Ending Violence Against Children During COVID-19 and Beyond: Second Regional Conference to Strengthen Implementation of the INSPIRE Strategies

East Asia and the Pacific
1–5 November 2021
MEETING REPORT

ENDING VIOLENCE AGAINST CHILDREN DURING COVID-19 AND BEYOND: SECOND REGIONAL CONFERENCE TO STRENGTHEN IMPLEMENTATION OF THE INSPIRE STRATEGIES

EAST ASIA AND THE PACIFIC

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WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

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NOTE

The views expressed in this report are those of the participants of the Ending Violence Against Children During Covid-19 And Beyond: Second Regional Conference to Strengthen Implementation of the INSPIRE Strategies and do not necessarily reflect the policies of the conveners.
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**KEYWORDS:** Child abuse – prevention and control / Child health / COVID-19 / Domestic violence / Violence
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<tr>
<td>4Ps</td>
<td>Pantawid Pamilyang Pilipino Program</td>
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<tr>
<td>ALS</td>
<td>Alternative Learning System</td>
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<tr>
<td>ASEAN</td>
<td>Association of Southeast Asian Nations</td>
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<tr>
<td>ASWC</td>
<td>ASEAN Social Work Consortium</td>
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<tr>
<td>COVID-19</td>
<td>coronavirus disease</td>
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<td>CPIMS+</td>
<td>Child Protection Information Management System+</td>
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<tr>
<td>CSO</td>
<td>civil society organization</td>
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<tr>
<td>EVAC</td>
<td>ending violence against children</td>
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<td>FBO</td>
<td>faith-based organization</td>
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<tr>
<td>GBV</td>
<td>gender-based violence</td>
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<td>GBVIMS+</td>
<td>Gender-Based Violence Information Management System+</td>
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<td>GPEVAC</td>
<td>Global Partnership to End Violence Against Children</td>
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<td>INTERPOL</td>
<td>International Criminal Police Organization</td>
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<tr>
<td>LGBTQ+</td>
<td>lesbian, gay, bisexual, transgender and queer</td>
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<td>MaPa</td>
<td>Masayang Pamilya</td>
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<tr>
<td>NGO</td>
<td>nongovernmental organization</td>
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<tr>
<td>OCSEA</td>
<td>online child sexual exploitation and abuse</td>
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<td>PLH</td>
<td>Parenting for Lifelong Health</td>
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<td>SDG</td>
<td>Sustainable Development Goal</td>
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<td>SEAMEO</td>
<td>Southeast Asian Ministers of Education Organization</td>
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<td>SSW</td>
<td>social service workforce</td>
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<td>SSWS</td>
<td>social service workforce strengthening</td>
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<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
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<td>UNICEF</td>
<td>United Nations Children's Fund</td>
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<td>VAC</td>
<td>violence against children</td>
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<td>VAW</td>
<td>violence against women</td>
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<td>World Health Organization</td>
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Executive summary

At least 1 billion children (aged 2–17 years) globally experience some form of violence each year. In the East Asia and Pacific region, physical, sexual and emotional violence, as well as neglect, is a daily reality for most children, causing them to feel unsafe in their own homes and communities.

Without addressing violence against children (VAC), national and global efforts and investments in education, health and early childhood development will be undermined, and we will not achieve the Sustainable Development Goals (SDGs).

There is a growing evidence base on what works to effectively prevent and respond to VAC in all settings, including the seven INSPIRE strategies to end VAC.

In October 2018, multisectoral delegations from the social welfare, health, education and justice sectors of 21 countries in East Asia and the Pacific came together for the First Regional Conference Towards the Implementation of INSPIRE: Seven Strategies for Ending Violence Against Children. The Conference was hosted by the Royal Government of Cambodia, with the support of the United Nations Children’s Fund (UNICEF) and the World Health Organization (WHO), to provide participants the opportunity to learn more about the INSPIRE strategies and to exchange evidence-based and promising practices from unique country contexts.

Three years later, there is even more country, regional and global evidence to share and experiences from which to learn. However, every country in the region has been impacted by the coronavirus disease (COVID-19) pandemic. COVID-19 has heightened the risk of violence for children and young people. Survey data have consistently shown that prevalence of VAC in the home has significantly increased since the start of the pandemic as containment measures were imposed and schools were closed. Over 375 million children in East Asia and the Pacific faced school closures for longer than 30 days. Online learning became a critical component of education and essential to maintaining social connection for many children across the region. However, the increased exposure to digital technology has also led to a rise in online child exploitation and abuse. Furthermore, the pandemic has taken a significant toll on the mental health of children, young people and their caregivers.

As countries ease pandemic control measures, the safety of children is not guaranteed – in fact, it is far from it. The socioeconomic fallout will continue to impact already vulnerable families and exacerbate risks of violence, abuse, harm and exploitation. As shrinking budgets come under the strain of competing priorities for pandemic recovery, cuts in public and donor financing of welfare and protection services are inevitable. Without urgent action, risks and vulnerabilities will increase.

Although countries in East Asia and the Pacific had made progress towards ending VAC prior to the onset of COVID-19, they were not on track to meet SDG target 16.2: End abuse, exploitation, trafficking and all forms of violence against and torture of children. The impact of the pandemic threatens to not only slow, but also reverse, progress made on this SDG target. With over one quarter of the world’s children in this region, failure to tackle VAC will impact whether the world achieves SDG target 16.2 on ending VAC by 2030. We cannot allow this to happen.

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1 The United Nations Children’s Fund East Asia and Pacific region covers Cambodia, China, Indonesia, the Democratic People’s Republic of Korea, the Lao People’s Democratic Republic, Malaysia, Mongolia, Myanmar, Pacific Islands (Cook Islands, Fiji, Kiribati, the Marshall Islands, the Federated States of Micronesia, Niue, Nauru, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu), Papua New Guinea, the Philippines, Thailand, Timor-Leste and Viet Nam.

Over 1700 delegates gathered for the Conference virtually, representing governments (including from the health, social welfare, education and justice sectors), youth groups, the Association of Southeast Asian Nations (ASEAN), the United Nations, nongovernmental organizations (NGOs), international NGOs, faith-based organizations and religious leaders, academic institutions, private sector and development partners, as well as the Special Representative of the Secretary-General on Violence Against Children. The purpose of the Conference was to identify actions needed to ensure effective prevention and response to VAC during the COVID-19 pandemic and recovery, utilizing the strategies outlined in INSPIRE: Seven strategies for ending violence against children.

The INSPIRE package was launched in 2016 by 10 agencies, including WHO and UNICEF. It is an evidence-based resource of seven strategies to help countries and communities intensify their focus on the prevention programmes and services with greatest potential to reduce VAC.

The objectives of the meeting were the following:

- Explore the impact of COVID-19 on preventing and responding to VAC.
- Consider the implications of the latest global, regional and country research and developments on what works in implementing the INSPIRE strategies during COVID-19 and beyond.
- Identify adaptations and innovative solutions to tackle VAC in the face of COVID-19 and the global economic downturn.
- Promote and share good and promising practices on sectoral and multisectoral actions to prevent and respond to VAC with a focus on the health, social welfare and education sectors.
- Promote and share good and promising practices on: ensuring linkages between mental health and VAC in prevention and response; ensuring the well-being and protection of children in the learning recovery agenda; promoting parenting for violence reduction; strengthening generation of data, research and evidence; and effectively addressing the intersections between VAC and violence against women (VAW), and more.

This report contains a summary of the proceedings of the conference sessions with an emphasis on key points, lessons and key takeaways.

