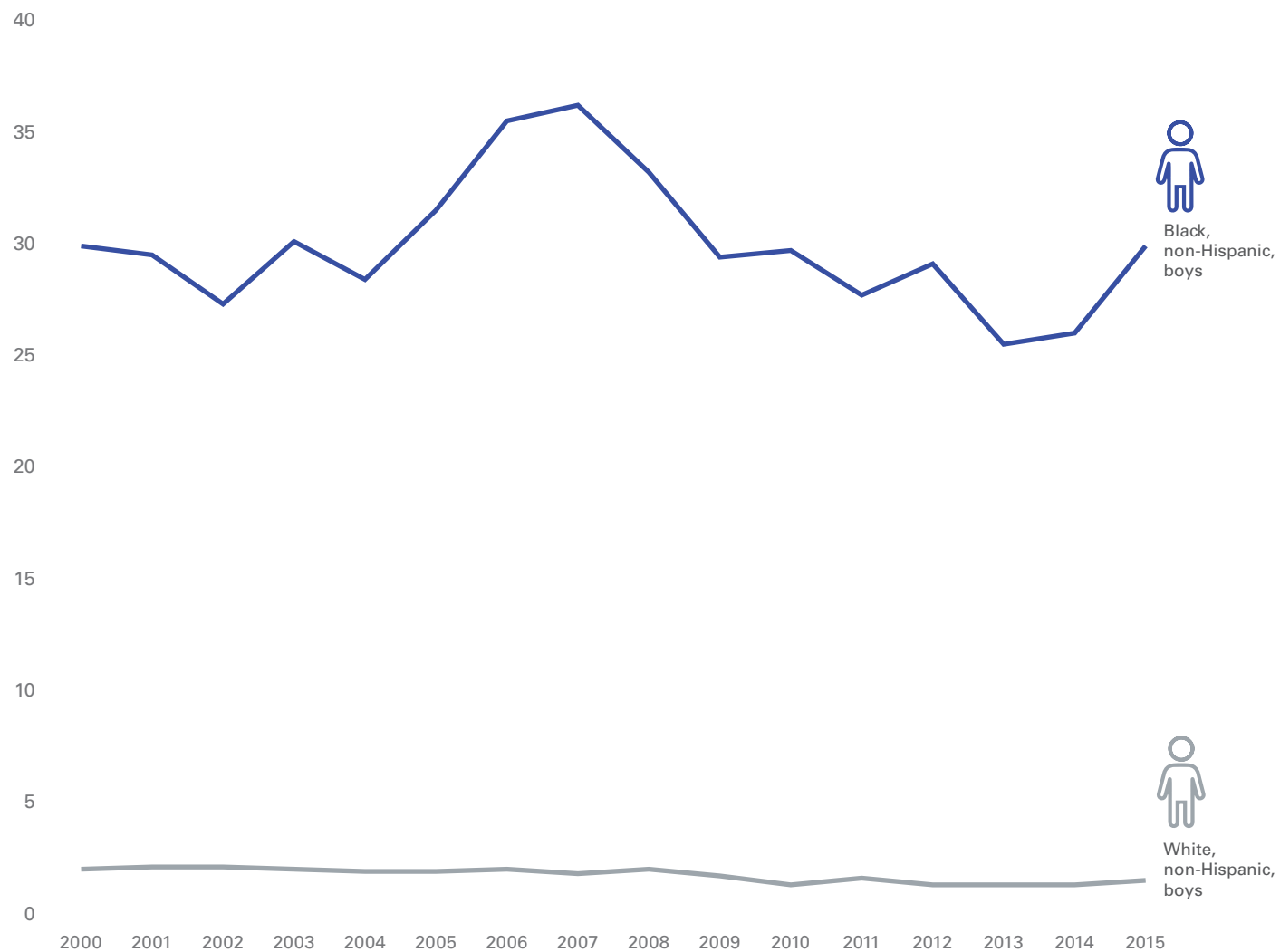
- Unintentional injuries
- Homicide
- Suicide
- Malignant neoplasms
- Congenital anomalies

Mortality rate (deaths per 100,000) for the top four leading causes of death among girls aged 10 to 19 years, in 2015, in the United States, by race

Notes: n/a = Death rates based on counts of less than 20 are considered statistically unreliable and are not included. 'Black' includes African American and 'Hispanic' includes Latino. For detailed descriptions of the causes of death, refer to the International Statistical Classification of Diseases and Related Health Problems (10th revision), available at <http://apps.who.int/classifications/icd10/browse/2010/en>. All the rates for Black, Hispanic girls were based on counts of less than 20 and are therefore not included here.

Source: CDC WONDER, 'Multiple Cause of Death, 1999–2015', Centers for Disease Control and Prevention, National Center for Health Statistics, Atlanta, Ga., December 2016, <http://wonder.cdc.gov/mcd-icd10.html>. Data as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

Over time, Black adolescent boys' likelihood of dying from homicide in the United States has been consistently **HIGHER** than White adolescent boys'



Mortality rate (deaths per 100,000) due to homicide among boys aged 10 to 19 years in the United States, by race, 2000 to 2015

Note: 'Black' includes African American and 'Hispanic' includes Latino.

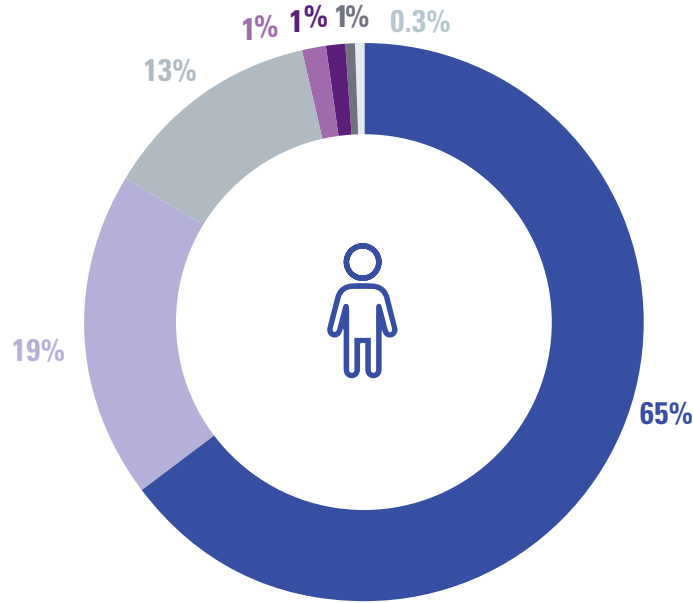
Source: CDC WONDER, 'Multiple Cause of Death, 1999–2015', Centers for Disease Control and Prevention, National Center for Health Statistics, Atlanta, Ga., December 2016, <<http://wonder.cdc.gov/mcd-icd10.html>>. Data as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

Percentage distribution of deaths due to homicide among boys aged 10 to 19 years, in 2015, in the United States, by race

Notes: Figures in this chart have been rounded and do not exactly add up to 100 per cent. 'Black' includes African American and 'Hispanic' includes Latino.

Source: CDC WONDER, 'Multiple Cause of Death, 1999–2015', Centers for Disease Control and Prevention, National Center for Health Statistics, Atlanta, Ga., December 2016, <<http://wonder.cdc.gov/mcd-icd10.html>>. Data as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

- Black, non-Hispanic
- White, Hispanic
- White, non-Hispanic
- American Indian or Alaska Native
- Asian or Pacific Islander
- Black, Hispanic
- Not stated



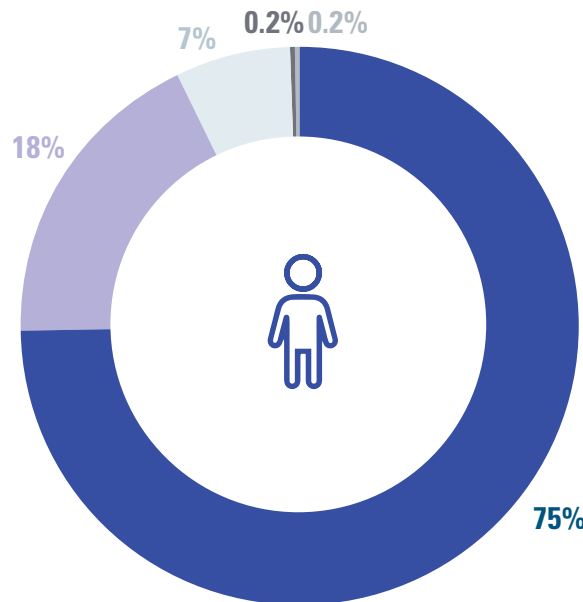
Black adolescent boys in the United States represent **16%** of the male adolescent population, yet **66%** of adolescent boys who die from homicide were Black

Percentage distribution of deaths due to homicide among boys aged 10 to 19 years, in 2014, in Brazil, by race

Notes: Figures in this chart have been rounded and do not exactly add up to 100 per cent. 'African or multiracial' includes those who were either of African descent or were multiracial (i.e., of mixed White, Black and/or indigenous ancestry).

