

CP-EiE Collaboration Framework – Violence Against Children Thematic Paper

Keeping children safe in and around school is a key issue and programmatic priority for Child Protection and Education sectors. Well-coordinated cross-sector interventions to prevent, respond to and report **Violence against Children (VAC)** can capitalise on the respective technical skills, capacities and value-add of each sector. Collaboration in coordination can maximise the quality and coverage of the response while reducing duplication in efforts.

This Thematic Paper should be used in conjunction with the [CP-EiE Collaboration Framework](#). It can support Education and CP coordination teams throughout the Humanitarian Programme Cycle (HPC) to assess, plan for, target and respond to **collectively achieve the greatest results for children's safety and protection in and around schools**. Collaboration efforts should also be coordinated with the Case Management Task Force (CMTF), and the GBV AoR, among others.

This VAC Thematic Paper considers **prevention of Violence Against Children in and out of schools, including physical and humiliating punishment, peer violence, child abuse, neglect and exploitation (including child labour), sexual and gender-based violence, and response to VAC, including through school-based referral mechanisms**. While this paper isolates VAC prevention and response for the purpose of strengthening their integration, coverage and quality within Education and CP programming, please remember that VAC prevention and response activities are part of wider humanitarian and national systems.

A separate [Attacks on Education Thematic Paper](#) considers prevention and response to armed attacks on schools, the threat or use of force against students and teachers, unexploded ordinance, child recruitment and abduction.

Violence against children: Defined in Article 19 of the *Convention on the Rights of the Child* as “all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse”. The four Primary Types of Violence Against Children (as defined by UNICEF) are sexual, emotional, physical and neglect.
- Further key definitions in [glossary](#)

The Education and Child Protection coordination groups in each country are best placed to determine the most optimal division of VAC component activities and synergies between them. **Key considerations to inform this decision are:**

- Each sector's access to children, considering the distinction between universal services (for all children) and specialised services (for some children).
- Each sector's technical, financial and monitoring capacities to deliver VAC prevention and response activities
 - Which activities currently implemented by CP could be better implemented through Education with CP technical support? Vice versa, which activities currently implemented by Education could be better implemented through CP?
 - What is the role of the Cluster/AoR/WG in facilitating these links between each sector's allocated activities?
 - What is the capacity of partners to take on technical work outside their existing area of implementation/expertise?

The following guidance supports Education and CP coordination groups to determine the best division of VAC component activities between their sectors, and their roll-out through each stage of the Humanitarian Programme Cycle:

Step 1: Needs Assessment, Identification and Analysis

Objective of collaboration: HNO Chapters & PiNs reflect a mutual understanding of the protection risks faced by children and the associated VAC prevention and response needs

Minimum suggested actions:

1. Common approaches to response prioritization and PiN calculation
2. Sector needs assessment include cross-sector questions
3. Establish information sharing agreements

Process of Collaboration:

1a. Strategic and operational considerations	1b. Common understanding of information needs	1c. Joint data analysis	1d. Potential assessments
What key questions are needed to inform joint/integrated response planning & decision making? <i>e.g. response & operational decisions (priority children /</i>	Identify the VAC information/ data that both sectors need. <i>e.g. protection risks & prevalence of violations, OOSC & barriers & risks for those children, child protection needs, demographic data, displacement data, etc.</i>	Analyse the VAC data/ information available from both sectors to achieve a more nuanced analysis, supporting the prioritisation exercise in both sectors.	If there are gaps in VAC data, consider how to collect that data through planned or additional: <ul style="list-style-type: none"> • joint (CP & Education) needs assessments, or

