

A young girl with dark hair, wearing a red shawl over a purple top, stands in a rustic, possibly rural, setting. She is looking directly at the camera with a slight smile. The background shows wooden and metal structures, including a large, rusted metal pipe.

World Vision



It takes a world  
to end violence against children

# 10 things

you need to know about  
**violence against children in the home**

**Writing and research:** Thomas Stubbs, East Asia Regional Office

**Review and editing:** Abid Gulzar, Aimyleen Gabriel, Amy Collins, Elena Gaia, Leen Decadt, Lyda Chea, and Philip Wilkinson

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Managed by Amy Collins. Editor in Chief: Edna Valdez. Consulting Senior Editor: Heather Elliott. Production Editor: Katie Fike. Copyediting: Micah Branaman. Proofreading: Ian Pugh. Cover Design and Interior Layout: Inis Communications.

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## Acronyms

<b>ASEAN</b>	Association of Southeast Asian Nations
<b>ASEAN RPA on EVAC</b>	Association of Southeast Asian Nations Regional Plan of Action on the Elimination of Violence Against Children
<b>CPC</b>	Child protection committee
<b>CRC</b>	Convention on the Rights of the Child
<b>EVAC</b>	End Violence Against Children (World Vision programme)
<b>GBV</b>	Gender-based violence
<b>IPV</b>	Intimate partner violence
<b>NGO</b>	Non-governmental organisation
<b>SDGs</b>	Sustainable Development Goals
<b>UNICEF</b>	United Nations Children's Fund

# 10 things you need to know about violence against children in the home

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# Violence against children in Asia Pacific

Ideally, the home is a place of peace where one feels safe and cared for, but that is not the case everywhere. Violence against children in the home is a global issue facing all societies, transcending race, culture and religious orientation [1]. According to recent estimates, approximately 1.3 billion children are subject to violence in the home, more than half of all children worldwide [2]. Across the Asia–Pacific region, these rates are even higher. Seventy per cent of children, as young as 2 to 4 years old, in Vietnam and 80% in Myanmar reported experiencing violent discipline in one month [3]. Research shows that these alarming figures are common for both sexes, and boys and girls experience equally high rates of violence in the home, albeit in varying forms and for different reasons [5]. While there are various types of violence that children in the Asia–Pacific region experience, this publication looks at the most common forms of violence in the home: violent discipline and punishment. Broader forms of violence, including trafficking, child labour and sexual abuse, are highlighted in a separate publication entitled, *10 things you need to know about violence against children in Asia Pacific*.<sup>1</sup>

1 World Vision International, *10 things you need to know about violence against children in Asia Pacific* (2017), <https://www.wvi.org/publication/10-things-you-need-know-about-violence-against-children-asia-pacific-0>.

Violence against children in the home is of serious concern to World Vision and other child-focused organisations. It is profoundly distressing that what is meant to be a safe environment for children is the primary setting for where most children experience violent discipline and other forms of abuse [8].

Like many parts of the world, Asian societies often accept the use of corporal punishment to discipline children. World Vision is opposed to all forms of violence against children, including corporal punishment whether by caregivers, families or other community members, such as teachers. World Vision's programmes and advocacy are based on evidence-based best practices and the international standards set out in the Convention on the Rights of the Child (CRC) which make no distinction between varying levels of expressions of violence (e.g. a slap on a wrist vs. a beating). Clearly, the negative impact of violence against children lies at the more extreme end of this scale, but the distinction can become blurred. Because of this, World Vision advocates for positive child discipline approaches which are captured in its comprehensive 'positive discipline' model as well as related tools that are applied in the organisation's child protection programmes.

Global estimates suggest that around three-quarters of children are subject to violent discipline by their parents or caregivers [3]. Studies suggest infants and pre-adolescents are most at risk of abuse from their parents or caregivers because they are still highly dependent and have limited social interactions outside the home [10]. Children in Lao People's Democratic Republic (PDR) identified parents, caregivers or other adult relatives as the most common perpetrators of the violence they experienced during their childhood [11]. Children in Vietnam and Cambodia, 40% and 78% respectively, named family members as the main perpetrators of violence against them [12, 54]. Interestingly, this trend is echoed by parents. In Mongolia, for example, just 19.5% of mothers, fathers and caregivers reported using only non-violent discipline in the preceding six months, indicating that corporal punishment is common in the home [13].

To date, the CRC, which prohibits all forms of violence against children under Article 19 and in General Comment 13, has been ratified by all United Nations (UN) Member States in Asia Pacific. This use of violence in the home breaches the CRC and undermines the nurturing and protective nature of the family unit, which is necessary for the growth and well-being of children everywhere [9].

Two of the Sustainable Development Goals (SDGs) also complement efforts to end violence against children. These are SDG 5 (achieve gender equality and empower all women and girls) and SDG 16 (promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels) [33].

Both the CRC and SDGs underpin World Vision International's global strategy and *It takes a world to end violence against children* campaign, which aims to 'positively impact the lives of hundreds of millions of the most vulnerable boys and girls by 2021, by making a significant contribution towards ending violence against children in alignment with SDG 5 and SDG 16' [55].

The Association of Southeast Asian Nations Regional Plan of Action on the Elimination of Violence against Children (ASEAN RPA on EVAC) also forms part of the framework which guides the work of civil societies, governments, non-governmental organisations and the private sector aiming to bring an end to violence against children living in these 10 Asia-Pacific countries: Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand and Vietnam.



# 10 themes

The hope of this publication is to inform and influence the approach of various actors working to end violence against children in Asia Pacific. Identifying relevant research and policies in the region, and drawing on WorldVision's child-centred programming experience in 17 countries<sup>2</sup> in the Asia-Pacific region, it presents '10 things you need to know about violence against children in the home':



**1**  
**experiencing violence as a child has profound and lasting impacts**



**2**  
**risk factors drive violence in the home**



**3**  
**mistaken beliefs, values, norms and attitudes about violence are common**



**4**  
**boys and girls experience violence differently**



**5**  
**social factors impede efforts to end violence in the home**



**6**  
**caregivers and parents shape the way children see the world**



**7**  
**lack of coordination and resourcing at all government levels has an impact on children**



**8**  
**service providers have a role in ending violence in the home**



**9**  
**neglect is violence, too**



**10**  
**faith communities have a role to play in ending violence.**

<sup>2</sup> Bangladesh, Cambodia, China, India, Indonesia, Laos PDR, Mongolia, Myanmar, Nepal, Papua New Guinea, Philippines, Solomon Islands, Sri Lanka, Thailand, Timor-Leste, Vanuatu and Vietnam.



## List of terms

**CHILD:** The CRC defines a child as any person under 18 years old [14].

**VIOLENCE AGAINST CHILDREN (VAC):** VAC is defined in the CRC as 'all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse and exploitation, trafficking, child labour, cyber abuse and child marriage' [14]. Violence is the use of force or power to harm and/or control someone.

**CORPORAL PUNISHMENT:** World Vision defines corporal punishment as actions taken by a parent, caregiver or other adult that are intended to cause a child physical pain to correct, control or educate a child [12].

**PSYCHOLOGICAL PUNISHMENT:** The use of blaming, swearing and shame through public humiliation for a child's wrongdoing by parents or other caregivers is classified as psychological punishment [13].

**CAREGIVER:** The person responsible for providing a child with their primary source of care is referred to as their caregiver. In most cases, this role is assumed by the biological mother of the child, but could include an aunt, grandmother, sibling, father or other family member, depending on the family structure [12].

**PHYSICAL ABUSE:** The CRC describes physical abuse as the use of physical force with the intention of causing pain or discomfort [14]. This form of violence includes a range of actions, such as punching, shaking, hitting or slapping a child.