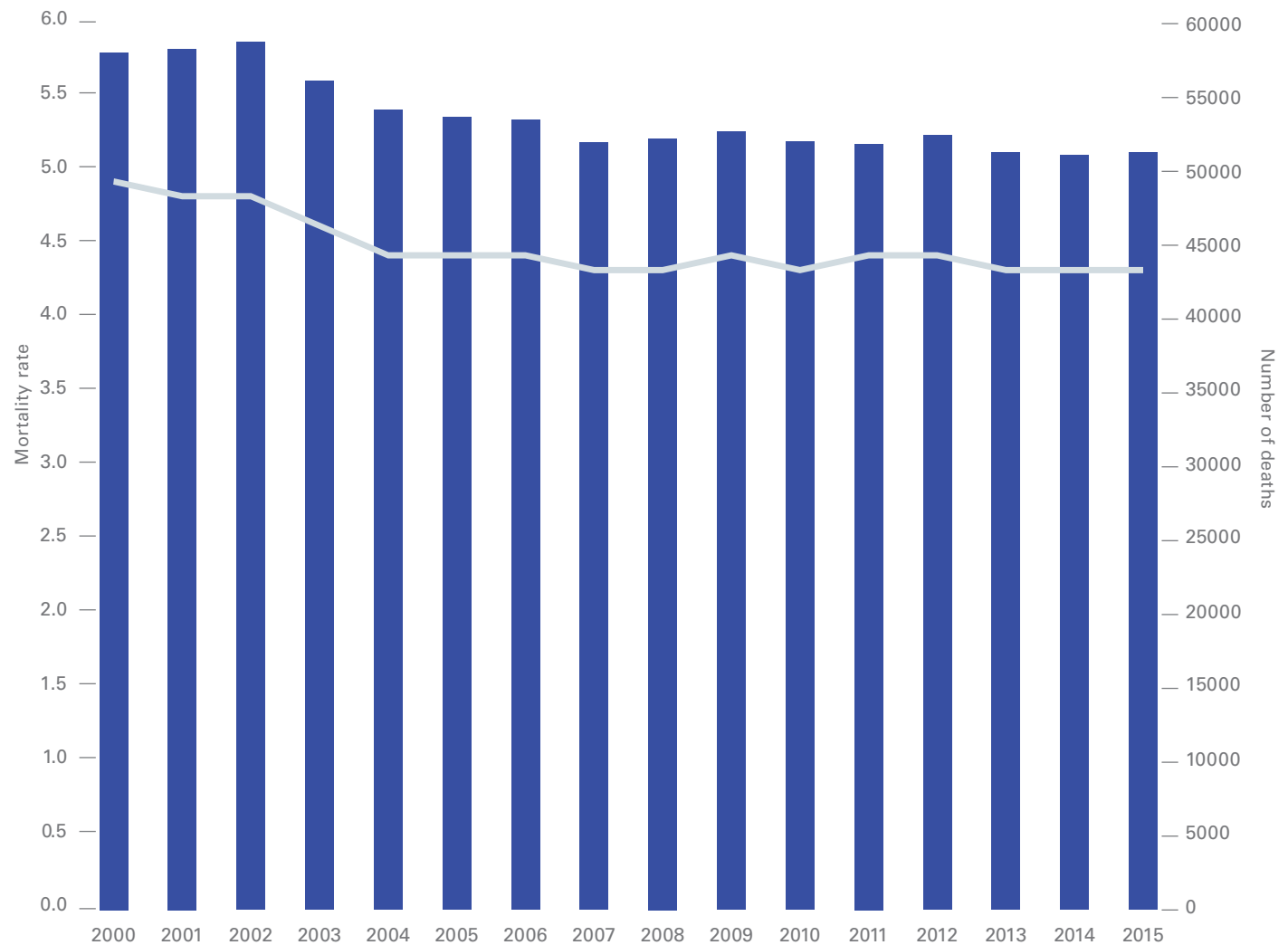
Source: UNICEF analysis based on data provided by Ministry of Health, Information Technology Department of the Brazilian Health System (DATASUS).

- African or multiracial
- White
- Not declared
- East Asian
- Indigenous



In Brazil, around **ONE THIRD** of all adolescent boys are either African or multiracial but **3 IN 4** who die from homicide were of these backgrounds

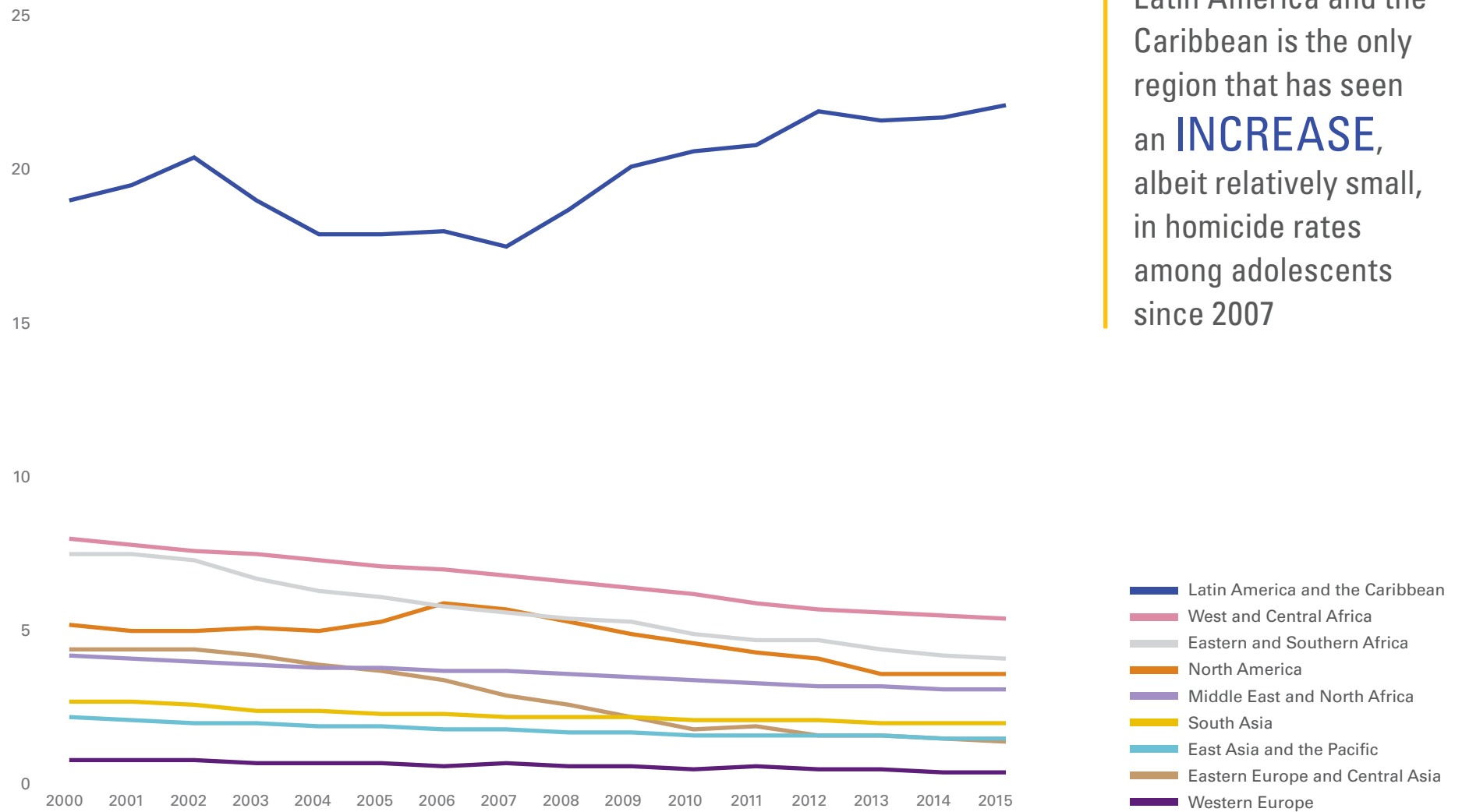
Globally, homicide rates among adolescents have **DECREASED** slightly since 2000



Number of deaths and mortality rate (deaths per 100,000) due to homicide among adolescents aged 10 to 19 years, 2000 to 2015

Source: World Health Organization, *Global Health Estimates 2015: Deaths by cause, age and sex, by country and by region, 2000–2015*, WHO, Geneva, 2016, recalculated by UNICEF.

Latin America and the Caribbean is the only region that has seen an **INCREASE**, albeit relatively small, in homicide rates among adolescents since 2007



Mortality rate (deaths per 100,000) due to homicide among adolescents aged 10 to 19 years, by region, 2000 to 2015

Source: World Health Organization, *Global Health Estimates 2015: Deaths by cause, age and sex, by country and by region, 2000–2015*, WHO, Geneva, 2016, recalculated by UNICEF.



**PROGRAMMES
IN FOCUS:**
ENDING VIOLENT
DEATHS IN
ADOLESCENCE

In response to the devastating impact of armed violence on children and adolescents in much of Latin America and the Caribbean, UNICEF supports the **Armed Violence Prevention and Reduction** programme in nine countries: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Jamaica, Mexico, Nicaragua and Panama. The programme emphasizes community participation, advocacy, evidence building, public awareness and school-based initiatives. It also helps build the capacity of local institutions to tackle the complex problem of armed violence. Below are examples of how the programme has been implemented in El Salvador, Jamaica and Costa Rica.

PREVENTING ARMED VIOLENCE AGAINST CHILDREN IN EL SALVADOR

Beginning in 2011, UNICEF El Salvador focused its efforts on the municipalities of San Marcos and San Martín, which were among the most violent in the country at the time.

With local government and civil society partners, UNICEF first conducted participatory community-based security assessments to determine armed violence risk factors in public spaces, the use of weapons as a means to resolve community-level conflict, and the risk of small arms use by children and adolescents – while also identifying and assessing local capacities to address these risks. Among other efforts in San Marcos and San Martín, local governments, civil society organizations and UNICEF have partnered with community residents to revitalize violence-ridden public spaces, mostly through sports activities. At the same time, the programme supported alternative mechanisms for settling disputes, such as community mediation centres that seek to resolve conflicts through peaceful dialogue.

To reduce the risk of violent gangs recruiting vulnerable out-of-school children, UNICEF has also worked with municipal authorities to identify and monitor students who are at risk of leaving school and, where possible, re-enrol those who have dropped out. El Salvador's Ministry of Education has adopted this model for replication in other municipalities, including Santo Tomás and Ciudad Delgado.

Patricia, a 16-year-old from San Martín, noted that many children who experience violence from an early age grow up to reproduce the patterns of behaviour they have observed. “I believe that violence is learned,” Patricia said. To break that cycle, she suggested, it is important to reach children and adolescents with more positive messages – and to listen to their concerns.

PREVENTING ARMED VIOLENCE AGAINST CHILDREN IN JAMAICA

In Jamaica, the vulnerable child populations selected to receive protective services include children from poor, single-parent families, children exposed to community violence and crime, those identified as having behavioural problems, and children living in high-poverty urban and rural communities. Underlying factors that contribute to their vulnerability include poverty, urbanization and government budget constraints.

In 2016, the Ministry of National Security’s Jamaica Crime Observatory Integrated Crime and Violence Information System produced the *2011–2015 Report on Children and Violence*, which indicates that boys were three times more likely to be murdered than girls, and notes that 40 per cent of child murders were gang-related.⁷³

In other initiatives, the Jamaica Constabulary Force, through its Child Rights Sustainability Project, developed, approved and distributed the Child Interaction Policy and Procedures for police officers of all ranks and incorporated these into the Police Force Orders to ensure more child-friendly service delivery. A variety of tools were developed to record, analyse and monitor the type and quality of police interactions with children, and work commenced on the development of standard operating procedures for officers interacting directly with abused

children. In 2015, the Violence Interruption Programme was rolled out in 20 ‘hot spot’ communities in conjunction with other stakeholders, resulting in violence reduction in two of the communities with high crime prevalence, by 7 per cent and 4 per cent, respectively.⁷⁴ However, violence continues to be endemic in Jamaica, with 928 homicides reported between January and August 2017,⁷⁵ and so effective violence reduction programmes are needed more than ever.