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Opening Session:
Why action to end violence against children cannot wait: high-level dialogue

Session co-hosted by the United Nations Special Representative of the Secretary-General on Violence Against Children

The opening session speakers consisted of:

- Dr Takeshi Kasai, Regional Director, World Health Organization (WHO) Regional Office for the Western Pacific
- Mr Marcoluigi Corsi, Regional Director a.i., United Nations Children’s Fund (UNICEF) East Asia and Pacific Regional Office
- Ms Najat Maalla M’jid, United Nations Special Representative of the Secretary-General on Violence Against Children
- Dr Angela Pratt, Director of the Division of Healthy Environments and Populations, WHO Regional Office for the Western Pacific
- Ms Rachel Harvey, Regional Adviser Child Protection, UNICEF East Asia and Pacific Regional Office
- Young person’s panel: Ms Ain Husniza Saiful Nizam (Malaysia), Ms Eula Genrill Dela Cruz (Philippines), Mr Sharman Raj (Singapore), Ms Tran Quynh Giang (Viet Nam)
Kindness Leaders: Ms Pritika Nagaraja (Malaysia), Mr Andre Parafina (Philippines), Ms Nina Wadood (Brunei Darussalam), Ms Yusri (Indonesia)

Dr Howard Taylor, Executive Director, Global Partnership to End Violence Against Children (GPEVAC)

Dato Lim Jock Hoi, Secretary-General, Association of Southeast Asian Nations (ASEAN)

Mr Roland Angerer, Regional Director – Asia, ChildFund International, Joining Forces Alliance

Ms Glenda Relova, Assistant Secretary, Department of Social Welfare and Development, Philippines

Ms Ciput Eka Purwianti, Director of Special Protection for Children from Violence, Ministry of Women’s Empowerment and Child Protection, Indonesia

Mrs Ariunzaya Ayush, Minister for Labour and Social Protection, Mongolia

Mr Toch Channy, Director General for Technical Directorate, Ministry of Social Affairs, Veterans and Youth Rehabilitation, Cambodia

Mr Jerry Ubase, Secretary, Department for Community Development, Youth and Religion, Papua New Guinea

In 2018, the Royal Government of Cambodia hosted the First Regional Conference Towards the Implementation of INSPIRE: Seven Strategies for Ending Violence Against Children, supported by WHO and UNICEF. For the first time, the Conference brought together delegations from 20 countries to support the implementation of these seven strategies. Since then, there have been significant achievements towards ending violence against children (EVAC) across the East Asia and Pacific region. But then, the world changed. COVID-19 heightened risks for children and young people. Survey data have consistently shown that prevalence of VAC in the home has significantly increased since the start of the COVID-19 pandemic as containment measures were imposed and schools were closed. In response, in 2021, WHO and UNICEF organized Ending Violence Against Children During COVID-19 and Beyond: Second Regional Conference to Strengthen Implementation of the INSPIRE Strategies, to place EVAC at the centre of the COVID-19 recovery agenda.

Key outcomes from the session:

1. Girls and boys have the right to be protected from all forms of violence in all settings.
2. EVAC cannot wait. It must be central to the COVID-19 recovery agenda. Violence has devastating health, social and economic consequences that can span generations. Violence undermines investments in other sectors, impacting the COVID-19 recovery.
3. VAC is preventable. We are equipped with the INSPIRE strategies for evidence-based action.
4. To end VAC, we must act now, and we must work together. Ending violence requires urgent action, political will (at the highest level), sustainable coordination and effective multisectoral collaboration at all levels (local, national, regional and global).
5. Children have been at a heightened risk of experiencing violence during the COVID-19 pandemic. Pandemic control measures have disrupted usual channels for seeking help, leading to new challenges when identifying and responding to cases of VAC. The socioeconomic impacts of the pandemic have increased the risk of violence, exploitation and abuse in the household and online during the recovery period and beyond.

Services and interventions to protect children from violence must be adapted to ensure their availability and effectiveness during the COVID-19 pandemic. Increased social protection, parenting support and universal health coverage are critical towards EVAC in a humanitarian crisis. Moreover, children and young people must be involved in efforts to end violence and be included as an integral part of the solution – children are not just the future, they are the present.

Opening remarks

Opening remarks for the conference were provided by:

Dr Takeshi Kasai, Regional Director, WHO Regional Office for the Western Pacific
Mr Marcoluigi Corsi, Regional Director a.i., UNICEF East Asia and Pacific Regional Office

Key themes from the opening remarks:

• Violence can happen anywhere, at the hands of anyone.
• Although the region has made improvements towards combating VAC, the impact of COVID-19 threatens to reverse progress made.
• Violence is preventable. At the end of 2021, a number of important lessons have been identified, including:
  o Children cannot be left behind: WHO, UNICEF and partners are working together to improve the safety and well-being of children through supporting countries to implement the INSPIRE framework in the context of the COVID-19 “new normal”.
  o Grounds-up approaches and working meaningfully with communities are critical to changing hearts and minds.
• Multisectoral approaches, strong political will at the highest level, and increased investment are needed to end VAC.

Challenges faced and an urgency to act

Prevalence and impact of VAC:

• Child maltreatment causes immediate suffering to children and can have long-term consequences, including developmental impairments and behavioural, physical and mental health problems. Children who experience violence are also at increased risk of perpetrating or being a victim of violence, and are at a higher risk for obesity, high-risk sexual behaviours, unintended pregnancy and alcohol/drug misuse during childhood and into adulthood.
• Childhood violence can also impact mental health. Globally, one in seven adolescents aged 10–17 years has a mental disorder and one adolescent dies by suicide every 11 minutes. In East Asia and the Pacific an estimated 25% of mental disorders are attributable to a child’s experience of emotional abuse.
• The evidence has been clear for a long time that violence in and out of school impacts school attendance and completion rates, and that children not in school face a higher risk of exploitation and harm. However, emerging evidence also shows a correlation between violence in schools and

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6 INSPIRE: Seven strategies for ending violence against children; p. 17.
poorer learning outcomes.\textsuperscript{8} Violence in school reduces educational attainment and learning, resulting in economic losses estimated at US$ 11 trillion in lifetime earnings.\textsuperscript{9}

- There is also a growing evidence base demonstrating the cycle of violence, where those who suffered sexual and physical abuse as children are 14 to 16 times more likely to be involved in abusive relationships as an adult. Children in households affected by intimate partner violence are more likely than other children to experience violent discipline by both male and female caregivers.\textsuperscript{10}

- Violence not only exacts a high cost on individual children, but also on a country's development. VAC places a short- and long-term burden on health and social services and undermines investments in other sectors, including health, early childhood development and education.

- Child maltreatment also costs countries in East Asia and the Pacific US$ 209 billion per year, equivalent to 2\% of the region's gross domestic product. Maltreatment includes emotional abuse (US$ 65.9 billion), physical abuse (US$ 39.6 billion), sexual abuse (US$ 39.9 billion), neglect (US$ 32.4 billion), witnessing domestic violence (US$ 31 billion) and death from maltreatment (US$ 0.5 billion).\textsuperscript{11}

Remarks from Ms Najat Maalla M'jid:

"More than 18 months after the start of the pandemic, we know that the impact on children has been worse than initially feared... VAC has both increased and become less visible."

