



Handbook for

ENDING VIOLENCE AGAINST CHILDREN

I- Situational Analysis of India

ACKNOWLEDGEMENTS

This Handbook finds its genesis on the dire need felt by watching many helpless children and families dealing with violence suffered by them. The first appreciation therefore rightly goes to all those children who despite adversities have shown great resilience in navigating through an unfriendly and alien system seeking redressal. Within the NCPCR, the process was led by the Chairperson, Ms.Stuti Kacker who steered from its conception to conclusion.

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This document is a product of the National Commission for the Protection of Child Rights (NCPCR) and ChildFund India with contributions from Ms.Ramya Subramaniam and Ms. Soumya Kapoor Mehta.

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Handbook for

**ENDING VIOLENCE
AGAINST CHILDREN**

I- Situational Analysis
of India

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FOREWORD

The official data on crimes against children and the corresponding data on effective and successful prosecution, reflects the enormous failure of the existing system in adequately responding to, ending and preventing violence against children. Multiple factors come to play when a case of violence emerges, and an efficient response would be one where the concerned stakeholder is in a position to understand the nuances of the law and its application.

It is therefore important that legislations relating to children are completely understood and updated by the law enforcement officers through regular orientation and training. Unfortunately, the large number of cases that get reported and need action do not leave much space and avenues for regular training. Manuals and handbooks which de-mystify the laws and make it available at one place instead of requiring the stakeholder to refer to multiple documents should be able to aid and assist in the learning process.

This initiative of the National Commission for Protection of Child Rights in compiling these statutes concerning violence against children alongwith a suggested SOP for each stakeholder spread across diverse legislations is perhaps the most exhaustive document on this subject in recent times. I congratulate the Chairperson, Ms. Stuti Kacker and her entire team for taking this initiative.

I also congratulate the Childfund Team and the consultant Ms. Aparna Bhat, an advocate practicing in the Supreme Court in preparing this Manual and further disseminating it. I also congratulate Ms. Ramya Subrahmanian on her document on the preventive aspects of violence. It is noteworthy that a simultaneous digital launch of the document has been contemplated which will ensure a wider outreach.

My best wishes to all those who were involved in putting these documents together and continuing their good work on the subject.

NEW DELHI

11th September, 2018

Madan Lokur
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FOREWORD


Mapping of NCRB data of crimes against children indicated that from 2009 onwards, crime against children had increased rapidly. Now in 2016, the number of instances reported were 1,06,958 reaffirming this increasing trend, which indicates that besides the stark instances of abuse and violence, the society is not valuing its children.

I realized that addressing violence is the most critical part of addressing issues relating to protection of rights of children. Children tend to seek support from unknown places when conventional structures fail them or turn to crime when they can. Abusing a child leaves a permanent mark on the child hampering the development of the child's potential. The cycle of abuse creates a web leading to children getting more disturbed or in many cases becoming perpetrators of violence towards themselves, their peers, younger children and at times adults. Research indicates that childhood violence leads to significant social and economic loss to the Nation.

The present document prepared in three volumes is an attempt to addressing violence in childhood holistically.

In this effort, I am grateful for the support the Commission received, from Childfund India, particularly from Ms. Neelam Makhijani, Country Director who was a wonderful collaborator in ensuring this document is prepared. I also congratulate Ms. Ramya Subrahmanian, for her elaborate account on prevention of violence despite the complete lack of information on prevention initiatives in India. I am also happy to have got the support from Ms. Aparna Bhat, Advocate in the preparation of the legal aspects of prevention of violence against children.

Within the Commission, besides my Members, I am grateful for the continued support I received from our Advisor (JJ and POCSO) Mr. Kulbir Krishan and Sr. Consultant (JJ and POCSO) Mr. Dhaniram and for the effort they made in bringing these documents to a logical conclusion.


(Stuti Kacker)
10.09.2018

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Foreword

The issues related to exploitation of children and violence against them is quite prevalent in India as well as worldwide. ChildFund resolutely believes that all children have an inherent and universal right to a life free from violence, abuse, exploitation and neglect to survival and development, and is committed to foster an enabling environment where children can grow to their fullest potential. ChildFund India has been making persistent efforts to achieve the Sustainable Development Goals with special focus on Sub Goal 16.2 - towards ending all forms of abuse, exploitation and violence against children by integrating Child Protection in all its programs.

To strengthen the rights of children in India, ChildFund India in association with the National Commission for Protection of Child Rights (NCPCR), has developed an overarching framework to prevent violence against children. This includes operating procedures for key stakeholders under various legislations related to protection of our children.

In this endeavor, ChildFund worked with the team at NCPCR, child protection specialists and legal experts. The work comprises of 3 volumes; 1) Situational analysis of childhood violence in India; 2) Demystification and unpacking of laws related to protection of children, and 3) User handbook of procedures related to key stakeholders mandated for protecting and combating childhood violence.

I am grateful to Ms. Stuti Kacker, Chairperson, NCPCR, for her leadership, passion and believing in ChildFund India, the team at NCPCR for extending their support for framing a robust and holistic framework - setting our steps towards a global mandate on ending violence against children.

It has been an insightful and a learning experience to work with Advocate Aparna Bhat of the Supreme Court of India, and her team to help us delve in deeper and look at legal frameworks and stakeholder portfolios for enhancing the scope of programming around child protection.

I hope that this knowledge will be used by duty-bearers to protect and safeguard our vulnerable children so that they can realize their full potential and achieve their dreams!

Neelam Makhijani

Neelam Makhijani
CEO and Country Director
ChildFund India

Date: 11/09/2018

PROGRAM STATES:

Andhra Pradesh, Telangana, Bihar, Chhattisgarh, Delhi, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Odisha, Puducherry, Rajasthan, Tamil Nadu, Uttar Pradesh, Uttarakhand, West Bengal

Registered under Societies Registration Act: XXI of 1860

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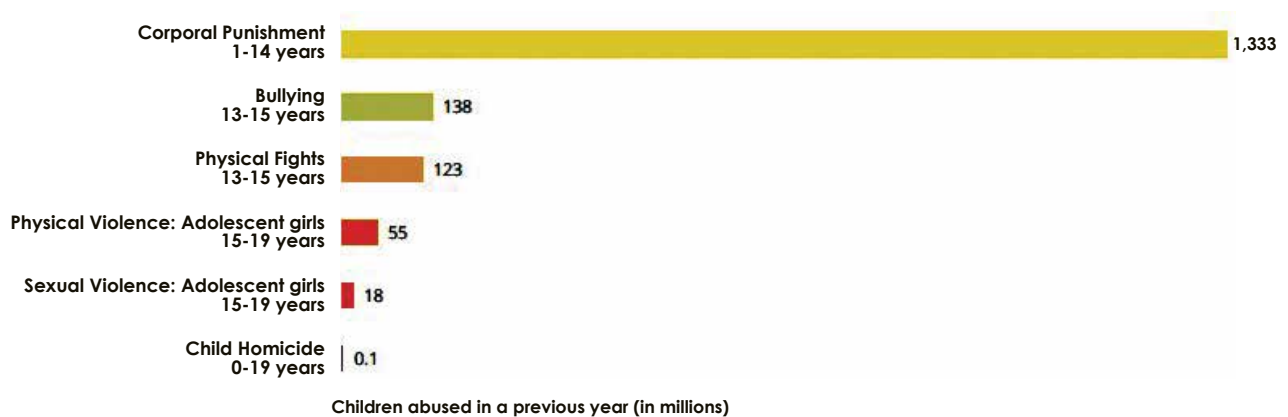
INTRODUCTION

Child protection refers to the fundamental right of every child to be protected from neglect, discrimination, violence and abuse (emotional, physical and sexual), and economic and sexual exploitation while in the care of any individual, institution, system, or authority. The rights of children to such protection is recognised by the United Nations Convention on the Rights of the Child (CRC), 1989, as well as by the Constitution of India, and several laws that are in place for this purpose.¹

Interpersonal violence, or violence between individuals that takes place in homes, schools, workplaces and communities, is one of the many harms experienced by children. An estimated 1.7 billion children experience one or more forms of interpersonal violence around the world every year.² Such everyday violence includes corporal punishment and harsh discipline at home, fighting and bullying in schools, sexual violence in intimate relationships and at the hands of strangers, and homicide. It can take place both in the real world, as well as in the digital space, where online violence extends vulnerability to offline violence, amplifying it and leaving a permanent footprint.

Globally, it is now well-known that the scale of violence to which children are exposed is large (Figure 1) and that the consequences impose significant emotional, mental, cognitive, and health costs on individuals, families and societies, ultimately impacting economies negatively to the tune of up to 8 percent of global GDP.³

Figure 1: Global burden of violence against children, 2015



Source: Shiva Kumar and others 2017 for Know Violence in Childhood 2017.

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HOW TO USE THIS HANDBOOK

Law enforcement is key in dealing with violence against children. There are diverse laws trying to address various aspects of violence with the overarching Penal Code. In certain instances there are laws in different statutes addressing the same category of violence, more often than not, without not making any reference to each other. Any member of law enforcement would be intrigued and overwhelmed with the legal provisions overlapping and dealt with divergent authorities. Consequently, children, despite best efforts, end up losing the advantages that was designed in the statutes and the rules to benefit them and support them positively. The present endeavour is to assist all the stake holders to understand the law, their roles in it and the roles played by other stake holders. It is designed in a way to facilitate optimum utilisation by multiple stake holders. The handbook is also written with the understanding that the police is the key law enforcement agency even for children with their role modified to suit the sensitive nature of the beneficiary. The underlying theme being violence against children, the aspects relating to civil remedies, though mentioned, have not been deliberated upon. They are introduced for the purposes of context and in some instances for highlighting the rights of the children.

The handbook is divided into three Volumes. Volume I presents the situational analysis of violence against children. Volume II of the handbook is demystifying certain statutes by explaining the framework of the statute, key provisions, key authorities created in the statute, offences and penalties and other beneficial provisions. In addition to that, there is a comprehensive table listing out all the offences against the children, the nature of the offence and the punishment that can be imposed.

Volume III of the handbook is the actual SOP targeting at the following stakeholders.

- a. Police/SJPU/CWPO
- b. Child Welfare Committee;
- c. State Child Protection Society;
- d. District Child Protection Unit;
- e. Social workers/Probation officers
- f. Medical Professionals
- g. Special provisions for Prosecutors;
- h. Special Provisions for Juvenile Justice Board, Children's Court and Special Court.

Convergence of roles and services is another key link for providing better services especially to the vulnerable group amongst the children. It is hence important for each stakeholder to know the simultaneous role of others. This handbook puts all the roles together for easy reference of everyone.

PART **1**

UNDERSTANDING CHILDHOOD VIOLENCE – SCOPE, FEATURES, IMPACTS AND THE CASE FOR PREVENTION

1. Scope of childhood violence

Violence is a broad and complex phenomenon. The CRC provides a comprehensive definition of violence against children. It defines violence (in article 19, paragraph 1) as “all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse”. It also states that the term violence represents all non-physical and non-intentional forms of harm to children.

Reflecting the CRC, and with a specific focus on interpersonal violence,⁴ this document focuses on physical, sexual and emotional violence that can result in serious physical or psychological harm to children. It covers violence perpetrated against children by adults and caregivers, as well as peer violence (perpetrated by children against children). It examines particularly the everyday interpersonal violence that children experience – or witness – within the home, school, institutions of care or in the community or public spaces.

This document however does not cover forms of violence that are specific to some communities (e.g. female genital mutilation). Two further categories are outside its scope: self-directed violence (such as suicide and self-harm), and collective violence (inflicted by entities such as states, political parties, terrorist organizations and other armed groups). While it acknowledges that the act of violence may be influenced by children's identity and condition (e.g. gender, disability, social group membership), it does not cover these dimensions in detail because of lack of (national) disaggregated data on the incidence of such violence against Dalit or tribal children, disabled children or even boys compared to girls. It touches upon the importance of recognizing children's inability to report on violence because of threats or fear instilled in them, sometimes by their own caregivers, but in the absence of any data on it, does not analyze the 'extent' to which such fear may affect reporting. Finally, it does not specifically address issues related to slavery, exploitation, trafficking, child labour and child marriage, though many of the prevention strategies discussed in this paper are relevant to preventing all these extreme forms of harm for children.

2. Features of childhood violence

An early start

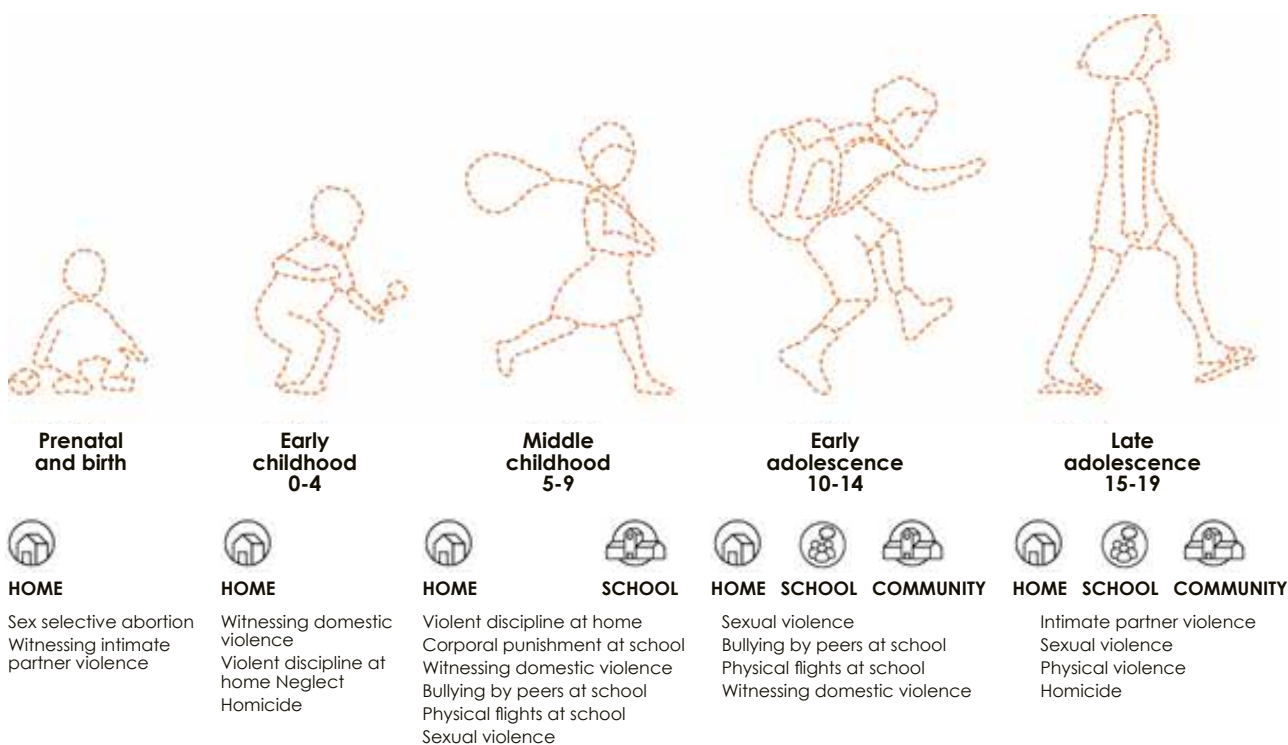
Exposure to violence in childhood starts early. Figure 1 shows that 1.3 billion children around the world experience harsh discipline at the hands of caregivers. Corporal punishment is the most commonly experienced form of children, starting as early as age 1.