PROMOTING GUN-FREE SCHOOLS IN COSTA RICA

Costa Rica’s Gun-Free School programme utilized a sensitization initiative to increase awareness on the dangers of gun violence.⁷⁶ With leadership provided by the Ministry of Peace and the Ministry of Education, the programme reached 17,135 teenagers. An educational video produced in consultation with students and other young people was also part of the violence prevention-based model to stop adolescents from forming or joining gangs, and to promote opportunities for leisure time in communities with high rates of violence. Employing the medium of music, UNICEF supported the creation of bands in 8 of the 12 communities participating in the programme. In addition to strengthening their musical skills, the bands provided opportunities for young people to bolster their life skills and increase their awareness of the risks in using weapons.

In addition, the Family in Action component of the National Family Education Programme developed a toolkit to promote self-help circles and exchange of good practices as part of a preventive strategy. Working with community members who had no previous history of violence, the project provided 600 parents and caregivers with training on parenting practices and non-violent discipline, reaching a total of 12,000 families by 2016.

SEXUAL VIOLENCE IN CHILDHOOD AND ADOLESCENCE

In 38 low- and middle-income countries, close to **17 MILLION** adult women report having experienced forced sex in childhood. In 28 countries in Europe, around **2.5 MILLION** young women report experiences of contact and non-contact forms of sexual violence before age 15.

Worldwide, around **15 MILLION** adolescent girls aged 15 to 19 have experienced forced sex in their lifetime; **9 MILLION** of these girls were victimized within the past year.

In 20 countries, nearly **9 IN 10** adolescent girls who have been victims of forced sex say this happened for the first time during adolescence.

Based on data from 30 countries, only **1%** of adolescent girls who have experienced forced sex reached out for professional help.

Data from 28 countries indicate that **9 IN 10** adolescent girls who have experienced forced sex report being victimized by someone close/known to them.

FRIENDS/CLASSMATES and **PARTNERS** are among the most commonly reported perpetrators of sexual abuse against adolescent boys in 5 countries with data.



KEY DEFINITIONS USED IN THIS SECTION

Forced sex: Sexual intercourse or any other sexual acts that were forced, physically or in any other way.

Sexual abuse: Sexual touching, unwanted attempted sex, pressured sex and physically forced sex.

Sexual touching: Unwanted touching of the victim in a sexual way, such as kissing, grabbing, pinching or fondling.

Pressured sex: Situations in which the victim was pressured in some way (e.g., threatening, harassing, luring or tricking) to have sexual intercourse against her or his will and sexual intercourse was completed.

Physically forced sex: Situations in which the victim was physically forced to have sexual intercourse against his or her will.

Unwanted attempted sex: Situations in which a perpetrator tried to make the victim have sexual intercourse when she or he did not want to but was unsuccessful in completing sexual intercourse.

Acts of sexual violence can range from direct physical contact with the use of force or restraint to less direct forms such as unwanted exposure to sexual language and images.⁷⁸ Regardless of type, all sexual victimization of children is both **intrusive and traumatic**.

Sexual violence against children can and **does occur in countries of all incomes and development levels** and can affect children at all ages and in different settings. While both boys and girls can be the target of sexual violence, data suggest that girls are generally at a heightened risk. That said, the paucity of data documenting the experiences of sexual violence among boys has contributed to the erroneous perception that they are relatively immune from this form of violence.

Although children of every age are susceptible, adolescence is a period of pronounced vulnerability, especially for girls. In countries with available data, nearly **9 in 10** adolescent girls who have experienced forced sex said this happened for the first time between the ages of 10 and 19. In the handful of countries with data on adolescent boys who had been forced into sex, a majority reported that this had occurred for the first time when they were adolescents.

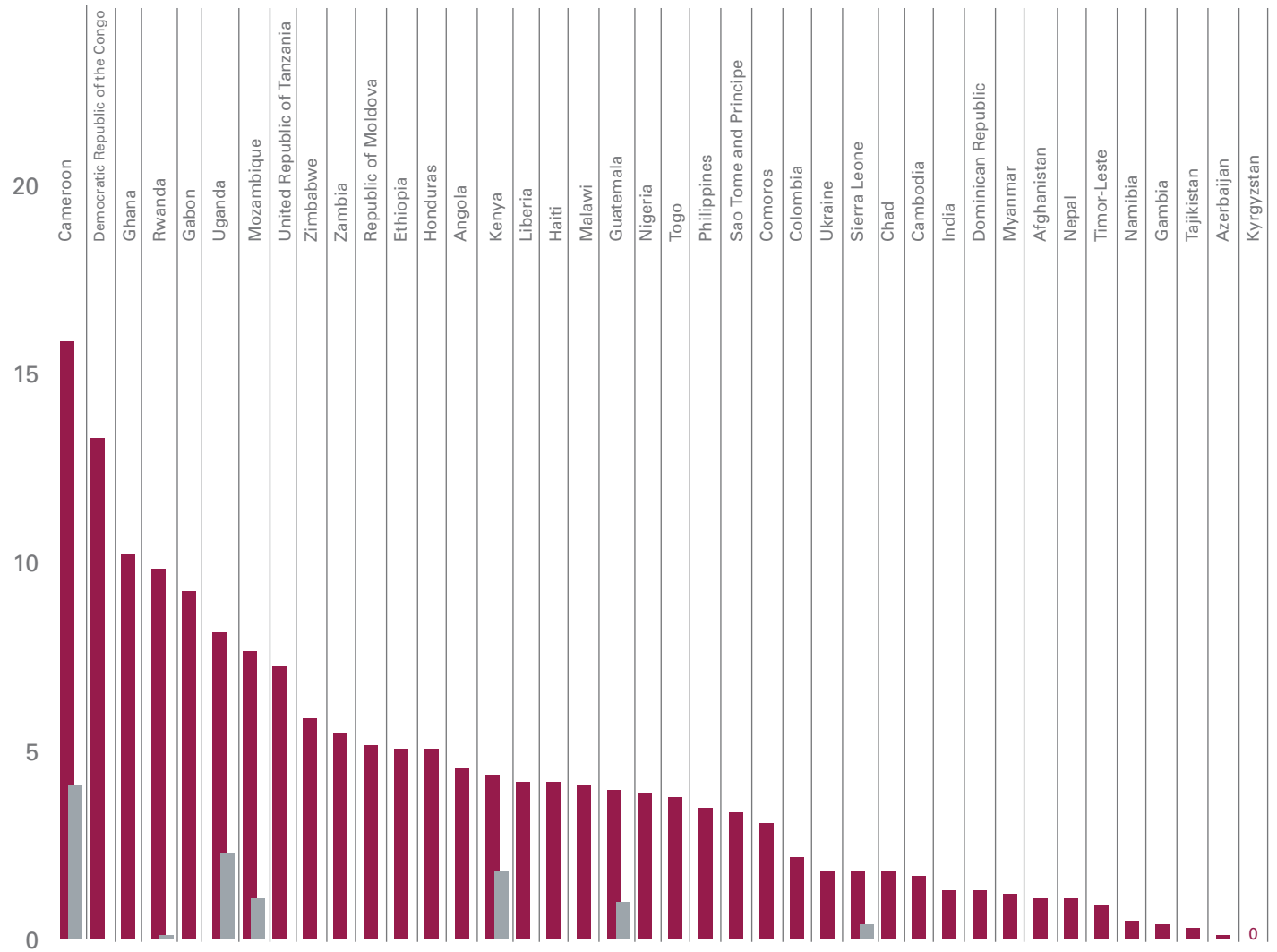
There is often a perception that sexual violence is a relatively rare occurrence, and when most people think about this type of violence, they envision rape by a stranger. However, available data reveal that children in many places are at **greatest risk of exposure** to sexual violence within the context of **close relationships** such as those with family, friends and intimate partners. In Mexico, in a survey conducted in 2013, 7 per cent of

boys and 5 per cent of girls in upper secondary school reported that they had experienced sexual insults from their classmates at school during the past 12 months, and 4 per cent of boys and 3 per cent of girls had been forced into sexual behaviour.⁷⁹ In the United States, a 2011 online survey of students in grades 7 to 12 revealed that nearly half reported having experienced some form of sexual harassment,⁸⁰ in-person or via electronic means, over the course of a school year committed by anyone they knew through school (including other students, teachers, school employees or anyone else known through school activities).

Regardless of the type of sexual violence experienced or the circumstances surrounding it, most victims **keep their abuse secret and never seek help**. The reasons for this are varied but can include fear of retaliation, guilt, shame, confusion, lack of confidence in the abilities or willingness of others to help, or lack of knowledge of available support services. Cultural and social norms can also drive a victim's reluctance to come forward or can dictate to whom she or he is expected to look to for assistance.