<p><i>areas / activities); advocacy & fundraising decisions</i></p> <p>Agree on common definitions & approaches to be used by both sectors</p> <p><i>e.g. agree key VAC terminology/approaches i.e. vulnerable/ at risk child, out of school (OOSC), child labour etc.</i></p> <p>See CP-EiE Framework Steps 1.1 & 1.2, and Annex 1</p>	<p>Jointly take stock of the VAC data sources that are available between both sectors, & potential additional data sources to supplement these (e.g. GBV).</p> <p><i>e.g. CMTF information on CP cases (aggregated & removing sensitivities) may provide valuable information on type & prevalence of CP risks; VACS, MICS, WHO school-based survey data & other household surveys¹</i></p> <p>Agree how to systematically share this data between CP & Education.</p> <p><i>Information sharing protocols, outlining: how will the data be collected, frequency of sharing, to whom by whom?</i></p> <p><i>e.g. CP household level surveys, collect information on children in & out of school & reasons for that. CP agrees to share the findings of this question to Education</i></p> <p>See CP-EiE Framework Steps 1.3 - 1.6, and Annexes 2 & 3</p>	<p>Sector HNO chapters should reflect a common understanding of protection risks faced by children, their VAC prevention & response needs, & cross-reference the other sector.</p> <p>Work together to ensure coherence between CP & Education prioritisation of geographical areas, population groups, & thematic response priorities.</p> <p><i>e.g. both sectors apply same/similar calculation methodology to calculate children at risk of dropping out of school or other risks, & children in need of VAC prevention / response activities</i></p> <p>See CP-EiE Framework Steps 1.8 & 1.9</p>	<ul style="list-style-type: none"> single sector needs assessments which include questions/ involvement from the other sector <p><i>e.g. CP sector assessments can include questions on OOSC; Education sector assessments can include questions on protection risks children face in schools & communities</i></p> <p><i>N.B. VAC data will never be comprehensive, but there is usually a lot of existing data collected on a routine basis, or relevant questions can be added into planned assessments, rather than planning new assessments.</i></p> <p>See CP-EiE Framework Step 1.10, and Annexes 4 & 5</p>
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Step 2: Strategic Response Planning

Objective of collaboration:	HRP Chapters & targets reflect a strategic division of roles & responsibilities for delivering VAC prevention and response services
Minimum suggested actions:	<ol style="list-style-type: none"> 1. Identify common and complementary component VAC activities 2. Strategise how to deliver the response activities to achieve greatest impact for children in need of VAC services through working together on common issues 3. Apply consistent approach to VAC activities targeting

Process of Collaboration:

2a. Identify areas of collaboration	2b. Agree roles & responsibilities	2c. Document in strategic plans	2d. Formulate indicators
<p>What are the common & complementary component activities of VAC prevention & response?²</p> <ul style="list-style-type: none"> ○ Awareness raising on CP issues & self-protection (School/community based) ○ Training teachers on positive discipline, teacher code of conduct & child safeguarding ○ Establishing school-based referral mechanisms ○ Training teachers on safe identification & referral of children in need of CP services, & psychological first aid (PFA) ○ Anti-bullying activities 	<p>Consider comparative advantages & limitations of implementing these component activities through one or the other sector, including:</p> <ul style="list-style-type: none"> ○ Each sector's access to children, especially the most vulnerable ○ Technical strengths of sector & partners ○ Delivery capacity of sectors & partners <p>Agree on complementary roles & responsibilities; document & share with partners in both sectors, e.g.:</p> <ul style="list-style-type: none"> ○ Who develops/ selects/ vets the technical approach/ materials? 	<p>Response plans/ HRP chapters should clarify the roles & responsibilities for delivering VAC prevention & response activities, & cross-reference the other sector</p> <p>To calculate targets for activities, consult the other sector to ensure coherence</p>	<p>VAC prevention & response indicators should be developed to avoid collecting overlapping data (double counting) & where possible to collect complementary data³</p> <p><i>e.g. # teachers trained in Safe Identification & Referral (Education) vs. # referrals received through school-based referral mechanisms (CP)</i></p> <p>Develop an appropriate indicator arrangement for VAC activities in both sectors. This should facilitate joint monitoring to achieve a comprehensive understanding of how CP & Education sectors are cumulatively contributing to VAC outcomes, discern complementary of CP & Education services, reduce double-counting, etc.</p> <p>This could include (see also Annex 8):</p> <ul style="list-style-type: none"> ○ Joint indicators