In early childhood (ages 0 to four years), children are exposed to direct abuse by primary caregivers and other family members, and they can also be hurt inadvertently in incidents of domestic violence between parents.

Domestic violence usually affects both women and children. Children who live in homes where their mothers are being beaten or abused are likely to experience more violence than children who live in homes where this is not the case. When mothers are abused, children may be victimised either through witnessing such violence, being directly abused by the perpetrator of the violence, or indirectly by mothers, because of the stress they experience in their marital relationships. This puts children on a trajectory of being exposed to, and experiencing negative effects of such violence across their childhood.⁵

Figure 2 maps the different forms of violence children are exposed to at different stages of their lives.

Figure 2: Exposure to violence through stages of childhood



Source: Know Violence in Childhood 2017.

Gender matters

Both boys and girls are vulnerable to such everyday violence. The forms of violence they experience, the reasons why they are abused, and the impacts are not always the same, though. Boys may experience somewhat greater levels of physical violence than girls; though girls are likely to experience higher levels of sexual violence than boys. These are patterns commonly visible in most countries, but they can vary according to social context. For example, societies where girls and women are restricted from appearing in public may see higher levels of sexual violence against girls.⁶

It's not just parents

In the name of discipline, teachers around the world are known to mete out harsh punishment to children. Corporal punishment in school is a 'fact of life' for millions of children around the world. School children of all ages are subject to corporal punishment, although it is recorded more often at primary school. The punishment can take a variety of forms and, compared with parental corporal punishment, is more likely to involve the use of objects to beat the child. Children report that teachers hit them with rulers, yardsticks, shoes, and belts. Other forms of assault include pinching, pulling ears, pulling hair, slapping the face, and throwing objects.⁷

Adult care-givers in all contexts – whether they manage care institutions, coach children for sports, provide services in the home or in the school, or are authority figures in the community – can also abuse their authority and cause significant harm to children. Such violence typically comes to light through media reports, or small studies. Much of it is invisible and under-reported.

Why it persists

Children are often at the receiving end of violence within the home and everyday settings like schools because of their relative powerlessness to physically resist force or to speak out against those who perpetrate such abuse. When they do speak out, they are typically not taken seriously, told they are wrong, and implicitly or explicitly told to just accept it. Similarly, women may not complain about domestic violence including against their children, because they have limited opportunities to leave the marital home, preventing them from seeking help and justice.

Children's experience of violence is also not necessarily limited to just one form of violence. Vulnerable children may be exposed to more than one form of violence at the same time, and across settings and at the hands of different caregivers. Traumatized children may be victimized repeatedly in different settings. The phenomenon of "polyvictimization" is increasingly being recognized, making it essential for strategies to end violence to be integrated and encompassing all the spaces that children inhabit.

3. Why do adults use violence against children?

Children most commonly experience violence and abuse at the hands of people they are expected to trust most – parents, extended family, neighbours, teachers, and authority figures in the community including religious figures, and sports coaches.

Some groups of children are especially vulnerable because they lack protection, or are in positions of grave exposure, such as children living on the streets, in large-scale care homes with low caregiver to child ratios, or children from very poor and marginalised communities.

Interpersonal violence is often understood to be a human behaviour, that is reactive, or emotional, typically involving the expression of anger—a hostile desire to hurt someone—that arises in response to a perceived provocation.⁸ Such anger and aggression may be influenced by psychological factors (such as inability to control or regulate anger, mental stress)⁹, physical factors (including substance abuse or alcohol), or environmental factors (including factors such as the exposure to wider aggression in the community or lack of experience of care and nurture at home).

Adults who use violence against members of their families, may also be expressing frustration and powerlessness in their lives. Typically, however, those who are at the receiving end of their violence are also those who are powerless to retaliate, or impose any consequences of their own. This promotes impunity and leads to the normalization of violence.

Violence is also used effectively to maintain and reproduce social power relations.

- Boys may be beaten in order to both be disciplined as well as to build their resistance to emotions of care and empathy, which are considered 'feminine' traits.
- Girls experience violence often as a reminder of their place in society, subordinate to men's control and broader patriarchal controls that regulate how females should behave and function in their relationships and interactions with the wider society.

Gender-differentiated patterns of violence therefore affect both boys and girls, but with common roots in the maintenance and continuation of patriarchal power hierarchies of sex and age.

4. Why do children use violence against each other?

Once children enter school, friendships and interactions with peers play an increasingly important role in their lives. These relationships can positively contribute to a child's sense of well-being and competence as a social being, but can also be associated with exposure to new forms of victimization, such as bullying.¹⁰ Global estimates for 2015 show that 261 million children globally reported being victimised by bullying and physical fights in schools in a previous year.¹¹

Bullying typically operates as a cycle, with children who are bullied often bullying others, giving rise to a category known as “bully-victims”. In the absence of clear school guidelines, policies and actions, bullying can be rampant, causing much harm to children. Not only does bullying harm the victimised child, it can also normalise violence in the school culture.

Why do children bully, or fight with other children? They often do so because they do not know how to resolve conflicts in relationships through other alternative methods. Children may see bullying take place between parents or other relations in the home, and learn to use these tactics in their relationships with their friends. Bullying also reflects peer hierarchies, which may in turn reflect power-based hierarchies in the broader social context in which children live – including along the lines of physical and intellectual ability, economic class, caste, sexuality, religion and race, as well as physical attributes such as appearance, including size, wearing glasses, or using hearing aids or other assistive devices, amongst others.

5. The cycle of violence

Women and children in India largely depend on adult males in their families for social status and economic sustenance. Such everyday violence therefore typically remains hidden, unreported and unaddressed, because it is woven firmly into a child’s relationships with her closest caregivers. It is therefore also not likely to be addressed fully through the framework of laws and the justice system, unless it is brought to light through a child or her family reaching out for help. This is usually not easy, given that it is often the family’s breadwinner who is a perpetrator; or the web of interpersonal relationships that surround the child are not able to deal openly and honestly with violence in their midst.

For example, children are often the victims of sexual abuse, including within the family, because they depend greatly on adults for care, nurture and protection. This dependence can be easily exploited to persuade a child that a sexual relationship with a father, or close relation, is an expression of love or affection. This dependence can also be exploited to ensure that the child is silenced from reporting or discussing the experience with anyone else. At the heart of much violence experienced by children is “grooming”, a long process whereby trust is built first, only to be exploited later for personal or commercial gain.

When violence is used to enforce authority and power in everyday life, it becomes normalized. For instance, using force to discipline children, either through verbal, emotional, or physical abuse is often seen as the exercise of legitimate authority within the family. While attitudes towards such use of force against children are changing through greater awareness and information, it is still typically treated as a matter of discretion of parents or teachers, in their exercise of authority over children. Changing such normalisation of violence and the perception of children being “under the control” of adults, is at the heart of ending violence.

While most narratives of violence focus on acts of individual adults or children against individual children, it is important to recognise that violence is also driven by institutions (where authority can be exercised with impunity), as well as at the level of society (where social norms reinforce patriarchal beliefs and attitudes). For instance, schoolteachers often use harsh punishment because there are no questions raised or consequences for them, when they do so. This is true for all institutions where children spend time – including residential, religious and sports institutions.

Similarly, where an entire community believes that discipline is enforced most effectively through harsh punishment, parents using corporal punishment will not be challenged when they do so. Or, when an entire community endorses arranged marriages as a customary practice, the murder of girls who choose their own partners, especially outside of caste, religious or other social boundaries may be justified as necessary to maintain family “honour”, and social cohesion and control. Such an “eco system” of violence means that children are at the receiving end of violence with no visible sources of support to protest against and stand up against such behaviour.

6. Drivers of violence

At the level of the individual, many risk factors may drive violent behaviours. These may include mental health challenges such as depression or inability to control or regulate emotions such as anger, substance abuse, alcoholism and even deviant behaviour. At the root of these individual level factors are often events such as economic distress and unemployment, marital conflict, and postpartum physiological changes that trigger stress and result in the use of violence.

Violence can also be endemic to specific communities, where violence clusters in specific places.

For example, cities that are more likely to have higher levels of youth-led gang violence are also cities that have¹²:

- high rates of population growth;
- income and social inequality;
- concentrated poverty;
- unregulated urbanization;
- a high proportion of young, under-educated and unemployed youth; and
- greater exposure to natural hazards.

These urban settings are also characterised by an extreme pressure on fragile resources, lack of state capacity, breakdown of social capital and unregulated availability of firearms, all of which provide a fertile ground for the influence of criminal organizations and increase the risk of violence for children and youth¹³.

Finally, there are deeper structural factors, or drivers, that underpin these more proximate and visible risk factors, which need to be addressed, if violence is to be reduced or ended. Some of the drivers we have already referred to above are:

- ◆ **Patriarchy** or the institutionalization of male authority in public and private spaces, which is upheld variously through social norms, unequal access to resources and opportunities for men and women, boys and girls, unequal laws such as those relating to inheritance, land rights, and identity.
- ◆ **Inequality**, economic and social, which perpetuates poverty and disadvantage, leading to economic insecurity and inhuman conditions of living for families, and generating pressures including unsafe migration and vulnerability to exploitation.
- ◆ **Social acceptability of violence**, as a means of expressing power and enforcing normative order. This leads to a strong sense of impunity, especially in the context of weak enforcement of laws, and poor institutional capacity for oversight and accountability.

Transforming the landscape of violence for children necessitates attention to risk factors, but also the underlying drivers that give rise to them.

7. Consequences and impacts of childhood violence

Violence exposure and experience in childhood can be deeply destructive. There is substantial global literature, including medical literature, documenting the harmful consequences of childhood violence. These consequences and impacts of violence against children are measured along three dimensions.

Impacts experienced during childhood

The experience of immediate trauma and fear is the primary consequence of violence against children. If not addressed appropriately and quickly, this translates into a range of other impacts in children's lives, including:

- Depression and behavioural problems
- Post-traumatic stress, anxiety and eating disorders
- Increased vulnerability to substance abuse
- Poor reproductive and sexual health
- Poor educational achievement

Children with a history of maltreatment can experience impairments in mental well-being that affect academic performance. Learning may also be impaired by corporal punishment, since children who fear being physically harmed by their teachers tend to dislike or avoid school. Adolescents who are bullied miss more school and show signs of poorer school achievement. Bullying adversely affects the bully and the bullied alike – both of whom can have significantly lower academic achievement and poorer health.

Impacts carried over into adulthood

Many social, health and economic problems can be traced back to adverse childhood experiences.¹⁴ For example, young people who have been victims of sexual abuse often feel shame, and blame themselves for their victimization, and can thus be at greater risk of self-harm, including suicide attempts. Adults whose health and education are compromised by childhood violence may also struggle to get secure employment.

The use or perpetration of violence in childhood can have long-term effects, if not checked. School bullies, for example, may be more likely as adults to engage in criminal behaviour, mainly violent crime and illicit drug misuse.

A major impact is on the ability to form equal and caring relationships. A common effect of violence exposure in childhood is the development of low self-esteem, which in turn can lead to further victimisation in many relationships at home, work or in the community.

Impacts carried over from one generation to the next.

The adverse effects of violence can also be intergenerational, starting even before birth. An immediate risk for the unborn child is domestic violence against the mother by a partner, spouse or other member of the family. Whether they are suffering or witnessing abuse, children who grow up with violence in the home learn early and powerful lessons about the use of violence to dominate others.

Moreover, the use of violence can be 'transmitted' as a behavioural strategy, through generations – from parent to child, or sibling-to-sibling, or within communities – although it must be noted that only a small proportion of those who witness or experience abuse and violence go on to perpetrate violence as adults. For many, however, the negative impacts of their exposure to violence can affect others in their immediate environments, if left unaddressed.

The effects of violence exposure are both harsh in terms of short and long-term negative impacts, including negative health effects, educational disruption, cognitive impairment and emotional and relational challenges. More disturbingly, they also lead to the normalization of violence, perpetuating intergenerational cycles of violence. Therefore, to rear children with safety, security and dignity, we need transformation in the familial and social environments in which children are growing up.

8. Why we need to prevent violence

Violence imposes huge personal costs, as we see from the consequences above. Given the hidden and invisible nature of violence experienced in a myriad ways in children's everyday lives, the scale is truly astonishing. To prevent these harsh consequences requires a transformation in the way in which we understand violence, and how we take steps to address it.

To address the extensive damage violence can cause will require costly services and ongoing long-term action to provide psychological and social relief, as well as repair the costs of damaged relationships, some of which may be irreparable. The alternative is to take steps to prevent violence from happening in the first instance.

Beyond the human costs, there are also financial consequences. Estimates suggest that the annual costs of physical, sexual and psychological violence against children (measured indirectly as losses in future productivity) are anywhere between 2 per cent and 5 per cent of global GDP and can go up to 8 per cent, or about US\$7 trillion.

Let us illustrate some of the ways in which these human costs translate into economic costs.