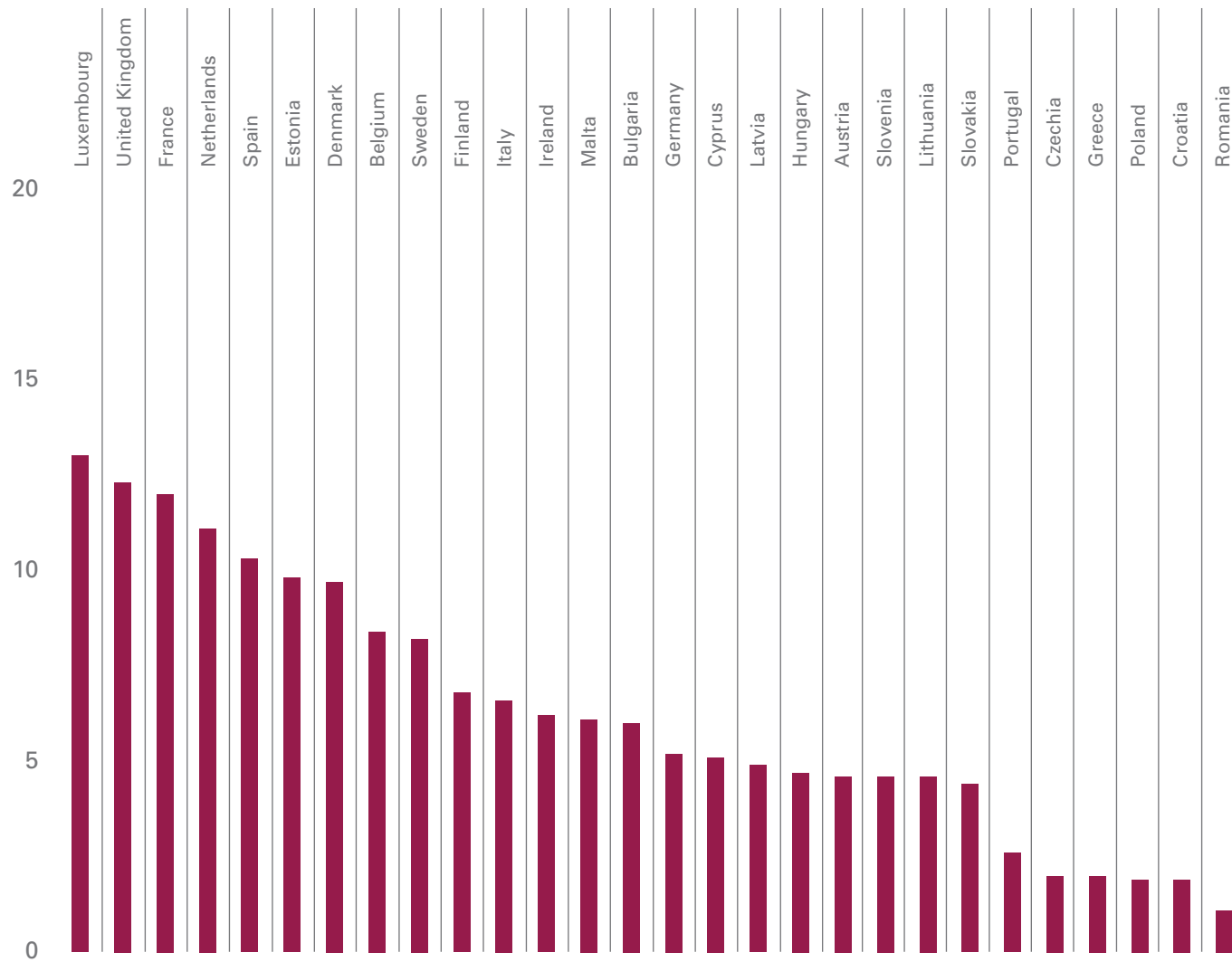
Formal support services for victims continue to be lacking in many communities, creating even more obstacles for those who consider seeking help. And when victims do find the courage and strength to ask for help, **most turn to those they know personally**, such as family or friends, as opposed to seeking professional help from institutions such as police, medical centres, legal aid or social support services. While little data are available on help-seeking among boys who have experienced sexual violence, some studies suggest that boys are even less likely to report than girls for a variety of reasons, including the fear of being viewed as vulnerable or helpless.⁸¹

Around **1 IN 6**
young women
and **1 IN 25**
young men
report childhood
experiences of
forced sex in
Cameroon



Percentage of women aged 18 to 29 years and men aged 18 to 29 years who experienced forced sex before the age of 18

Notes: Data on the proportions of men who have experienced forced sex in childhood are only available for a subset of countries. Data for Afghanistan refer to ever-married women aged 18 to 29 years who have experienced forced sex committed by a husband before age 18. Data for Colombia refer to ever-married women who have experienced forced sex committed by a husband or partner before age 18. There were no reported experiences of forced sex before age 18 among women aged 18 to 29 years in Kyrgyzstan.
Source: UNICEF global databases, 2017, based on DHS, 2005–2016.



In five European countries, more than **1 IN 10** young women report experiences of contact and non-contact forms of sexual violence before age 15

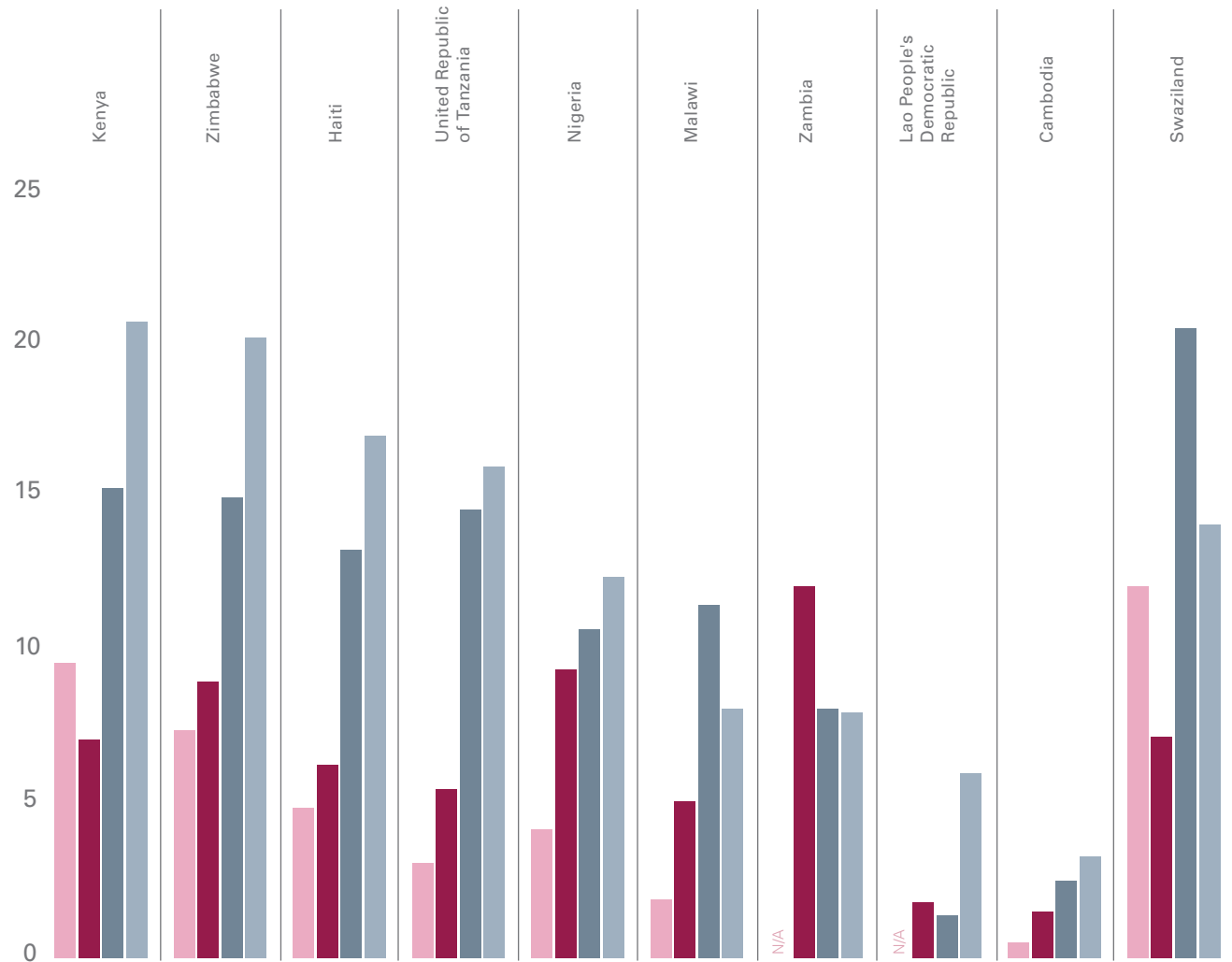
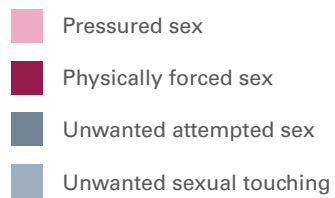


Percentage of women aged 18 to 29 years who experienced at least one incident of sexual violence by an adult perpetrator before the age of 15

Note: Respondents were asked how often before the age of 15 an adult who was 18 years or older did any of the following to them when they did not want them to: exposed their genitals to you; made you pose naked in front of any person or in photos, video or an Internet webcam; touched your genitals or breasts against your will; or forced you to have sexual intercourse.

Source: FRA, *Violence against Women Survey Dataset, 2012*. For access to the data, see <<http://fra.europa.eu/en/news/2015/fra-violence-against-women-survey-dataset-released>>.

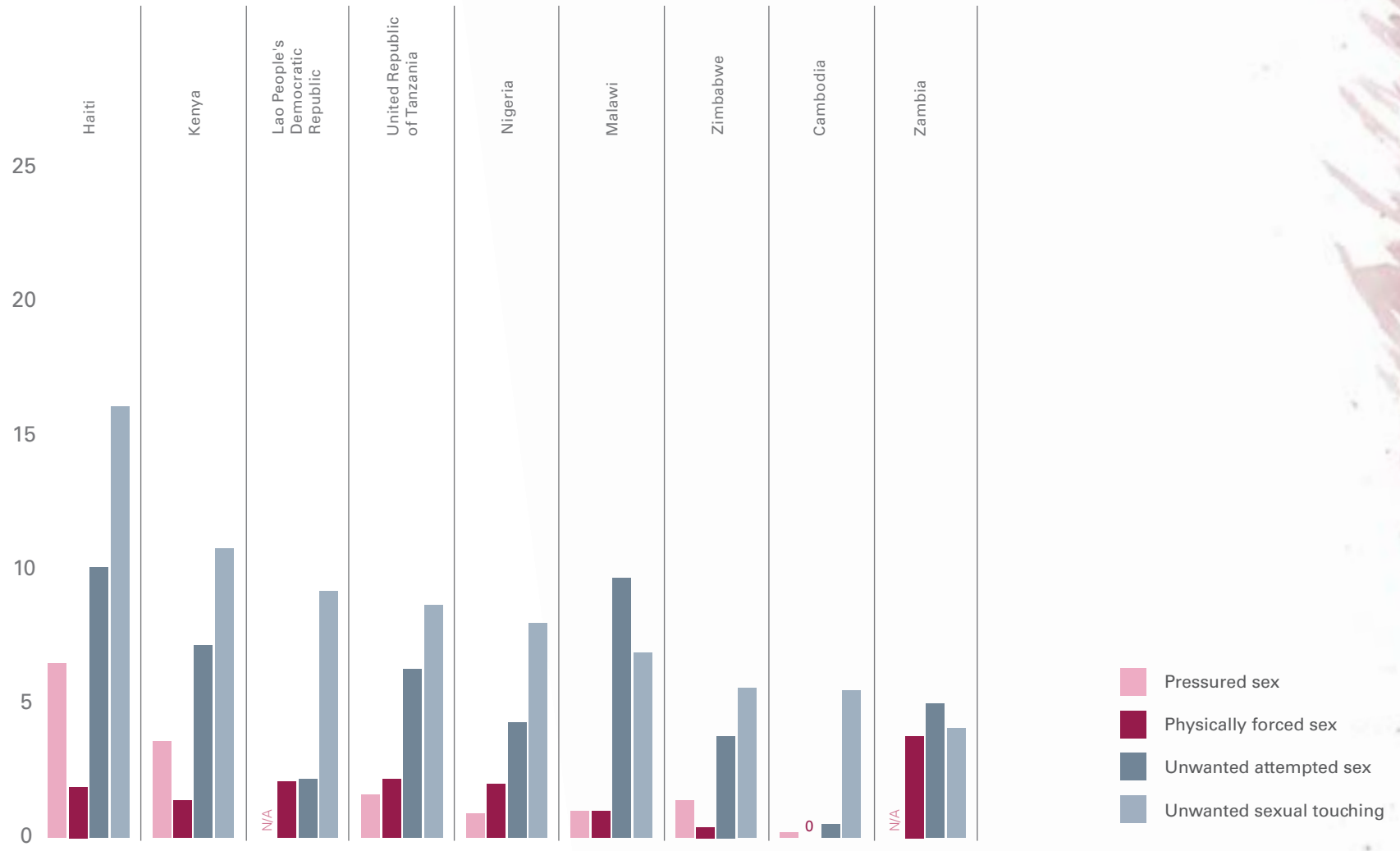
Unwanted sexual touching is the **MOST COMMONLY** reported form of child sexual abuse



Percentage of women aged 18 to 24 years who experienced any sexual abuse before the age of 18, by type

Notes: n/a = Not Available. In Swaziland and the United Republic of Tanzania, the definition of 'pressured sex' did not specifically mention that sexual intercourse had to be completed. Data for the Lao People's Democratic Republic and Zambia on physically forced sex include both this type of violence and pressured sex. Data for the United Republic of Tanzania refer to girls and women aged 13 to 24 years.

