



PRIORITY RESPONSES

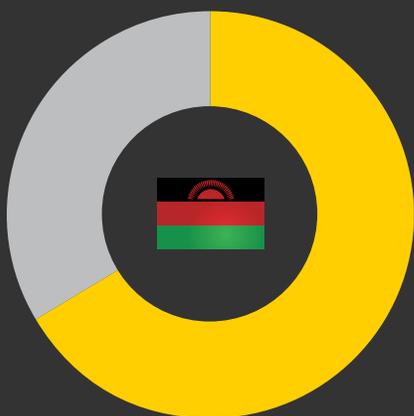
VIOLENCE AGAINST CHILDREN AND
YOUNG WOMEN IN MALAWI SURVEY
(VACS)



INTRODUCTION

FACTS FROM VACS

Evidence from the Violence Against Children and Young Women in Malawi Survey (VACS) paints a sobering picture of childhood in Malawi, suggesting that violence has become a social norm in Malawian communities.



2 OUT OF 3 MALAWIANS

experience violence in their childhoods

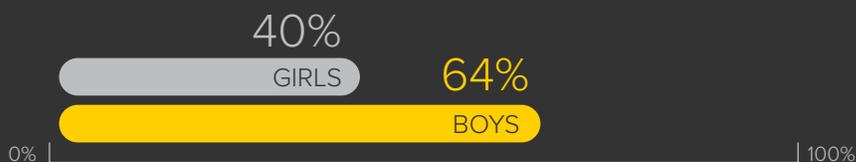


1 IN 5 GIRLS WERE SEXUALLY ABUSED
BEFORE THE AGE OF 18



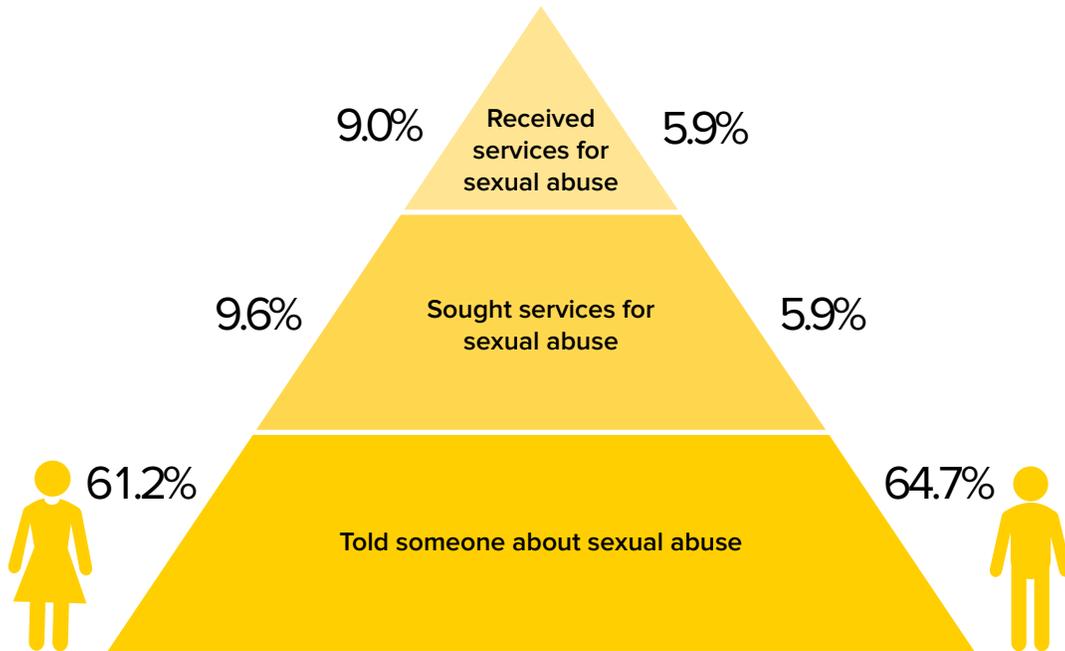
1 in 7 BOYS WERE SEXUALLY ABUSED
BEFORE THE AGE OF 18

If a child experiences abuse once, he or she is likely to suffer repeated instances throughout childhood



PERCENTAGE OF CHILDREN WHO **SUFFERED PHYSICAL ABUSE DURING THEIR CHILDHOOD**

In the case of sexual violence, more than 60% of victims told someone about the maltreatment but less than 10% ever received services. Service uptake was similarly meager for physical violence with between half to two-thirds of children telling someone about the abuse but less than 1 in 10 receiving services. The child's most common explanation for not pursuing services was that they did not view the violence as a problem, establishing that changing social norms must be prioritized.



