



CPMS Video Series - Facilitator's Notes

Standard 8 – Physical Violence and Other Harmful Practices

Background: This document was created to promote the use of the Standard 8 video. It is intended to prompt discussion among people who have watched it and want to learn more about the topic, as well as to reflect collectively on how the standard is or could be implemented in their context. It could be used as part of a coordination meeting, briefing session, orientation or training workshop.

Discussion Points:

Message 1: The risk of PVOHP increases during emergencies, occurring in the home, community and schools

- 1.1 What forms of PVOHP against children took place prior to the emergency? How have they changed since the emergency? And, how does this vary for boys and girls of different ages, abilities and care arrangements?
- 1.2 What measures are in place at the a) family; b) community; c) regional/national levels to prevent and respond to physical violence and other harmful practices against children? What activities are in place by humanitarian actors?

Things to stress

- **Children have the right to be protected from PVOHP.**
- **Parents/caregivers** need support to overcome the impact of stress resulting from the emergency. Increased stress can result in physical violence against children. Decisions made on behalf of girls and boys might not be governed by the best interests principle, and instead may expose children to harm.
- **As a result of gender roles**, boys and girls may be subjected to different types of violence and harmful practices in all settings.
- **Social acceptance** of PVOHP contributes to continuation. Harmful practices are often seen as an integral part of the group or community identity and perpetuated under the belief that this will ensure the social integration and acceptance of the child into the group.
- **Certain harmful practices may be viewed as coping mechanisms** by families and communities in an attempt to protect children from other forms of violence. *For example, child marriage can be viewed by families as a means to prevent their daughters from being sexually assaulted and 'protect the honour' of the girl. They may also see this as a means to reduce the economic burden on their household, as poverty increases in the aftermath of an emergency. Sons may be encourage or even forced into joining armed forces and groups.*
- Children face the risk of violence **in and around school contexts** by educational personnel as well as community members, and other students who also may be experiencing increased levels of stress as a result of the emergency.

- *Children have a significantly different perspective to adults on these issues; they must be included in assessments, programme design, implementation, and M&E.*
- Globally, improved data on prevalence is needed to understand the scale of PVOHP and develop appropriate prevention and response programmes. In an emergency, sufficient evidence warrants taking immediate action.

Message 2. PVOHP affect children’s health, education, social and emotional development, and overall psychosocial well-being—both in the short-term and into adulthood.

2.1 What qualitative or quantitative evidence do we have for this in our context?

2.2 Are we in a position now to take a baseline about development and well-being that could be used after the crisis? Concretely, how would that be carried out?

Things to stress

- Research from around the globe increasingly demonstrates the potential negative impacts of physical violence on children’s development and well-being. For example, the follow up report to the UN Study on Violence Against Children states “Children who are exposed to violence often suffer from anxiety, depression, aggression, difficulties with attachment, and regressive behaviour. The child is at risk of developing patterns of aggression in responding to others, including dating violence and delinquency, and is more likely to have trouble in school and become involved with the child welfare and juvenile justice systems. While there is no inevitability, it is often children who are victims of violence who become future bullies, perpetrators of dating and partner violence, and violent parents”.¹ Meta analysis (2002) found child behaviours and experiences associated with parental corporal punishment included higher risk of poorer mental health (depression, anxiety); poorer social relationships (aggression, bullying); weaker parent-child relationships; slower cognitive development (IQ, language); higher risk of physical harm.²
- Corporal punishment and other forms of physical violence in and around school contexts have the potential to negatively impact children’s ability to learn and are linked to children dropping out of schools. In an emergency, teacher stress may rise enormously and rates of corporal punishment (and other abuses) may increase.
- Child marriage decreases girls’ access to education, and is associated with higher school drop-out rates. In addition, it exposes girls to the risk of early motherhood, which can have negative health impacts in addition to the limited social, economic and educational opportunities. As a crisis drags on, financial resources are used up and a girl’s marriage may be seen as a way to have one less mouth to feed and protect her from unwanted sexual advances.
- FGM exposes girls to multiple health risks, and can also have negative consequences on girls’ future reproductive capacity and cause complications when giving birth. These risks are even more pronounced in periods of emergency when health services are over-stretched.