Source: Violence Against Children Surveys (VACS), 2007–2014.

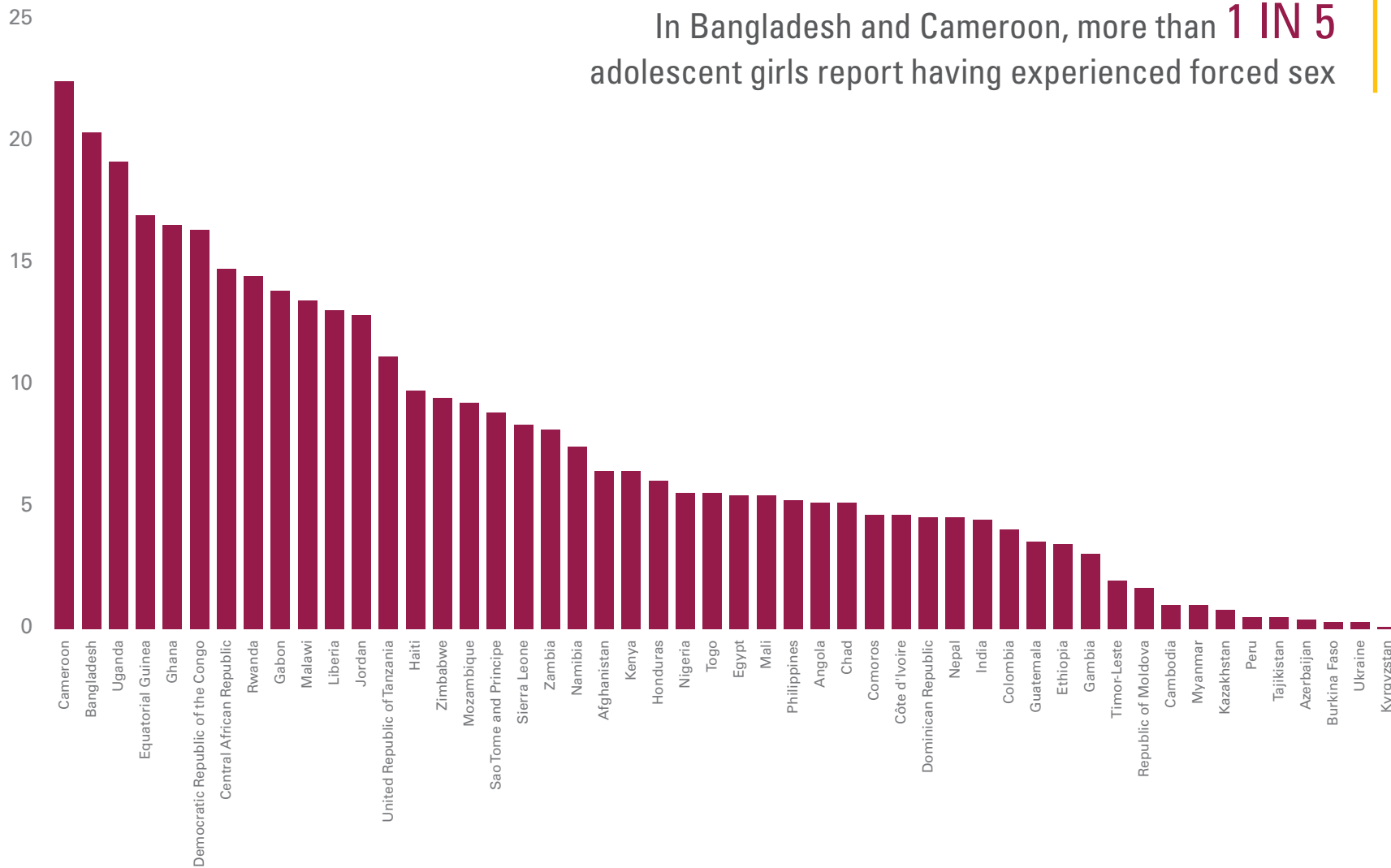


Percentage of men aged 18 to 24 years who experienced any sexual abuse before the age of 18, by type

Notes: n/a = Not Available. In the United Republic of Tanzania, the definition of 'pressured sex' did not specifically mention that sexual intercourse had to be completed. Data for the Lao People's Democratic Republic and Zambia on physically forced sex include both this type of violence and pressured sex. Data for the United Republic of Tanzania refer to boys and men aged 13 to 24 years. There were no reported experiences of physically forced sex before age 18 among men aged 18 to 24 years in Cambodia. Data on men's experiences of sexual abuse were not collected in Swaziland.

Source: VACS, 2007–2014.

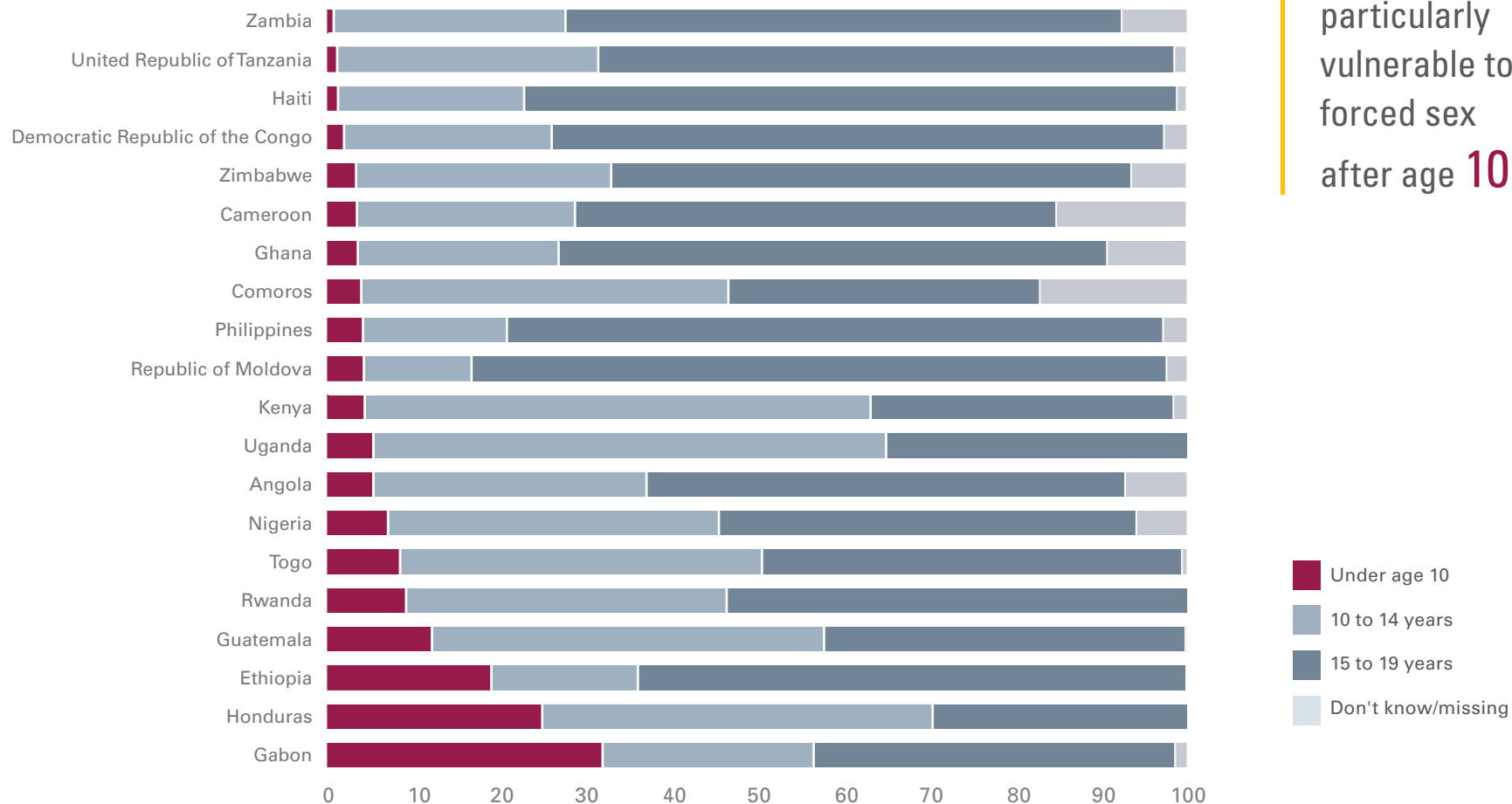
In Bangladesh and Cameroon, more than **1 IN 5** adolescent girls report having experienced forced sex



Percentage of girls aged 15 to 19 years who ever experienced forced sex

Note: Data for Afghanistan, Bangladesh, Burkina Faso, the Central African Republic, Colombia, Côte d'Ivoire, Egypt, Jordan, Mali and Peru refer to ever-married girls who have experienced forced sex committed by a husband or partner.
 Source: UNICEF global databases, 2017, based on DHS and MICS, 2005–2016.