Violence against children is not only problematic because of the devastating hardships so many young Malawians are suffering but also due to the destructive long-term behavioral and health outcomes associated with VAC. Indeed, young adults who suffered childhood abuse were more likely to experience myriad negative outcomes. This includes higher rates of mental distress, greater prevalence of smoking and alcohol abuse, more frequent procurement of STIs and higher rates of self-harming behaviors. Moreover, men who experienced violence as children were more likely to mature into abusers in adulthood; nearly half of the 18-24 year old males who experienced childhood physical violence reported they had in turn resorted to violence against a partner. This confirms the intergenerational cyclical nature of VAC and reinforces the long-term costs of such violence.

These consequences further extend into the purely economic realm. In other developing countries, UNICEF has quantified the debilitating costs of violence against children by estimating that it can inhibit GDP growth by more than 2%. This highlights that eliminating VAC is not only a moral imperative but also an economic one.

INTERVENTION FRAMEWORK



A proactive and integrated approach is necessary to treat this epidemic of violence. Simply strengthening treatment and aftercare is not enough; prevention and referral systems must be emphasized as well. For this reason, utilizing a structured intervention framework (pictured left), consistent with a public health approach that is oriented to first stopping violence before it ever occurs is vital. Prevention efforts provide the first line of defense against VAC.

Meanwhile an effective early response and referral mechanism limits the harmful effects when violence does occur. Finally, competent treatment and aftercare must also be readily available for victims of serious and persistent abuse to maximize the potential for effective rehabilitation and completion of a safe and nurturing childhood. This intervention framework provides a continuum of care that holistically addresses child, family and community needs.

PREVENTION STRATEGIES

THE GREEN ZONE

The green zone of prevention relies on strong protective environments at home, in school, in a child's neighborhood and in the community as a whole. VACS data suggests substantial steps to improve prevention efforts are necessary at every level. At the family level, nearly one in three children are physically abused by an adult family member. Furthermore, at the school level, evidence from VACS shows that peers are frequent perpetrators of physical violence.

Prevention efforts must also be made to strengthen protective environments at the neighborhood and communal levels and to change the social norms that contribute to the proliferation of violence. Evidence from VACS indicates specific interventions targeted at social norms regarding gender and masculinity and the acceptability of violence could be particularly potent. One in three perpetrators of sexual violence against girls is a romantic partner. Complicating matters, social norms encourage women to remain in these abusive relationships. Two in five 18-24 year old women believe there are circumstances that justify a husband beating his wife, while two in five young adults feel that a woman should tolerate violence to keep her family together.

Beyond gender-based inequities, VACS presents a picture of a society fraught with violence. Illustrating the importance of promoting safe neighborhoods, about one-third of all sexual violence against children occurs in a public, communal setting.

Green zone intervention responses include the promotion of protective environments, the changing of social norms to promote children's rights and the proliferation of personal protection strategies so children are more prepared to recognize and react to violent situations.