- The most recent evidence confirms that VAC has increased during the COVID-19 pandemic, while also becoming less visible.
  - The usual channels for reporting violence were disrupted. Schools were closed, and child protection services and social workers were not deemed essential. An estimated 491 million children in the region were living in countries with social welfare service interruptions, making it more difficult for children to access help.
  - Online bullying, harassment and sexual violence have increased as a consequence of increased time spent online.
  - Children’s mental well-being has been undermined by uncertainty, increased stress and anxiety of caregivers.
  - Economic impacts of the pandemic have increased inequalities.

- Countries have introduced a range of measures to protect children during the pandemic. These include using online platforms to deliver essential services, strengthening child helplines, and strengthening efforts to provide robust social protection, including cash transfers, parenting support programmes and universal health coverage.
  - We must learn from our experience with COVID-19 and incorporate lessons into emergency preparedness and longer-term planning.

"EVAC is not just the right thing to do; it is also a smart investment; an investment to prevent the devastating intergenerational, social and economic impact of violence both on children and on societies.” – Dr Howard Taylor, Executive Director, GPEVAC


\textsuperscript{10} Global Status Report on Violence Against Children.

\textsuperscript{11} Estimating the Economic Burden of Violence against Children in East Asia and the Pacific.
Accelerating action towards EVAC in the region – key takeaways

Remarks from Dr Howard Taylor:

“And the really good news is we know what works to end violence with the seven INSPIRE strategies.”

The INSPIRE framework is an evidence-based framework to end VAC, jointly published by 10 agencies, including WHO, UNICEF, the United Nations Educational, Scientific and Cultural Organization (UNESCO), and the United Nations Special Representative of the Secretary-General on Violence Against Children. The INSPIRE strategies emphasize the need for a multisectoral approach, together with robust monitoring and evaluation, to ensure optimized approaches are taken to end violence.

• The meaningful engagement of young people must be central to preventing and responding to VAC. Young people from across the region were integral to the Conference, sharing their own experiences, representing the views of their peers and sharing examples of peer-led initiatives. To inform the conference discussions, children and young people from across the region were involved in online polls, focus group discussions and a virtual dialogue session with the Special Representative of the Secretary-General on Violence Against Children, to identify key concerns and key recommendations for action.

• Young people have proven to be agents of change. During the pandemic, the power of youth and peer-led initiatives provided critical support to children at risk of violence. Presenting during the opening session, the Kindness Leaders (from Brunei Darussalam, Indonesia, Malaysia and the Philippines) are one such initiative, aiming to promote kindness and empathy among youth, their families and their communities.

• Regional bodies play a critical role in setting frameworks and supporting action by countries towards EVAC. ASEAN has demonstrated commitment through placing children and women – who had been disproportionately affected by the pandemic – at the heart of major recovery strategies.

Remarks from Dato Lim Jock Hoi, Secretary-General of ASEAN:

“I urge decision-makers to draw upon the INSPIRE strategies to effectively prevent and respond to VAC during the pandemic and beyond.”

Civil society has an important role to play in accelerating action towards EVAC. It is critical for governments to establish partnerships with NGOs and grassroots organizations.

Key commitments towards EVAC during COVID-19 from five Pathfinding countries in the region

A high-level panel of five government representatives of the five Pathfinding countries in the region drew the opening session to a close. The panel, chaired by the United Nations Special Representative of the Secretary-General on Violence Against Children, comprised the following representatives (listed in order of year of becoming a Pathfinding country):

• Ms Glenda Relova, Assistant Secretary, Department of Social Welfare and Development, Philippines
• Ms Ciput Eka Purwianti, Director of Special Protection for Children from Violence, Ministry of Women’s Empowerment and Child Protection, Indonesia
• Mrs Ariunzaya Ayush, Minister for Labour and Social Protection, Mongolia
Mr Toch Channy, Director General for Technical Directorate, Ministry of Social Affairs, Veterans and Youth Rehabilitation, Cambodia

Mr Jerry Ubase, Secretary, Department for Community Development, Youth and Religion, Papua New Guinea

Remarks from each panellist:

Ms Glenda Relova: “The Philippines reaffirms its commitment to end VAC.” The Philippines was the first country in the region to become a Pathfinding country in January 2016. The Government developed the Philippine Plan of Action to End Violence against Children 2017–2022 in coordination with civil society, international organizations and communities. Efforts are currently focused on scaling up access to child protection services across the continuum of care and expanding provision of social protection schemes to families in need. To address the increased risk of VAC stemming from COVID-19, helplines were established during quarantine and lockdown periods. Psychosocial support programmes to promote children’s mental health and well-being were also implemented.

Ms Ciput Eka Purwianti: “We owe our children – the most vulnerable citizens in our society – a life free from violence and fear.” Indonesia’s National Development Plan 2020–2024 aims to strengthen child protection services as a strategy to reduce VAC and prevent child marriage. Further, Indonesia has an integrated child protection system that identifies children at risk of violence and works with caregivers to provide required support. In 2020, Presidential Decree 65 was issued, expanding the mandate of the Ministry of Women’s Empowerment and Child Protection to include service provisions for women and children who have experienced violence. Indonesia is currently revising its National Strategy to Prevent Violence against Children that is based on adapted INSPIRE strategies, to be implemented alongside a National Strategy to Prevent Child Marriage.

Mrs Ariunzaya Ayush: “The Government has been making persistent efforts to reduce VAC.” Mongolia is the only country in the region to have full legal prohibition on corporal punishment in all settings. The Government has made persistent efforts to end VAC by strengthening the legal environment, increasing budget allocation for EVAC initiatives, improving cross-sectoral coordination, strengthening service provider capacity, building databases, and improving monitoring and evaluation systems. To promote intersectoral coordination, Mongolia has established the National Council for Children, led by the Prime Minister. Specific measures to address VAC during the COVID-19 pandemic include: the development of a special plan for collaboration with international organizations and civil society; the digitalization of child protection systems, social work systems and child protection services; and the integration of all services into one database.

Mr Toch Channy: “Cambodia remains committed to continuing to address the impact of COVID-19 on the safety, mental health and well-being of all children.” The Royal Government of Cambodia hosted the first INSPIRE Conference in 2018. In 2021, a National Policy Dialogue to Find Solutions to End VAC brought together 13 key ministries involved in implementing the National Action Plan to Prevent and Respond to Violence against Children 2017–2021, as well as civil society organizations (CSOs), United Nations development partners, and adolescents and young people. A key priority identified was the need to continue to strengthen the Cambodian social service workforce, enabling the provision of professional and life-saving support to the most marginalized and vulnerable children. A National Strategic Plan for the Workforce has been developed and is being implemented in 25 provinces of Cambodia. The Primero digital case management system for detecting and responding to VAC has been rolled out nationwide. In order to develop safe back-to-school processes for children, the Government is developing operational guidelines on child protection in schools and positive discipline training.

Mr Jerry Ubase: “I will continue to champion the efforts being made by my Government to make Papua New Guinea a violence-free society.” Papua New Guinea is the newest country to become a Pathfinding country in 2021. The Government works across the seven strategies of the INSPIRE package to accelerate progress towards EVAC in the country. Initiatives include strengthening implementation of laws by designing the Child...
Ending Violence Against Children During COVID-19 and Beyond

Opening Session

Inspire

Mental Health:

Raise awareness on mental health
Provide services that meet young people’s needs
Eliminate corporal punishment and violence in schools
Address stigma and bullying
Create child-friendly education and awareness
Provide education in areas of mental health

Parent & Caregiver Support:

Parent associations
Create parent-to-parent support
Education needs
Start early

Evac

Violence is preventable
We have the tools to prevent it

There’s a need for new social contracts
Children have the right to be protected from violence

Power of peer-led initiatives
Kindness leaders
Multi-sectoral approach
Use collective action
Accelerate change

Need for high level commitment

Evidence-based framework
Monitoring & evaluation
Multisectoral actions
Child-focused actions
Protection Policy 2017–2027 and strengthening response and support services for survivors of violence through the development of a case management curriculum for frontline workers. In addition, the Government has recently launched the Primero digital case management system. Papua New Guinea recognizes that there cannot be any separation between VAC and violence against women (VAW), especially when violence occurs in the home. The Parenting for Childhood Development programme is being scaled up in five provinces in the country, in a bid to reduce VAC and also improve relationships between partners and spouses.