Girls become particularly vulnerable to forced sex after age 10



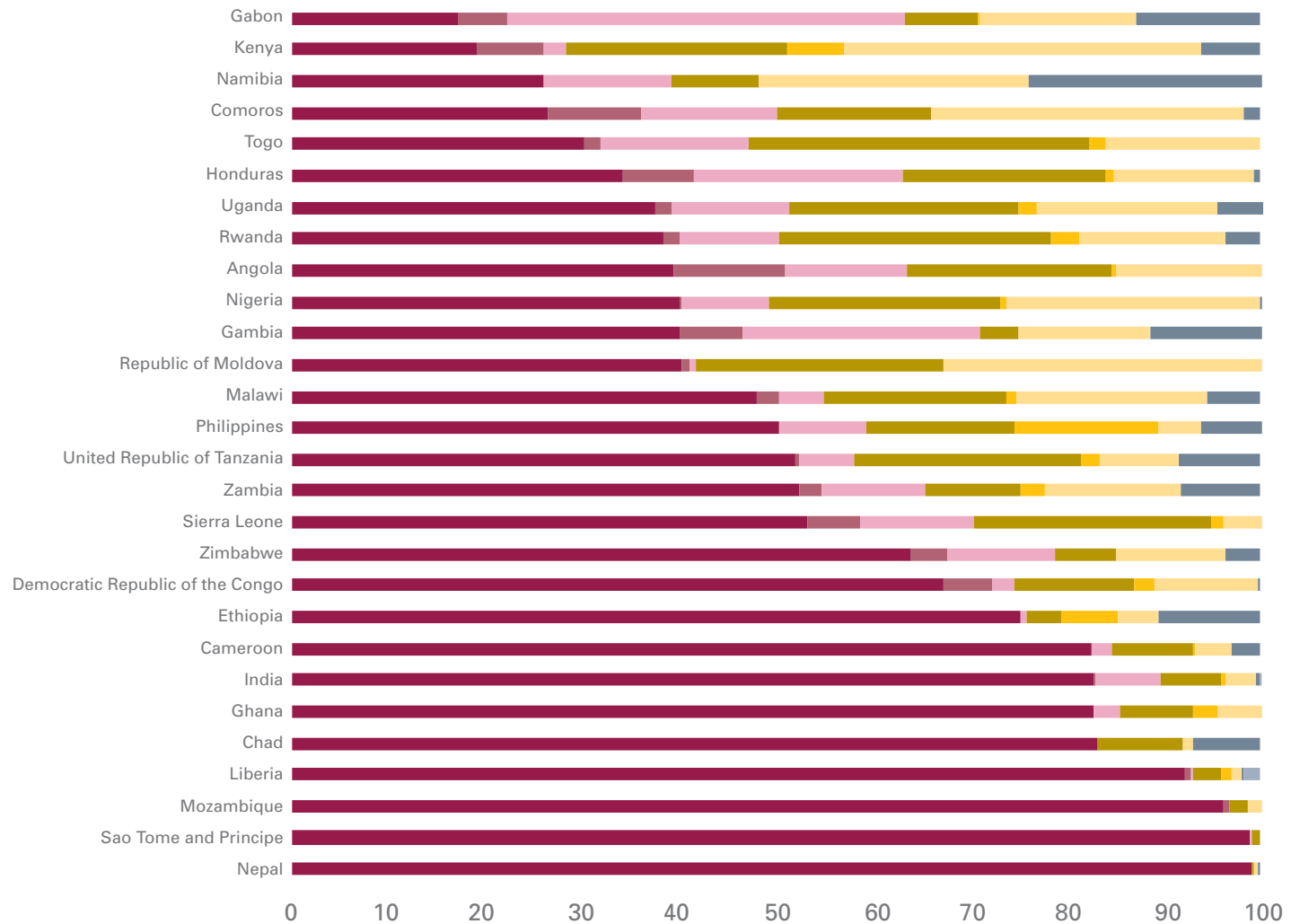
Percentage distribution of girls aged 15 to 19 years who ever experienced forced sex, by age at first incident

Notes: These data need to be interpreted with caution since there are significant proportions of girls who could not recall the exact age at which they first experienced forced sex and of missing data overall in many countries. Only those countries where the proportion of 'don't know/missing' was less than 20 per cent are included in the chart. Data for Comoros, Ethiopia and Kenya are based on 25 to 49 unweighted cases.

Source: UNICEF global databases, 2017, based on DHS, 2005–2016.

Adolescent girls are at **GREATEST RISK** of forced sex within the private sphere, in the context of intimate partner relationships

- Current/former husband/partner/boyfriend
- Family member
- Other relative
- Friend/acquaintance
- Authority figure
- Stranger
- Other
- Don't know/missing



Percentage distribution of girls aged 15 to 19 years who ever experienced forced sex, by perpetrator of the first incident

Notes: 'Other relative' includes other relative and in-law; 'family member' includes father/stepfather and brother/stepbrother; 'friend/acquaintance' includes own friend/acquaintance and family friend; and 'authority figure' includes teacher, employer/someone at work, police/soldier and priest/religious leader. Data for Chad, Comoros, Ethiopia, the Gambia, Kenya, Namibia, and Sao Tome and Principe are based on 25 to 49 unweighted cases.

Source: UNICEF global databases, 2017, based on DHS, 2005–2016.

Friends/classmates and partners are some of the **MOST COMMON** perpetrators of sexual abuse against boys

	Girlfriend/ romantic partner	Family member	Friend/ classmate	Friend	Classmate/ schoolmate	Neighbour	Stranger	Authority figure	Other
Cambodia	0	37	30	-	-	21	0	0	3
Haiti	10	0	75	-	-	6	9	-	0
Kenya	30	9	35	-	-	23	13	-	9
Malawi	11	12	-	48	15	17	9	0	0
Nigeria	26	3	-	26	24	31	0	2	2

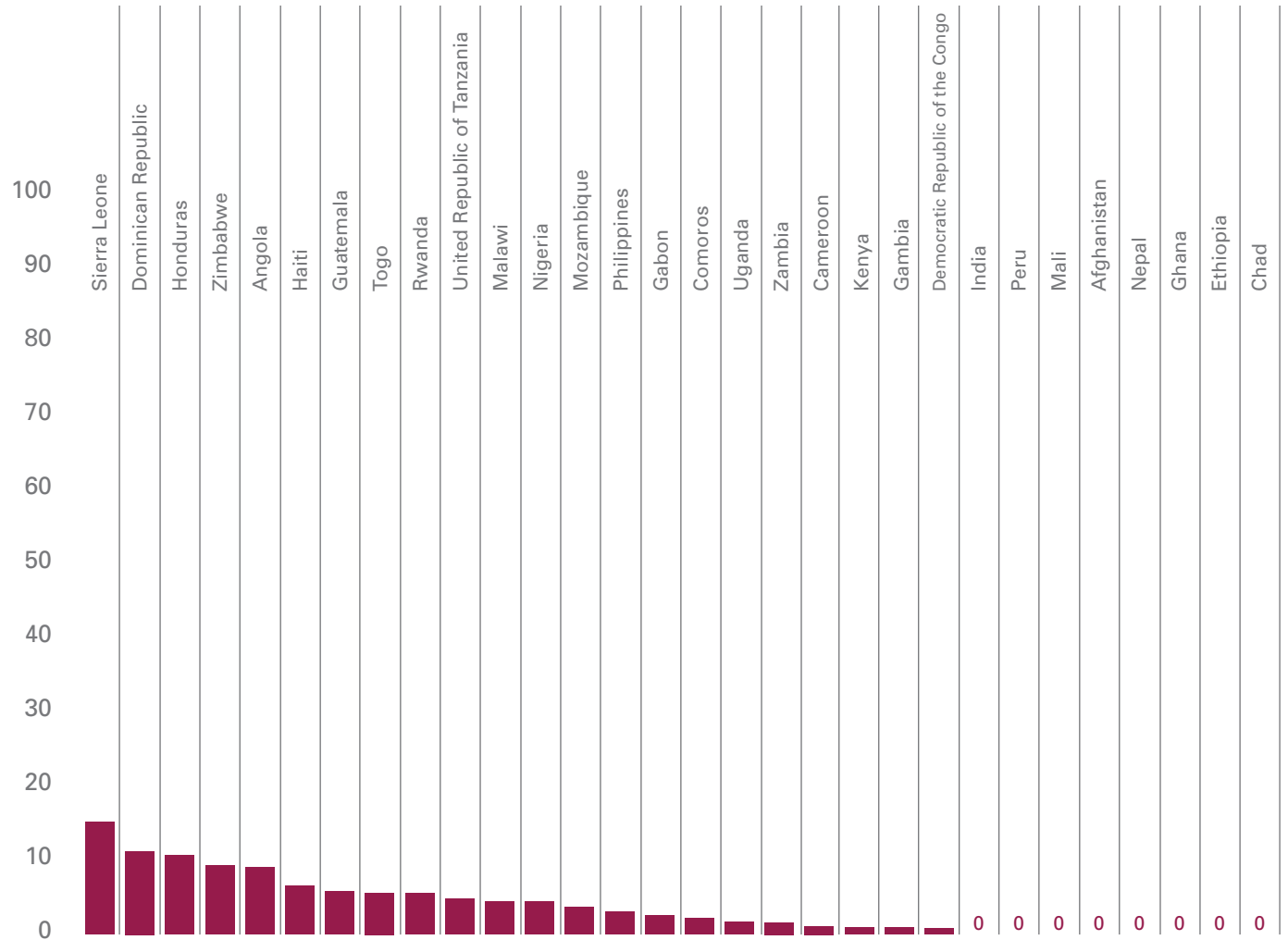


Perpetrators of the most recent incident of child sexual abuse among boys aged 13 to 17 years reporting sexual abuse in the 12 months prior to the survey

Notes: Data for Cambodia refer to perpetrators of the first incident of sexual abuse, as reported by boys aged 13 to 17 years who experienced any sexual abuse ever. Data for Kenya refer to perpetrators of the first incident of sexual abuse in the previous 12 months as reported by boys aged 13 to 17 years who experienced any sexual abuse in the past 12 months. Data for Cambodia and Kenya are based on 25 to 49 unweighted cases; therefore, the figures should be interpreted with caution. This table includes only the most commonly reported perpetrators. Respondents could identify multiple perpetrators per incident.

Source: VACS, 2010–2014.