¹ For additional data sources on VAC, see [Measuring Violence Against Children - A Methods Menu](#), p.7

[Corporal punishment database](#) provides an overview of existing legislation by country, including in relation to schools

² This Thematic Paper provides guidance on **coordinating** common Education and CP activities. The list of common and complementary VAC component activities is not exhaustive. Further **technical guidance** can be found in CPMS [Standard 8](#) & [Standard 9](#); evidence-based interventions in [INSPIRE Handbook \(WHO\)](#); [Good School Toolkit](#); [Report on what works to prevent sexual VAC](#); among other technical resources.

³ INSPIRE's [VAC Indicators](#)

<ul style="list-style-type: none"> ○ Counsellors (School/ community based) ○ Outreach activities (identifying out-of-school-children (OOSC), children in need of CP services), with communities & parents ○ Lifeskills programming <p>See CP-EiE Framework Step 2.1 – 2.3</p>	<ul style="list-style-type: none"> ○ Who delivers ToTs/ trainings, to whom? ○ Who develops awareness raising messages? ○ Who delivers which VAC component activities, in which locations? <p>See CP-EiE Framework Step 2.4 – 2.6, and Annex 6</p>	<p><i>e.g. total number targeted does not exceed population & aligns with agreed roles & responsibilities</i></p> <p>See CP-EiE Framework Step 2.7 – 2.9</p>	<ul style="list-style-type: none"> ○ Cross-referencing indicators ○ Complementary indicators ○ Mechanisms for aggregating indicators <p><i>e.g. both sectors may want to measure reach of CP awareness raising messages & develop a joint indicator to assess overall reach</i></p> <p><i>e.g. training teachers on Safe Identification & Referral is an activity conducted by CP & facilitated by Education; CP & Education actors work together & report only to Education sector</i></p> <p>See CP-EiE Framework Step 2.10, and Annex 8</p>
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Step 3: Resource Mobilisation

Objective of collaboration: Common activities for VAC prevention and response are advocated and fundraised for, and funds are allocated for maximum joint impact

Minimum suggested actions:

1. Agree which common activities to jointly fundraise for, and which sector-specific activities should be reinforced by the other sector
2. Decide appropriate costing strategy for common VAC prevention & response activities
3. Joint project vetting to avoid duplication in activities or locations

Process of Collaboration:

3a. Define resource mobilisation & advocacy responsibilities	3b. Costing	3c. Agree complementary allocation of resources
<p>Identify donors that specifically fund VAC prevention & response activities, & in which sector.</p> <p><i>e.g. End Violence Fund for Safe to Learn</i></p> <p>Agree which common activities to both/jointly fundraise for, & which sector-specific complementary activities should be reinforced by the other sector to strengthen their response</p> <p><i>e.g. Education fundraises for school-based referral mechanisms & teacher training on safe identification & referral, to strengthen CP's Case Management response. Consider who will contribute to the required services for children referred.</i></p> <p>Both sectors fundraise for “joint funding”, & for the other sector,</p> <p><i>e.g. Joint allocation strategies for pooled funds or donor proposals</i></p> <p>Both sectors advocate on each other's complementarity role, & support messaging on resource needs</p> <p><i>e.g. CP's target may decrease as more specialised services are delivered (i) one-to-one outreach activities rather than in a group, & (ii) by specialised workers who have smaller caseloads, due to the intensity of their work.</i></p> <p><i>e.g. Education's costs may increase as additional school-based services such as referrals awareness raising activities are included. While this increases the Education cost per beneficiary, the overall efficiency of the response can be improved since it maximises the number of children that can be reached in one location.</i></p> <p>See CP-EiE Framework Step 3.1 – 3.4</p>	<p>Develop an appropriate costing methodology for component VAC activities, using same/ similar unit costs for common activities where possible</p> <p><i>e.g. teacher trainings</i></p> <p>Document & disseminate the costing methodology</p> <p>See CP-EiE Framework Step 3.5</p>	<p>Assess which sector has/ can access resources for VAC prevention & response activities, & decide how to allocate to partners (of both sectors, if necessary) to achieve the most effective / efficient response?</p> <p><i>e.g. CP sector holds majority of funds for VAC activities, but joint planning determined maximum impact for identifying & referring children at risk would be achieved through school-based mechanisms. CP sector funds & delivers Safe Identification & Referral training for teachers.</i></p> <p>Advocate to the HCT for, & facilitate, joint project sheets & joint pooled fund proposals (e.g. through joint HPF allocation strategy). Where possible, develop joint allocation strategies & donor proposals, & require that partners submit integrated proposals</p> <p>In sector guidance to partners for HRP project sheet submission / HPF allocation strategy, delineate which component MHPSS activities are included in each sector & instructions for multi-sector Project Sheets/ HPF proposals</p> <p>Conduct joint project vetting to avoid duplication in VAC prevention & response services or locations</p> <p>See CP-EiE Framework Step 3.6 – 3.9</p>