*EVAC cannot wait – children all over the world have waited long enough while other issues have taken priority over their safety and well-being.*

– Ms Najat Maalla M’jid, United Nations Special Representative of the Secretary-General on Violence Against Children
More than words: scaling up positive parenting support throughout the life cycle to end violence against children and adolescents – Part 1

Session co-hosted by the Royal Thai Government and Parenting for Lifelong Health (PLH)

The importance of governmental commitment towards promoting positive parenting was central in the welcoming remarks from the Permanent Secretary of the Ministry of Public Health in Thailand. A panel of experts shared evidence showing how parenting support through the life cycle prevents VAC and highlighted good practices in implementing parenting and caregiver support programmes.

Key takeaways from the session:

1. Parenting programmes have proven effective in reducing violence and promoting the well-being of children. They are affordable and scalable and need to be available for families who need them.
2. The health, education and social welfare sectors play an important role in accelerating positive parenting programmes. Evidence was shared showing how the public health sector in Thailand is promoting positive parenting to reduce VAC and to improve parental mental health.
3. We need to continue exploring the digital and hybrid-digital approaches to rapidly achieve scale in parenting programmes, as well as evaluating these approaches to ensure that they are indeed having an impact in reducing VAC.

4. Non-traditional partners play an important role in expanding the reach and delivery of parenting programmes. Private sector involvement is important.

5. Parenting support programmes should target the whole family – including fathers and male caregivers – in order to evolve from the traditional approach, which focuses on the mother and child.

6. When it comes to adolescence, work in communication and building relationships needs to be strengthened. A special focus should be placed on mental health (which requires further attention) and efforts should be made to increase parents’ awareness of adolescent anxiety, bullying and child abuse.

7. Parenting strategies should move from less intensive universal support to all families, to more intensive support for those families that really need help.

8. Parents should be encouraged to support each other in parenting, and more efforts need to be made to develop community-based parent networks for peer support.

A case should be made for an integrated and life-cycle approach to parenting and caregiver programmes for ending violence.

Evidence was presented to showcase the effectiveness of parenting and caregiver programmes on reducing violence. Parents and caregivers need to be cared for as they are instrumental when it comes to preventing aggressive parenting behaviours and intimate partner violence.

Key takeaways:

1. Parenting and caregiver support is one of the most important interventions in preventing VAC.
   - The main components for effective parenting interventions focus on building positive parental skills, which should set clear learning-appropriate expectations, communicating clear routines and instructions for parents.
   - Parenting interventions are transportable and applicable across the life cycle, with adaptations for the early years, middle years and adolescence.
   - Parenting interventions are effective for families living with adversity, for parents struggling with their child’s emotional and behavioural problems; programmes should be tailored to ensure they reach parents in particularly difficult situations – for example, parents of children with disabilities, children in conflict with the law and children in the context of migration.
   - Evidence shows that parenting interventions addressing aggressive parenting behaviours are able to prevent intimate partner violence.

2. Parenting programmes starting with early childhood development and beyond protect children from violence and help to ensure their overall health and development.

3. Parenting programmes should promote and enable an appropriate environment for nurturing care.

4. Parents and caregivers need to be provided with knowledge and skills, resources and mental well-being support. The concept of “caregivers need care” emphasizes the need to address parental stress and mental health issues.

5. Only 26% of governments worldwide claim to be reaching out to the parents who need the most support. Some of the factors that are limiting the scale-up and quality of parenting interventions include:

6. insufficient understanding about the core components required for scale-up; and
7. the need for advocacy and awareness raising so that public sector leaders have appropriate information to invest in and sustain intervention delivery.

8. COVID-19 affected the scale-up of parenting programmes, but new delivery digital platforms have been used to adapt the traditional ways of reaching parents and to go beyond the face-to-face approach (including social media, parenting webinars, interactive chatbox and online support groups).

9. The 2019 East Asia and Pacific Regional Review of Parenting Programmes shows that there are specific gaps in content and focus, such as programmes for adolescents, child online safety, comprehensive sex education and children with disabilities.

Country example of integrated approach to parenting for prevention of violence

A representative from the Royal Government of Thailand shared how the country is integrating a parenting programme for children aged 2 to 9 years into the public health system.

Key takeaways:

1. Thailand provided a good practice example of a public health approach integrating PLH into the health system, and how it:
   - reduces child abuse;
   - improves parental mental health; and
   - reduces parenting problems related to child behaviour.

2. Digital child protection is the “new normal” in Thailand, through Child-Shield, which:
   - integrates digital abuse surveillance;
   - facilitates digital victim case management;
   - provides online training through online platforms; and
   - allows monitoring and evaluation to be done digitally.

Discussion: Parenting in challenging contexts in the region and in the time of COVID-19

Parents have an important role to play in protecting children and should be educated as soon as possible. Two young people highlighted the importance of creating awareness among parents about violence suffered by children, general abuse and bullying (including online abuse).

Key takeaways:

1. Based on the regional survey of young people carried out prior to the Conference, only 38% of adolescents open up to their parents when they feel anxious.

2. Adolescents from the lesbian, gay, bisexual, transgender and queer (LGBTQ+) community face more anxiety and challenges opening up because of the higher risk of being discriminated or harassed.

3. Parenting programmes need to be adapted to adolescents, strengthening parent–child communication for relationship building and focusing on the mental health of young people.

4. Parents would benefit from the creation of parent-to-parent associations or platforms so that those who have experience in dealing with young people’s mental health can support others.
PARENT AND CAREGIVER SUPPORT – we must reduce violence through positive parenting programmes at scale

More than words: scaling up positive parenting support throughout the life cycle to end violence against children and adolescents – Part 2

Session co-hosted by the Republic of the Philippines and PLH

The scaling up of positive parenting support and the real effectiveness of these interventions to end VAC were discussed. New stakeholders such as private foundations and faith-based organizations (FBOs) held a dialogue around what role they can play as partners in supporting governments to scale up sustainable and integrated parenting support. Lessons from countries were shared, as were challenges and opportunities on scaling up those programmes. The session concluded with an engaging brainstorming session to answer some of the critical questions raised during the session.

Key takeaways from the session:

1. Parenting and caregiver programmes should increase appreciation of the experiences of adolescents and parents as stakeholders, especially those in challenging circumstances. Voices of young children,
young people and parents need to be recognized, especially the voices of children living in challenging circumstances. Children want support and comfort from parents.

2. Governments should promote parenting programmes to support parents in children’s education. Accessible parenting programmes that teach positive strategies and how to avoid corporal punishment lead to lower chances of children becoming perpetrators of violence.

3. The important role of non-traditional partners in supporting scalable and sustainable parenting programmes needs to be recognized. A private sector institution (Generali) through The Human Safety Net showed a shared value approach where, along with their business practices, they also try to create tangible social benefits for children and families by promoting parenting support through employees and partners. Alternatively, FBOs (such as Arigatou) have been able to bring science and religion together and work to promote positive parenting and prevention of violence.