**EMOTIONAL VIOLENCE:** Psychological maltreatment can take the form of insults, name-calling, ignoring, yelling, screaming, isolation, rejection, threats, emotional indifference or belittlement.



# Experiencing violence as a child has profound and lasting impacts



A safe, secure environment, including the nurturing support of a caregiver; is crucial to the emotional and physical development of a child [16]. Violence in the home destabilises this foundation and deprives children of their right to a safe childhood [5]. In addition to the direct physical impact of experiencing violence, such as cuts, bruises or other injuries, children who grow up in an unstable, violent environment are at a heightened risk of developing a range of other physical and mental health problems in the short term and later in life [17].

One of the less visible consequences of frequent or severe abuse, adversity or neglect in childhood is known as toxic stress [10]. Such experiences can negatively affect brain architecture

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*‘On that day, the only thing I knew was to run further and further so that my parents could not find me.’ —Boy, Vietnam [29]*

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and brain chemistry from an early age – in contrast to how nurturing and positive experiences aid in a child's healthy development [19]. In addition to increasing the risk of stress-related, health problems later in life, evidence shows that chronic activation of the fear response can create fixed memories that shape a child's response to their environment, making them hyper-alert to what they perceive to be a chaotic or threatening world [10, 20]. Negative associations can form with anything that reminds the child of their perpetrator or experience with violence, such as male or female adults, authority figures or everyday items that may have been used to cause the child harm. This affects their ability to socialise with others and increases their risk of developing mental health issues in the short term and later in life [21].

There is a range of mental health issues directly associated with the impact of experiencing violence in the home and other settings and the absence of a secure environment and nurturing relationships in a child's life [22, 23]. Cambodia's national survey on violence against children, found that females and males aged 13 to 17 who experienced emotional violence were significantly more likely to report mental distress than those who did not [5]. A Filipino study found that physical discipline by mothers was associated with aggression and anxiety in their children [8]. Another study conducted in countries outside the Asia–Pacific region found that children who experience physical punishment were less likely to reach childhood social development milestones, such as positive interaction with other children and adults [4]. As for later life, a regional study found that 37% of all psychiatric disorders in adult men and 30.5% of all mental disorders in adult females in the East Asia and Pacific region can be attributed to emotional abuse experienced during childhood [24].

Children who suffer violence are also more likely to adopt risk-taking and other harmful behaviours during their adolescent years and thereafter [10]. This is illustrated in Cambodia, where more than twice as many females aged 18 to 24 who experienced

physical violence as a child (48.1%) reported having a sexually transmitted infection (STI) or symptom of an STI in the past 12 months compared to those who did not (23.2%) [5]. This same effect is observed with substance abuse. Childhood physical violence in Cambodia correlates with 24.1% of smoking and 13.6% of problematic drinking amongst males [7]. This trend is echoed on the regional level, where studies estimate that physical violence towards children attributes to between one-third and one-half of all early smoking initiation in the East Asia and Pacific region [23].

Studies also suggest that both emotional and physical abuse are associated with increased self-harm, suicidal ideation and suicide attempts amongst boys and girls in Asia Pacific [23]. One study found that 32.6% of Cambodian females who self-harm experienced emotional violence as a child [7]. Similarly, another found that 12.5% of Cambodian females who suffered physical violence before the age of 18 reported self-harming, compared with 5.3% of those who did not [5]. When comparing the impact of emotional abuse on self-harming in the East Asia and Pacific region, similar results were observed; 26% of men and 28% of women who self-harm experienced emotional violence experienced during childhood [24].

These studies highlight the broad, long-lasting impact that various forms of violence have on a child, negative consequences that extend well beyond the short term, and visible effects of physical violence on children to include toxic stress, mental health issues, substance abuse, increased risk-taking behaviour and self-harm. When considering the impact of violence against children in the home, one must view the issue through a broad scope to fully ascertain the harm associated with this problem.

## Recommendations

- + **Conduct additional research into country-specific effects of emotional and physical abuse on children and develop appropriate responses.**
- + **Determine country-specific appropriate responses and models that work to mitigate the impact on children once the harm has been done, such as peer-to-peer support, individual and group therapy, and community awareness.**



# Hope for a family after abuse

Yajai\*, age 11, lives in northern Thailand. Her father died when she was only 2 years old, leaving her mother, Nong\*, to raise her and her brother alone. Her mother found a job as a house-help for a merchant in a neighbouring province, who gave her and her young children a place to live.

Nong eventually remarried. However, her husband behaved differently after marriage; he no longer took care of the family, neglected his responsibilities, and became burdensome and difficult when he abused alcohol and drugs. He was often violent with Nong, Yajai and her siblings. When Nong's employer found out, he sent her and her children to another village to keep them safe from her husband.

Because Nong was abused during her pregnancy, Yajai's half-sister suffers from health problems, including seizures and anxiety. As a result, every four months the family must make a long expensive trip to the Chiang Rai province so she can receive medical treatment.

Today Yajai's family still lives in her mother's employer's old garage, which has been partially modified into a living space. World Vision supports the family by providing Yajai with knowledge on child rights as well as child protection training at school, so that she knows who to contact in case of future abuse. World Vision also provides the family with support materials and transportation costs for Yajai's sister's medical treatment. Indirectly, World Vision supports Yajai by promoting education and literacy skills development and building the capacity of her school's teachers.

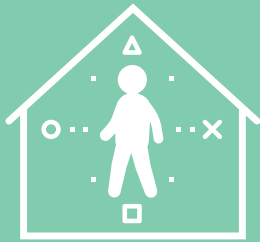
\*Name changed to protect confidentiality







## 2 Risk factors drive violence in the home



Studies have found that children who have a disability or who are orphaned (children who have lost one or both parents) and living in institutional care are at an increased risk of experiencing violence in the home [9, 5]. However, parents remain the primary perpetrators, and there are household dynamics that elevate the risk of perpetration. Drivers of violence against children in the home are part of a complex system where values, beliefs and norms interact to heighten or mitigate the risk of perpetration [26]. Yet, these risk factors do not operate in isolation within the family unit; they sit within broader relational, political, societal and cultural spheres that may encourage or

discourage violence in the home [9]. For example, in many ASEAN countries, corporal punishment is both legal and a widely accepted cultural practice. Therefore, child protection efforts need to be similarly multi-layered, addressing risk factors and drivers at the macro-environment, household and individual levels. World Vision has taken this multi-pronged approach in its child protection efforts in the region by engaging with and building the capacity of key community stakeholders to address the root causes of violence against children. They have also worked to increase the number of partnerships between formal and informal child protection actors at the local level to strengthen children's protective environments.

Socioeconomic status encapsulates a group of factors, such as income and education, that correlate with violence against children in the home. A study by the UN Children's Fund (UNICEF) found that adults in low-income families were more supportive of corporal punishment than wealthier families in around 75% of countries with available data [10]. In Lao PDR, for example, the proportion of children who receive physical punishment in the most deprived quintile (11%) is more than twice the number of children experiencing it in the wealthiest quintile (5%) [11]. Another study observed a similar correlation between a caregiver's level of education, household expenditure and physical punishment; children from poorer families were more likely to experience corporal punishment than children from better-off families in both India and Vietnam [27]. It appears that harmful attitudes and beliefs about violence are also more common in children of lower socioeconomic status.



From a survey conducted in South Asia, 51% of the poorest boys surveyed justified intimate partner violence (IPV) under certain conditions compared to 24% of boys who were more affluent [10].