1. Protective Environments

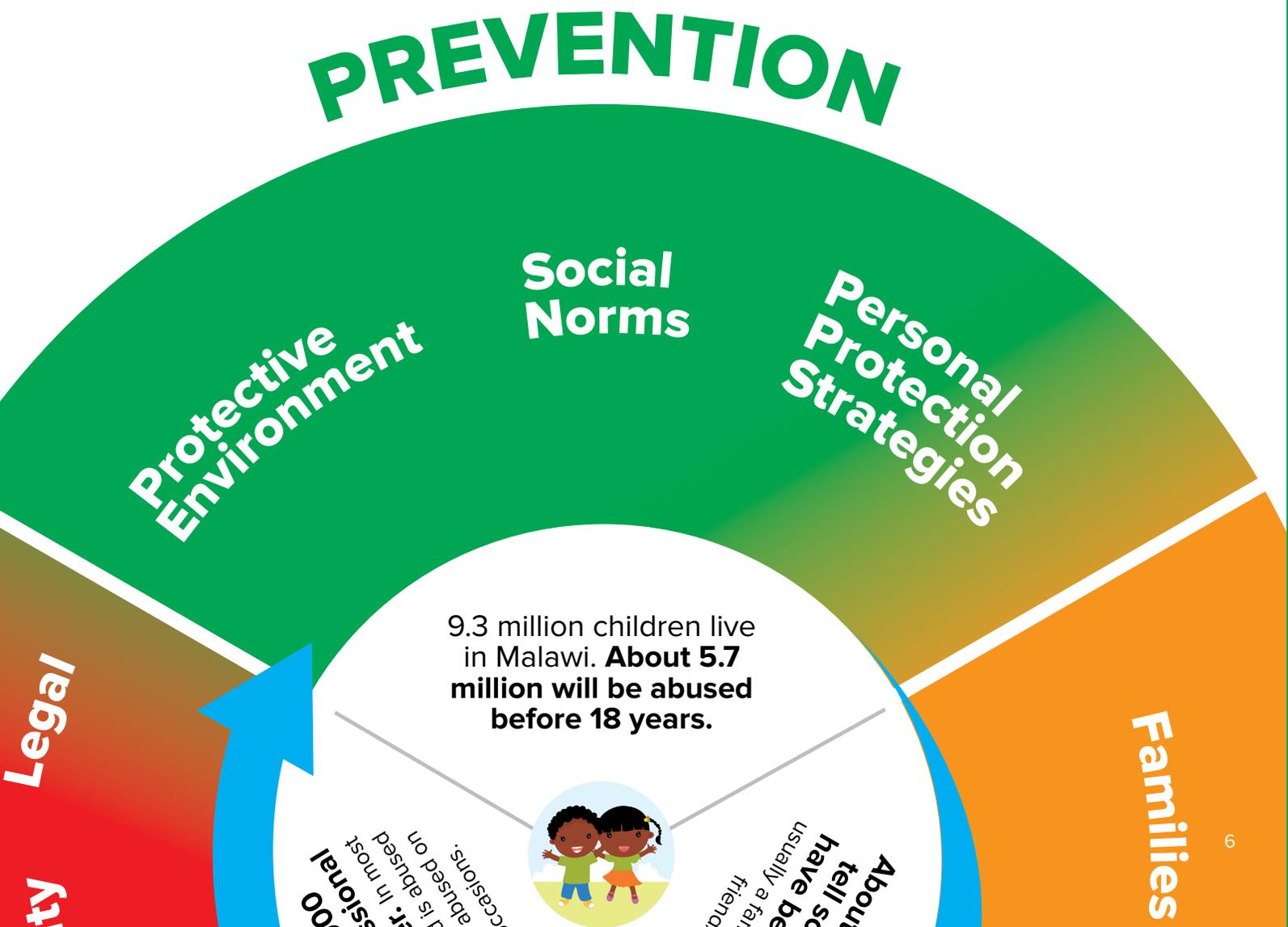
- Effective legislation and policies, including by-laws, for the protection of children at a national, district, community and family level.
- Child protection mainstreamed in town/village planning to ensure adult venues, such as bars, are not located in the vicinity of child learning or recreational spaces.
- Creation of community child protection structures, such as a neighborhood watch programs, safe houses, child protection committees and children's corners.
- Safe passageways so that children may walk to and from school without fear.
- Constructing water points and latrines in safe locations.
- Ensuring public lighting.
- Limitations on consumption of alcohol in public.

2. Social Norms that Promote Child Rights

- Men and boys programming promoting non-aggressive behavior, safe fathering and gender equality.
- Women and girls programming encouraging empowerment, leadership, participation and gender equality.
- Policies eradicating harmful traditional practices such as early marriage.
- Parental skills education oriented to positive discipline and nurturing parenting.
- Positive disciplinary skills training for educators to eliminate corporal punishment.
- Engagement of community leaders in developing a climate of nonviolence.