Key takeaways from reflections from the field:

1. Parenting programmes need to be tested, monitored and evaluated in order to be scaled up. Only effective and evidence-based programmes should be scaled.

2. Online platforms proved to be effective during the COVID-19 pandemic for delivering programme messages to beneficiaries, reaching hard-to-reach populations and training purposes.

3. Gender and language aspects need to be considered when developing programmes in order to reach beneficiaries (such as male caregivers) and also when developing programme messages (such as for ethnic minorities).

4. Four countries shared their experiences of successful integration of parenting programmes into existing services (such as social protection schemes through conditional cash transfer in the Philippines) and at different levels (such as Village Health Committees in the Lao People’s Democratic Republic linked with economic strengthening initiatives), including school (such as in Hong Kong SAR (China)) and nutrition initiatives (such as in Indonesia).

Panel discussion: Engaging non-traditional partners in supporting scalable and sustainable parenting

Investment in parenting programmes should be a critical component in the efforts to build back better after COVID-19 and will require broad partnerships, including the private sector and FBOs.

Key takeaways:

1. The private sector has proven to be an important stakeholder in EVAC, not just by offering grants as financial contributions, but also through non-financial support as a potential key action on addressing VAC. Some examples of this contribution from The Human Safety Net are:
   • Contributions through impact investment, building capacity of partners, conducting external evaluations, and leveraging the assets of the corporation by developing impactful products and services.
   • Scaling parenting programmes by producing tools and resources, as well as developing easy and sustainable mechanisms for long-term impact. As an example, in Viet Nam, The Human Safety Net is supporting the scale-up of a project in partnership with UNICEF, Generali Vietnam, and the Ministry of Labour, Invalids and Social Affairs called “Scale up parenting programmes”.
   • During the COVID-19 pandemic, online tools and digital solutions have proved to be very useful in scaling up programmes, but more research needs to be done to evaluate the real impact of these approaches.
Companies should try to achieve a shared value of being a profitable company that puts impact first and that can positively contribute to beneficiaries.

2. FBOs play an important role in scaling up parental interventions, as is the case with Arigatou, which demonstrated the important influence of religious leaders in their communities. Faith is able to generate a unique dialogue that can bring together leaders, the health sector and academia to engage in reflections on scientific evidence and theological principles around the impact of VAC.

- These dialogues have translated to strong commitments from religious communities to prioritize positive parenting in their religious services. A good example is in Cambodia, where a child protection network of religious leaders has been created.
- A collaborative framework should be developed to avoid duplications of efforts. Faith communities proved able to be part of the solution and to work collaboratively with other sectors (particularly the health and education sectors, which were very critical during the pandemic). As an example, a collaboration between World Vision International and UNICEF using the INSPIRE development accelerator programme has led to programmatic actions led by faith communities in 10 different countries.

Reflections from the field, a deep dive

Key takeaways:

- **Hong Kong SAR (China):** Parenting programmes used schools as a strategic place to provide parenting training because of the easy access to parents and their shared goal of promoting child development. For successfully scaling programmes:
  - Only effective programmes identified based on rigorous evidence need to be scaled. Collaboration with tertiary institutions also increases scalability.
  - Quality assurance through comprehensive training-of-trainers programmes is important. It should involve not just training a large number of people, but ensuring that they have a deep understanding about the programme.
  - There is a need for a defined organization with members that have a sense of ownership of the programme, with willingness and resources to scale up.
  - Policy support is crucial to really reach families and have a positive impact.

- **Indonesia:** Negative parenting practices contributed to child nutrition issues, which motivated the integration with nutrition as an entry point. Parenting interventions need more systemic and integrative approaches. In Indonesia, the intervention consisted of integrated strategies and multisectoral approaches on different platforms to ensure linkages between sectors. Parenting interventions are implemented through integrated village health posts and parenting groups, establishing a cross-sectoral coordination mechanism to address stunting. Technology (SMS/texting) proved to reach more caregivers, scaling up parenting messages. Furthermore, the initiative found a way to involve fathers through the efforts of religious and customary leaders.

- **Lao People’s Democratic Republic:** An initiative was launched with the objective to support parents with messages that went beyond instructions in behaviour or attitudes, by explaining why these are beneficial. Key features included:
  - close collaboration with government counterparts;
  - a variety of communication tools (including in person and technology); and
  - creation of simple messages prioritizing skills, targeting hard-to-reach populations, and a focus on gender and language (ethnic languages) as a priority.
**Philippines:** A key strategy to scale parenting programmes is the integration of programmes in existing social services. Masayang Pamilya (MaPa) – the name for PLH in the Philippines – has been integrated into the national conditional cash transfer system, Pantawid Pamilyang Pilipino Program (4Ps). In particular, caregivers are expected to attend monthly family development services as one of the conditions to receive monthly cash benefits. During the COVID-19 pandemic, both programmes had to adapt to virtual or remote modes of delivery. A technical team developed online versions of MaPa and 4Ps that can be delivered within the digital family development session, and approximately 4840 social workers and community providers were trained using Zoom. The online version is undergoing monitoring and evaluation as well as testing for the effects on beneficiaries (parenting behaviours) to determine its effectiveness. Other versions of the MaPa programmes are being planned for integration into the 4Ps.

**Group breakout session – responses to questions:**

1. **To help scalability and sustainability, what steps should be taken to promote integrated and multisectoral approaches to the delivery of parenting programmes across sectors and child developmental stages?**
   - Evidence generation
   - Better integration across government agencies
   - Financial support
   - Coordinated mechanisms in place.

2. **What steps should be taken to promote a continuum of care across parenting programmes, so that families with different needs and risk factors for violence receive appropriate support?**
   - Create specific programmes and services, women and children protection units
   - Have national and local plans and frameworks, offline and online campaigns.

3. **What steps should be taken to reach and engage parents facing particular difficulties (such as parents of LGBTQ+ children, migrant families, families affected by conflict, parents of children with disabilities)?**
   - Reach through existing partners and networks
   - Address stigma and discrimination
   - Include specific modules for parenting of LGBTQ+ and children with disabilities, and other marginalized groups.

4. **What approaches should be taken to overcome barriers to participation and delivery during COVID-19?**
   - Adapt to new uses of technology
   - Adapt guidelines, tools and programme content
   - Collaborate with non-traditional stakeholders like the church
   - Train communities and health volunteers.
EDUCATION AND LIFE SKILLS – we must end violence in, around and through schools

Ending violence against children, mental health and learning: an imperative for the back-to-school and learning recovery agenda

Session hosted by Southeast Asian Ministers of Education Organization (SEAMEO)

This session covered how school closures increased the risk of violence towards children, the importance of school reopening and the opportunity it poses to enable violence-free environments for children. Education alone cannot end VAC but needs to be complemented with robust social welfare and health systems.

Key takeaways from the session:

1. School closures due to COVID-19 increased the risk of violence at home, negatively impacted mental health and seriously disrupted learning.
2. Governments and schools must ensure the safety and well-being of students in schools.
3. Addressing VAC and mental health and well-being must be central in reopening schools post-COVID-19 and recovering learning.
4. Schools must be a platform for promoting zero tolerance for violence and abuse.

5. Teachers and schools must be equipped to promote a violence-free school environment, promote positive social norms and mental well-being, and be ready to identify and refer children needing support.

6. Schools cannot do this on their own. Education must work together with social welfare and health for the back-to-school agenda to protect children and promote their well-being.