Like other predictors of violence against children in the home, the education level of parents is linked to their opinions on corporal punishment. In general, adults with less education are more likely than their educated counterparts to believe that physical punishment is an appropriate method of child discipline [10]. This trend is observed in both the Philippines and Lao PDR where children whose household heads had minimal education were more likely to experience corporal punishment compared to children with more highly educated caregivers [8, 11]. However, things are not always so clear-cut. A study in Vietnam revealed that 40% of caregivers who had never attended school viewed physical punishment as an acceptable behaviour compared to only 9% of subjects holding post-secondary degrees [12]. Yet, despite these differences in beliefs, both groups reported using similar levels of physical punishment in their daily lives. This dynamic could suggest that social norms or traditions that encourage the use of corporal punishment have an equal or more significant effect on a caregiver's behaviour than their level of education. In these contexts, simply increasing rates of education may not be enough to create behaviour

change; interventions must also challenge the societal customs that accept violence against children in the home.

Alcohol abuse is a risk factor for multiple forms of violence in the home, including physical and emotional violence against children [26]. A qualitative study in the Philippines revealed that drunkenness leads to aggressive outbursts between parents and the use of scarce household funds to purchase alcohol instead of food or other household necessities heightens family stress [8]. Highlighting the magnitude of this issue in regards to children's welfare, a study in five Indian states revealed that 43.2% of male respondents perpetrated at least one incident of harm against a child within the past year while under the influence of alcohol, 35.6% of which were instances of psychological abuse and 23.7% were neglect [28]. The same study also revealed a dose-response relationship between alcohol consumption and violence against children, meaning the odds of a child being harmed increased the more alcohol respondents consumed [28]. What drives people to abuse alcohol is a complex issue beyond the scope of this publication. However, there is evidence to suggest that poverty and alcohol abuse are related. An effect referred to as the 'toxic trio', where a caregiver's past experience with violence, when combined with financial stress and substance abuse, increases the likelihood of violence towards children in their care [8]. Since these factors reside within the family unit, violence prevention efforts should focus on strengthening that unit and supporting its positive attributes through constructive discipline techniques [21].

## Recommendations

- + **Focus violence prevention efforts on strengthening the family unit and supporting its positive attributes through constructive discipline techniques.**
- + **Advocate for governments to fund and conduct research on attitudes and beliefs towards alcoholism that use behavioural science to design and roll out interventions to address these beliefs and change behaviours over time.**
- + **Strengthen social protection and reporting systems, in partnership with government, civil society and faith leaders.**
- + **Provide livelihood opportunities and training in communities to alleviate poverty stress.**
- + **Promote use of educational curricula that includes violence prevention techniques to influence the next generation of parents.**

# Shelter from the storm

All too often, a quiet village in Yen Bei province in northern Vietnam would become noisy with the sound of loud verbal abuse, things breaking, screams and cries. Neighbours immediately knew then that Hung\* was drunk.

Hung started drinking liquor at a very young age, which evolved into alcoholism when he was a teenager. His parents hoped that he would stop drinking once he married and had children, but when Hung's child, Mai\*, was only 5 years old, his wife left him because of the physical and verbal abuse she endured while her husband was drunk.

Unfortunately, this did not end Hung's drinking, and his daughter continued to suffer from his violent rage and neglect. Hung's mother then stepped in and rescued Mai. 'Now my granddaughter lives with me. If my granddaughter was still living with him, she would have been maltreated or died of either beating or hunger,' she said.

Family should be a shelter of happiness, a cradle to nurture and educate children and a place to return after each failure

or fall. However, for many children like Mai, domestic violence and worsened economic and health situations lead to family breakdowns. Through World Vision's support, the area child protection committee's (CPC) interventions and provisions from the local government, Mai has received individualised, quality child protection services, a monthly subsidy to support her family, basic educational support and school materials. Mai has also learned life skills, such as ways to prevent and avoid injury, violence and abuse, through her participation in World Vision's children's club. CPC members often visit Mai's family to monitor her safety and living conditions.

However, this is not an isolated case. In addition to instituting prevention measures, such as communication and training events for children, caregivers and CPC members, World Vision has backed the early intervention of CPCs on behalf of children in danger of violence and exploitation. Through a mapping process, the community and CPCs identified a list of vulnerable children and defined an action plan to support children like Mai.

\*Name changed to protect confidentiality





# 3 Mistaken beliefs, values, norms and attitudes about violence are common



Worldwide, 1.1 billion caregivers, slightly more than one in four, believe that physical punishment is a necessary form of discipline to raise a child [3]. Few would argue that discipline itself is a problem; it is the inappropriate forms of discipline used, such as corporal punishment or the use of physical and psychological punishment or humiliation to control a child's behaviour, that are detrimental to children's development and well-being [9].

In contrast, positive forms of behaviour management aim to teach children how to correct their actions without the use of violence or intimidation [3]. Some examples of positive discipline include offering the child positive choices, involving children in the discussion and decision-making process during a disagreement, focusing on behaviour rather than the child's personality, enabling self-control and responsibility, understanding children's capacity to change and respecting their individual development.

Evidence suggests that corporal and psychological punishment is encouraged in societies that value authoritarian parenting styles [8]. This power dynamic – which views children as inferior to adults and suggests that children require force or intimidation to develop obedience – is widely held across ASEAN societies, which has led to not only an acceptance of but also an expectation that parents (and teachers) will use corporal punishment [29, 8]. Many in the Asia–Pacific region consider both physical and emotional abuse acceptable or necessary in child-rearing [29, 30]. Physical and humiliating discipline are widely accepted approaches to childrearing in Vietnamese culture, as long as victims experience no lasting physical injuries [12]. In Lao PDR, 42% of adults believe that physical punishment is necessary to raise a child [11]. In Mongolia, 66.3% of caregivers believe hitting children is an acceptable disciplinary method.

In South Asia, severe punishment is so normalised that it is considered a necessary part of a child's life and withholding this treatment would be a disservice to the child [30].

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***‘Physical discipline of children? Well, I think many people are still doing it.’ —Mother, Vietnam [18]***

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These conditions, where violence is an everyday occurrence, result in perceptions of safety being vastly different to the actual risks or experiences of violence in a community [12]. A study in Cambodia illustrates this dichotomy well; 89.3% of children surveyed felt ‘mostly’ or ‘always’ safe at home, yet 87.9% of adults admitted to physically disciplining a child during the past year [54]. A Mongolian study also observed this misalignment; 56.8% of children considered their communities and households to be safe, but just 19.5% of caregivers reported using only positive forms of discipline in the past six months [13]. These statistics reveal that, despite children feeling relatively safe in their homes and communities, parents are frequently violent or regularly use negative forms of discipline. This situation could indicate that children (like their parents, as discussed previously) deem violence in the home to be a ‘normal’ aspect of life and thus accept this cruel treatment, underestimating the risk it may have to their health even if no visible, lasting signs of injury are caused. Unfortunately, many children then carry this notion into future relationships.

It must be noted that many caregivers do not use corporal punishment with malicious intent [8]. Parents merely adopt socially-acceptable practices that are unknowingly

harmful [31]. This cycle of violence occurs because a caregiver’s beliefs and attitudes towards discipline are developed from birth within a broad, multi-layered system. They comprise of the traditional or religious principles of their society as well as the deeply entrenched values transferred from grandparent to parent, from parent to child [12]. Again, this dynamic relationship highlights the need to adopt a systematic approach to shift caregivers’ harmful disciplinary practices, giving due diligence to the broader societal factors that form, encourage and enable these behaviours.

## **Recommendations**

- + Train and equip church and village leaders and influential people to educate others within the community on positive disciplinary techniques.**
- + Facilitate interpersonal dialogue with communities to explore underlying beliefs, sociocultural norms and traditional practices that challenge progress, by using World Vision’s Community Change for Social Action project model [56].**
- + Empower children through education on the basics of positive discipline and how they can protect themselves when faced with violence at home.**



# A paradigm shift

'As I learned from my childhood, punishing children physically was supposed to be for their own good,' Mrs Het\* remarked. 'I have one daughter and two sons, and most of the time my husband and I have used violence against our children. I thought by doing that it would help prevent my children from bad things in the future and teach them a lesson so they wouldn't be led astray.'