Step 4: Joint Implementation and Monitoring, and Evaluation of Collaboration

Objective of collaboration: Common advocacy and activities to prevent and respond to VAC are conducted & monitored in a way to maximise impact on children, and efficiency and effectiveness of the response

Minimum suggested actions:

1. Provide partners with implementation, quality standards, and reporting guidance for delivering VAC prevention and response component activities

2. Ensure functional cross-sector referral mechanisms are in place
3. Establish mechanisms to jointly review VAC component activities

Process of Collaboration:

4a. Define modalities of working together	4b. Enhance response quality	4c. Identify & mobilise partners	4d. Joint Monitoring Plan and 4e. Evaluation of collaboration
<p>Provide guidance on each sector's differentiation & delivery of complementary & common VAC component activities</p> <p><i>e.g. how Education partners can access CP partners' support in delivering teacher training on safe identification</i></p> <p><i>e.g. how both sectors will work together to address common issues such as child labour: Education can share drop-out information with CP for follow up, CP could share key awareness raising messages on child labour issue for Education to disseminate with children, parents, PTAs, etc.</i></p> <p>Ensure functional cross-sector referral mechanisms are in place, with SOPs. Monitor the referral process</p> <p><i>e.g. # referrals per month, from whom to who? Evaluation of referral process: was it safe, timely, & appropriate?</i></p> <p>Each sector should participate in the other sector's meetings to facilitate the systematization of a joint approach to VAC prevention & response (as well as any inter-sector VAC WG/TF)</p> <p><i>e.g. a VAC task force could be created between both sectors to ensure a coherent approach & develop appropriate guidelines, if a multi-sector one does not already exist</i></p> <p>See CP-EiE Framework Step 4.1 - 4.3, and Annex 7</p>	<p>Enhance the technical quality of the response by leveraging the technical strengths of each sector to:</p> <ul style="list-style-type: none"> ○ define activity standards ○ select/ develop awareness messages ○ select/ develop technical content & trainings ○ deliver TOTs, trainings ○ monitor quality of implementation ○ ensure evidence-based interventions & measure/monitor impact <p>Reinforce sector member's capacities related to both sectors</p> <p><i>e.g. Education partners trained on safe identification & referral; school child safeguarding policies</i></p> <p>See CP-EiE Framework Step 4.4 & 4.5</p>	<p>Many partners work in both sectors – plan with them how to maximise the inter-sector synergies to benefit response integration, quality & coverage, while avoiding duplication.</p> <p><i>Learn from partners who deliver integrated VAC prevention & response activities through schools & the wider community, how the sectors can link certain activities to achieve greater impact for children</i></p> <p>Look at sector membership & consider alternative allocations to leverage efficiencies & strengthen the quality of responses, through:</p> <ul style="list-style-type: none"> ○ non-traditional partnerships <i>e.g. CP actors implementing EiE activities, & Education actors implementing CP activities</i> ○ different member types <i>e.g. implementing partners, government, donors, community-based organizations</i> ○ members who deliver multi-sector services but are only members of one sector <p>Communicate to implementing partners which sector is responsible for coordinating which VAC activities (they may implement one VAC activity under each sector)</p> <p>Coordinators help partners to understand each sector's allocated activities, & facilitate partners' engagement in the other sector, as necessary, for certain activities</p> <p><i>e.g. for training teachers on PFA (or other agreed activity), CP partners will coordinate with & report into Education</i></p> <p>See CP-EiE Framework Step 4.6 & 4.7</p>	<p>Agree roles & responsibilities of each sector to collect, analyse & share VAC response monitoring data</p> <p>Develop reporting guidance for complementary & common VAC activities, clarifying how implementing partners should report, to improve reporting accuracy & reduce double counting</p> <p><i>e.g. Indicator on teachers trained on Safe Identification & Referral is reported to Education, even if implemented by CP actors; e.g. Indicator on children receiving counselling reported to CP, even if school-based counselling</i></p> <p>Follow up with individual partner discussions on reporting procedures to avoid confusion & misreporting on common VAC activities</p> <p>Establish mechanisms to jointly review component activities, including:</p> <ul style="list-style-type: none"> ○ Aggregation indicators ○ Joint monitoring visits ○ Indicators on safe referral to inform programming & training needs <p>Agree sector responsibilities for consolidating data & reporting on cumulative VAC progress</p> <p><i>e.g. Each quarter, IMO consolidates CP & Education VAC response data & produces dashboard. Rotate responsibility between Education & CP IMOs</i></p> <p>See CP-EiE Framework Step 4.8 - 4.10, and Annex 8</p>