- ◆ **Direct costs of violence:** Some costs of violence are immediate, and relate directly to the abuse, like the provision of medical treatment to victims, psychological support and welfare services for follow up and monitoring. Incidents that are formally reported also imply costs to the judicial system, and to the child protection system, which need to track cases, initiate, monitor and conclude the delivery of justice and relief, and provide referrals to other forms of support required by the victimized child.
- ◆ **Secondary costs of violence:** Secondary costs are relatively harder to estimate, as they require projection of the future costs of violence experienced today. As we have seen, impacts of violence can extend long beyond the actual incidence of violence. For example, children who are absent or who drop out of school on account of abuse are less likely to complete their education or get a good job. This results in a loss of productivity in terms of the economic value they could have added to society in their lifetime. Using this approach, estimates show that all forms of violence against children costs the world nearly \$7 trillion in economic value lost.¹⁵

Violence in childhood is wrong in itself, and must be eliminated. Governments need to recognise that timely action to prevent violence can also bring significant economic benefits.

9. Global lessons on preventing violence in childhood

Experience from across the world demonstrates that violence in childhood can be prevented. Governments are beginning to realize that even small measures to prevent violence can greatly improve children's prospects and enhance the returns on existing investments in education and health.

Approaches to addressing violence have limited effect when they deal with violence primarily as a series of separate incidents, failing to recognize its deep social and economic roots. Instead, strategies need to be more broad-based, supporting parents and children while investing in more peaceful communities, schools and public services. Many governments, communities and organizations have taken steps to address the structural drivers of violence – investing in services, safe spaces, systems and institutions, and building people's capacities to manage and avoid aggression.

To break the cycle of violence that starts in childhood, violence-prevention needs to start early in a child's life and continue through the life-cycle. Strategies for violence-prevention need to:

- Enable the development of capacities and skills that can support individuals to control aggression, deal with stress and conflict, including and especially in interpersonal relationships.
- Promote 'zero-tolerance' for violence; promote effective communication for change in social norms that uphold violence as an appropriate social behaviour; and train people to intervene effectively to stop violence when they witness it.
- Address deep-seated inequalities of gender, age and social identity through supporting long-term policies that redistribute resources and opportunities, and challenge power relationships and hierarchies.

Violence-prevention therefore needs to take place at three levels (Figure 3):

- Enhancing** individual capacities;
- Embedding** violence-prevention strategies into existing services and institutions; and
- Eliminating** the root causes of violence

Figure 3: Prevention of childhood violence – a strategic framework



Source: Know Violence in Childhood 2017.

A. Enhancing individual capacities

Well-informed parents and caregivers can both prevent violence and create a nurturing environment free from fear in which children can realize their full potential. This can be achieved through using home visitation programmes to help adults address conflicts in their domestic relationships – within marriage and with children - and building up their capacities to provide nurturing care. Home-visitation programmes starting from pregnancy and extending for a few years of a child's life have shown positive results, when part of a continuum of care provided to families with young children. Positive effects include improved health outcomes for women and children, and also reductions in child abuse and neglect.¹⁶ Evidence from an evaluation of a home-visiting programme in the United States shows a reduction in emergency department visits and injuries for children whose parents were in the intervention group.¹⁷ Moreover, at a 15-year follow-up study, rates of child abuse in the intervention group were reduced by 48 per cent compared with the children in a control group.

A key element of breaking the cycle of domestic violence is **working with fathers**, and addressing their role in the home, including in raising children. Discussions within communities can also break the social norms that prevent men and fathers from being more involved in the home as carers and caregivers.

Addressing economic insecurity through appropriate social protection programmes can also help mitigate violence caused by stress, though only if accompanied with specific focus on violence-prevention, including through awareness raising and skills building at the level of individuals and communities.

Children themselves can be equipped with **skills and capabilities to avoid the use of violence**, in age-appropriate ways. This includes building capabilities for "social emotional learning" starting with early childhood education programmes, and building life skills for emotional regulation, healthy peer relationships, acceptance of gender equality as an important social norm, and values of tolerance and inclusiveness across all forms of social difference.

As children go through adolescence, they should be encouraged to **reject harmful social norms**, including rigid attitudes to masculinity. Adolescent boys and girls should also be provided comprehensive sex education and be encouraged to be active bystanders if they witness sexual assaults. Sports programmes can deliver messages to boys, especially, about the importance of respecting women and understanding that violence does not equal strength.

The **internet and digital telecommunications** can be part of a broader process of child protection. Children can use the internet to circumvent rigid social hierarchies, seek out information and amplify their voices. The anonymity of the internet provides opportunities for girls and sexual minorities to find vital information and connect with others. However, the internet also poses new dangers, as it can be used to amplify harmful behaviours such as bullying and sextortion, and create newer forms of exploitation.

Online safety is both a matter of equipping children with skills and awareness to navigate the internet safely, as well as a matter of increasing the capacities of parents and teachers, whose skills and knowledge need to be updated to keep up with children and continue to engage with them in supportive ways. At the same time, corporate and civil society organisations, and governments must work together to create safe spaces where children can build their online skills and literacy, free from the risks of violence.

B. Embedding violence-prevention into all services and institutions

All institutions and services – educational, health, welfare and social organisations - which children may visit, attend or reside in, should be “violence – proofed”. This includes the digital space, where children are likely to experience new or amplified forms of violence. There must be a clear institutional commitment to preventing violence within a broader “zero-tolerance” framework.

Institutions as listed above should not only take actions to ensure zero-tolerance for violence, but they need to also do so by promoting an enabling environment of care, empathy and nurture towards children. Violence cannot exist where there is a commitment to provide children appropriate nurture and care. In addition to taking action where there is violence, such organisations need to actively build capacities of staff to connect with and care for children in an appropriate way.

Schools have an important influence on children's lives, and in shaping their experience of violence. Schools and other institutions should be centres of non-violence, discouraging hierarchical practices that condone violent behaviour and bullying. Effective teachers have a good understanding of child development and aim to develop non-cognitive “soft” skills including the ability to monitor and manage feelings, control impulses and develop positive behaviour. These improved relationships should not only prevent violence but also improve children's learning, health, economic and social outcomes.

The elimination of corporal punishment should be a high priority for schools. The most effective strategy is a whole-school approach that addresses violence with all stakeholders, including parents. At-risk youth can benefit from after-school programmes that address under-achievement, behavioural problems and socio-emotional functioning. Programmes in classrooms to stop bullying, prevent peer victimization and dating violence, as well as campaigns to end corporal punishment, offer many lessons for transforming the culture of schools.

Residential institutions are high-risk environments for children. Caregiver to child ratios are typically very low, and minimal care is usually provided to children, and often with limited supervision or connection with the outside world. Institutionalisation in such conditions is itself considered a form of abuse with very negative impacts on children, and hence global best practice suggests that institutions be replaced with alternative forms of residential care, including placement with foster families.

Health services provide a child's first contact with the outside world, starting with antenatal and post-natal care for their mothers. All clinicians, including in primary health centres, sexual and reproductive health services, and mental health service-providers, should know when and how to ask about violence, what first-line care to provide, and how to refer patients for additional support. All health professionals, whether offering emergency, antenatal or primary health care should have standard screening tools to detect violence against women and children. They can then arrange appropriate referral and treatment.

C. Eliminating the root causes of violence

Societies and governments should work with families and communities to address many of the root causes of violence to establish violence-free communities and change adverse social norms.

Infrastructure is a necessity to promote safety and address threats – perceived and real – faced by girls and women, in particular. **Well-designed public spaces** – streets, parks, bus stops, sports fields, squares, parking lots – address the safety needs of women and children. In addition to proper lighting and signage, safe community spaces should have clear, well-kept paths and good general visibility with low, wide sidewalks for strollers, wheelchairs, and walkers, and easy access to clean, secure, child-friendly toilets.

Stress and frustration can be reduced by offering people easier access to services and employment opportunities, through **reliable public transport** that connects schools, parks, libraries and community centres with low-income neighbourhoods. Local authorities can also target vulnerable communities with a range of **services and resources**, thus offering young people safe and productive outlets for their energy and strengthening community cohesion.

Regulating access to firearms, alcohol and drugs is also important. People are better able to deal with volatile situations when they are not under the influence of alcohol and drugs or do not have unregulated access to guns. States should ban gun use by children, starting with laws that prescribe the appropriate minimum age – at least 18 years, or more – for possessing or purchasing a gun. Similarly, a comprehensive alcohol policy should make alcohol more expensive, and establish and enforce a minimum age for purchase.

Ultimately, however, attitudes and beliefs about the role of violence in society need to be tackled as a priority. **Social norms** that advocate the tolerance of harm and abuse need to be challenged and changed. While this may appear difficult, beliefs and norms are not rigid, and are always changing. For example, justification for harsh physical punishment of children is now gradually weakening – globally, only around three in ten adults now believe that physical punishment is necessary to raise a child properly.

Change begins when opinion leaders introduce an idea that others start to accept. Change leaders can inspire others by showing positive results for promoting “no violence” and using alternative methods of conflict resolution or child rearing. This approach is often used in peer influence programmes where community leaders serve as trusted and credible messengers, especially where they have used or been involved in violence, and have subsequently changed their behaviour and hence can persuade others using their experience and learning.



PART 2

TOWARDS CHILDHOOD VIOLENCE PREVENTION IN INDIA

10. The scale of violence against children in India

It is difficult to establish the true scale of violence against children in India for three reasons.

First, there is a paucity of national level data for the different forms of abuse and violence that children experience. Not all forms of violence are tracked, even when addressed in national policies. For example while the Right of Children to Free and Compulsory Education (RTE) Act, 2009 has made corporal punishment in schools a punishable offence, there is no system in place to monitor the extent to which teachers (still) use harsh disciplining methods against children.

Second, collecting valid, reliable and ethical data is problematic. Even for the indicators that are reported on – for example sexual violence against adolescent girls and women in the National Family Health Survey – problems with definitions and ethical concerns confound measurement.

Third, in India, violence against children is recognized only when it is registered as a criminal act. Thus the abuse children face within the boundaries of intimate and familial relationships e.g. spanking by their parents, bullying in schools, and marital rapes of children entering into early marriages are not reported because they are not considered as criminal acts. What constitutes violence and abuse, and what is normalized also varies across cultures and individuals.

Incidence based data is gathered by the National Crime Records Bureau, which provides annual statistics on reported crimes against children as per legally defined acts, including infanticide, feticide, murder, kidnapping, rape, and the trafficking of girls.

Population-based data is periodically collected through the National Family Health Survey, covering domestic violence, victimization of girls and women aged 15-49 years, as well as the prevalence of norms that underpin violence, such as sex preference and gender role attitudes.

Our knowledge and understanding of violence experienced by children is enriched by private studies including surveys such as the India Human Development Survey,¹⁹ annual reports from the organisation Childline which collects self-reported data from children about harm and abuse from around the country,²⁰ and one-time studies such as the 2007 Ministry of Women and Child Development study on child abuse in India²¹. Other small-scale and qualitative studies are available, but they remain geographically or quantitatively limited in their contribution to understanding the experiences of violence by children.

Data for many indicators such as corporal punishment, peer violence and sexual violence against boys are not routinely collected. While these reflect the absence of inclusion of these forms of violence in current legal frameworks, they also point to the need for new investments in data gathering, especially population-based data, to map the true scale of childhood violence in India.

11. What we know about violence in childhood in India

There are a few peculiarities to be noted in the case of India as far as measurement of violence in childhood is concerned.

The first is that violence against children is recognized only if it is registered as a criminal act under laws such as the Indian Penal Code (IPC), the Criminal Procedure Code (CPC), the Juvenile Justice (Care and Protection) Act, 2015, the Information Technology (IT) Act, 2000, and the Protection of Children against Sexual Offences (POCSO) Act, 2012. This means that unless an act of violence against a child or a minor is reported to the police and a First Information Report (FIR) is filed under a particular provision of a law, it does not get counted as an incident of abuse. It also means that the violence that takes place within the confines of homes, for example children being beaten by their families, is not captured because it is not recognized as a crime. While

'children beaten in families' could be covered under Section 75 of the Juvenile Justice Act, 2015 relating to cruelty against the child, children often do not have the capacity to report against those who are directly in charge of or in control of their care.²² Further, not all acts of violence, even serious offences like rapes, may be reported to the police for fear of social stigma and family pressures, if the rape is committed, say, by a close family member.

Second, except for POCSO and the Juvenile Justice Act, which cover offences against children below the age of 18, both by adults and by children themselves, only a few, specific provisions apply to children in the rest of the laws mentioned above. There is no umbrella law on violence against children. POCSO brought about a significant shift by providing more specific definitions of various forms of sexual abuse of children than earlier laws (e.g. cognizance of pornography as a criminal act), but the offences recognized under it are primarily sexual in nature.

Third, there is no clear, comprehensive definition of what comprises as violence across laws. For example, until recently sexual violence against minor girls was not considered an offence if committed within a marital relationship. In this the IPC was in contravention with both POCSO and the Prohibition of Child Marriage Act (PCMA). This position was reversed only recently by a landmark judgment of the Supreme Court of India in 2017 which ruled that sex with a minor wife below the age of 18 is criminal.

Given these constraints with data on childhood violence, and how it is reported and recognized, there is only one available source of data that regularly monitors and tracks crimes against children. This data is gathered by the National Crime Records Bureau (NCRB) in their annual publication called Crime in India. The NCRB reports on the number of registered crimes against children in India, as defined under various laws such as the IPC and the Protection of Children against Sexual Offences (POCSO) Act, 2012. The publication also tries to disaggregate the data for a few crimes by the age and gender of the victim, type of offender, place of residence (state and city) and disposal of such cases by the police and courts. However, and for reasons noted above, it may not give a true sense of the scale of the problem because registered crimes may be a gross underestimate of actual acts of violence against children.

The other data sources available are the National Family Health Surveys and the India Human Development Surveys both of which report on physical and sexual violence against adolescent girls (see Table 1). However, these are periodic and sample based surveys and cover only one form of violence. Childline India collects self-reported data on all forms of violence experienced by children through its helplines, but it is constrained by children's capacity and willingness to report such acts.²³ There is only one comprehensive report available on the extent of child abuse in India by the Ministry of Women and Child Development, that involved a primary survey with children across India, but that is dated (published in 2007). Finally, there are small area studies and longitudinal studies such as the one undertaken by Young Lives, which offer children's own accounts of violence, but these are limited to a few villages in a few states.