Yet, when her husband got drunk, he would smash dishes, insult his wife, and beat her and the children to the point they could not attend school due to their injuries. She could see that her children were very upset by this, but figured it was normal and was not concerned about their feelings. As time went on, the family's condition continued to worsen until World Vision's child protection initiative in Cambodia challenged her to see things differently.

'Since I started participating in child protection awareness activities, I have been challenged to think deeper and become more observant of my children's emotions,' Mrs Het said. As she slowly started to use encouraging words towards them and stopped beating them, she noticed that their studies improved.

'I have seen my mother change a lot,' remarked her 13-year-old daughter. 'Before I would be beaten if I did not obey. But since my parents participated in awareness sessions with World Vision, my father stopped insulting and abusing my mother and my mother does not hit or insult me and my siblings anymore.' Importantly, the children now attend school regularly.

'Finally, I am concerned about my children's future. I want them to be happy and I am willing to push them to finish school for their brighter future. I know that domestic violence does not help our family,' remarked Mrs Het.

\*Name changed to protect confidentiality



# 4 Boys and girls experience violence differently



Social norms and traditions that shape individual attitudes and behaviour are usually heterogeneous between the sexes, with different values and expectations assigned to females versus males [19, 26]. These gender roles shape the diverse ways in which boys and girls are reared and viewed by society [8]. In many countries across the Asia–Pacific region, boys are encouraged to become aggressive or dominant, whereas girls are expected to be passive or compliant [9]. Particularly in South Asia, these stereotypes often stem from the patriarchal

system, which positions male roles in society over females [30]. This unequal power dynamic exposes girls and boys to different forms of violence in their homes and communities, known as gender-based violence (GBV) [30]. In some cultures, for example, boys or men may inflict violence on girls or women for not complying with their wishes, such as marriage or sexual relations [32]. Boys, on the other hand, may suffer abuse for not conforming to stereotypical roles assigned to them by society [9]. This gendered response is most evident in cultures that hold strongly contrasting values about masculinity and femininity, which shape the way they perceive and justify violence. For instance, some societies may view boys who report sexual violence as weak or unmanly, whereas girls who disclose this abuse are often blamed for the incident, leading to punishment or public shaming [9]. To address violence against children in the home, an understanding of the society's gender roles and how GBV manifests is required.

Because of these societal values, boys are more likely to experience physical violence based on the assumption that this treatment will help them grow up resilient or strong – qualities that societies believe are required to fulfil their role in the household and community [30]. This effect is observed across the region, with more frequent and harsher forms of physical violence and corporal punishment experienced by boys at both home and school [10, 23]. Additionally, boys who fail to meet these societal expectations, particularly those who assume non-traditional sexual orientation or gender identities, are at an increased risk of abuse [10]. In these situations, boys are

targets of violence because of their lack of masculinity, particularly when they enter puberty and sexual identity and gender norms become more pronounced.

Girls across Asia Pacific are slightly more likely to experience emotional violence than boys, with a meta-analysis revealing a 32% prevalence for females versus 27% for males [19]. Girls are also expected to align with the gender roles, such as purity, humility and obedience, assigned to them by society. Girls risk physical and emotional punishment or shaming if they diverge from these stereotypes or choose to reject their expected subordination within the patriarchy [30]. This is particularly evident in Bangladesh, where a high proportion of acid attacks on women and girls are attributed to the refusal of a relationship or marriage proposal [9].

Studies also show that daughters are more likely to be severely neglected in countries where the preference for a son is prominent or societies that place a higher value on boys [9]. In India, for example, research shows that girls are more likely to suffer neglect in early childhood than boys; they are breastfed less frequently, and, once weaned, they are fed smaller amounts of inferior quality food [9]. This unequal treatment is also present in regard to children's access to health care. Regional studies have found that girls are taken to seek medical treatment less often and later in an illness than boys [9].

Achieving gender equality and eliminating all forms of violence against women and girls is supported by SDG 5 [33]. Moreover, under the ASEAN RPA on EVAC, Member States declared their intention to 'develop effective strategies to eliminate harmful practices which perpetuate gender stereotyping, violence against women and violence against children' [34]. These frameworks highlight the importance of addressing the social norms and harmful inherited attitudes that drive violence against girls and boys [26]. Policymakers and practitioners must, therefore, avoid programmes that focus solely on individual behaviour change, favouring interventions that adopt a broad scope and aim to challenge the societal beliefs and attitudes driving gender inequality and thus violence against children in their homes and communities [19].

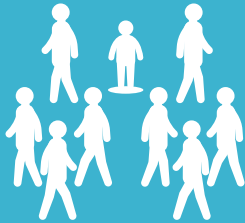
## Recommendations

- + **Raise awareness of societal gender roles and how GBV manifests as a result.**
- + **Provide training on the Men Care model [57] adapted and used by World Vision, which works to change community norms and promote gender equality.**
- + **Use interventions that challenge the societal beliefs and attitudes that drive gender inequality and violence against children in the home.**





# 5 Social factors impede efforts to end violence in the home



As introduced previously, the harmful attitudes and beliefs of caregivers that drive violence against children in the home are situated within a broad societal framework, where cultural norms or traditions form, enable and encourage (or obstruct) individual behaviour [8]. One such element is the culture of silence – a reluctance to speak out against the issue amongst perpetrators, victims and community members [8].

Violence against children in the home occurs in what many societies consider a 'private sphere', which includes only members of the immediate household, positioning it as a family issue, outside the jurisdiction of the community at large [9, 30]. This belief that 'what happens in the family, stays in the family' leads to a reluctance amongst neighbours, friends or colleagues to intervene in known cases of violence against children in the home [54]. Evidence from a Cambodian study suggests that unless violence within the family creates a public commotion, it will remain a household issue; outsiders should not become involved unless the peace is disturbed [54]. Unfortunately, this sentiment results in underreporting. One study in Preah Vihear, Cambodia, revealed that only 26.8% of adults who were aware of cases of child abuse during the past year chose to report it. Hesitation amongst the community to report or intervene in known cases of child maltreatment may not directly perpetrate violence against children in the home, but it does enable it to persist [54].

Negative social responses directed towards victims of violence is also a factor that enables the continuation of abuse [32]. In many settings, family members, the community and the authorities often blame children for the violent acts perpetrated against them [26]. This negative response, commonly referred to as 'victim blaming', is a disincentive for boys and girls to report. This situation is evident in Cambodia, where 56.8% of females and 52.7% of males who experienced physical violence before 18 did not seek help because they believed the incident was their fault [5]. In addition to victim blaming, a reluctance to bring

shame to their family is also a barrier for victims [23]. Because of the stigma, many victims do not talk about or report their experiences to anyone, to protect themselves from social retribution or to maintain their family's honour [30]. This situation highlights how the importance of 'saving face', coupled with negative opinions and judgement from one's community can be decisive in whether cases of violence against children in the Asia–Pacific region are reported or not [35].

Violence against children in the home is a complex issue that sits precariously between the private sphere of the family and the public domain. Clearly its impact on individuals has wider societal repercussions, and thus the private must become public. For instance, experiencing violence, particularly at an early age, can lead to economic costs estimated as high as 1% of gross domestic product in some countries [6, 7]. To address this issue, interventions need to be broader and encourage greater public participation [34]. One aspect of this approach should involve shifting societal attitudes that enable violence against children in the home to persist, such as the notion that what happens in the family is of no concern to the public [26]. Moreover, interventions such as community-driven awareness raising need to challenge the core beliefs that drive negative social responses directed at victims and fuel underreporting, keeping the issue hidden. Complementing this campaign, governments should be supported in their provision of better social and legal services for victims, such as welfare, police and judiciary. From the evidence presented, no intervention can work in a vacuum; programmes need to work with communities and society at large to eliminate violence in the home.