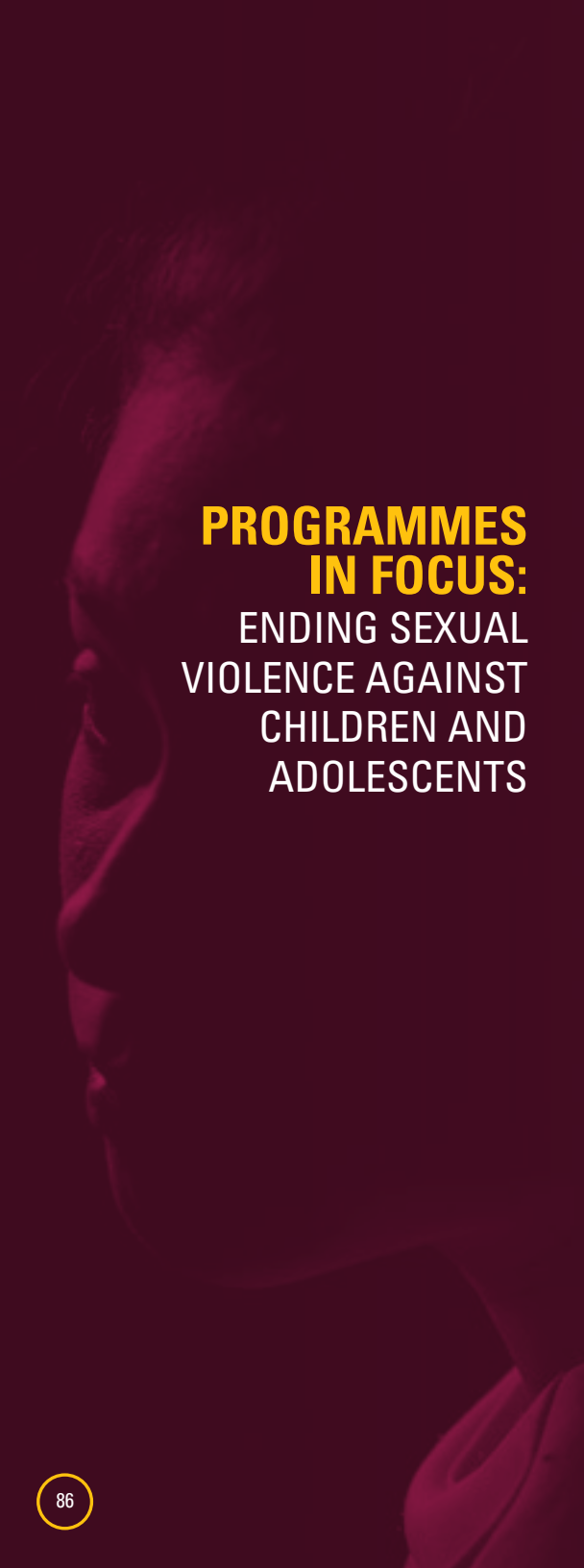
Only
VERY FEW
 adolescent
 girls who have
 experienced
 forced sex sought
 professional help



Among girls aged 15 to 19 years who ever experienced forced sex, the percentage who sought help from professional sources

Notes: Professional sources of help include doctor/medical personnel, police, lawyer/court and social service organization. Data for Chad, Comoros, Ethiopia, the Gambia, Kenya, Nepal and Peru are based on 25 to 49 unweighted cases. Data for Afghanistan and Mali refer to ever-married girls aged 15 to 19 years who have ever experienced forced sex committed by a husband. The figures in this chart may overestimate help-seeking from professional sources for experiences of forced sex since they also include those who have ever experienced any physical violence and sought help.

Source: UNICEF global databases, 2017, based on DHS, 2005–2016.



PROGRAMMES IN FOCUS: ENDING SEXUAL VIOLENCE AGAINST CHILDREN AND ADOLESCENTS

To prevent and respond to sexual violence against children – from early childhood through adolescence – UNICEF and its partners support comprehensive national initiatives and seek to criminalize all forms of child sexual abuse and exploitation. They also work to increase children’s access to quality services, including medical and psychosocial support, legal aid and protection. Other key elements of the response involve shifting social norms and attitudes that are harmful to children, and generating more evidence on the scale, nature and impact of sexual violence against children. In 2016, UNICEF supported action by governments, civil society, the private sector and others to prevent and respond to the sexual abuse and exploitation of children in 88 countries.

FIGHTING CHILD SEXUAL EXPLOITATION IN THE DOMINICAN REPUBLIC

The sexual exploitation of children in travel and tourism is an issue in the Dominican Republic, as in many countries. In 2013, UNICEF, the travel and tourism industry, national authorities, civil society organizations and communities established a partnership to address this problem. As a result, the Attorney General’s office set up six local round tables to document cases and improve the investigation, analysis and prosecution of crimes of sexual abuse and exploitation of children. The Tourist Police have incorporated a prevention and prosecution module into their training programme, and the National Association of Restaurants and Hotels has invited the country’s main hotels to sign the **Code of Conduct for the Protection of Children against Sexual Exploitation in Travel and Tourism**. Hotel staff, children and adolescents, parents, education and health professionals, and journalists have also received training to identify and report cases of child sexual exploitation.

In addition, UNICEF is supporting measures to protect Dominican children from online sexual abuse and exploitation. In 2015, under an agreement signed by UNICEF and the Attorney General’s office, a first-ever unit dedicated to investigating online child sexual exploitation was established. More than 350 officials from the Attorney General’s office, the National Police and the judiciary participated in training on the latest online investigation tools and procedures. The efforts resulted in 342 investigations initiated and 32 search warrants executed during the second half of 2016, and four formal prosecutions since the creation of the unit. Downloads of child sexual abuse materials via the Internet in the Dominican Republic were reduced by 70 per cent during the last quarter of 2016.⁸²

In 2016, the Attorney General’s office and UNICEF jointly launched a public campaign, No Hay Excusas (No Excuses), to raise awareness and encourage reporting of child sexual abuse and exploitation. The Vice-President of the Dominican Republic joined the campaign, and local businesses also got involved in prevention efforts. The success of the campaign was reflected in a dramatic increase in the number of cases reported. During the first five months of the campaign, the Attorney General’s Office received 354 reports, which included 53 allegations of sexual exploitation, 71 allegations of sexual abuse and other forms of violence, and 35 calls to follow up on previous reports.⁸³

TEACHING CHILDREN TO DEFEND THEMSELVES IN MALAWI

An innovative school-based initiative offers children and adolescents training on how to resist sexual violence in Malawi. Supported by the Government, UNICEF and the Kenya-based NGO Ujamaa-

Pamodzi, the **No Means No** programme offers opportunities to learn life skills and self-defence for girls and boys who may be at risk. Courses are designed to instruct children in various techniques to repel perpetrators of sexual violence – including punching and jabbing, distracting the assailant, running for safety, yelling, making a scene and calling for help. The courses also aim to empower boys to reject negative sexual stereotypes of girls and to stand up against sexual assault and harassment.

A recent evaluation showed a 40 per cent reduction in the incidence of rape among girls who participated in the courses.⁸⁴ Another apparent effect of the training has been an increase in the proportion of sexual assaults that victims report to parents and teachers for action and referral to needed services.

CONFRONTING ONLINE CHILD SEXUAL ABUSE IN THE PHILIPPINES

Online sexual abuse and exploitation of children – including live streaming of the sexual abuse of very young children – pose a severe threat in the Philippines. UNICEF supports a multisectoral response to these crimes and has expanded its network of partners in the country to help protect children. The network includes Internet service providers, telecommunications companies, cable networks, mobile operators, other businesses, government regulators and law enforcement agencies. The partners work together on solutions and protocols for government, law enforcement and the private sector to jointly handle cases of online abuse.

Among other advances, the Supreme Court of the Philippines has endorsed a **Competency Enhancement Training** module on online child sexual exploitation for family court judges, court personnel and police officers. The module provides information and techniques on fighting computer-facilitated crimes against children. In addition, the Government and UNICEF have developed new training on psychosocial care and therapeutic intervention for victims of online sexual abuse and exploitation. The training will help guide the work of social workers, psychologists and other local service providers. At the national level, a plan to prevent and address online abuse and exploitation of children has been submitted to the Philippine Inter-Agency Council Against Child Pornography.

UNICEF also supports campaigns to raise awareness about online safety, which have reached thousands of children and parents – leading to measures such as cybersafety modules rolled out in public schools. Peer programmes organized by groups such as iFight, a youth movement to end human trafficking and modern slavery, have built on this work, providing training for children on how to respond to cybercrimes and cyberbullying in their day-to-day lives.

WORKING TOGETHER TO PROTECT CHILDREN AGAINST SEXUAL ABUSE AND EXPLOITATION IN MALDIVES

In the island nation of Maldives, **Community Social Groups** play a key role in the child protection system and the effort to end all forms of violence against children, including sexual violence. Currently established across three atolls, the groups consist of social workers, education and health officials, representatives of the police, and members of local island councils and civil society organizations. They work together to identify families and children who may be at risk of experiencing violence and assist them in finding solutions. They are also called upon to coordinate interventions in cases of child abuse, neglect and exploitation, which often require multisectoral responses.

UNICEF helps the Community Social Groups identify vulnerable children and families, and develop action plans to prevent violence against those who are at risk. UNICEF also supports capacity building for teachers, social workers and law enforcement officials in handling child abuse cases – from developing risk assessments and intervention plans to using child-friendly interviewing techniques and writing case reports.

The groups demonstrate the importance of inter-agency collaboration and training to build a well-rounded system of child protection, especially for the most vulnerable children. In keeping with this approach, officials from several agencies in Maldives – including the Department of Immigration and Emigration and the Prosecutor General's Office, as well as police officers and social workers – have participated in training to respond to two major threats facing the country's children: the emerging issue of online sexual abuse, and the sexual exploitation of children in the context of travel and tourism.



PROTECTING A GENERATION AT RISK

The 2030 Agenda for Sustainable Development contains a bold and ambitious call to end violence against children, acknowledging its eradication as a key component of sustainable development. A crucial step towards achieving this universal imperative is the mobilization of political will and the promotion of evidence-based strategies to address multiple contributing factors, including social and cultural norms that condone violence, lack of adequate policies and legislation, insufficient services for victims, and limited investments in effective systems to prevent and respond to violence. Central to these efforts is the creation of strategic partnerships, such as the Global Partnership to End Violence against Children, to accelerate action, leverage resources, build commitment, facilitate exchange of knowledge and implement work at scale.

Sound data and analysis are needed to provide a solid underpinning for evidence-based policies to address these factors. This will require dedicated investments for collecting quality data to assess the magnitude and circumstances surrounding violence against children, evaluating the impact of interventions, and working towards filling information gaps. In addition, societies that have greater awareness of the issue can hold governments accountable to their commitments.

Specific actions and strategies that UNICEF has embraced to prevent and respond to violence against children include the following:

SUPPORT NATIONAL COORDINATED PLANS AND ACTION TO ADDRESS VIOLENCE AGAINST CHILDREN

Coherent and well-coordinated national plans and subsequent action are needed to reduce the persistently high rates of violence against both girls and boys from early childhood through adolescence. Sustained prevention of violence demands comprehensive, coordinated multisectoral initiatives engaging both government and civil society.⁸⁵ These need to be informed by the evidence on what works to prevent and respond to the multiple forms of violence that children experience in their daily lives.