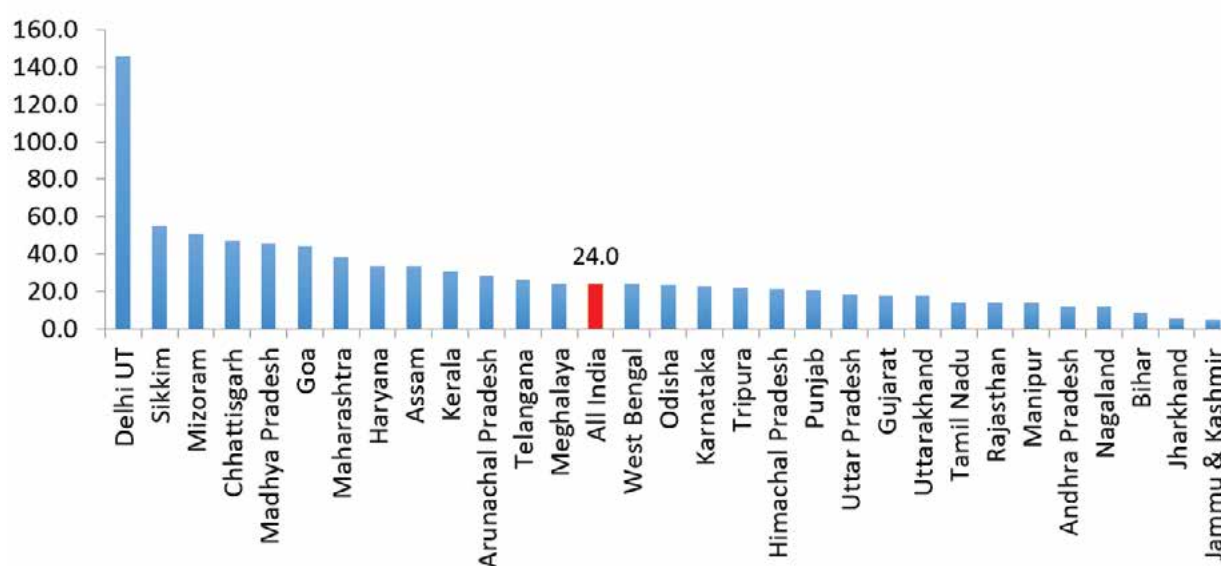
Table 1: Data availability on childhood violence in India

Data Source	Indicator	Frequency	Scope of Data Collection	Website Source
NCRB	Crimes against children: Murder, feticide, infanticide, kidnapping and abduction, rape, trafficking of girls	Annual since 1953	National and state/UT level, also includes 35 megacities	http://ncrb.gov.in/
ChildLine	Self-reporting by children for all forms of violence	Annual Since 1996	366 cities/districts in 34 States/UTs	http://www.childlineindia.org.in/
NFHS	Physical and sexual violence against adolescent girls	4 rounds: 1992-93, 1998-99, 2005-06, 2015-16	National and state level	http://rchiips.org/nfhs/
IHDS	Physical and sexual violence against adolescent girls	2 Rounds: 2004-05 and 2011-12	National, state and district level	https://ihds.umd.edu/
Young Lives	Physical abuse at home and in schools Emotional violence; Bullying and other forms of peer violence; Abuse in streets and institutions of care; Online violence	5 Rounds Longitudinal study: 2002, 2006, 2009, 2013, 2016 Small area studies	Andhra Pradesh and Telangana (2,000 born in 2001-02; 1,000 born in 1994-95)	https://younglives-india.org/ Multiple

The rising incidence of crime against children in India

According to the National Crime Records Bureau Report, Crime in India 2016: Statistics, there has been a considerable rise in the number of registered cases of crimes against children over the years. In 2016, a total of 106,958 cases of crimes against children were reported in the country as compared to 89,423 cases during 2014, an increase of about 20 per cent. The crime rate i.e., incidence of crimes committed against children per one lakh population of children has also risen – from about 13 in 2013 to 24 crimes per one lakh population in 2016. There is variation though across states with some of the North-Eastern states and the Union Territory of Delhi registering high rates of crime against children (Figure 4).

Figure 4. Rate of crime against children in India (by states), 2016



Source: NCRB. 2017. Crime in India 2016 Statistics. Ministry of Home Affairs, Government of India, New Delhi.

Crimes against children reported in 19 major cities of India (with 2 million plus population) have also risen from 15,541 cases in 2014 to 19,081 cases in 2016, an increase of nearly 23 per cent over two years. If one were to compare the number of cases in cities alone, to the total number of cases of crime against children in India, the numbers above suggest that nearly one in every five criminal acts against children takes place in the 19 major cities of the country.

Despite the metropolitan city of Delhi accounting for nearly 40 per cent of all cases of crime against children in major cities, there has been in fact a dip in the number of such cases in Delhi between 2014 and 2016 by a marginal 9 per cent. The overall rise in crime against children in big cities in India during this period can be attributed to a near quadrupling of such crimes in Lucknow, and a near doubling in cases in Pune. The cities of Patna and Mumbai also registered an increase of criminal acts against children by nearly 1.5 times.

Two important caveats here.

First, NCRB data only report 'crimes' against children, not all incidents of 'violence' against them. This distinction is important. The scale of crime published by NCRB and discussed in this document, therefore, is a significant underestimate for it does not include cases that come to child welfare committees or violence against children that occurs in institutions of care. While adequate provisions are made in the JJ Act, 2015 and Model Rules thereunder to safeguard children in Child Care Institutions, recent incidents indicate that many boys and girls may be facing severe abuse in such institutions, but may not be speaking up for fear of reprisal. Government and other officials including the social welfare officers, state and district child protection officers, and members of women's commission and juvenile justice monitoring committees who are responsible for inspection may suspect abuse but may not report it as it is part of a broader 'system'²⁴.

Second, the scale of crime published by NCRB is influenced heavily by reporting. Therefore, a rise in crimes against children may not necessarily indicate a worsening situation; it may in fact indicate better reporting. For example and as discussed later in this document, the implementation of POCSO led to a sudden spike in reporting of sexual crimes against children in 2012.

The most extreme forms of crimes against children: foeticide, infanticide and murder

Child homicide is the most extreme form of violence against children and a tragic event with serious effects on families and the community. The greatest risk of violence against children, particularly newborns is deliberate i.e. when violence is used to force an abortion or miscarriage, most likely that of female fetuses.

Sex-selective abortion (foeticide) and infanticide

A total of 144 cases of foeticide were registered in India in 2016, with about 3 in every 4 cases occurring in four states: Uttar Pradesh, Rajasthan, Madhya Pradesh and Chhattisgarh. The reported numbers for infanticide were also low (93 cases in total in 2016), with Uttar Pradesh, Rajasthan and Madhya Pradesh again the prime offenders.

However, these numbers need to be interpreted carefully. Let us take the case of foeticide. Cases of reported foeticide seem to have been significantly lower in 2016 (144 cases) when compared to such reports in 2011 (210 cases). In the Indian context, though, foeticide levels have to be read against trends in sex ratios at birth.²⁵

Between 2011 and 2015, according to the Sample Registration System, sex ratios at birth declined in India from 906 to 900 female children per 1000 births. Specifically, sex ratios declined sharply in Gujarat, Chhattisgarh, Assam and Haryana (Table 2). If the association between sex ratios and foeticide were true, a decline in sex ratio at birth should have likely been accompanied by a rise

in reported numbers of foeticide, particularly female foeticide in these states. Instead, very few cases of foeticide were registered in Gujarat and Assam in 2016. This may indicate significant underreporting. In Haryana too, very few incidents of foeticide were reported despite a decline in sex ratios. Alternative explanations are needed. A recent study documents how communities in Haryana may be using indigenous drugs to influence sex-selection when the woman is pregnant.²⁶ Thus female fetuses may not be aborted after detection, but early sex selection may be detrimental to sex ratios in not so obvious ways, and hence not captured or reported to the police.

Table 2: Trend in Sex Ratio at Birth, by states

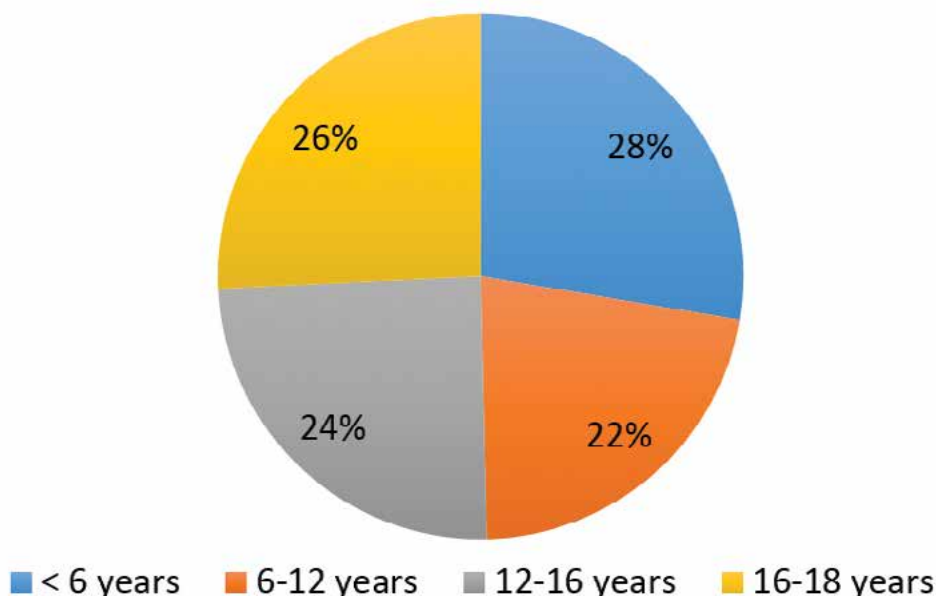
State	2013-15	2009-11	Percent Change
Andhra Pradesh	918	915	0.3%
Assam	900	926	-2.8%
Bihar	916	910	0.7%
Chhattisgarh	961	991	-3.0%
Delhi	869	880	-1.3%
Gujarat	854	909	-6.1%
Haryana	831	854	-2.7%
Himachal Pradesh	924	938	-1.5%
Jammu & Kashmir	899	880	2.2%
Jharkhand	902	915	-1.4%
Karnataka	939	945	-0.6%
Kerala	967	965	0.2%
Madhya Pradesh	919	920	-0.1%
Maharashtra	878	893	-1.7%
Odisha	950	946	0.4%
Punjab	889	841	5.7%
Rajasthan	861	878	-1.9%
Tamil Nadu	911	926	-1.6%
Uttar Pradesh	879	875	0.5%
West Bengal	951	941	1.1%
India	900	906	-0.7%

Source: Sample Registration System

Murder

Besides being killed in the womb and in infancy, children are also victims of murder. The NCRB data for 2016 suggests that nearly 6 out of every 100 murders in India, as registered under Section 302 of the IPC is of children below the age of 18. A distribution of the 1775 cases of murders of children reported in 2016 indicates that children across all age groups are victims of homicide, though children below the age of 6 and those in their adolescence appear slightly more vulnerable (Figure 5).

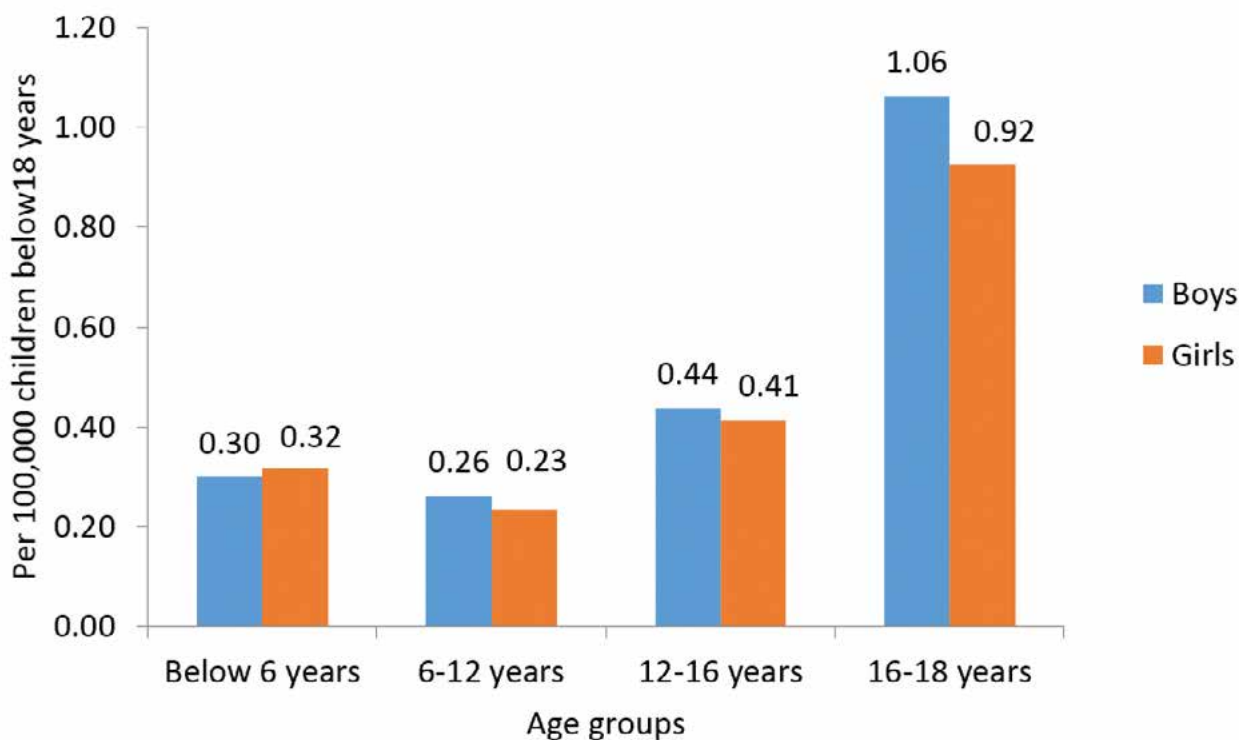
Figure 5. Distribution of murder victims among children, by age



Source: NCRB. 2017. Crime in India 2016 Statistics. Ministry of Home Affairs, Government of India, New Delhi.