## Recommendations

- + **Broaden the scope of interventions to encourage greater public participation in the elimination of violence against children in the home and debunk the belief that family issues are of no concern to the public.**
- + **Build resilience of children and youth to encourage reporting of violence in the home.**
- + **Develop informative campaigns on the consequences of violence in the home for society as a whole to encourage community members not to look the other way.**
- + **Create informal community organisations to involve people in a more structured approach that shows them that it is not dangerous to intervene in order to protect children from harm.**
- + **Raise awareness within communities to change mentalities and improve social and legal service responses.**



# Overcoming the stigma of victimhood

Neighbours in their Cambodian town, 16-year-olds Ly\* and Rey's\* families were having dinner together one evening when suddenly Ly ran from the neighbour's yard crying. Her mother said, 'Ly had never acted like this before. It was so strange.'

Asking what happened, Ly responded, 'Mum, I was harassed by Rey. He took off my pants, and he took off his pants too.' Rey's family demanded Ly verify her accusation, and Ly had to repeatedly recount her experience. Another neighbour, active on the CPC, immediately reported the case to the local police.

As Rey and his parents apologised to Ly's family, Ly's mother was hesitant to file a complaint since they were close neighbours. She feared that a complaint would end their relationship and put her daughters in danger of retaliation from Rey and his brothers.

After weeks of consultation and counselling with the CPC, Ly's mother finally filed a complaint and the police questioned Rey, who

pledged that he would not repeat his mistake or harm Ly's family. Despite the assurances from the perpetrator, Ly remained at risk of stigmatisation by the community. The CPC counselled her family on how to emotionally support Ly. A CPC member said, 'With our consultation and support, the children can recover and play as before. Ly has actively participated in children's activities in the village. After this experience, everyone in the village knows how to report child protection violations.'

World Vision's End Violence Against Children (EVAC) programme in East Asia aims to empower community members with the knowledge to prevent and report violence against children and youth and establish child protection mechanisms at the local level. The EVAC team works closely with community CPCs as well as commune councils for children, women and teachers to ensure child abuse cases are legally solved and child survivors recover and remain safe.

\*Name changed to protect confidentiality



# 6 Caregivers and parents shape the way children see the world



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*'I thought that I needed to educate my son in the way my parents used to educate me.'*  
—Mother, Vietnam [18]

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During a child's crucial formative years, the actions of caregivers play a significant role in forming the child's beliefs and attitudes, which they then carry into adulthood [36]. Unfortunately, it is through this sensitive period that harmful social and cultural traditions are passed on from one generation to the next [37]. This vicious cycle is evident in many households across the Asia-Pacific region; many parents who are violent towards their children also experienced corporal punishment in their own childhood [30].

In this way, social norms that support the use of violence are passed down from caregivers to children, forming attitudes and beliefs which are then used to guide their behaviours and evaluate those of others, viewpoints that justify the use of violence in relationships, excuse the actions of perpetrators or blame victims [10]. In many cases, it is during this period that children who witness or experience violence in their home form the belief that aggression, intimidation and violence are acceptable ways to control others [9]. This has been observed in Cambodia, where nearly two in five males and females between the ages of 13 to 17 believe that it is acceptable for a husband to beat his wife under certain circumstances [5]. Once these negative beliefs are absorbed by children, they are translated into harmful behaviours, which they enact with their siblings, peers and eventually their own children [38]. One study in the Philippines, with 921 elementary-age children and 458 secondary school students, revealed that both child-witnessed and child-directed violence is associated with adolescent aggression amongst girls and boys [8].

It is unsurprising then, that children who learn these behaviours go on to mirror them in their adult life. This link between violence experienced in childhood with harmful adult behaviours and intimate partner violence (IPV) is evident in various studies conducted across Asia Pacific [19, 10]. Research with students from Pakistan and Vietnam confirmed this effect; those children who saw their father beat their mother at home were more likely to score low on gender-equality attitude measures than those who did not [36]. A longitudinal study in Cebu, Philippines, observed a similar trend, where witnessing violence between parents as a child was significantly associated with IPV perpetration later in life [39].

On the other hand, witnessing IPV can have a dual effect on children, with studies indicating that it is a risk factor not only for perpetration, but also for victimisation [17]. This is evident in a systematic review of studies conducted across the Asia–Pacific region. Results indicate that children who witness violence between their parents have a twofold risk of experiencing IPV as an adult [25]. Additional research identified a link between a child's observation of IPV in the Philippines and an increased risk of becoming a victim of violence later in life – an up to four times higher likelihood [39]. These studies iterate the crucial role that caregivers have in passing on norms to children. It is imperative to note, however, that not all children who grow up around violence suffer life-long consequences. With proper support, children can be incredibly resilient, overcome adversity and form healthy relationships, despite their upbringing [9].

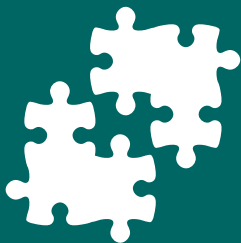
## Recommendations

- + **Equip children and adolescents with the skills needed to be resilient in the face of adversity, as well as alternative attitudes and values that they can identify with, either at school or through other programmes and youth clubs (e.g. mentoring programmes).**
- + **Continue supporting positive parenting and positive discipline training programmes for parents/ caregivers.**





# 7 Lack of coordination and resourcing at all government levels has an impact on children



Asia–Pacific countries have made firm commitments towards ending violence against children. Every UN Member State in the region has ratified the CRC, and ASEAN Member States adopted the ASEAN RPA on EVAC, which serves as a framework to uphold the CRC [14]. At the national level, these commitments have been backed with legislation prohibiting various forms of violence against children, such as Thailand's *Child Protection Act* (2003), Vietnam's *Protection, Care and Education of the Child* (1991 law amended in 2004), and Lao PDR's *National Law on the Protection of the Rights and Interests of the Child* (2007) [35, 29]. However, none of these laws go as far as Mongolia's *Law on Child Protection* (2016), which prohibits

corporal punishment by parents or other adults [40]. Although, many of these countries have also adopted national action plans in a further endeavour to end violence against children. Vietnam, for example, is currently implementing its National Programme on Child Protection (2016–2020), which aims to: create an environment where children's needs and rights are met, prevent child abuse and provide care and protection for all children [12]. Despite these actions, there appear to be disparities in financial and political support for child protection services in many of the countries; they are often poorly resourced, leading to fragmented services at sub-national levels [6].

Lack of coordination is a challenge facing those charged with providing child protection services across the region. This situation is particularly evident in Vietnam, where administrative responsibility for child protection and welfare services is scattered across various governmental departments and organisations [35]. A similar structure is observed across the region. In Cambodia, child protection spans multiple departments within the Ministry of Social Affairs, Veterans and Youth Rehabilitation, and in Thailand, family support and child protection fall under 12 different divisions within the Ministry of Social Development and Human Security [35]. While this structure reflects the complexity of child protection, which must be mainstreamed through an intra-governmental approach, the lack of any department with absolute responsibility and authority or centralised coordination has led to considerable overlap and gaps in delivery, with inconsistencies between what is stated in law versus services provided [12]. In Indonesia, Lao PDR and Mongolia, the government agencies responsible for policy development, coordination and child protection are not responsible for service delivery at the sub-national level [35]. This structure contributes to a disconnect between planned child protection programming and actual services rendered, particularly in more remote areas, a situation that appears to impede efforts to end violence against children, rather than support them [35].