STRENGTHEN THE LEGAL AND POLICY FRAMEWORK

Governments need to strengthen the legal and policy frameworks that protect children from the various forms of violence, exploitation and abuse they face throughout childhood – and to back these efforts with solid monitoring and enforcement. Governments that have not already done so should be encouraged to enact and enforce legislation to protect children from all forms of violence, including corporal punishment in all settings, even in the home, and by all perpetrators, including teachers and other school personnel. Governments are also advised to criminalize all forms of sexual abuse and exploitation of girls and boys.

SHIFT NORMS THAT PERPETUATE VIOLENCE

National approaches should address systemic societal beliefs and attitudes that perpetuate violence against children, in any setting, including the home, school, community or online. This will require altering deeply ingrained social and cultural norms and behaviours, in particular, the idea that some forms of violence are not only normal, but even justifiable and thus tolerated. Gender inequalities also help sustain norms that perpetuate various types of violence. And gender norms can shape certain parenting practices and relations that may affect children's development.

Because parenting programmes have shown promise in shifting norms around violence, a national focus on comprehensive, high-quality early childhood development programmes that help create positive parent-child relationships and reduce harsh parenting practices is critical. Essential elements include education and counselling for parents and caregivers on positive parenting practices, such as the use of non-violent methods of discipline and effective and sensitive communication techniques for dealing with children and adolescents. Ideally, support would be integrated into the lives of families through home visits, community groups, or local social welfare and health systems.

In addition, countries can support school-based programmes that engage with local communities to prevent and respond to incidents of violence. Given the growing importance of virtual communication in the lives of children and adolescents, national policies and programmes to reduce

bullying by peers should address both online and offline communities. At the same time, education systems should strengthen their gender-responsive policies to foster safer learning environments for girls and boys alike. Participation in training on life skills and conflict resolution have been found to help children solve problems in non-violent ways, deal positively with their emotions, empathize with others and safely manage abusive situations.

IMPLEMENT POLICIES TO CURB VIOLENCE AND IMPROVE SERVICES

Making communities safer and fostering protective environments for children and adolescents is critical. To achieve this, national policies should focus on violence prevention strategies including limiting access to firearms and other weapons. Improved social services are also needed to respond to the diverse needs of children and adolescents. These should include a range of options across different sectors, from the sensitive treatment of child abuse victims by law enforcement and justice systems to the physical and psychosocial support provided by health and social welfare systems.

Functioning social service systems with trained social workers are vital to provide referrals, counselling and therapeutic services for children who have experienced violence. Children and adolescents at risk should have access to safe spaces when they are not at home or in school, with opportunities to participate in recreation and sports activities. Finally, children and their parents should be empowered with the information and tools they need to report violence safely, both in person and online.

IT IS EVERYONE'S RESPONSIBILITY

The data and analysis presented in this report aim to influence the way we think and talk about the all-too-familiar faces of childhood violence. It is hoped that the findings will encourage governments, organizations and individuals everywhere to acknowledge the extent of violence against children, and intensify their efforts to end it both as a matter of basic human rights and fundamental justice, and as a way to create more peaceful societies.

Ending violence against children is everyone's responsibility.



Annex: Regional classifications

EASTERN AND SOUTHERN AFRICA

Angola; Botswana; Burundi; Comoros; Eritrea; Ethiopia; Djibouti; Kenya; Lesotho; Madagascar; Malawi; Mauritius; Mozambique; Namibia; Rwanda; Seychelles; Somalia; South Africa; South Sudan; Sudan; Swaziland; Uganda; United Republic of Tanzania; Zambia; Zimbabwe

WEST AND CENTRAL AFRICA

Benin; Burkina Faso; Cabo Verde; Cameroon; Central African Republic; Chad; Congo; Côte d'Ivoire; Democratic Republic of the Congo; Equatorial Guinea; Gabon; Gambia; Ghana; Guinea; Guinea-Bissau; Liberia; Mali; Mauritania; Niger; Nigeria; Sao Tome and Principe; Senegal; Sierra Leone; Togo

MIDDLE EAST AND NORTH AFRICA

Algeria; Bahrain; Egypt; Iran (Islamic Republic of); Iraq; Israel; Jordan; Kuwait; Lebanon; Libya; Morocco; Oman; Qatar; Saudi Arabia; State of Palestine; Syrian Arab Republic; Tunisia; United Arab Emirates; Yemen

SOUTH ASIA

Afghanistan; Bangladesh; Bhutan; India; Maldives; Nepal; Pakistan; Sri Lanka

EAST ASIA AND THE PACIFIC

Australia; Brunei Darussalam; Cambodia; China; Cook Islands; Democratic People's Republic of Korea; Fiji; Indonesia; Japan; Kiribati; Lao People's Democratic Republic; Malaysia; Marshall Islands; Micronesia (Federated States of); Mongolia; Myanmar; Nauru; New Zealand; Niue; Palau; Papua New Guinea; Philippines; Republic of Korea; Samoa; Singapore; Solomon Islands; Thailand; Timor-Leste; Tokelau; Tonga; Tuvalu; Vanuatu; Viet Nam

LATIN AMERICA AND THE CARIBBEAN

Anguilla; Antigua and Barbuda; Argentina; Bahamas; Barbados; Belize; Bolivia (Plurinational State of); Brazil; British Virgin Islands; Chile; Colombia; Costa Rica; Cuba; Dominica; Dominican Republic; Ecuador; El Salvador; Grenada; Guatemala; Guyana; Haiti; Honduras; Jamaica; Mexico; Montserrat; Nicaragua; Panama; Paraguay; Peru; Saint Kitts and Nevis; Saint Lucia; Saint Vincent and the Grenadines; Suriname; Trinidad and Tobago; Turks and Caicos Islands; Uruguay; Venezuela (Bolivarian Republic of)

NORTH AMERICA

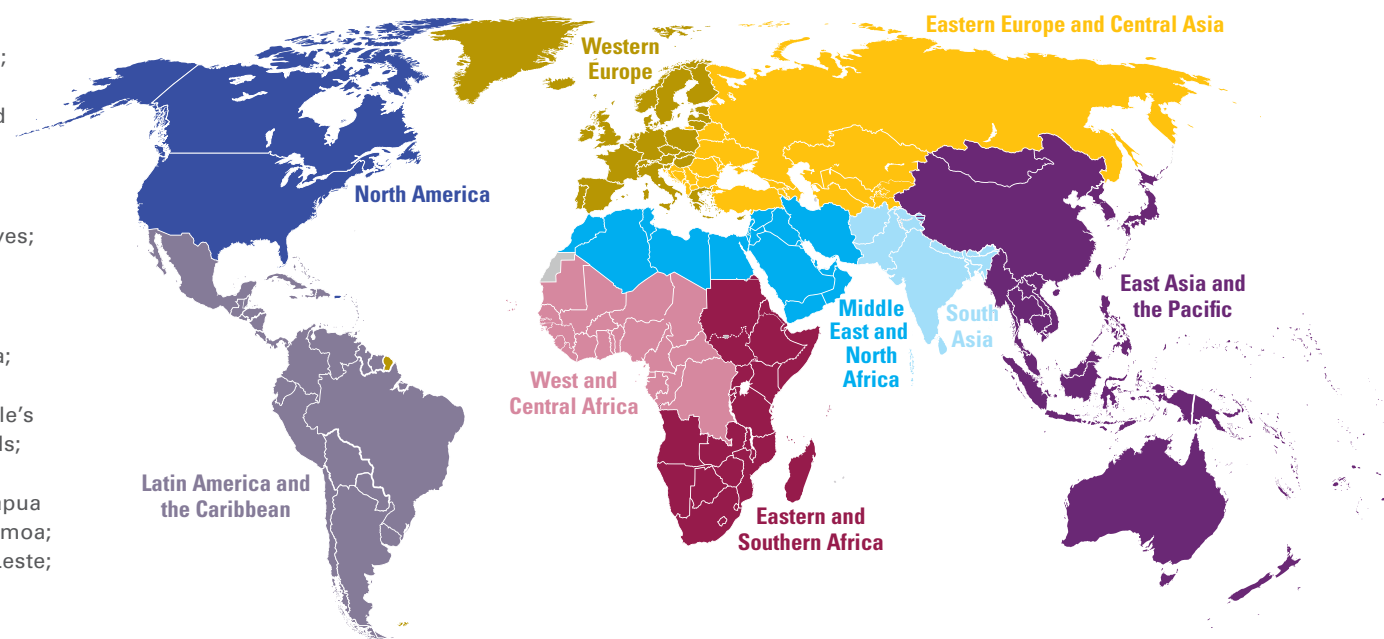
Canada; United States

EASTERN EUROPE AND CENTRAL ASIA

Albania; Armenia; Azerbaijan; Belarus; Bosnia and Herzegovina; Bulgaria; Croatia; Georgia; Kazakhstan; Kyrgyzstan; Montenegro; Republic of Moldova; Romania; Russian Federation; Serbia; Tajikistan; The former Yugoslav Republic of Macedonia; Turkey; Turkmenistan; Ukraine; Uzbekistan

WESTERN EUROPE

Andorra; Austria; Belgium; Cyprus; Czechia; Denmark; Estonia; Finland; France; Germany; Greece; Holy See; Hungary; Iceland; Ireland; Italy; Latvia; Liechtenstein; Lithuania; Luxembourg; Malta; Monaco; Netherlands; Norway; Poland; Portugal; San Marino; Slovakia; Slovenia; Spain; Sweden; Switzerland; United Kingdom



Note: This map is stylized and not to scale. It does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. In addition, the final boundary between the Sudan and South Sudan has not yet been determined, and the final status of the Abyei area has not yet been determined.

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- Global Health Estimates 2015. The estimate of every 7 minutes was calculated by dividing the number of deaths due to homicide and collective violence and legal intervention among adolescents aged 10 to 19 by the number of minutes in a year. The estimate of the hypothetical risk of adolescent deaths was calculated by applying the mortality rate from collective violence among adolescents aged 10 to 19 in the Syrian Arab Republic to the global population of adolescents in 2015. The resulting figure was then divided by the number of minutes in a year. The homicide rate among non-Hispanic Black adolescent boys aged 10 to 19 in the United States is 30.0 per 100,000 and the homicide rate among non-Hispanic White adolescent boys aged 10 to 19 is 1.6 per 100,000 and were calculated on the basis of data from the National Center for Health Statistics at the Centers for Disease Control and Prevention. The homicide rate among non-Hispanic Black adolescent girls aged 10 to 19 in the United States is 3.8 per 100,000 and the homicide rate among non-Hispanic White adolescent girls aged 10 to 19 is 0.7 per 100,000 and were calculated on the basis of data from the National Center for Health Statistics at the Centers for Disease Control and Prevention.
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