A more accurate reading of vulnerability however comes with using the 'rate of murder' as an indicator i.e. the number of children murdered per lakh child population in each age cohort. This suggests that adolescents between the ages of 16 and 18, more so boys, are more likely to be killed than children of other age groups. Girls have a higher likelihood of being killed as compared to boys when young i.e. below the age of 6 years (Figure 6). These rates, and their age and gender-wise distribution, are not significantly different across Indian states and metropolitan cities.

Figure 6. Rate of murder among children disaggregated by age and gender



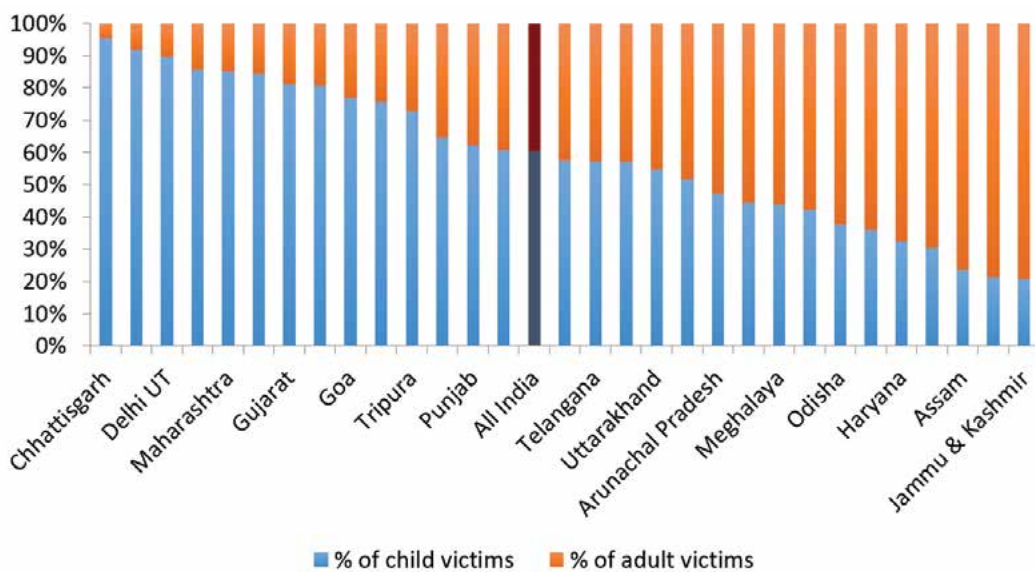
Source: NCRB. 2017. Crime in India 2016 Statistics. Ministry of Home Affairs, Government of India, New Delhi.

Children's vulnerability to kidnapping and abduction

According to the latest NCRB report, nearly 55,000 children were kidnapped across India in 2016 alone. This statistic is striking for two reasons. First, kidnapping of children accounts for nearly 60 percent or 6 in every 10 cases of kidnapping registered in India (about 90,000 in 2016). In other words, children are more likely, more vulnerable to being kidnapped than adults. Figures 7 and 8 show the distribution of kidnapping cases by the age of the victim for the year 2016, for all states and major cities respectively.

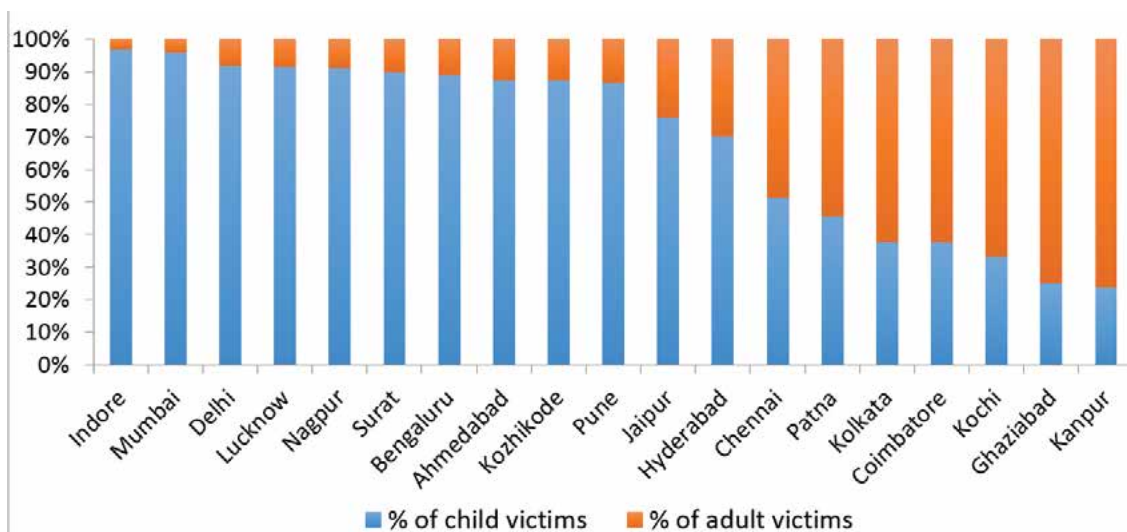
There are variations across states. In Chhattisgarh for instance, nearly 95 percent of all kidnapping cases registered are of children. Similarly, among major cities, kidnapping of children is very high in Indore, with nearly 97 percent of all cases of kidnapping registered in 2016 being of children below the age of 18 (Figures 7). In terms of absolute numbers of children kidnapped however, Delhi appears to be the most unsafe accounting for 44 percent of all kidnappings of children across major Indian cities in 2016.

Figure 7. Distribution of victims of kidnapping & abduction (Children vs Adults), by state



Source: NCRB. 2017. Crime in India 2016 Statistics. Ministry of Home Affairs, Government of India, New Delhi

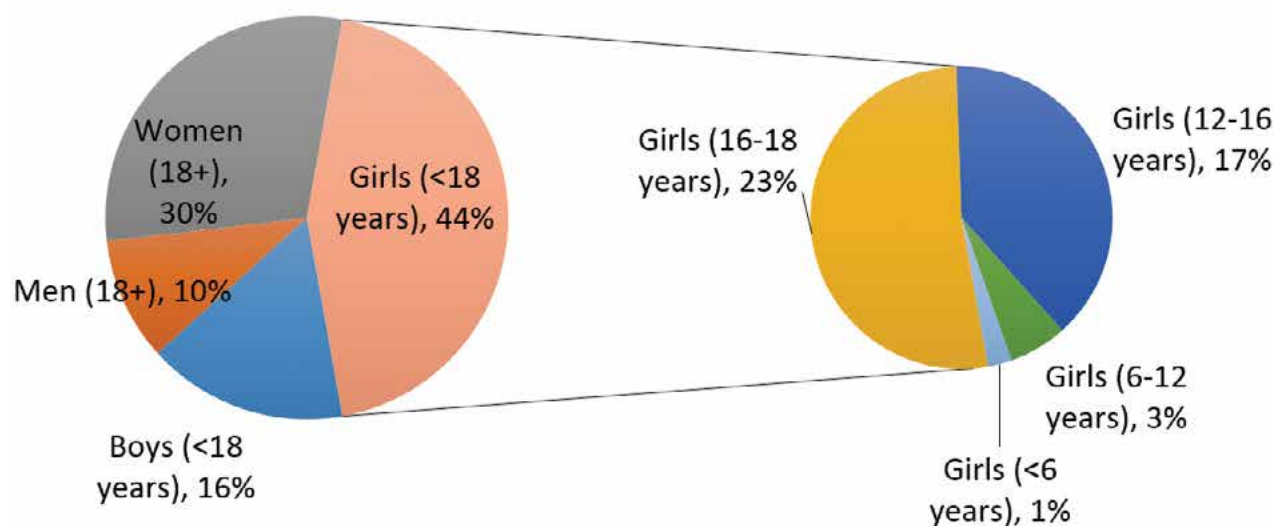
Figure 8. Distribution of victims of kidnapping & abduction (Children vs Adults), by city



Source: NCRB. 2017. Crime in India 2016 Statistics. Ministry of Home Affairs, Government of India, New Delhi.

A disaggregation of kidnapping victims by age and gender reveals the second stylized fact: girls below the age of 18 are the most likely to be kidnapped or abducted, vis-à-vis boys, and adult men and women (Figure 9). Among girls, the most vulnerable are girls above the age of 12, who comprise nearly 40 percent of all kidnapping victims in India. Many of these girls are trafficked for labour or prostitution, or are kidnapped for purposes of marriage.

Figure 9. Distribution of victims of kidnapping & abduction, by gender and age



Source: NCRB. 2017. Crime in India 2016 Statistics. Ministry of Home Affairs, Government of India, New Delhi.

What is more disheartening is the rate at which cases involving kidnapped children are resolved. Of the nearly 85,000 children kidnapped and missing in India (of which 55,000 were kidnapped in 2016 and around 30,000 were missing from previous years), only one in two had been recovered at the end of 2016, with recovery of very young children (below 6 years) being lower (about 38%).

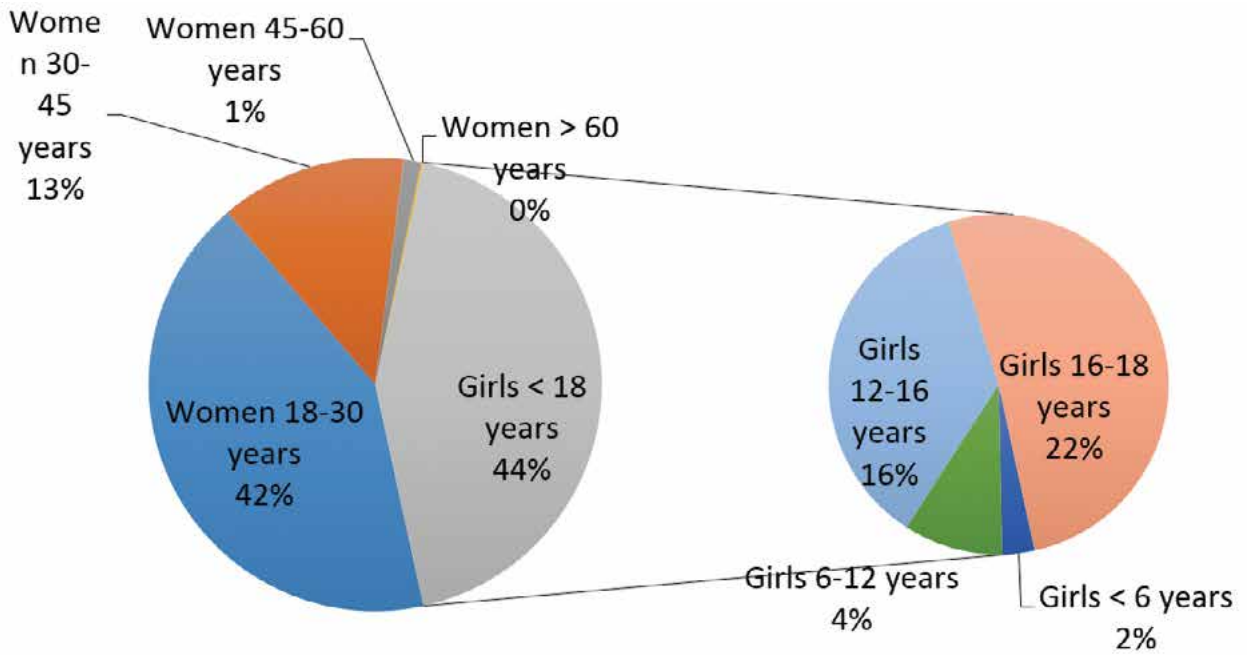
The steep rise in rapes of children

Frequent media reports about young girls being raped across India suggest an upsurge of sexual violence against children. According to the NCRB data, while in 2015, 10,854 cases of rape were registered under Section 376 of the IPC and under Sections 4 and 6 of the Protection of Children against Sexual Offences (POCSO) Act, 2016 saw 19,765 of such cases being registered. These included rapes of both young girls, boys and children of the third gender.

The most number of minor rape cases were reported in Madhya Pradesh (2,479), Maharashtra (2,333), Uttar Pradesh (2,115), Odisha (1,258) and Tamil Nadu (1,188) in 2016. Among metropolitan cities, Delhi appeared to be the most unsafe accounting for 40 percent of all rapes in Indian cities, involving minor girls.

Disaggregated by gender and age, of the minor rape cases booked in 2016, about 85 percent appeared to have involved young girls below the age of 18; the rest involved children of other genders. In fact, NCRB data suggest that girls as young as 6 years and below and between the ages of 6 and 12 may be raped, though the chances of girls getting raped increase when they turn 12. Figure 10 shows the distribution of all (female) rape victims in 2016 by age. It suggests that nearly half (44 percent) of rape cases in India in 2016 involved young girls, a majority of them above the age of 12, but some even younger.

Figure 10. Distribution of rape victims, by age

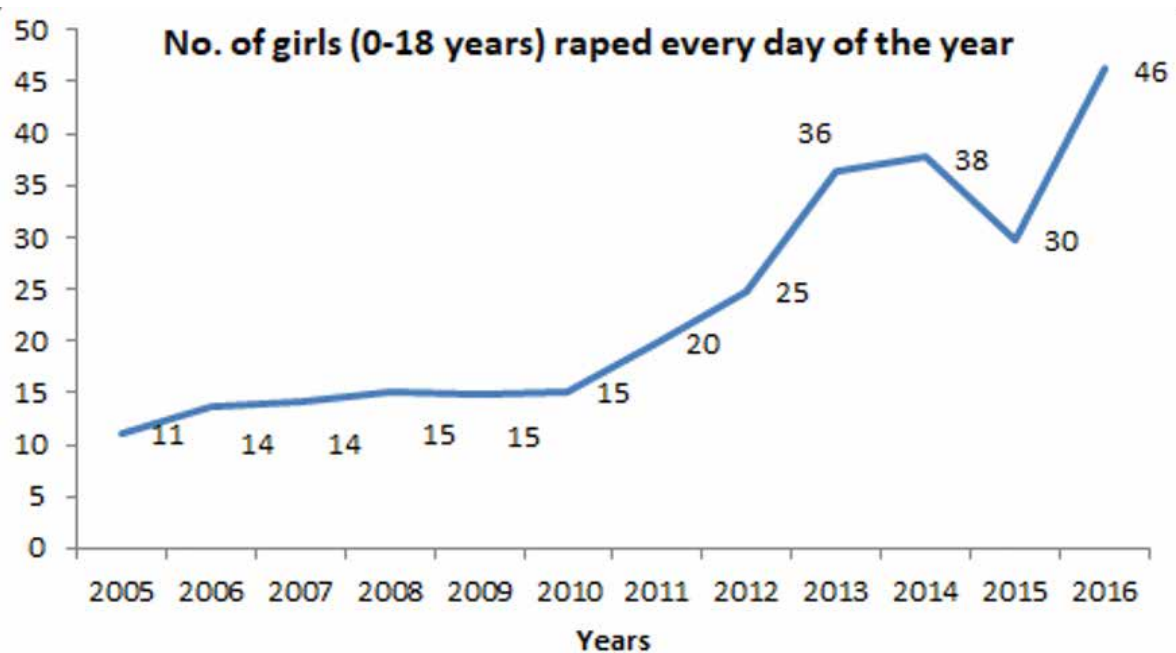


Source: NCRB. 2017. Crime in India 2016 Statistics. Ministry of Home Affairs, Government of India, New Delhi.