3. Personal Protection Strategies

- Life skills education for children and youths, including assertiveness, violence avoidance and self-defense training.
- Sexual and reproductive health education for girls and boys.



EARLY RESPONSE AND REFERRAL STRATEGIES

THE ORANGE ZONE

Even armed with a vigorous prevention system, unfortunately some children will still suffer abuse. The orange zone focuses on strengthening both informal sources of support as well as formal service providers to ensure that violence against children is identified and managed at the earliest possible stage. Early response and referral strategies also emphasize building awareness of violence against children and disseminating information about how to respond.

Evidence from VACS indicates that the majority of children tell someone when they are abused but that typically less than one in ten children ever receive services. Moreover, when children actually do seek out services, they typically receive them. For example, 11% of female victims of physical violence sought services and 10% received them. However, only between one in four and one in five children knew of a place to seek help.

Orange zone early response and referral strategies include educating families, peers and community authority figures, particularly school staff, about the signs, symptoms and effective responses to abuse. Service seeking behavior should be promoted in these potential early reporters of violence. Also of utmost importance in the orange zone is the continued development of the free national hotline, Childline. Recommended strategic initiatives include:

1. Families

- Teaching parents and other family members about the signs, symptoms and effective responses to abuse, and promotion of help and service seeking behavior.
- Providing assertiveness training for parents that may be used in addressing how to talk to teachers and other authority figures that they suspect are abusing their child.

2. Peers/Friends

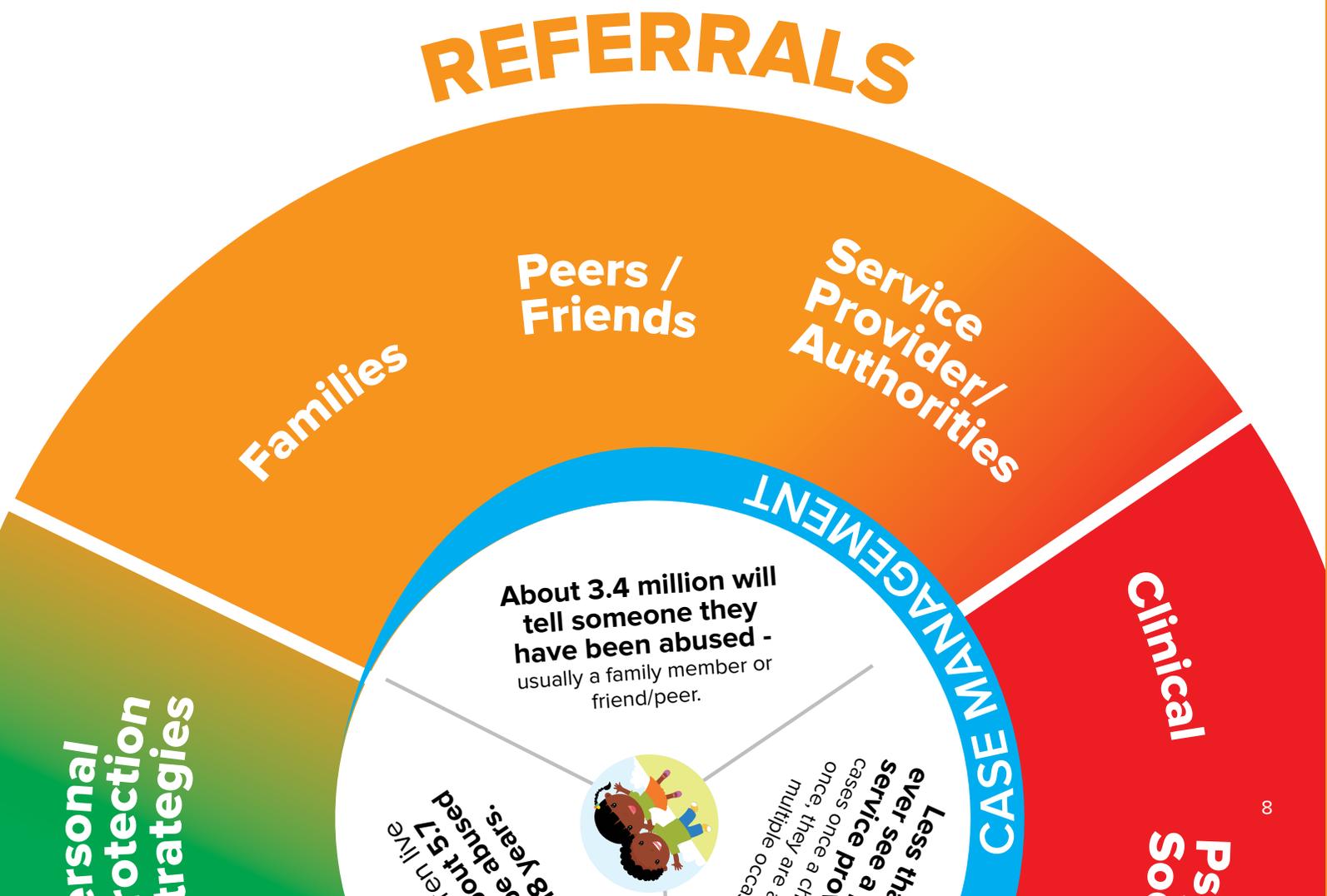
- Identifying youth leaders in schools and educating them about the signs, symptoms and effective responses to abuse.
- Developing clubs that provide youth a place to be safe, share their experiences and engage in pro-social activities to prevent violence in the community.
- Providing peer counseling training and encouraging help seeking through peer networks in order to de-stigmatize self-protection behaviors such as formally asking for help.