In many Asia–Pacific countries, child protection departments are not allocated the resources they need to implement laws and regulations [35]. In Thailand, for example, the Ministry of Social Development and Human Security received only 0.4% of the national budget, amongst the lowest of any ministry budget line [35]. This can lead to legal standards and policies not being fully implemented at the community level. The impact of insufficient resourcing is illustrated in mapping reports, which found that many child protection programmes across the region lacked regulation and standardised procedures, necessary elements that ensure that minimum service standards are provided [35]. This disconnect is also evident in Mongolia; approximately half of all schools surveyed do not have any child protection policy documents that comply with district policies [13]. Moreover, a lack of financial support and coordination of child protection programmes in the region may lead to insufficient human resources being assigned to a community. In both Cambodia and Thailand, there are not enough social workers at the district and provincial levels to visit and work with families [35]. These circumstances bring into question the quality of child protection services provided to families and their children as many government social workers are unable to implement protocols on such matters [35]. One study in Mongolia found that only 41.5% of cases reported were followed up on by the service provider [13].



In other situations, local officials who lack child protection training and knowledge are tasked with making decisions regarding the care and protection of children living in their districts [35]. Because of this, child protection services are often fragmented and out of line with minimum standards or protocols, resulting in an understandable lack of confidence in victim services [6]. Qualitative regional studies also observed a concerning pattern in the way local police managed domestic violence cases. In some communities, they brought the perpetrator and victim together to resolve the issue instead of formally prosecuting the case or intervening on behalf of the victim [54]. Caregivers in Vietnam mentioned that children are often hesitant to speak with child protection services about their experiences of violence because cases are often heard in the presence of many other people, violating confidentiality that may expose victims to retaliation [12]. These challenges highlight the impact that the lack of coordination between departments and child protection resources have on individuals and communities, despite firm commitments to the CRC, ASEAN RPA on EVAC and various national child protection laws and programmes.

## Recommendations

- + **Develop capacity-building plans or plans of action alongside local government partners to determine where World Vision's input could be helpful (e.g. helpline coordination or funding in Cambodia and Mongolia).**
- + **Ensure a code of conduct is followed for reporting cases of violence so that information shared is confidential and safe and victims do not fear retaliation or further exposure to violence.**
- + **Develop training materials that sensitise police, government officials and child protection service providers that explain the process of handling such cases of violence in accordance with international standards.**
- + **Hold countries accountable for their policy commitments towards child protection budgeting and resources/staff.**

# Looking at an old problem in a new way

The launch of World Vision's *It takes a world* campaign in Mongolia revived an innovative partnership between World Vision Mongolia and the government to reduce corporal punishment and all forms of violence against children. In 2017, they worked together with the National Authority for Children to launch a website and mobile application 'Every Child' that highlight various issues around children's rights and protection, 13 methods of positive discipline as an alternative to violent punishment and guidance on how to address sensitive subjects such as suicide. Containing modules, training resources and information, they are designed with parents, caregivers and children in mind.

With this application and online resource, World Vision Mongolia demonstrated that innovation does not have to involve groundbreaking solutions. It can simply mean looking at an old problem in a new way and engaging existing ideas as solutions. The repurposing of a similar humanitarian and emergency affairs mobile application for children's rights and protection after the UN Development Programme's success was what was pioneering.

It is vital that World Vision continues to follow the solutions and successes of peer organisations and reapply where appropriate, rather than duplicating efforts, in order to ensure their ability to enrich the lives of the children that they serve.







# 8 Service providers have a role in ending violence in the home



Despite its high prevalence across the region, violence against children is often unseen or hidden; many children do not tell anyone or seek help [26, 10]. Evidence suggests that the number of reported child abuse cases is much lower than the prevalence of violence against children in many countries across the region – indicating that barriers exist between children and child protection services. In the Philippines, for example, the disclosure of violence against children in the home is estimated to only be about 10% of actual occurrences [41]. This trend is common in many countries around the world; children often lack awareness of or access to the authorities, thus failing to disclose their experiences of violence in the home, even when they understand that this experience classifies as abuse and not ‘normal’ behaviour [9]. Amongst those children who do report, victims are likely to tell someone they know personally rather than utilising a formal reporting mechanism, such as the police, social services or medical facilities [10]. According to a Cambodian study, 57.8% of females and 67.6% of males

who reported an incident of physical violence told a relative; whereas only 11.4% of females and 18.7% of males reported it to a service provider or authority figure [5]. In the Philippines, just 25.6% of respondents who are aware of child protection services ever use them [8]. This has clear implications for the persistence of violence against children in the home as perpetrators often have a close, dependent relationship with the victim, making it difficult for children, particularly young boys or girls, or those with a disability, to find someone from whom they can seek help.

The ASEAN RPA on EVAC states that all Member States shall act to ensure that children have access to child- and gender-sensitive reporting and complaint mechanisms [1]. Across Asia Pacific, research suggests that a lack of awareness is a barrier; children often do not know where to report abuse. In Mongolia, 90.3% of children said they would report acts of child abuse if they experienced or witnessed it; however, only 42.4% of



this group knew how to contact the correct service to do so [13]. Similarly, in the Philippines' *National Baseline Study on Violence Against Children*, only 25.7% of boys and 33% of girls were aware of child protection services available [41]. In one remote Vietnamese community, only 2% of children identified the CPC – the area's designated child protection mechanism – as an organisation they could contact for help [12]. To address violence against children in the home, then, efforts need to focus on removing barriers – both physical and perceived – to improve children's access to reporting mechanisms.

The ASEAN RPA on EVAC encourages Member States to train service providers, such as educators, health-care staff and law enforcement, to play a more proactive role in child protection, enabling them to prevent, identify and respond to cases of violence against children [1]. Such training is expected to improve access to reporting and support services for children who are victims of violence in the home. Due to their close access to children and their families, health-care staff have an opportunity to detect violence against children that caregivers may try to disguise as accidental injury or other illness [9]. Teachers also have close contact with children, which makes them useful in identifying and responding to children who display symptoms of abuse. Moreover, studies in Vietnam show that children place a great deal of trust on their teacher; this positive relationship highlights teachers' potential to act as an alternative reporting mechanism for victims whose perpetrator is their primary caregiver [12, 41].

Increasing the involvement of service providers in child protection does bring challenges. In Cambodia, for example, studies acknowledged that health-care workers and educators are not well connected to child protection mechanisms, as they are not active participants within the process, other than calling the police when necessary [54]. Reports from the Philippines, show that many teachers do not appreciate or understand children's rights, and they are often perpetrators of violence against children themselves in their use of corporal punishment in the classroom [41]. This emphasises the need to train teachers on the distinction between positive and negative behaviour management approaches, and on the illegality and impacts of violence against children.

A lack of confidence in these 'soft' service providers is another issue that requires addressing if teachers, health-care workers and other civil servants are to take a more central role in child protection systems. In one Cambodian study, only 2.5% of children said they would go to a teacher if they needed help because they did not believe that they were equipped to help children in need [54]. To overcome these challenges, a two-pronged approach is required. Firstly, service providers need to be trained on the importance of child safety, their role in ensuring it and how to identify, report and respond to cases of violence against children [9]. Secondly, children need to be educated on the range of reporting mechanisms available and safe people to inform, such as peers, mentors (e.g. teachers) and social services, including child helplines/hotlines, if the perpetrators are their caregivers or they lack access to police.