In some states this statistic was significantly higher. In Karnataka and Odisha, respectively, 68 and 66 percent of all rape cases, involved girls below the age of 18.

The significant rise in rapes of girls over the last decade can be seen in Figure 11, which suggests that while about 11 girls below the age of 18 were raped every day of the year in 2005 (about one every two hours), by 2016 this number had quadrupled to 46 or roughly two girls every hour.

Figure 11: Rise in minor girls' rapes



Source: Crime in India, NCRB.

While data on those who rape minors (including boys as well) is not available, NCRB data on offenders who commit rapes of women and girls suggests that 95 percent of such offenders are known to the victim, and comprise family members, relatives, neighbours and persons who promise to marry the victim.

A rise in minor rapes could be on account of better reporting. The NCRB data show that child rapes reported to the authorities have doubled over the past five years from 2012 to 2016. This is partly because prior to 2012, there was no single law specifically dealing with children as victims of sexual offences (and rape was strictly defined as penetration). Some forms of sexual assault - which may be more common with child victims - were not included, while the police faced no sanction for refusing to register complaints by victims.

The landmark Protection of Children from Sexual Offences Act of November 2012 was India's first comprehensive law to deal specifically with child sex abuse. The number of reported cases of child rape rose by nearly 45% the next year. The new act is gender neutral and includes various forms of sexual assault. It also makes the failure to report or record a case of child sex abuse punishable with a jail term and fine. First responders such as doctors and the police are no longer able to turn back complainants by dismissing their complaint as a 'household matter' as this can land them in jail. The requirement for the authorities to now register complaints has had a big role in increasing the number of reported cases.

It is important to note here, that cases of rape may actually be cases of consensual sex, disapproved of by families. In 2014, the news daily The Hindu conducted a six-month long investigation into nearly 600 rape cases filed in Delhi in 2013. They found that one-fifth of the cases were wound up because the complainant did not appear or turned hostile. Of the cases fully tried, over 40 percent dealt with consensual sex, usually involving the elopement of a young couple and the girl's parents subsequently charging the boy with rape. Another 25 percent dealt with "breach of promise to marry". Of the 162 remaining cases, men preying on young children in slums was the most common type of offence.²⁷

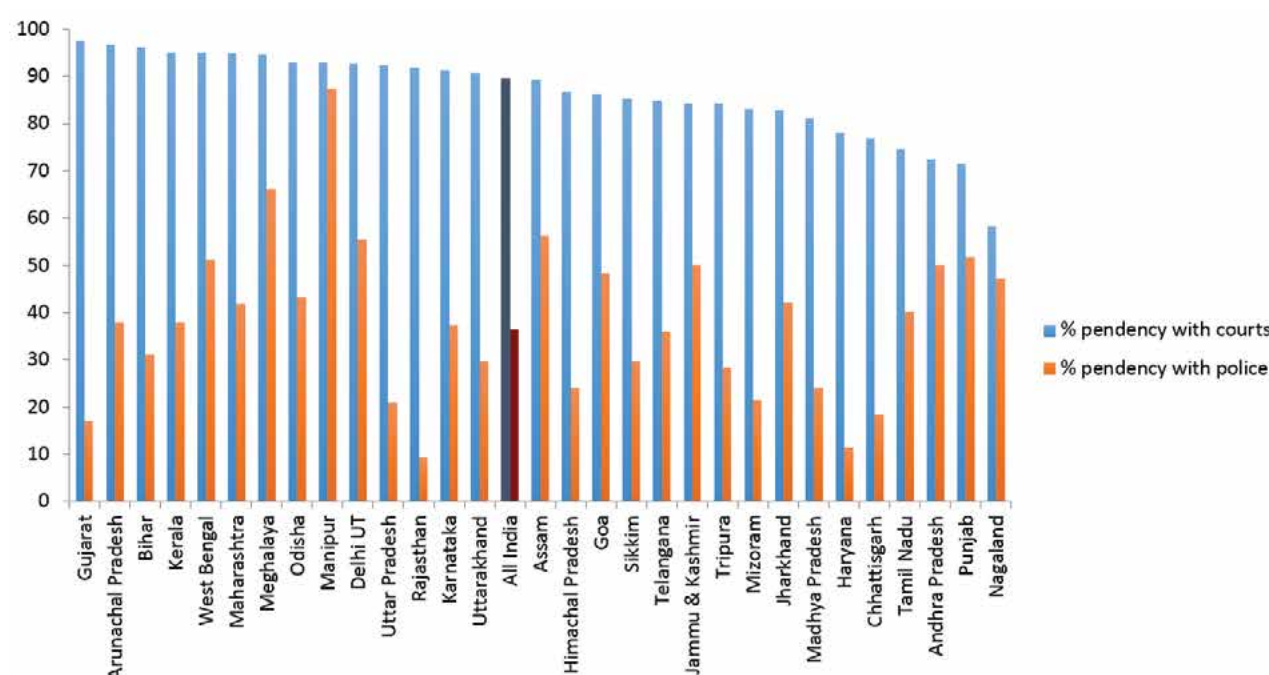
Disposal of cases

Despite the increase in the number of reported cases of child rape and a comprehensive law, the conviction rate is low since 2012 at around 28 percent.²⁸ The disposal rate of cases involving crimes against children too remains very low. At the end of 2016, the police had disposed off about 64 percent of such cases, and had a pendency of 36 percent. The pendency in courts was significantly higher – at about 90 percent for all of India (Figure 12).

The 2012 Act states that a trial in any case of child sex abuse should be completed within one year. But this is rarely followed as the legal process remains slow. Where the offender is either a family member or someone known to the victim, the pressure to withdraw complaints can be immense. Families are hesitant to bring complaints against their own members out of concern for "family honour". At other times, the complainants receive threats from the family of the accused. Even when complaints are made, there is an unspoken effort to not prosecute the offender, the system works against the complainant and she is often proved to have made a false accusation.

A study conducted by the students of National Law School of India University (NLSIU) on the Protection of Children from Sexual Offences Act (Pocso Act) in five states – Karnataka, Maharashtra, Assam, Andhra Pradesh and New Delhi – found that in 67 per cent of child rape cases, the survivors gave up on the trial, changed their statement, or withdrew their complaint after threat from the family of the accused.²⁹ Further, despite the prescriptions of POCSO, no special courts had been designated for child rape trials. There were no courtrooms exclusively for child abuse cases, few courts had separate rooms for recording the statement of witnesses, there were no waiting rooms or toilets nearby, and there were no special prosecutors designated to handle POCSO cases, despite the law's provisions. The study also found that while the identity of the survivor should not be revealed in any form in these cases, it came up in judgment copies.

Figure 12. Pendency of crimes against children



Source: NCRB. 2017. Crime in India 2016 Statistics. Ministry of Home Affairs, Government of India, New Delhi.

12. Towards an enabling policy environment for violence-prevention in India: Strategies to prevent violence and the role of different sectors

The National Policy for Children, 2013 emphasises as one of its key guiding principles the recognition that the “safety and security of all children is integral to their well-being and children are to be protected from all forms of harm, abuse, neglect, violence, maltreatment and exploitation in all settings including care institutions, schools, hospitals, crèches, families and communities”.³⁰

Aspirations for ending violence need to be matched with a commitment and capacity to prevent violence, given the scale, complexity and impacts of childhood violence. To do so, an enabling framework for violence-prevention needs to be developed, building on the global lessons outlined above.

Let's Stop Childhood Violence

Five priority areas for preventing childhood violence in India

1. **Support gender-equal nurturing care throughout childhood: by men and women and for boys and girls**
2. **Invest in secondary schooling completion, including through improving safe access, life skills for boys and girls, and comprehensive teacher training to eliminate violence in classroom transactions and school culture.**
3. **Address harmful social norms that perpetuate gender inequality and violence against women and children through all services and programmes that reach families and communities.**

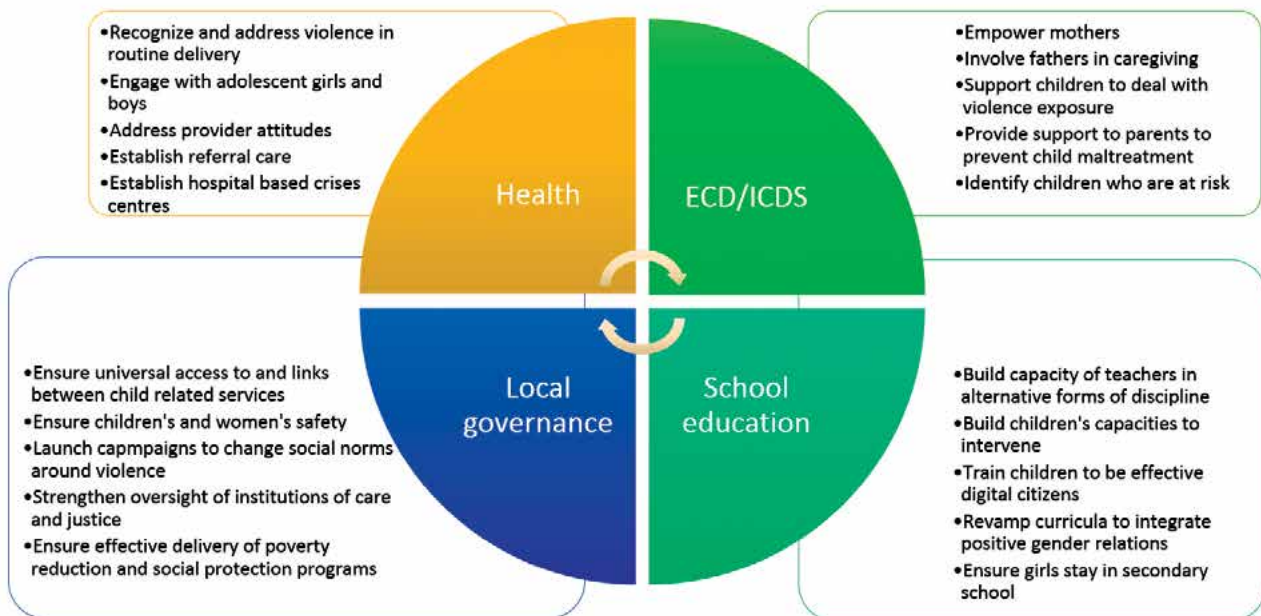
4. **Equip communities with appropriate strategies and resources to be alert to risk factors of violence, including potential harm in terms of early marriage, and sexual or physical exploitation of boys and girls.**
5. **Strengthen laws and response services so that they are quick to address violence.**

To deliver on these five strategies, we identify practical actions that address vulnerabilities at different stages of childhood.

The key sectors that directly deal with children and their families and communities should address violence-prevention as a cross-cutting objective, and coordinate their responses. Professionals in health, education, social welfare, child protection, law, governance (panchayati raj), urban planning and policing can together build a sound prevention platform to address the risks that shape children's experience of violence, while also ensuring strong systems of referral for women and children who are victims. Each of these sectors has different aims, capabilities and organizations, but each must embed violence-prevention into its goals, strategies, plans, policies and programmes.

This section identifies practical actions that some of the sectors besides child protection can take to prevent violence against children. For each sector, a set of five key actions is identified to address children's vulnerabilities at different stages of childhood (from early years to adolescence), and to reach out to women and families affected by violence. These are summarized and described in some detail below (see box below and figure 13).

Figure 13: Violence prevention actions for different sectors across the life-course of childhood



Source: Know Violence in Childhood.

Let us stop Childhood Violence

5 key violence-prevention actions for different sectors across the life-course of childhood

a) Health

Strategy: Integrate prevention of violence against young children and pregnant women in routine health delivery; engage with adolescent girls and boys; strengthen referral services

- i. Recognize and address violence against small children and women in routine health care delivery
- ii. Engage with adolescent girls and boys on the issue
- iii. Address health provider attitudes to gender-based violence
- iv. Establish referral care and specialized services for families and children affected by violence or at risk of maltreatment
- v. Establish hospital based crisis centers

b) Early Childhood Development/ICDS

Strategy: Reduce corporal punishment and harsh discipline, and promote nurturing care

- i. Empower mothers
- ii. Involve fathers in caregiving
- iii. Support children to deal with violence exposure
- iv. Provide support to parents to prevent child maltreatment
- v. Identify children who are at risk of violence

c) School Education

Strategy: Promote zero-tolerance for violence; invest in secondary school completion for girls through supporting safe transportation and toilets; build capacity of teachers in positive discipline practices

- i. Build capacity of teachers and other school personnel in alternative forms of discipline and classroom management
- ii. Build children's capacities to intervene when they see violence among their peers and effective systems to redress children's complaints
- iii. Train children to be effective digital citizens
- iv. Revamp curricula so positive gender relations can be built between boys and girls at a young age
- v. Ensure girls stay on in secondary school through supporting safe transportation, toilets in schools

(cont. from previous page)

d) Local governance – rural and urban

Strategy: Play the role of a nodal agency ensuring universal access to child related services; strengthen linkages between them; ensure children's and women's safety; work on campaigns to change social norms around the use of violence; and strengthen institutions of care and justice

- i. Ensure universal access and stronger inter-linkages between child related services, especially for vulnerable children such as street children
- ii. Ensure children's and women's safety in public spaces through improved infrastructure
- iii. Launch community based campaigns to change social norms around the use of violence
- iv. Strengthen oversight of institutions of care and justice
- v. Ensure effective delivery of poverty reduction and social protection programs for vulnerable families

Childhood violence as a public health issue: The role of the health sector

The earliest risks to a child's life are closely linked with the mother's exposure to domestic violence. Yet, most health providers are unaware of the detrimental effects of domestic violence for both mother and child. They fail to register such acts of violence not only due to socio-cultural and traditional barriers, lack of time, resources and inadequate physical facilities; but even more so due to lack of awareness, knowledge and poor clinical practices with limited direct communication with patients.