oPt example of collaborating on joint VAC issues

CP and Education collaborate on technical responses to specific issues impacting both sectors

(for example, child labour, of concern to education due to children being out of school, and of concern to CP due to increased risk of child injuries and vulnerabilities)

- Child labour was identified as a common issue in a particular location through joint needs analysis
- CP and Education strategised how to respond to the issue of out of school and working children from both sectors
- Both sectors determined that returning children to formal or vocational education would provide a safer environment for concerned children and contribute to collective objectives of Education and Child Protection
- As Child Protection is best placed to identify and work with children engaged in child labour, their role is to identify children and refer them to education (in addition to other services as required)

- The tool for **cross-sector referral systems**: [Inter-Agency Standard Operating Procedures](#) facilitates the connection between CP and Education. This tool has been used to identify cases of children with immediate protection needs such as children exposed to dangers and injuries, physical violence and other harmful practices, psychosocial distress and mental disorders, child labor (including children not accessing school).

The tool includes questions on education needs:

- Child Protection Comprehensive Assessment Form for the Case Manager to assess the child's needs includes education-related needs (Appendix 16, pp 65-66)
- Child Protection Initial Referral Form, which is used to refer cases to service providers once the child protection case plan has been drawn. It includes "education reintegration into school" and "vocational training program" as options of services required (Appendix 8, page 48)

Glossary

Bullying is behaviour repeated over time that intentionally inflicts injury or discomfort through physical contact, verbal attacks, or psychological manipulation. Bullying involves an imbalance of power.⁴

Bullying is characterised by aggressive behaviour that involves unwanted, negative actions, is repeated over time, and an imbalance of power or strength between the perpetrator or perpetrators and the victim. Frequency of bullying is measured in different ways by different surveys. For a student to be considered a victim of bullying, aggressions should occur at least once or twice a month or more. Categories of bullying include: physical, psychological, sexual and cyberbullying ([p. 14](#))