**Importance of EVAC**

The COVID-19 pandemic had a critical impact on children’s education, especially for marginalized children who face more difficulties in going back to school. During this session, several opportunities for reverting this situation were discussed. VAC represents a huge global cost, making EVAC not just the right thing to do, but also the smart thing to do. Some countries have made efforts to end VAC in schools, but there is still a long way to go.

**Key takeaways:**

1. Violence in schools has a huge impact on children. The *Ending Violence in Schools: An investment case* report from the World Bank\(^\text{12}\) highlights that:
   - School violence leads to poorer learning while in school and lower educational attainment.
   - In economic terms, the global cost of violence in schools represents US$ 11 trillion, impacting societies at large and in a very significant economic way.
   - Violence experienced in school has long-lasting negative impacts outside the schooling experience, such as higher tolerance towards violence, hurting one’s self (suicidal thoughts), etc.
   - Interventions proved to be effective in ending school violence can be implemented at multiple points of the life cycle – during early childhood and primary and secondary education. These interventions are relatively inexpensive and have a very high return in cost–benefit ratio.

2. COVID-19 and containment measures, especially school closures, were taken in order to protect people’s physical health during the pandemic. Education shifted from physical learning to online learning, raising several challenges for learners. Marginalized children are at a higher risk of never going back to school. Besides the learning gap and learning loss, increases in mental ill health and violence were reported. Psychosocial support, prevention programmes and clear referral pathways are critical in the recovery agenda. For SEAMEO, the agenda for addressing barriers to inclusion is a priority, with one of their main activities being building the competencies of teachers to handle children with issues and enhance further digital competencies.

3. Besides the challenges, there is hope for reverting the situation and creating opportunities. While schools always had a critical role to play in EVAC, governments, partners and communities are now more aware than before of the important role that schools play in improving the well-being of children and parents. As education systems reopen, schools must develop new strategies to recover learning, keeping prevention of violence and mental health at the core of these efforts.

4. Recovering learning and reducing violence can only be achieved if teachers and educational staff are supported and guided, and if communities, including children and adolescents, are authentically engaged and supported.

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5. The benefits of investing to prevent violence throughout schools are likely to outweigh the costs. Financial investment and investment in human resources cannot wait. Educational budgets need to be raised by governments to respond to the impact of COVID-19.

6. Only five out of the 11 senior Member States have fully prohibited corporal punishment in schools (Cambodia, Lao People’s Democratic Republic, Philippines, Thailand and Viet Nam), despite adoption of the ASEAN Regional Plan of Action on the Elimination of Violence Against Children.

7. Some children are more vulnerable than others. Children with disabilities are more likely to be victims of violence than their peers without disabilities. Adolescent girls face particular challenges due to intersections of vulnerability as a result of patriarchy.

8. The “Safe to Learn” initiative unites partners across sectors and works with governments, CSOs, communities, teachers and children themselves to promote evidence-based solutions to make schools safe for children everywhere.

9. In Indonesia, the Ministry of Education is making mental health and ending violence central to their education transformation and recovery from COVID-19 by first identifying three aspects of violence: intolerance, bullying and sexual violence. The education sector can help reduce violence in communities by having a curriculum and learning processes that focus on moral imperatives and project-based learning. COVID-19 had a massive impact on teachers’ and students’ mental health, leading to numerous undiagnosed students with learning disabilities. Therefore, bringing children back to school is the priority in order to start helping students recover from the negative impacts of COVID-19.

From advocacy to action

The many negative effects VAC has on children’s mental health and school performance were shared in this session. Different ways to prevent this form of violence and intervene were shared.

Key takeaways:

1. VAC affects children’s mental health and performance at school, causing negative long-term cognitive, psychological and health outcomes, such as: (i) cognition and education outcomes (low verbal IQ, attention problems, unemployment); (ii) psychological and mental health outcomes such as internalized symptoms (anxiety, depression) and externalized symptoms (poor impulse control, aggression); (iii) addiction and substance abuse outcomes; (iv) sexual health outcomes (early initiation of sex, teenage pregnancy); and (v) physical health outcomes (short stature, obesity, early puberty). Schools can prevent this form of violence and intervene through strategies that are:
   - multicomponent (involving all stakeholders) and integrated;
   - expansive within the school environment (whole-school approach, including regulations and policies);
   - delivered through groups (depending on the type of violence);
   - able to give students and teachers the opportunity to lead these interventions; and
   - able to be evaluated for effectivity.

2. COVID-19 forced the shift to remote learning delivery of the Alternative Learning System (ALS) in the Philippines. ALS is a parallel learning system that provides opportunities for disadvantaged out-of-school youth and adults to develop literacy skills, and provides access to equivalent pathways to complete basic education. The main goal of the adaptation was to build teachers’ competencies in digital citizenship by enhancing the capacity of educators to implement the basic education learning continuity plan. The success of the adaptation relied on two main factors:
• There is high demand for new resources to support the competency requirements for ALS teachers in the new normal.
• The educators themselves were the co-designers, validators and implementers of the intervention.

Country experiences

Representatives from Cambodia, Malaysia and Mongolia highlighted different components and responses to preventing VAC and its impact on children’s mental health.

Key takeaways:

1. Cambodia implemented training on positive discipline and effective classroom management. The country is working across multiple sectors with development partners and communities. The Ministry of Education, Youth and Sports has engaged with national NGO partners, with support from UNICEF, to raise awareness among frontline workers, parents, caregivers, children and young people, on the impact of COVID-19 on mental health and children’s safety, and to provide mental health and psychosocial support.

2. Malaysia developed two key main initiatives for students’ mental health and well-being: (i) initiatives for student’s mental health and well-being in the new normal, and (ii) the Voices of COVID Generation programme. The continuity of mental health and well-being are important for ensuring preparedness, resilience and sustainability. Target groups can be reached through cross-sectoral partnerships between government sectors and agencies. The role of school counsellors is also relevant for early detection and mitigation of mental health issues. It is important to empower children’s voices in times of adversity.

3. Mongolia conducted a survey in 2020 on the psychosocial risks associated with prolonged school and kindergarten closures on children. Based on the negative consequences for children highlighted in the survey, Mongolia developed: (i) a loss-recovery strategy for recouping learning losses consisting of creating an environment in schools and home settings for the social and emotional well-being of children; (ii) guidelines to provide psychosocial assistance and ensure students return to schools without fear; (iii) practical guidelines for teachers to increase parental engagement; and (iv) 25 training sessions for pre-school educators, reaching 18,195 managers and teachers.
Hidden scars: delivering together on mental health for prevention of and response to VAC

Session co-hosted by the Office of the United Nations Special Representative of the Secretary-General on Violence Against Children

This session investigated the impact of violence on children’s mental health. The impact of COVID-19 on mental health was explored, underscored by personal experiences and calls to action shared by young people from across the region. The criticality of transforming the way we collectively deliver mental health support for children and youth aged under 18 years was discussed, highlighting the necessity to move away from addressing mental illness, to promoting mental well-being. We heard from young people themselves, the United Nations, research institutes and those working to deliver services at the country level about what must change and how. Additionally, speakers highlighted the important role of digital platforms in this transformation – discussing opportunities and challenges – and showcased initiatives to support mental well-being, including peer-led programmes.
Key takeaways from the session:

VAC impacts children’s mental health and well-being. Efforts must be focused on creating enabling environments that enhance protective factors and reduce risk factors across the life cycle of a child.

Mental health support services must be transformed to more effectively help children and young people. For this, multisectoral collaboration is needed. All sectors (health, education and social welfare) play a key role in the prevention of and response to mental health issues, and in the establishment of a multi-tiered mental health system. Schools and social workers have key roles to play in promoting well-being and supporting young people who are experiencing mental health issues.