3. Community Service Providers/Authority Figures - especially schools

- Identifying formal and informal community leaders and educating them about the signs, symptoms and effective responses to abuse.
- Developing policies that support community leaders and authority figures to engage effectively as first responders.
- Providing teacher training in guidance and counseling skills.
- Workforce development to support social service providers working in the community with an emphasis on case management skills.

4. Childline

- Providing an innovative and free telephone response system that allows children and adults to seek help and information.
- Offering crisis counseling in acute circumstances and brief educational services to promote prevention and linkage into community initiatives.
- Referring children, parents, kin, teachers, administrators and other authority figures to resources available to them in various forms, including intensive support and rescue especially when there is a crisis situation.



TREATMENT AND AFTERCARE

THE RED ZONE

For the children that suffer persistent and severe abuse in spite of rigorous prevention and early identification efforts, back-end treatment and aftercare services are necessary. A skeletal framework exists in Malawi for the successful provision of these services but solidification is crucial. Police Victim Support Units, Community Victim Support Units, Child Justice Courts and Community Child Protection Committees all provide valuable services and currently function at varying levels of efficiency.

Additionally, One Stop Centers (OSC) are an essential red zone resource. OSCs are located in district hospitals and health centers and provide comprehensive on-site service delivery. These ensure that a child's right to clinical care, psychological support, social services, justice and security are respected in one confidential and child-friendly environment. Seventeen OSCs currently exist at different stages of development in Malawi. OSCs are based on four pillars of care:

- Clinical services, where medical professionals focus on evaluation, treatment and mental health screening.
- Psycho-social services, where social welfare professionals focus on assessment, case planning and case management.
- Policing, where law enforcement professionals focus on investigation, referrals and safety planning support.
- Legal services, where professionals in the court system focus on collaboration with police and social welfare, further develop safety plans and prosecute cases.

CASE MANAGEMENT

THE CRUCIAL ROLE OF THE SOCIAL WORKER

A critical function that cuts across prevention, referral and response strategies is that of the social worker. Whether they work within the government or in the non-government system, social workers and/or child protection workers play a vital role:

- They identify vulnerable children and initiate early interventions to minimize ongoing harm or completely prevent future harm.
- They refer children to comprehensive and quality response services.
- They rehabilitate child survivors of violence back into nurturing homes so they may continue their childhoods in safe and loving environments.