Emotional Violence is psychological maltreatment, mental abuse, verbal abuse and emotional abuse or neglect including: (i) all forms of persistent harmful interactions with a child; (ii) scaring, terrorizing and threatening; exploiting and corrupting; spurning and rejecting; isolating, ignoring and favouritism; (iii) denying emotional responsiveness; neglecting mental health, medical and educational needs; (iv) insults, name calling, humiliation, belittling, ridiculing and hurting a child's feelings; (v) exposure to domestic violence; (vi) placement in solitary confinement, isolation or humiliating or degrading conditions of detention; and (vii) psychological bullying and hazing by adults or other children, including via information and communication technologies (ICTs) such as mobile phones and the Internet (known as 'cyber-bullying').⁵

Gender-Based Violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.⁶ Examples of GBV include intimate partner violence (including marital rape, and dowry/bride price-related violence), feticide, honour crimes, child marriage, female genital mutilation (FGM)/cutting and other harmful traditional practices, sexual harassment and intimidation at work, in school and elsewhere and sexual exploitation.

⁴ UNESCO and UN Women (2016), , and UNESCO (2019) [End School Violence and Bullying](#)

⁵ Global Partnership to End Violence Against Children (2016)

⁶ IASC (2015)

Harassment is any improper and unwelcome conduct that might reasonably be expected or be perceived to cause offense or humiliation to another person. Harassment may take the form of words, gestures or actions that tend to annoy, alarm, abuse, demean, intimidate, belittle, humiliate or embarrass another or that create an intimidating, hostile or offensive environment.⁷

Help-seeking behaviours refer to tangible steps children can take to seek out support when they feel unsafe or encounter hazards.

Neglect is the deliberate failure to meet children's physical and psychological needs, protect them from danger or obtain medical, birth registration or other services when those responsible for their care have the means, knowledge and access to services to do so. This includes intentional (i) physical neglect: failure to protect a child from harm, including through lack of supervision, or to provide a child with basic necessities including adequate food, shelter, clothing and basic medical care; (ii) psychological or emotional neglect, including lack of any emotional support and love, chronic inattention, caregivers being 'psychologically unavailable' by overlooking young children's cues and signals, and exposure to intimate partner violence or drug or alcohol abuse; (iii) neglect of a child's physical or mental health: withholding essential medical care; (iv) educational neglect: failure to comply with laws requiring caregivers to secure their children's education through attendance at school or otherwise; and (v) abandonment.⁸

Physical and Humiliating Punishment (PHP) capture[s] the wide array of disciplining methods used by adults towards children, which may include corporal or physical punishment, and the threat of it, as well as psychological punishment that belittles, scares or ridicules the child.⁹

Physical violence is fatal and non-fatal physical violence including: (i) all corporal punishment and all other forms of torture, cruel, inhuman or degrading treatment or punishment; (ii) physical bullying and hazing by adults or by other children; (iii) harmful practices such as female genital mutilation or cutting; amputations, binding, scarring, burning and branding; violent and degrading initiation rites, exorcism; sex selection and 'honour' crimes; and (iv) engaging children in physical child labour, including non-sexual slavery, trafficking, and use of child soldiers.¹⁰

Protection is freedom from all forms of abuse, exploitation, violence, and neglect.¹¹

Referral Pathway "is a flexible mechanism that safely links survivors to supportive and competent services, such as medical care, mental health and psychosocial support, police assistance and legal/justice support."¹²

Safety is freedom from any form of harm (physical, sexual, psychosocial, etc.).¹³

School-Related Gender Based Violence "(a) is an expression of stereotypes based on gender and gender inequalities in all of our societies – which perpetuate stereotypes and inequalities; (b) includes all types of violence or threat of violence directed specifically against pupils because of their gender and/or affecting girls and boys disproportionately, as the case may be; (c) may be of a physical, sexual or psychological nature and may take the form of intimidation, punishment, ostracism, corporal punishment, bullying, humiliation, degrading treatment, harassment and sexual abuse and exploitation; (d) may be inflicted by pupils, teachers or members of the educational community; (e) may occur: within the school grounds; in its outbuildings; on the way to school; or even beyond, during extracurricular activities or through the increasingly widespread use of ICTs (cyber-bullying, sexual harassment via mobile phones and so forth); (f) may have serious long-term consequences, such as: loss of self-confidence, self-deprecation, deterioration of physical and mental health, early and unintended pregnancies, depression, poor academic results, absenteeism, dropout, development of aggressive behaviour and so forth." UNESCO (2015)