Below are a set of recommendations on how the health sector can address, effectively, the burden of childhood violence. The emphasis, as these recommendations show, should be less on treatment of injuries post violence and more on what health staff in the field can do to prevent violence.

1. Recognize and address violence against small children and women in routine health care delivery
 - Support for responsive caregiving and caregiver mental health must be effectively integrated in service packages for antenatal care, postnatal care, sick and well child visits and in any other appropriate 'touch points' when families have contact with health services. These not only enhance the quality of routine services, but also empower caregivers, particularly mothers, on a long-term basis on how to recognize violence and how to respond to their children.
 - Health services and providers must also directly engage with children during delivery of routine immunization services, explaining to them the concept of 'good' and 'bad' touch in age-appropriate ways, detect those who are subject to or at risk of child maltreatment and help with referral to child protection services.
 - Most importantly, integrating violence, mental health and care issues in routine health services helps improve patient-provider interaction which is the most feasible, affordable and efficient intervention within any health care system aiming to address the survivors of childhood violence effectively.

2. Engage with adolescent children on the issue of violence

Adolescents are a significant target population for the health sector in India, but none of the existing programs for this age group addresses the issue of violence. For example, the SABLA scheme and the Kishori Shakti Yojana are operational in every state of the country. These schemes work through community-based adolescent girls' groups that include both school-going and out-of-school girls, and have linkages with anganwadi centres. The schemes aim at providing life skill and vocational training, literacy and numeracy skills, health and nutrition awareness and, through these, work on issues such as postponing marriage of adolescent girls.

While these schemes are comprehensive in design, they have been limited in their impact because of lack of monitoring. The schemes also rely heavily on anganwadi workers who are already burdened. Moreover, a cut in spending is threatening survival of these schemes. What they do offer, however, is an existing network of community based groups of adolescent girls who can be tapped to identify and address issues of violence affecting this age cohort, specifically sexual abuse – how to identify it; what can be done to prevent it etc. These groups can serve as forums for discussing the incidence of abuse, creating awareness about abuse and can also act as a support group.

There is a need to include programmes for adolescent boys as well on the same issues. In many countries, data suggest that young boys too are at significant risk of abuse both physical and sexual. However, given strong norms around masculinity, such abuse remains hidden. The health programs around adolescent girls, therefore, need to start thinking about integrating boys as well, both from a perspective of addressing their problems as victims, but also bringing about a change in their attitudes towards women and violence in general. An alternative strategy may be a separate scheme for boys formulated by the government (either by the Ministry of Women and Child Development (MWCD) or the Ministry of Youth Affairs) on the lines of the SABLA scheme for adolescent girls run by the MWCD. In a consultation for this document, one suggestion was to name such as scheme, SAKSHAM.

On its part, the health sector can give incentives to Accredited Social Health Activists (ASHAs) to engage with adolescent girls, boys and young men and women on these issues; give them information on ill-effects of abuse and motivate them through various means; provide them with information on possible recourse options; give them support in realizing those options; and invoke their agency to bring change. These incentives may not be in cash, but can be in kind as well or through providing recognition of the ASHA worker's efforts through an award.

3. Address health provider attitudes to gender-based violence

Integral to the health sector's response to violence against adolescent girls is to change health provider attitudes that currently reflect an unwritten code – that of denying services to unmarried adolescents. Health care providers are often initial points of contact for abuse victims given the injuries involved. However, they may stigmatize those affected by violence by blaming the victim, which in turn can inflict severe emotional trauma on the victim. Training health care providers to intervene sensitively and effectively is essential.

4. Establish referral care and specialized services for families and children affected by violence or at risk of maltreatment

Beyond strengthening routine and targeted health services, India must invest in services such as social and legal support to address the needs of families and children for whom such additional support is indicated. The contact numbers of service providers, protection officers, counselors, legal aid, shelter homes and NGOs should be displayed prominently in hospitals. A system of referrals may be strengthened through involvement of community workers and para-legal workers who can foster victims' wellbeing and their self-confidence, and skills and knowledge on how to reach out to support services.

5. Establish hospital based crisis centers

Special crisis centres can be established at district hospitals and above to provide social and psychological support to rape and sexual assault survivors as well as referrals to shelters, legal aid agencies, and other support organizations. Such centres can also facilitate survivors' access to medical care such as emergency contraception and mental health services. Examples of such crisis centres for women are provided in the box below. Centres that address violence against women can also integrate services for children who have experienced abuse of any kind.

Dilaasa was set up in 2001 as a collaboration between Municipal Corporation Greater Mumbai (MCGM) and Centre for Enquiry into Health and Allied Themes (CEHAT). It is India's first hospital based crisis centre for women facing domestic violence. The team at Dilaasa provides social, emotional, psychological and legal support to women victimized by violence. It now functions as an integrated service of the hospital. A second centre has been set up in Mumbai, and a third in Indore.

'Gauravi' - One stop Crisis Centers (OSCs) set up at hospitals in Madhya Pradesh with support from ActionAid India provide victims of rape, dowry harassment and domestic violence with medical aid and also helps them in filing FIRs, legal advice and psychological counseling. The Ministry of Women and Child Development is now proposing to establish OSCs within two kilometer radius of hospitals for ease of access.

Starting prevention early: The role of the Integrated Child Development Services (ICDS) and strengthened anganwadis

Ensuring that parents and other caregivers are able to provide optimal care for their children is essential, especially as violence against children tends to start before a child's first birthday. Interventions that empower pregnant women to deal with abuse, and those that provide nurturing care for all caregivers, including fathers, can equip them with the knowledge, confidence, and skills to provide safe, secure, and nurturing environments for children.

Nurturing care consists of five interrelated components: health, nutrition, safety and security, responsive caregiving and early learning. This requires commitment to provide all children with safe and secure environments that protect them from harm and abuse, taking care of their health and nutritional needs, and providing them with opportunities for early learning and interactions that are engaging, loving, developmentally appropriate, and responsive.³¹

In India, since anganwadis are the first point of contact of child related services on all these components, they are best placed to provide such nurturing care.

1. Empower mothers

Antenatal visits organized by anganwadi workers along with health professionals can help identify women who are suffering from intimate partner violence, and offer help. The most frequently tested intervention in antenatal care around the world is a short 'empowerment counselling' intervention, which provides information about the types of abuse and the cycle of violence, conducts an assessment to look at risks and preventive options, and develops a safety plan with the pregnant woman. Results from other countries have shown that the counselling decreases psychological and physical violence, and results in improvements in women's physical and mental health.³² Home-visitation programmes starting from pregnancy and extending for a few years of a child's life similarly have also shown positive results, when part of a continuum of health care provided to families with young children. Positive effects include improved health outcomes for women and children, and reductions in child abuse and neglect.³³

2. Involve fathers in caregiving

In their interactions with the male caregivers, anganwadi workers can provide them with counselling on reducing domestic violence and engaging on caregiver duties. For example, the Fatherhood Institute in the United Kingdom offers a wide range of training and consultancy services on how fathers can become better carers for their children. It also educates young boys and girls, and prepares them for a future shared role in caring for their children,³⁴ thereby helping transform masculine norms around the roles of each parent in sharing the burden of care.

3. Support children to deal with violence exposure

Research suggests that children can be educated at a young age to recognize and cope with violence exposure. Curricula used in early childhood education programmes delivered by anganwadis for children between the ages of 3 and 6, can be an effective tool in reducing violence in childhood. It can include, for instance, activities where children learn social-emotional skills, and practice them regularly with adult guidance. Children can also develop skills by doing activities that foster creative play and social connections; teach them how to cope with stress; show how to resolve conflicts with adult help; and direct their own actions with ever-decreasing adult supervision.³⁵

4. Provide support to parents to prevent child maltreatment

Parental support is an important factor in preventing child maltreatment, irrespective of socio-economic status. There is a greater risk of abuse if parents have a poor understanding of child development and, therefore, unrealistic expectations about their child's behaviour. Parents are also at risk of abusing their children when they approve of physical punishment, have a more controlling, aggressive or inconsistent parental approach, or were abused themselves. Since the anganwadi workers interact almost daily with parents of children attending their centres, they can work on enhancing parental capacities to reduce the use of harsh discipline, and instead provide children with a nurturing environment at home.

5. Identify children who are at risk of violence

As indicated above, harsh disciplining of children begins early at home. Young children are also at risk of other extreme forms of abuse such as sexual abuse most likely at the hands of close family members. But they don't have the capacity to report such incidents. Since the anganwadi is a space that children visit each day, the anganwadi worker must be equipped to recognize abuse and if needed report it to child protection authorities.

Targeting school age children: the role that schools can play

The school is a central site of both violence as well as outreach to children and teachers, families and communities, about issues of violence prevention. The school can play a key role in integrating violence prevention into school functioning, teacher's skills (both in terms of them not using violence, as well as transforming them into champions of violence-prevention, integrating life skills, etc.), peer interactions and children's life-skills. The school can also serve as part of an integrated system of child protection in terms of noticing children who may be at risk, or in distress.

1. **Build capacity of teachers and other school personnel in alternative forms of discipline and classroom management**

Teachers and other school personnel need to be trained to be able to identify and respond constructively to student behaviour. They must be given appropriate inputs to develop a repertoire of classroom management skills related to positive discipline, effective communication skills as well as conflict resolution. To support them, school principals must be equipped so they can espouse a firm culture of 'no violence' in the school environment.

2. Build children's capacities to intervene and report when they see violence among their peers and effective systems to redress children's complaints

For example, bullying can be prevented if students are empowered to report and respond. Students need skills they can use if bullied themselves, or when witnessing bullying or physical fights among others. These can be built by formulating rules for bystander intervention, assigning peers as educators, and even building anti-bullying or anti-ragging squads. Children may be asked to sign an anti-bullying or anti-ragging affidavit to prevent them from engaging in abuse of their own peers.

Often children and adolescents who are most vulnerable and most need support are the least likely to report incidents or to seek help. Reasons for not telling anyone or reporting violence and bullying include lack of trust in adults, in particular teachers, fear of repercussions or reprisals, feelings of guilt, shame or confusion, concerns that they will not be taken seriously or not knowing where to seek help. Schools need to develop effective grievance redressal systems. Child helplines can be set up and School Management Committees can be empowered to follow up on complaints registered through the helplines. School counselors can also help; and some training for head teachers/principals in large schools can strengthen their ability to initiate appropriate responses when faced with incidents of violence in the school.

3. Train children to be effective digital citizens

The digital world is a breeding space for pedophiles. Research on the deep web leads to horrific portals of abuse and child sexual abuse material including imagery and videos. There are, for example, handbooks specifically created on exploitation of children and committing violence against them both online and offline. Unfortunately, online violence is yet to be regulated and as discussed earlier in this document, leaves a permanent footprint. What can be done though is to train children so they perceive and understand these risks. The Cyber Peace Foundation in India for instance is working on training professionals and volunteers so they can ensure cyber safety and security, particularly for children. Their experience can be drawn on for further scale up.³⁶

4. Revamp curricula so positive gender relations can be built between boys and girls at a young age

The underlying causes of school violence and bullying include gender and social norms and wider contextual and structural factors (UNESCO, 2017). Therefore, school curricula must address gender discrimination, gender role expectations, gender stereotypes and peer inequality the roots of which lie in power differentials linked to gender and in India's context, social identity and status.

Gender Equity Movement in Schools (GEMS) is a programme developed by the International Centre for Research on Women (ICRW). The programme has developed and implemented a curriculum to engage young girls and boys, age 12-14 years, to discuss and critically reflect on the issues related to inequitable gender norms and violence. Using extracurricular activities, role-playing and games, GEMS begins in the sixth grade and works for a period of two years with boys and girls aged 12-14 in public schools. A pilot phase implemented in Mumbai demonstrated attitudinal and behavioural changes for young adolescents, including increased support for a higher age at marriage for girls, greater male involvement in household work, increased opposition to gender discrimination, and improved reactions to violence. As a result, the Maharashtra state government has integrated key elements of GEMS in the school gender program for all of its nearly 25,000 public schools.

5. Ensure girls stay on in secondary school through supporting safe transportation, toilets in schools

Preventing the drop out of girls from secondary school is a proven key strategy for reducing sexual violence, as it reduces early marriage and exposure to intimate partner violence. To encourage girls to complete secondary schooling, a combination of measures may be used such as providing them safe access to schools, and building girls-only toilets. In some states in India, the provision of transportation such as bicycles and cash incentives to parents if their daughters complete secondary school have helped reduce drop out rates of girls.³⁷

Integrating across services: The role of urban development/panchayati raj

Children experience violence across multiple settings. Building linkages across sectors and these settings of violence is essential for a meaningful, integrated response. Families must be aware of what their children are learning about violence prevention, and the home environment must be a factor that anganwadi workers and teachers take into consideration for each individual student. The health sector must be susceptible to signs of violence when they monitor women and children during routine antenatal, postnatal and immunization visits. Schools must be linked with child protection mechanisms at all levels of governance, starting from the local community to the education sector as a whole. Here, local governance through the panchayati raj in rural areas or the urban development in urban centers can play an important role linking parents and communities, with ICDS, health, education and child protection services.

1. Ensure universal access to child related services and strengthen links between them

Estimates suggest that not even half of the world's eligible children attend formal early childhood education programmes.³⁸ Without such investments, children are more likely to use violence as a conflict resolution mechanism when they enter adulthood; or may become victims of violence themselves. Similarly, many women, adolescent girls and children do not receive the regular health services provided under the National Health Mission. The department of urban development or panchayati raj can ensure that all child related services reach children and women at high levels of coverage with quality.