## Recommendations

- + **Raise awareness of formal and informal reporting mechanisms like child helplines/hotlines and CPCs so that reporting is easy.**
- + **Train service providers on the importance of child safety, their role in ensuring it and how to identify, report and respond to cases of violence against children.**
- + **Advocate and ensure that ending violence against children is a mandatory part of any service provider's workplans.**
- + **Educate children on the range of reporting mechanisms available and safe people to inform, including teachers, peers, mentors and social services, if perpetrators are their caregivers or they lack access to police.**

# Security through positive counselling

Singh,\* a 6-year-old first-grader, lives with her parents and two sisters in Sadhuwala, India. Teachers noticed that Singh's attendance and school performance were beginning to suffer, and neighbours and community members also reported that Singh's mother was beating her children.

One day, after Singh was badly beaten, suffering several injuries and unable to return to school, the headmaster, an active member of the village's child protection unit, addressed Singh's situation with other members of the village's CPC. They decided to approach World Vision staff who met with Singh's mother.

Initially, she rationalised the incident as child discipline. However, once World Vision explained children's rights, helped her understand that beating a child is a punishable offence, gave her positive parenting methods to utilise instead, and conducted several counselling sessions and home visits, she understood the severity of her past actions, vowing to not repeat her mistake.

\*Name changed to protect confidentiality









# 9 Neglect is violence, too



According to the ASEAN RPA on EVAC and the CRC, neglect or negligent treatment is the failure to meet children's physical and psychological needs, to protect them from danger; or to obtain medical attention, birth registration and other services when the caregivers have the means, knowledge and access to do so [34, 44]. It is a significant contributor to children's death and illness globally, with long-term physical and emotional health consequences as harmful as those seen with other forms of abuse [9, 42]. Estimates indicate that 16.3% of adults worldwide experienced some form of physical neglect before age 18 [6]. This figure is even higher in Asia Pacific, where a meta-analysis revealed that 26% of males and 27% of females suffered neglect during their lifetime [43]. This form of abuse is mentioned in the region's two key child protection frameworks. The CRC stipulates that all Member States should take appropriate action

to protect children from all forms of physical or mental violence, injury or abuse, including neglect or negligent treatment and the ASEAN RPA on EVAC recognises neglect as a form of violence against children [14, 34]. Despite the significance of this issue, a broad understanding of neglect and its drivers is lacking in scientific literature, amongst policymakers and the public. In part, this ambiguity is driven by the difficulty of clearly distinguishing between harm caused to children by wilful neglect and harm resulting from ignorance or a lack of resources, such as parents failing to take their children to a doctor because they cannot afford the fees [9]. To address this form of violence against children, a precise definition of neglect that stipulates the parameters is needed.

Another aspect of neglect, educational negligence, is the failure to provide the care and supervision that children need to secure an education [42]. It must be noted, however, that not all parents who fail to meet these needs are negligent. In most countries across the region, parents living in poverty often find it impossible to provide satisfactory care to their children [30]. In other words, a parent is not negligent if they do not have the means to provide for their child; a parent is neglectful if they have the resources to care for their child but fail to do so [37]. Potential cases of neglect must be assessed contextually, taking into consideration the resources available to the parent or caregiver, including any social, cultural or environmental barriers they may face [13]. Therefore, any discourse, research and action aimed at addressing neglect must be framed within the internationally recognised definitions provided in the ASEAN RPA on EVAC and the CRC.



Migrant work may be considered a driver of negligence. A common feature of migrant work is the formation of a transnational family, where children are geographically separated from one or both parents for an extended period [45]. In Thailand, approximately 20% of children under 17 (around 3 million children) live alone although both parents are still alive, and 14.3% live with only their mother, even though their biological father is alive – a situation that can be attributed to the large volume of workers from remote areas in the north who migrate to Thailand's more economically robust south [46, 47]. This situation is also common in Sri Lanka, which has a population of 1.8 million migrant workers, many of whom are young mothers and fathers [48]. In families where both parents are migrant workers, other family members will usually step in to fill the position of primary caregiver, providing for the children and maintaining the family unit in the parents' absence [8, 49].

However, the rise in teen births, despite an overall drop in the birth rates, may also contribute to the high rates of neglect, particularly as many young mothers leave their children to be raised by extended family members so they can relocate in search of work, aspirations of improved living standards or dissatisfaction with rural life [53].

A link between migration and neglect is seen in the Philippines, where one study found that children with both parents present in the home were less socially dissatisfied compared to children whose parents were absent [50]. Another study concluded that children of migrant fathers in Thailand and Indonesia were more likely to have poorer psychological well-being than

children from non-migrant households [45]. Moreover, a Sri Lankan study revealed that a child with an absentee mother was twice as likely to experience mental health problems than children whose mothers lived with them [49]. It must be noted, however, that while these studies show a correlation between migrant work and poorer mental health for children left behind, research in this area should not be considered conclusive as there is somewhat conflicting evidence on the long-term impact of migrant work versus its benefits from remittances [46].

To address this issue, policies and interventions need to ensure that children receive appropriate care from whomever assumes the caregiver role, whether it be one parent, extended family, foster care or a community alternative [34]. This approach does not discourage migrant work, an important source of income for families in the region; instead, it ensures the children's welfare is maintained considering the parents' dynamic working arrangements.

## Recommendations

- + **Increase research into the prevalence and drivers of neglect.**
- + **Raise awareness around neglect, its definition, effects, etc.**
- + **Ensure that services to support parents and caregivers are in place to provide adequate care for their children.**
- + **Advocate for laws, policies and interventions (e.g. Thailand's Child Protection Act (2003) which states that neglect is, 'deliberately, intentionally or neglectfully withholding things that are necessary for sustaining the life or health of a child under guardianship, to the extent which would be likely to cause physical or mental harm to the child') that ensure that children receive appropriate care from whomever assumes the role of caregiver and caregivers understand the parameters of neglect [35].**
- + **Improve sex education to reduce youth pregnancy rates (e.g. Thailand has one of the highest teen pregnancy rates in the region, which is driven by the shame attached to the use of contraceptives).**

# Mali's story

Despite the cold, Mali\*, a 13-year-old girl from Loei, Thailand, squatted barefoot on the ash-covered floor of her small shack to light a fire to help her aunt, her caregiver since she was little, cook a meal of sticky rice. While other children her age stay warm under blankets watching TV, playing games, reading books or playing music, Mali struggles to survive.

Mali's battle for survival results from neglect. Her mother deserted her at 3 months old and her father left to build a new family in another province when she was just 5. Mali was then taken in by her aunt, who is forced to work in hard labour jobs, such as construction work and sugar cane harvesting, to provide for her own children and Mali.

Her aunt can see differences in Mali from other children her age. She worries for her because she is quite small and has short term memory problems as a result of early neglect. Because of her situation, she knows she is unable to support Mali beyond primary school and is concerned for her future.

World Vision's sponsorship programme fills some of these gaps. They re-stocked Mali's school library with up-to-date,

child-appropriate literature, encouraging children to be excited about reading and improve their literacy. World Vision also provided lessons on literacy and arranged for the area school teachers to learn contemporary literacy teaching techniques, which have subsequently been adopted by local administrators and mainstreamed across all classes.

They have implemented a breakfast feeding programme in Mali's community too. This eased the financial burden on Mali's aunt, while also ensuring child participants learn proper nutritional habits and improve their health. Furthermore, the organisation worked to stimulate the local economy in Mali's community by promoting agriculture/micro-farming, including vegetable growing and chicken, frog and fish raising, to develop occupational knowledge for community members, including Mali's family.

Moreover, World Vision built a communal agricultural water-conveyor system in Mali's community that has resulted in more yields for farmers. While Mali's aunt does not own farmland, she is able to secure a small income by working for landowners, allowing her to remain close to home and provide the kind of stable support that Mali needs.