Sexual Exploitation means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.¹⁴

Sexual violence is any form of sexual abuse and exploitation including: (i) the inducement or coercion of a child to engage in any unlawful or psychologically harmful sexual activity including unwanted comments and advances; (ii) the use of children in commercial sexual exploitation; (iii) the use of children in audio or visual images of child sexual abuse; (iv) child prostitution, sexual slavery, sexual

⁷ UNESCO and UN Women (2016)

⁸ Global Partnership to End Violence Against Children (2016)

⁹ Save the Children (2015)

¹⁰ Global Partnership to End Violence Against Children (2016)

¹¹ INEE. (2010). *Minimum Standards for Education: Preparedness, Response, Recovery*; INEE (2018) <http://toolkit.ineesite.org/term-bank/en/terms/protection>

¹² Inter-Agency Standing Committee and Global Protection Cluster (2015). *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*. Geneva: Inter-Agency Standing Committee and Global Protection Cluster. p. 108

¹³ INEE (2018) <http://toolkit.ineesite.org/term-bank/en/terms/safety>

¹⁴ UN (2003)

exploitation in travel and tourism, trafficking for purposes of sexual exploitation (within and between countries), sale of children for sexual purposes and forced marriage; and (v) the inducement, coercion or arrangement of a child into a forced or early marriage.¹⁵ **Sexual and Gender-based Violence (SGBV)** is an act of sexual violence which is perpetrated based on gender norms and unequal power relationships.

Violence against children: Defined in Article 19 of the Convention on the Rights of the Child as “all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse”.¹⁶ The four Primary Types of Violence Against Children (As Defined by UNICEF) are sexual, emotional, physical and neglect.

According to WHO, violence is “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation”. Most violence against children involves at least one of six main types of interpersonal violence that tend to occur at different stages in a child’s development¹⁷:

1. Maltreatment (including violent punishment) involves physical, sexual and psychological/emotional violence; and neglect of infants, children and adolescents by parents, caregivers and other authority figures, most often in the home but also in settings such as schools and orphanages.
2. Bullying (including cyberbullying) is unwanted aggressive behaviour by another child or group of children who are neither siblings nor in a romantic relationship with the victim. It involves repeated physical, psychological or social harm, and often takes place in schools and other settings where children gather, and online.
3. Youth violence is concentrated among those aged 10–29 years, occurs most often in community settings between acquaintances and strangers, includes physical assault with weapons (such as guns and knives) or without weapons, and may involve gang violence.
4. Intimate partner violence (or domestic violence) involves violence by an intimate partner or ex-partner. Although males can also be victims, intimate partner violence disproportionately affects females. It commonly occurs against girls within child and early/forced marriages. Among romantically involved but unmarried adolescents it is sometimes called “dating violence”.
5. Sexual violence includes non-consensual completed or attempted sexual contact; non-consensual acts of a sexual nature not involving contact (such as voyeurism or sexual harassment); acts of sexual trafficking committed against someone who is unable to consent or refuse; and online exploitation.
6. Emotional or psychological violence and witnessing violence includes restricting a child’s movements, denigration, ridicule, threats and intimidation, discrimination, rejection and other non-physical forms of hostile treatment. Witnessing violence can involve forcing a child to observe an act of violence, or the incidental witnessing of violence between two or more other persons.

¹⁵ Global Partnership to End Violence Against Children (2016)

¹⁶ Save the Children (2015) [Working to End Violence Against Children: Save the Children's Child Protection 2016-18 Thematic Plan](#)

¹⁷ WHO/INSPIRE [Seven Strategies for Ending Violence Against Children](#) (2016) p.14