Further, and as the actions listed above show, one sector alone cannot prevent childhood violence. Since violence permeates across different settings, all child-related sectors need to coordinate their efforts to prevent it. For example, especially vulnerable children who are at risk of violence (e.g. street children) will benefit from targeted contact beyond the routine services. Here, a close referral link has to be established with child protection systems operating at ward level and upwards. But mere referral to child protection services may not help. Community health workers who are trained to proficiency can play an important role in providing health support services, including mental health support, as an extension of the care provided in health services. They can also help monitor respectful treatment addressing physical, mental, and other health care needs in a confidential manner. Similarly, strong laws and response services can help in addressing cases of grave abuse quickly.

Ultimately, any effort to prevent as sensitive an issue as violence requires the active involvement and participation of community members. Health-care providers may be put at risk if not supported by other local bodies and structures. At the village level for example, the Village Health Sanitation & Nutrition Committee (VHSNC) and Rogi Kalyan Samiti (RKS) members may be involved in addressing and preventing childhood violence. They, in turn, can become agents of change to influence and educate the communities and enable change in their behavior and attitudes towards violence and abuse. Training members of communities to provide support and care to abuse victims can also empower communities to care for each other. The panchayats or urban development officials can play a useful role in facilitating such training and coordination.

2. Ensure children's and women's safety in public spaces through improved infrastructure

One of the primary reasons girls drop out of school in India is on account of concerns regarding safety in schools and on the way to schools. The result for many is to enter a marriage before the age of 18, which makes them vulnerable to other forms of abuses including sexual abuse. Panchayats or urban development authorities can improve safety levels in their area by ensuring proper street lighting, and child/girl friendly toilets. Access to schools can also be improved by providing children with safe transportation.

3. Launch community based campaigns to change social norms around the use of violence

Panchayats and the urban development department can work on area specific strategies and campaigns that alert communities to the risks of violence, including potential harm in terms of early marriage, and sexual or physical exploitation of boys and girls. Awareness campaigns about violence and its consequences can also be launched by providing information at public health facilities through pamphlets, posters and audio-visual media. These campaigns should also try and address underlying social norms that perpetuate power differentials and ultimately result in violence against women and children.

4. Strengthen oversight of institutions of care and justice

Institutions of care can become breeding grounds for acts of violence against children, including violations such as child labour and child trafficking. The local governance needs to play a strong role here coordinating regular visits by child protection officials, and strengthening their capacity to identify cases of abuse. Local governments also need to coordinate with institutions of justice (police, court) to ensure quicker disposal of the abuse cases registered.

5. Ensure effective delivery of poverty reduction and social protection programs for vulnerable families

Economic insecurity, including income and food insecurity, unemployment and inadequate housing can be significant risk factors for childhood violence³⁹. Poor families may marry their children early to avoid the expenses that come with marriages⁴⁰. Some may push their children into labour, or worse transactional sex to obtain food and other goods.⁴¹ Unemployment, particularly male unemployment, is known to increase the risk of childhood violence as it creates stress within the household, which may erupt in incidents of domestic violence or child beating⁴². India has several poverty reduction and social protection programs, which it targets to vulnerable families living below the poverty line, widowed and SC/ST households. Effective delivery of these programs as part of the larger mandate of local governments can also help reduce levels of violence against women and children.

PART 3

PUBLIC ACTION FOR THE PREVENTION OF CHILDHOOD VIOLENCE

Many positive benefits can accrue to children who grow up in a non-violent world, free from fear and insecurity, and surrounded by caring adults and friendly peers.

Broadly speaking, public actions to prevent childhood violence are needed along three critical fronts (Figure 14).

Figure 14: Public action to prevent childhood violence



Source: Know Violence in Childhood 2017.

A. Break the silence

Breaking the silence around childhood violence is essential in order to prevent it. Violence needs to be made visible, using public forums and the media to reveal the magnitude of the problem, build awareness and educate the public. Campaigns in schools, led by children, can sustain attention to the issue as well as empower children to develop voice and agency to be advocates for the issue.

B. Invest in policies and programmes

Resources need to be allocated to programmes that promote the nurture and care of children and change social attitudes and norms. India must invest in a 'cadre of counsellors' who can provide psychological, social and legal support not just to the families and children at risk, but also to mothers, fathers, school going children in different settings including schools, hostels, hospitals, neighbourhoods and communities. If anything, massive provisioning of such counselling facilities is needed to spread awareness among care givers, service providers and children themselves on the harm caused by violence in childhood, and the importance therefore of preventing it. These interventions need to be designed well, with an integrated component of monitoring and evaluation to learn lessons from implementation and ensure effective delivery.

INSPIRE: The violence-prevention package

In 2016, ten major international organizations and campaigns launched INSPIRE, an evidence-based resource package of seven strategies to end violence against children.

The seven strategies are:

- Implementation and enforcement of laws;
- Norms and values;
- Safe environments;
- Parent and caregiver support;
- Income and economic strengthening;
- Response and support services; and
- Education and life skills.

The package identifies a select group of strategies backed by the best available evidence to help countries, communities and other stakeholders, including the private sector, to intensify their efforts to end violence. Additionally, INSPIRE emphasizes two important cross-cutting activities that help connect and strengthen the seven strategies. These are: intersectoral activities and coordination, emphasizing the roles of multiple sectors in coming together to develop an integrated platform of concerted actions to end violence; and monitoring and evaluation to track progress and ensure effective investments.

Source: WHO 2016.

C. Improve knowledge and evidence

It is difficult to establish the true scale of violence against children in India because of the paucity of national level data which track the different forms of abuse that children face. For one, not all forms of violence are tracked. For example while the Right to Education (RTE) Act has made corporal punishment in schools a punishable offence, there is no system in place to monitor the extent to which teachers (still) use harsh disciplining methods against children. Second, collecting valid, reliable and ethical data is problematic. Even for the indicators that are reported on – for example sexual violence against adolescent girls and women in the National Family Health Survey – problems with definitions and ethical concerns confound measurement. Finally, violence against children is recognized only when it is registered as a criminal act. Thus the abuse children face within the boundaries of intimate and close relationships e.g. spanking by their parents, bullying in schools, and marital rapes of children entering into early marriages are not reported because they are not considered as criminal acts. What constitutes violence and abuse, and what is normalized also varies across cultures and individuals.

In the long run, solutions to the problem may lie in changing laws and norms around what comprises violence against children, what is acceptable and what is not. However, strengthening data systems that help children and families come forward and report at least on acts considered as crimes can be an effective short term measure. This may involve supply side investments such as calling on service providers at the local level (ANMs, ASHA workers, angawadi workers, doctors, members of school management committees) to report on a crime against women or children when they see one, or at least helping them report it.

Schools and hospitals may need to establish administrative mechanisms for routine data collection of cases of abuse. Services and institutions may also need to develop the capacity to analyze and interpret data they collect, and create effective feedback systems and response mechanisms that guarantee swift action. On the demand side, investments may be needed in campaigns that encourage women, children and their families to speak up. Without a sound data and evidence base and better reporting, India may only be deepening the culture of silence that surrounds acts of violence against children.

The scale of violence experienced by children in India today merits urgent political attention, commitment and investment. This is a promising opportunity to make a significant difference in the lives of children and the future of societies. Investing in violence-prevention can help build a just, violence-free and equitable world for all – a world worthy of its children.

ENDNOTES

¹ Karnataka State Child Protection Policy – 2016: Rights based protection of children in Karnataka. Mimeo. Bangalore: Department of Women and Child Development.

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⁴ <http://www.who.int/violenceprevention/approach/definition/en/>.

⁵ This summary draws on Know Violence in Childhood 2017. Ending Violence in Childhood: Global Report 2017. Know Violence in Childhood. New Delhi, India.

⁶ See for instance Kalra, G. and D. Bhugra. 2013. "Sexual violence against women: Understanding cross-cultural intersections," *Indian Journal of Psychiatry*, Jul-Sep; 55(3): 244–249. The authors describe how sexual violence against women is often a result of unequal power equations – both real and perceived – between men and women and is also strongly influenced by cultural factors and values. Sexual violence is likely to occur more commonly in cultures that foster beliefs of perceived male superiority and social and cultural inferiority of women.

⁷ Know Violence in Childhood 2017. Ending Violence in Childhood: Global Report 2017. Know Violence in Childhood. New Delhi, India.

⁸ Encycloepedia Britannica <https://www.britannica.com/topic/violence>

⁹ See for instance Edin and Lein's seminal work on mental stress faced by single mothers in the U.S. (Edin, K. and L. Lein. 1997. *Making Ends Meet: How Single Mothers Survive Welfare and Low-Wage Work*,. New York: Russell Sage Foundation); and Russell et al's longitudinal study of 35 parents, also in the U.S., on how depression and despair associated with poverty impair parenting (Russell, M., B. Harris and A. Gockel. 2008. "Parenting in poverty: Perspectives of high-risk parents," *Journal of Children and Poverty*, 14(1):83-98).

¹⁰ <https://data.unicef.org/topic/child-protection/violence/peer-violence/> Accessed July 13, 2018

¹¹ Know Violence in Childhood 2017. Ending Violence in Childhood: Global Report 2017. Know Violence in Childhood. New Delhi, India.

¹² Muggah, R. 2017. "Measuring Fragility in Cities." Background paper. Ending Violence in Childhood Global Report 2017. Know Violence in Childhood. New Delhi, India.

¹³ Garzón-Vergara, J.C. 2017. "Children Trapped in Fragile Cities: Communities, Organised Crime and the Rule of Law". Background paper. Ending Violence in Childhood Global Report 2017. Know Violence in Childhood. New Delhi, India.

¹⁴ In Brief: The Science of the Developing Child. Accessed from www.developingchild.harvard.edu.

¹⁵ Perezniето, P., A. Montes, S. Routier and L. Langston. 2014. The costs and economic impact of violence against children. Child Fund Alliance, London.

¹⁶ Council on Child and Adolescent Health. 1998. "The Role of Home-Visitation Programs in Improving Health Outcomes for Children and Families." *Pediatrics*, March 1998, Volume 101/ Issue 3.

¹⁷ Olds, D.L., C.R. Henderson, R. Tatelbaum and R. Chamberlin. 1986. "Improving the delivery of prenatal care and outcomes of pregnancy: a randomized trial of nurse home visitation." *Pediatrics*, 1986 77(1): 16–28.

¹⁸ In India, such a framework is provided by the Juvenile Justice Act, 2015; the POCSO Act, 2012; and the RTE Act, 2009.

¹⁹ <https://ihds.umd.edu/>

²⁰ <http://www.childlineindia.org.in/1098/1098.htm>

²¹ <https://www.childlineindia.org.in/pdf/MWCD-Child-Abuse-Report.pdf>

²² Section 75 of the Juvenile Justice Act, 2015 mandates a punishment (upto three years imprisonment or fine of one lakh rupees or both) to whoever, having the actual charge of, or control over, a child, found to be assaulting, abandoning, abusing, exposing or wilfully neglecting the child or causing or procuring the child to be assaulted, abandoned, abused, exposed or neglected in a manner likely to cause such child unnecessary mental or physical suffering.

²³ Childline Annual Reports

²⁴ <https://www.hindustantimes.com/india-news/a-web-of-silence-shielded-sexual-abuse-at-bihar-s-muzaffarpur-shelter-home/story-XnX0uvz17B8zuzNilygeql.html>

²⁵ For analysis of correlation between the two, see Sen, A. 1990. "More Than 100 Million Women Are Missing". *The New York Review of Books*, pages 12-20, Roberts, L. and S. Montgomery. 2016. "India's Distorted Sex Ratio: Dire Consequences for Girls", *Journal of Christian Nursing*, Volume 33(1), E7–E15 and Sahni, M., N. Verma, D. Narula, R.M. Varghese, V. Sreenivas and J.M. Puliyeel. 2008. "Missing Girls in India: Infanticide, Feticide and Made-to-Order Pregnancies? Insights from Hospital-Based Sex-Ratio-at-Birth over the Last Century," *PloS One*, Volume 3, Issue 5.

²⁶ Neogi, S.B., P. H. Negandhi, A. Ganguli, S. Chopra, N. Sandhu, R.K. Gupta, S. Zodpey, A. Singh, A. Singh and R. Gupta. 2015. "Consumption of indigenous medicines by pregnant women in North India for selecting sex of the foetus: what can it lead to?" *BMC Pregnancy and Childbirth*, Volume 15, September.

²⁷ <https://www.thehindu.com/data/the-many-shades-of-rape-cases-in-delhi/article6261042.ece>

²⁸ Conviction in child rape cases increased slightly from 28.2 percent in 2012, to 31.5 percent in 2013 and 30.7 percent in 2014. It increased further in 2015 to 35.2 percent when child rape cases started including cases under Sections 4 and 6 of the POCSO Act, which are similar to 'Rape'. But it has since dropped back to 28.2 percent in 2016. (Source: Crime in India, NCRB).

²⁹ <https://www.livemint.com/Politics/NFRiK8UPTQzRQEg8mLa5KM/Child-rape-investigation-process-traumatic-in-Delhi-study-f.html>

³⁰ <https://www.childlineindia.org.in/pdf/The-National-Policy-for-Children-2013.pdf>.

³¹ World Health Organization, United Nations Children's Fund, World Bank Group. 2018. *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential*. World Health Organization, Geneva. <http://nurturing-care.org/resources/>

³² http://apps.who.int/iris/bitstream/10665/70764/1/WHO_RHR_11.35_eng.pdf.

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³⁴ For more details, see <http://www.fatherhoodinstitute.org/>.

³⁵ Ashley, D. and K. Fox. 2017. "The Role of the Health Sector in Violence Prevention and Management." Background paper. *Ending Violence in Childhood Global Report 2017*. Know Violence in Childhood. New Delhi, India.

³⁶ For more details, see <https://www.cyberpeace.org/cyber-peace-corps>

³⁷ See for instance Muralidharan, K. and N. Prakash. 2013. "Cycling to School: Increasing Secondary School Enrollment for Girls in India", NBER Working Paper No. 19305; and Amin, S., M.N. Asadullah, S. Hossain and Z. Wahhaj. 2016. "Can Conditional Transfers Eradicate Child Marriage?", IZA Policy Paper No. 118 for opposing views.

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³⁹ Pelton, L.H. 2015. "The continuing role of material factors in child maltreatment and placement". *Child Abuse & Neglect*, Volume 41, pages:30-39.

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