Social workers play an indispensable role in ensuring the child protection system works in a coordinated and collaborative manner. They often serve as the voice of those children who are living in unsafe or abusive households, or on the street. The case management role played by these individuals is a critical and often unseen and under-resourced function within effective child protection systems. Essentially, social workers and child protection workers are the foundation of the entire child protection system. They are there to support children through the continuum of care required to guarantee that children, to the extent possible, experience a safe and loving childhood.



RECOMMENDED PRIORITY RESPONSES FOR DIFFERENT DUTY-BEARERS

Malawi's National Plan of Action for Vulnerable Children promoted the development of an operational National Child Protection System as its primary goal. VACS was conducted within this context, the first national survey detailing children's experience of violence in Malawi. A Multi-Sectoral Taskforce was created with the knowledge that ensuring the well-being of children is a multidimensional and cross-sectoral challenge and there are numerous duty-bearers who will have to act to end VAC. The overall response will be guided by a multi-sectoral VAC response plan that is costed and includes a monitoring and evaluation framework. This plan will incorporate and strengthen existing strategies, policies and legal instruments. **The key priority responses for various duty-bearers described below provide a launching pad and must be energetically pursued.**



MINISTRY OF GENDER, CHILDREN, DISABILITY AND SOCIAL WELFARE

PREVENTION APPROACHES

Awareness - widely disseminate VACS findings and response plan (including existing laws and policies), specifically targeting harmful social norms.

Parenting - development of parental training and home visitation programs promoting safe, stabling and nurturing relationships (SSNRs), and prioritizing early childhood development.

Positive discipline - promotion of programs replacing corporal punishment.

Gender equality - through empowerment and self-defense programming for girls and reconstructing masculinity and attitudes regarding aggressive behavior for boys.

Training and outreach - adaptation of CP training initiatives integrating community building and violence prevention strategies, including a strong orientation to outreach and support of natural community resources.

Economic empowerment - as poverty is often an underlying cause of VAC.

EARLY RESPONSE AND REFERRAL STRATEGIES

National Child Helpline - enhance and scale up, with functional services.

Household vulnerability mapping - ensuring vulnerable households are identified, supported and monitored to ensure parents and children can access services at the earliest opportunity.

Victim care - victim identification, care and support programs should be developed to counter the stigmatization of VAC victims.

IEC materials - detailing available services for VAC victims.

TREATMENT AND AFTERCARE

Case management - formation of a national case management system emphasizing quality service provision, immediate crisis response, referral services and the rehabilitation and reintegration of VAC survivors.

One Stop Centers - further development of OSCs, a core treatment and aftercare resource.

Community structures - manage and deliver community victim services through Community Victim Support Units, Community Child Protection Committees and facilitation of peer support clubs for survivors of abuse.

Workforce - a full recruitment of child protection workers, filling the existing HR gap and strengthening the capacity of community CP workers and supervisors.

Training - implementation of a robust training element for CP and child welfare officers.

Common standards - development of common standards for crisis and treatment response and of common national guidelines for provision of care.

Coordination - creation of plans to heighten coordination efforts between child protection and other relevant stakeholders such as police, education, health and justice.

Convening powers - the MoGCDSW should use its convening power to bring together district level CP service providers to resolve emergency CP issues, such as street children, repeat child offenders and facilitating 24-hour accessible emergency referral pathways.



MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY

PREVENTION APPROACHES

Primary and secondary school - interventions should be emphasized, promoting the changing of harmful social norms surrounding issues such as violence and gender equality.

Social skills, assertiveness and leadership - implementation of pre or after school programs concentrating on the development of leadership, assertiveness and pro-social skills in children that will help them manage anger and conflict in relationships.

Girls and boys empowerment - programs focusing on girls' empowerment and self-defense and the reshaping of masculinity for boys.

Positive discipline - development of positive discipline programs in schools for use by teachers, as well as supervision of teachers' application of it.

Parental engagement - strengthened school based structures, such as PTAs, mother groups and parent support groups.

Participation - promotion of active child and youth participation through youth clubs.

EARLY RESPONSE AND REFERRAL STRATEGIES

School referrals - early identification and reporting programs implemented within schools.