Children and young people need to be fully engaged in the design of mental health programmes. Promising practices in peer-led programmes highlight the critical role young people play in promoting mental well-being.

Networks among young people and youth-led organizations aimed at collectively preventing violence and promoting mental health during the pandemic have been implemented with high success. Such initiatives should be encouraged, supported and facilitated.

Digital platforms and the online world offer big opportunities. Digital initiatives proved to be critical during the COVID-19 pandemic, increasing access to and reach of mental health services for young people. They have supported information sharing and awareness raising, and ensured access to professional support, as well as peer-to-peer support programmes.

The hidden scars of mental health in East Asia and the Pacific – intersections between mental health and violence

There are clear intersections between mental health and violence. The COVID-19 pandemic has greatly impacted the mental health of children and youth in the region, which has been affected by an increased risk of being exposed to violence in the home and online.

Key takeaways:

1. Violence has devastating and lifelong consequences for children’s mental health. Impacts of violence on mental health change across the life course, endure into adulthood and can be felt across generations. Exposure to violence is often traumatic and can cause immediate and long-term damage to mental well-being. Some of the consequences of violence include depression, post-traumatic stress disorder, anxiety, substance use, sleep disorders and suicide. Witnessing violence at home can shape children’s attitudes about acceptability of violence within the family and in close relationships.

2. Mental health services have long suffered from neglect and underinvestment, causing them to be inaccessible to children and often inadequate. Few children receive the services they require. There are current failures in detecting children’s needs, coupled with a poor awareness of existing services. Furthermore, stigma is still a powerful force impeding children from getting the help they need.

3. There is a clear and urgent need to invest in mental well-being through a holistic and life-course approach. Evidence of cost-effective interventions is growing, but there is a need to translate these into action. The views and experiences of young people must shape the design, delivery and evaluation of the response.

4. COVID-19 and associated pandemic safety measures have magnified the problem, causing a significant negative psychosocial impact on young people (related to school closures, isolation, fear and uncertainty). Young people with existing mental health difficulties have reported experiencing a deterioration of their mental health since the beginning of the pandemic. COVID-19 has enhanced...
known risk factors for family violence (due to loss of income, isolation and high levels of family stress). Even more troubling, negative outcomes are greater for the most vulnerable children (children in low-income households, children living in low-income countries, children with pre-existing mental health issues).

5. World Vision’s Pacific Aftershocks Report\(^\text{13}\) shows that more parents reported using physical and emotional aggression towards their children during the pandemic (80% had used physical punishment or psychological aggressions in the month before the surveys), and that the negative emotional experiences of children had increased during the pandemic (seven in 10 children experienced violent discipline at home, and one in five children had felt so afraid that nothing could calm them down).

6. Growing poverty factors have also led to rising mental health concerns among children and youth, with 14% of households reporting sending their children to work. “Being afraid all the time” was reported at a four times higher rate among children who engaged in economic activities.

### Transforming mental health support for children and young people in East Asia and the Pacific

*Examples of successful interventions from different countries showed that actions to transform mental health support are possible, supported by lessons from the field.*

#### Key takeaways:

1. Mental health support services for children and young people need to be transformed. A comprehensive conceptual framework of actions (including appropriate clinical care, targeted prevention, universal prevention, and ensuring enabling and safe environments) should be supported by a multisectoral approach for implementation (which must include the health, social welfare, education and justice sectors). The health sector has a leading role in providing accessible and responsive mental health services, setting technical standards and providing guidance to other sectors. Education has the responsibility of providing school-based programmes to promote mental well-being, while social welfare can provide support through parenting programmes. There is a need to achieve an optimal mix of services and to promote mental health beyond the health sector. This can be achieved through multi-tiered services for children and adolescents, as well as providing promotive and preventive interventions.

2. Young people from the region contributed their opinions on how to ensure more effective mental health support for children and young people:
   
   - A young participant from Viet Nam highlighted the need for better-equipped schools, which includes training teachers to have improved knowledge and skills on mental health issues and available programmes. She called for programmes to support early detection of mental health issues.
   
   - A representative from Indonesia called for more accessible and equitable mental health services for young people. This included an ask for more inclusive, user-friendly and integrated mental services in community settings, such as schools. There was a clear call to ensure the needs of the unheard are met – such as women with disabilities or youth not enrolled in formal education. Stigmatization of victims of sexual violence was highlighted as very common and was considered a priority for change. Increased access to effective and affordable specialist psychologist services must be improved.

Experiences across the region on the roles of different services in delivering mental health support for children and young people were shared:

- Within the Philippines, child protection units are present in major hospitals for identifying signs of trauma among children.
- Papua New Guinea identified a need to have more school mental health programmes, strengthened school-based interventions, and the establishment of special schools for children and adolescents with mental health problems.
- Thailand shared plans for mental health education to be integrated into school curricula, supported by a system to support parents and students to work together to establish mechanisms to protect student mental well-being.

Lessons from the COVID-19 pandemic

The impact of digital mental health interventions and the importance of peer-to-peer support were highlighted.

Key takeaways:

1. Digital mental health intervention services have been scaled up during the COVID-19 pandemic. These interventions are highly promising as they overcome physical barriers, can be easily customized (tailored to the local culture and spoken language of the end user), are economically viable, and are readily scalable, reaching large numbers of people.

2. During the pandemic, 174 digital mental health interventions were identified across 22 countries and areas in the WHO Western Pacific Region, with China leading in a number of initiatives. However, only 18% of these interventions included youth family members and students, highlighting a key gap in the initial response.

3. WHO has developed “Step-by-Step”, a digital programme for mental health.\(^\text{14}\) Although it has a primary focus on depression, behavioural activation was shown to be transdiagnostic. The programme is guided by peer support, allowing young adults to engage by providing technical assistance and support to peers.

4. Integration of digital media interventions within social media proved to be efficient in reaching a wider number of young people in a space where they feel comfortable, especially during containment measures.

5. Examples of peer-to-peer support interventions during the pandemic were effective in providing reliable mental health information and connecting young people experiencing similar issues. The success of programmes such as the “Mental Health Detective” team from Viet Nam, “Talk More” from Indonesia and “Usap Tayo” from the Philippines highlight the importance of digital mental health interventions in areas where there is a lack of access to mental health care. These include remote locations or communities in which seeking mental health support is stigmatized. To be successful, interventions should: have an adequate design to attract and engage young people; provide effective support (based on sympathy and reliability); and implement a “do no harm” approach, maintaining transparency about the potential limitations of digital platforms.

Empowered and safeguarded: the risks and benefits of the digital space to children

Session co-hosted by Joining Forces Alliance and ECPAT

Panellists discussed the risks and benefits of the digital space. Evidence from different research projects supported the voices and perspectives of young people on their experiences with the digital world. Also pointed out were the need to improve law enforcement, justice and social support systems around online child sexual exploitation and abuse (OCSEA), as well as digital activism or participation.

Key takeaways from the session:

1. Children should be protected from all kinds of online abuse, without limiting their access to digital technology. Governments should develop a strategy for the good use of digital technology with laws that prohibit all forms of violence online.
2. There is an urgent need to address the digital divide and make sure there is accessible and independent digital infrastructure, with a view of eventually providing free access to the internet and technology, making sure that all children and young people have the necessary digital literacy skills.
3. Information and communications technology companies, the private sector and businesses running digital technology (including social media companies) should create more effective and accessible reporting mechanisms for online abuse and harm, and strengthen awareness about digital safety and online abuse prevention.