\*Name changed to protect confidentiality







# 10 Faith communities have a role to play in ending violence



Faith communities – religious actors, networks and institutions of all denominations and traditions – have been amongst the most committed advocates for children and families in need across the world [51]. In all settings, World Vision encourages policymakers and practitioners to engage these religious communities in efforts to end violence against children [37]. World Vision's holistic approach to strengthening child protection systems is captured in their global campaign, *It takes a world to end violence against children*, which fully embraces

faith communities as integral to the protection of children [52]. Despite differences in belief systems and theologies, religious communities are unified under their shared value for children's welfare, the importance of the family unit to society and universal human rights.

The CRC reflects the deeply entrenched values of all major world religions, upholding the dignity of every child, with family playing a central role in promoting children's well-being and building resilient communities [51]. These core values are also

expressed and closely related to the Universal Declaration of Human Rights [52]. They form a common ground where diverse faith communities can join to promote the rights of all children [52]. This collective approach – where religious actors play an active role in child protection, unified by shared values – aims to leverage the unique qualities that faith communities have that set them apart from other institutions in the not-for-profit or private sectors.

Globally, an estimated 5 billion people belong to faith communities, making them one of the largest civil organisations in the world [52]. Through a myriad of worship places, these institutions have vast networks at the local, regional and global levels [52]. These systems and their community focus give them access to some of the most overlooked and disadvantaged people in the world, those which other civil society organisations or government agencies are sometimes unable to reach [51]. Moreover, because faith communities are often multi-generational, they can bring families together and create opportunities for all members to participate in child protection [51]. This inclusive, participatory approach may be useful in fostering dialogue within and between families, helping break down the harmful beliefs and attitudes that drive violence against children in the home, such as the notion that corporal punishment is necessary for children to grow up strong and outsiders should not intervene on issues within the home.

World Vision and Plan International adopted this approach in Pakistan, where CPCs were established with Muslim and secular organisations to help raise awareness on child protection issues and provide support to families [52]. In Cambodia, World Vision worked with a group of Buddhist monks to adapt their Channels of Hope for Child Protection curriculum, which is designed to change the social norms of household decision makers [15]. These approaches highlight the influential and catalysing role that faith communities and religious leaders have in society.

Religious leaders have a crucial role to play in child protection systems because they hold an elevated level of moral authority, which enables them to foster dialogue on child protection issues, cultivate thinking and set priorities for members of their congregations [52]. In some settings, this reach extends to the upper echelons of government, making them persuasive advocates for policy change at the national level [52]. Moreover, their in-depth knowledge of and authority on religious texts puts faith leaders in a position to interpret child protection and human rights principles in a language that is meaningful and contextually appropriate for their communities and encourages citizens to engage on these topics [51]. Their moral authority also puts faith leaders in a position to challenge harmful beliefs and practices within their communities that may be grounded in misinterpretations of religious texts or rituals [51].

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*‘The church leader came to visit our family. He would talk to my husband [who would] listen from time to time. Then [my husband] began to attend church and pray to God. This year, he stopped drinking. I am very happy to see him change.’ —Srey Lay Hour, a 46-year-old mother from Cambodia*

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In many countries, some values and attitudes are assumed to be rooted in religious teachings, when they are in fact established by social norms and traditions. Faith leaders are, therefore, in an authoritative position to distinguish between these two facets and encourage discourse on sensitive topics, such as gender norms and power relations in the home [51].

Efforts to end violence against children in the home need to include participants from a broad cross-section of society. Not only can faith communities galvanise support for child protection within their congregations and between different religious groups, but leaders are also in a position of authority to challenge and dispel harmful social norms that use religion to justify, ignore or condone violence against children, even within their institutions [51, 52]. For these reasons, faith communities should play an active and central role in efforts to end violence against children in homes across Asia Pacific and elsewhere.

## Recommendations

- + **Design spaces for dialogue between faith communities to foster mutual understanding on how to end violence against children.**
- + **Create opportunities for faith leaders to take joint action to address violence against children in their communities.**

# World Vision and Buddhist faith leaders join forces to protect children

Violence against children in the home remains an issue, and everyone must do their part to tackle it. In Cambodia, World Vision works in primarily Buddhist communities, so it is critical for the organisation to work alongside monks as they share the same concerns for children's protection and together can make a bigger impact.

Channels of Hope for Child Protection, a cross-faith working group, was formed to discuss ideas and explore ways to create an environment in which children are safe and can realise their full potential.

Supported by the Cambodian Ministry of Cults and Religion, World Vision's Child Protection and Faith & Development teams conducted a workshop with 32 Buddhist monks, from two denominations and various universities, to implement this model.

They learned about key child protection concepts and themes and linked them to Buddhist teachings and principles, contextualising materials to suit local needs and enabling the faith leaders to utilise them to engage their followers.

The monks actively debated and discussed how their faith communities could tackle violence against children. At the end of the workshop, 12 monks volunteered to engage in a technical working group with World Vision. The working group has shared numerous thoughts and ideas, especially on common Buddhist and Christian values and principles, such as upholding, restoring and honouring the dignity and value of every human being. They meet regularly to devise appropriate activities and learning points for Buddhist communities to teach and are also in the process of finalising a local manual in the Khmer language for easy use and access.

Venerable Vey Sovanna from Bottum Pagoda expressed his enthusiasm for World Vision's child protection efforts, 'I am quite interested and willing to work on this contextualisation process with the team. While we are of a different religion, we can work together to find a simple and effective way for members of both faiths to engage and protect all children from violence.'

'We have made headway with Buddhist faith leaders, and it is very encouraging to see them fully engaged and even offering to be trained as future facilitators. They will remain long after World Vision leaves the communities, so the opportunity is now. We have to open more doors, so they can reach out to their own faith communities and catalyse change,' Aimyleen Gabriel, Technical Manager for Child Protection at World Vision observed.

The working group's vision is ultimately to reduce violence against children through a broader engagement and mobilisation of faith leaders, particularly Buddhist and Christian. They aim to sensitise faith communities on child protection issues and care of children, guiding them towards a positive change in social norms. They do so in the hope that this will contribute to a wider, deeper participation of faith communities, so they become safer, and vulnerable children have more access to support networks. Ideally, this mobilisation would encourage faith leaders to engage in influencing policy changes for improved services and capacities to respond to the needs of at-risk children.





# Hope for a world without violence against children

World Vision is dedicated to ensuring a violence-free society for all children around the world. By highlighting relevant research and providing comprehensive recommendations for next steps in this publication, World Vision hopes that you too are better positioned to advocate for an end to violence against children. Each case study presented is further evidence that there are solutions available to ensure a world without violence against children is possible. The hope is that the learnings and recommendations presented here can be used by various actors to inform and influence their approaches to ending violence against children in Asia Pacific – creating communities, societies and a world where all children can live free from the fear of violence, especially in their own homes.

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**It takes a world**  
to end violence against children

## World Vision International Offices

Executive Office  
1 Roundwood Avenue  
Stockley Park  
Uxbridge, Middlesex  
UB11 1FG  
United Kingdom

World Vision Brussels and  
EU Representation Office  
18 Square de Meeûs  
1st floor; Box 2  
B-1050 Brussels  
Belgium

WVI Geneva and  
UN Liaison Office  
7-9 Chemin de Balexert  
Case Postale 545  
CH-1219 Châteline  
Switzerland

WVI New York and  
UN Liaison Office  
919 2nd Avenue,  
2nd Floor  
New York, NY 10017  
USA

WVI East Asia Regional Office  
809 Soi Suphanimit, Pracha Uthit Road  
Samsen Nok, Huai Khwang  
Bangkok 10310 Thailand  
+66.2.0229002  
[www.wvi.org/asiapacific](http://www.wvi.org/asiapacific)

World Vision is a Christian relief, development and advocacy organisation dedicated to working with children, families and communities to overcome poverty and injustice. Inspired by our Christian values, we are dedicated to working with the world's most vulnerable people. We serve all people regardless of religion, race, ethnicity or gender.