Guidance and counseling - training of school counselors so they can provide a child friendly primary complaint, early reporting and referral mechanism.

TREATMENT AND AFTERCARE

Coordination - heightened coordination efforts between education and other relevant stakeholders such as social welfare, health and police.

Reintegration - developing programs that create a conducive environment for the return to school of survivors of VAC.



MINISTRY OF HEALTH

PREVENTION APPROACHES

Awareness - raising awareness of available services and the substantial health costs of VAC.

Mental health - services for potential perpetrators are essential for reducing VAC.

EARLY RESPONSE AND REFERRAL STRATEGIES

Reporting and referral - health providers should be trained to recognize victims of abuse and a referral system should be developed and promoted.

TREATMENT AND AFTERCARE

Emergency health services - should be provided free of charge for children in need.

Mental health - services for victims of VAC and their families.

OSCs - are a crucial treatment and aftercare resource.



LAW ENFORCEMENT

PREVENTION APPROACHES

Accountability – must be heightened for perpetrators of VAC in order to deter potential offenders. The successful prosecution of a VAC offender is a preventative measure in its own right.

Enforcement of existing laws – such as alcohol restrictions, labour laws, trafficking laws and other child protection related laws.

Community policing activities – including crime prevention programs, community policing meetings and school visits, regularly scheduled and promoted.

EARLY RESPONSE AND REFERRAL STRATEGIES

Referrals of families in crisis – if a father is arrested, he likely has children at home that will now be in crisis. Or if one child presents with abuse, the entire family should be referred to social welfare, as there will typically be more children at the home in need of support.

TREATMENT AND AFTERCARE

Emergency Response – must facilitate immediate coordination with other sectors, such as social welfare, education and health, when police serve as the emergency responders.

Detention, arrest and ensuring safety of child survivors – ensuring child survivors are safe through detaining suspected perpetrators and following due process in investigative procedures.

Police Victim Support Units – at every office, staffed with trained personnel to handle CP issues.



JUDICIARY

PREVENTION APPROACHES

Diversion and restorative justice – for child offenders through such institutions as child justice courts.

Child advocacy programs – always have a dedicated individual looking after a child's rights.

EARLY RESPONSE AND REFERRAL STRATEGIES

Referral – identify and refer families in crisis in contact with the justice system (divorce proceedings, or father arrested, or parent sentenced to a jail term) at the earliest possible stage.

TREATMENT AND AFTERCARE

Coordination – of all relevant stakeholders during the justice process.

Legal aid – every child, victims and offenders, should have access to effective legal representation.

Child justice forum – dual focus of access to justice and provision of legal representation for children in conflict with the law.

Eliminate abuse – once children have been brought into custody.



MINISTRY OF YOUTH, DEVELOPMENT AND SPORTS

PREVENTION APPROACHES

Advocacy and information - raise awareness of the problem of VAC in Malawi, including through youth officers at the district level.

Participation - use child councils to promote child and youth participation and reduce violence in institutions, including violence perpetrated by both adults and peers.

Coordination - create a youth focal point desk at every other ministry.



MINISTRY OF LABOUR

PREVENTION APPROACHES

Compliance - monitoring compliance of employers to child labour restrictions and minimum wage laws.

Gender equality - creation of programs increasing women's access to employment.

Youth unemployment - focus on finding and creating good jobs for youth.

TREATMENT AND AFTERCARE

Rehabilitation - and repatriation of children engaged in child labour.



NATIONAL REGISTRATION BUREAU

PREVENTION APPROACHES

Birth registration - establish a functional system, with strong implementation and monitoring.

Awareness - raised on the importance of birth registration in preventing VAC.



DISTRICT COUNCILS

PREVENTION APPROACHES

By laws - supporting the local enforcement and effective implementation of CP policies, such as the Child Care Protection and Justice Act.

District planning processes - prioritization of child-friendly measures.

Gender equality - at the district and community level.

TREATMENT AND AFTERCARE

Service provision - through crucial resources like OSCs and CVSUs.

Coordination - improved district level interventions.



MEDIA

PREVENTION APPROACHES

Awareness - media campaigns disseminating the VACS findings, regarding both the prevalence of violence and the damage it causes.