Message 3: Quality interventions reduce the prevalence of PVOHP, and ensure that all children at risk receive appropriate support

3.1 Who are our allies in health, camp management, education, mine action (if relevant), etc.? How do we maximize our joint efforts?

¹ NGO Advisory Council for Follow-Up to the UN Study on Violence Against Children. Five Years On; A Global Update on Violence Against Children, 2011:7

² Gershoff, Elizabeth Thompson, Corporal Punishment by Parents and Associated Child Behaviours and Experiences; A Meta Analytic and Theoretical Review, Psychological Bulletin 2002, Vol 128, No 4, 539-579

3.2 Are humanitarian actors responsible for creating new dangers and injuries? What safety measures are being taken to reduce these?

Things to stress

- **Awareness raising of PVOHP**, including the increased risk during emergencies, is a key prevention activity in homes, schools and communities. It is essential to engage key community and religious leaders in this process.
- We need to work with families as a whole. Parenting support groups and coaching programs can be very effective. They are approaches that can be used to prevent and respond to cases of physical violence in the family. It can help reduce parental/caregiver stress and enable parents/caregivers understand the impact of emergencies on children.
- Equally, we need to be doing outreach with community members to ensure that they are skilled at identifying and addressing physical violence against children. They are of course key to wider dialogue and strategy-selection to tackle other harmful practices.
- It is important that **children** are aware of their right to be safe from PVOHP as well as where they can go for help if they experience any of these issues.
- Developing interventions to address **harmful social and cultural norms** that contribute to PVOHP is an essential prevention strategy, as well as way to increase the level of community support to survivors.
- **Strengthening child protection systems** in emergencies and beyond is a key prevention and response strategy. This includes both formal (government-led) systems as well as community-based structures.
- **School-based prevention and response programming** is an effective way to address PVOHP in and around school contexts. Strategies include teacher training, codes of conduct, school policies that prohibit PVOHP, sensitization among children, school clubs, and establishing effective referral pathways.

Message 4: Child protection actors need to engage with other sectors to proactively identify cases of PVOHP, and refer them to appropriate services.

4.1 What interventions are currently underway that directly or indirectly tackle PVOHP? Are any planned?

4.2 Have we done any child protection / PVOHP orientation with other humanitarian actors?

4.3 Do we have clear and up to date referral pathways? Have we communicated them to other actors?

Things to stress

- The child protection sector needs to **collaborate with other sectors**, in particular GBV actors, for identification and referral of children at risk of, or who have experienced, PVOHP
- **Clear, functioning referral pathways need to be established** to enable referrals between sectors for children who are at risk of, or have experienced PVOHP.
- We need to ensure that there are **age, and gender-sensitive and appropriate multi-sectoral services** for children that have been subjected to PVOHP. We must be aware that sometimes the physical violence may have been triggered by issues as sensitive as the child's sexual orientation or religious beliefs. We need to have skilled staff to be able to handle such dynamics within a family and/or community.

Overall:

- Around the world, schools are increasingly under attack by armed forces and armed groups, subjecting children to various forms of extreme physical violence.

- In settings affected by armed conflict, a growing number of children have experienced extreme forms of conflict-related violence, such as torture, being used as human shields, etc,
- Do we need to expand our teams to ensure adequate staffing for all phases of programming? If yes, how do we do that?
- How do we ensure our response is sustainable and feeds into longer term CP programming?
- Have we considered if and how the 10 CPiE principles are being upheld through our work?
- Are we linking with efforts to implement other relevant standards: child-friendly spaces, case management, MHPSS, community-based child protection, health, etc?
- What training opportunities do we have and do we need to create?
- Have we mapped our human, financial and community resources?

Key Resources (created after the publication of the CPMS):

- Physical Violence and Other Harmful Practices scoping summary. CPWG (2015)
- Training materials: relevant modules in CPWG's Face-to-Face CPiE package (2014) and Action for the Rights of the Child (revised 2013)