Gender equality - broad media campaigns promoting gender equality.

Acceptability of violence - also should be targeted.

EARLY RESPONSE AND REFERRAL STRATEGIES

National Child Helpline - increase knowledge of response and referral options.

TREATMENT AND AFTERCARE

Knowledge of services - the media should promote access to available services.



RESEARCH INSTITUTIONS

PREVENTION APPROACHES

Victim ID - sustainable procedures that allow for the regular creation and analysis of data to measure the on-going frequency of VAC.

Outcome tracking - creation of follow-up processes, allowing the tracking of long-term outcomes for all children and promoting better understanding of the enduring effects of VAC.

TREATMENT AND AFTERCARE

Monitoring and evaluation - feedback on the quality of services provided to survivors of VAC and of the effectiveness of VAC prevention programming to allow for evidence based policy-making.



FAITH-BASED ORGANIZATIONS

PREVENTION APPROACHES

Awareness - regarding the prevalence and costs of VAC.

Group prayer sessions - and other events, to promote VAC awareness.

EARLY RESPONSE AND REFERRAL STRATEGIES

Reporting and referrals - faith leaders should be educated on the signs and symptoms of abuse and made aware of the applicable referral services (such as the Child Helpline).

TREATMENT AND AFTERCARE

Services - provision of aftercare services, such as counseling, to victims of violence.



CIVIL SOCIETY ORGANIZATIONS

PREVENTION APPROACHES

Awareness - civil societies should prioritize raising VAC awareness.

Advocacy - through the use of IEC materials specifically developed to highlight VACS issues related to the organization's purpose.

Youth programs - targeted at promoting gender equality, girls' and boys' empowerment and the reshaping of norms surrounding masculinity and violence.

Participation - promotion of engagement of children and youth.

TREATMENT AND AFTERCARE

Places of safety - provided for victims of VAC.

Service provision - such as identification, counseling and rehabilitation, as CSOs and CBOs can reach areas the government is unable to.



DEVELOPMENT PARTNERS

PREVENTION APPROACHES

Funding - provide financial assistance for the implementation of the VACS response plan.

Technical assistance - in the implementation of VAC programming.

Model districts - promotion of model districts with comprehensive service packages and effective prevention programs.

EARLY RESPONSE AND REFERRAL STRATEGIES

National Child Helpline - provision of technical assistance in its implementation.

TREATMENT AND AFTERCARE

OSCs, CVSUs, PVSUs - ongoing support in the development of these, and other, services.



PRIVATE SECTOR

PREVENTION APPROACHES

Corporate social responsibility - include priority responses as part of social responsibility programs.

Awareness - contribute to the VACS awareness raising campaign.

Prevention - fund programs that prevent VAC.

Laws - follow established laws that reduce VAC, such as those pertaining to alcohol restrictions.

TREATMENT AND AFTERCARE

Rehabilitation - establish programs that help to reintegrate those affected by VAC.



FAMILIES AND COMMUNITIES

PREVENTION APPROACHES

Parenting - parents must be engaged in their children's lives and promote positive discipline. Having discipline is crucially important in a child's life, and establishing discipline without the use of violence is better for children and the community. There needs to be a national discussion about the difference between discipline and abuse.

Gender equality - girls should be empowered and encouraged to pursue their goals outside of the domestic sphere. Boys should be taught resorting to violence is not acceptable.

Substance abuse - frequently causes VAC. Communities must do their part in identifying substance abusers and referring them for appropriate services.

Traditional leaders - should be engaged in the protection of children from violence.

Awareness - most of all, word should be spread about how common VAC has become in Malawi, and how bad its consequences are.

EARLY RESPONSE AND REFERRAL STRATEGIES

Reporting - when you witness or learn of violence against children in your community, you must report it. The nationwide Child Helpline offers free, anonymous support.

TREATMENT AND AFTERCARE

Rehabilitation - of survivors of VAC back into their families and communities, allowing them to continue their childhoods.

#ENDviolence

This document is published by the Government of the Republic of Malawi with assistance from UNICEF Malawi.

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