4. All children should be informed about their rights to a safe digital environment and the practical strategies they can use to help keep themselves and their peers safe online.

5. Young people should be consulted in the design of laws, policies and programmes. Children’s voices and opinions on how to maximize the benefits of being online need to be heard.

6. Parents and caregivers have a key role in ensuring children’s safety. Governments and NGOs must invest in positive parenting initiatives so parents and caregivers know how to support children as they face the challenges of being online. Children want to be supported by their parents and to develop better communication and relationships with them.

7. Digital technology and online solutions can play a very positive role in preventing, reducing and eliminating VAC.

Context of the digital space

Evidence on OCSEA showed that offenders are usually from a child’s circle of trust, indicating the importance of addressing social norms as a key to reporting these behaviours to hotlines and other reporting mechanisms. Panellists highlighted the importance of consulting with children and youth, law enforcement, and the justice sector, and having relevant campaigns and social support systems for responding to cases of OCSEA.

Key takeaways:

1. During the COVID-19 pandemic, online sexual exploitation, bullying, violence and hate speech have increased dramatically, exposing children to heightened risk of encountering violence on the web.

2. The six largest child-focused agencies (Child Fund Alliance, Plan International, Save the Children, SOS Children’s Villages, Terre des Hommes and World Vision) came together to use their collective power to accelerate change to secure children’s rights and EVAC. As a result, “Joining Forces” was developed as a global initiative with a focus on joint programmes in priority countries. Joining Forces member organizations have developed different ways to work in the digital space, by engaging in education and making sure that children are safeguarded against these risks online.

3. In a comprehensive assessment conducted by UNICEF, ECPAT and the International Criminal Police Organization (INTERPOL), children’s perspectives regarding OCSEA revealed important information:

   • Offenders of OCSEA are most likely to be someone from a child’s circle of trust. These crimes can happen in person or while children are online, with the commonality of involving technology.
     • Children who experienced OCSEA tend to confide in people in their personal networks, particularly their mothers. Strong social norms play a role in preventing caregivers from turning to formal reporting mechanisms such as hotlines, helplines or the police for help.
     • Among children who experienced OCSEA through social media, Facebook, Twitter, Instagram and TikTok were the main platforms where this occurred.
     • The law enforcement, justice and social support systems have inadequate awareness, capacity and resources to respond to cases of OCSEA.
     • Implementation of laws against perpetrators of OCSEA in many countries – such as Thailand – needs to be strengthened. Awareness generation among stakeholders’ constituencies on internal instruments and standards to address OCSEA must be accelerated.
Impact of digital technologies

During this session, the important role of digital technologies in ensuring that children enjoy their rights to protection and participation was discussed. Presenters shared good practices on digital-based solutions that are already contributing to enabling safer environments for children, especially in the time of the COVID-19 pandemic.

Key takeaways:

1. Digital technologies and online solutions can play a very positive role in preventing, reducing and eliminating VAC. An in-depth literature review and key informant interviews examine the ways in which Plan International Asia-Pacific Regional Hub and other child rights–based development organizations have integrated digital technologies in their programmatic and influencing approaches towards ending child early forced marriage and promoting gender equality in the region. Recommendations on using digital technologies for EVAC successfully include:
   • reusing and improving existing technologies (less expensive and time-consuming);
   • optimizing the user-centric technology development process (considering gender dimensions across the process);
   • articulating the problem before choosing a type of technology (determining which online solution will be the most appropriate);
   • broadening the scope of innovation and expanding the base of partnerships, which is critical;
   • defining and tracking the impact of digital technology efforts;
   • allocating a separate budget for digital technology use; and
   • developing a strategy for sustainability (investing in innovative business models for long-term sustainability).

2. Social media has also proved to be a very efficient tool used by young girl activists to connect with peers by creating marketing campaigns that can reach the most remote populations. Applications such as WhatsApp or Facebook Messenger have also facilitated the delivery of programmes to beneficiaries and helped activists connect with each other to disseminate messages (such as against child marriage). Additionally, digital media has proven to be effective in supporting survivors and referring them to the services they need.

3. #CovidUnder19 is an intergenerational partnership where children, young people and adults (who are active in the child rights space) work together to create spaces for children across the globe to meaningfully become involved in discussions about responses to the COVID-19 pandemic, and to contribute towards shaping the post-COVID-19 scenario. This initiative stresses the importance of children’s rights and well-being, especially in this difficult time of the pandemic, and emphasizes the need for children to be key partners in shaping the post-pandemic world. Some highlights from #CovidUnder19 include:
   • Surveys designed by children, young people and stakeholders were used to gather information regarding children’s views and experiences during the pandemic. These surveys revealed their limited access to the digital environment – only 55% of young people had regular access to the internet and 69% had poor connection. Children will also contribute to the analysis of the data and dissemination of the results of the survey.
   • The #CovidUnder19 initiative used the digital space to support children to know their rights and to be active in defending their rights, by providing online safety trainings, as well as engaging in weekly meetings that helped children cope with the pandemic.
Young people's voices

Children’s voices pointed out their experience of being online, including the shame and fear they feel when they experience cyberbullying, and the opportunity to access information and connect with peers.

Key takeaways:

1. During the pandemic, children were exposed to a higher risk of online bullying (cyberbullying), among other forms of harm and abuse. The perspectives of children and young people on digital violence indicate that, when faced with bullying, they do not usually want to report it due to the fear of intensifying it. Among the main reasons children do not report bullying is thinking that reporting will be useless and that nothing will change, together with the fear of being blamed by teachers and parents. Children expressed how they wished their parents had the right skills to support them when they suffer this particular form of violence.

2. ChildFund International developed a Positive Parenting Module for Generation 4.0, with the following objectives:
   - Increasing parents’ awareness of the importance of transforming their parenting pattern to nurture a digital generation.
   - Increasing parents’ knowledge of how to build strong parent–child relationships.
   - Improving parents’ nurturing practices to respond to challenges faced by children in the digital era.

3. Research on the impact of positive parenting programmes showed that they had constructive positive impacts on both parents and children. Key recommendations for change included that governments and schools should develop concrete corrective actions to respond to bullying, as well as for prevention action (policies, raising awareness).

4. When the digital environment is kept safe for children, they are given more chances to take advantage of its benefits – such as its use for activism and civic engagement, networking with peers, communicating with friends, and accessing information for education – that have become more necessary in the face of lockdowns.

Legislation

Two key legal frameworks – the Committee on the Rights of the Child (with General Comment 25) and the Regional Plan of Action for the Protection of Children from All Forms of Online Exploitation and Abuse in ASEAN – provide a policy framework for advocacy and actions. They now help to protect children’s rights on the internet, which is currently the most unregulated space.

Key takeaways:

1. General Comment 25 was adopted by the Committee on the Rights of the Child and serves as guidance to governments on particular issues around how they can uphold children’s rights in the digital environment. General Comment 25:
   - Recognizes for the first time that children’s rights apply everywhere without exceptions, including on the internet, which is as yet the most unregulated space.
   - Addresses key issues by giving a comprehensive overview of children’s rights and their implications in the digital world.
   - Brings children’s voices to the centre, building on the contribution of 700 children from 28 different countries.
2. The Regional Plan of Action from ASEAN provides a policy framework for advocacy and actions, which includes the following recommendations:

- Promote, develop and implement comprehensive national legal frameworks in each ASEAN Member State, and work towards improving child protection standards and policies on all forms of online exploitation and abuse across ASEAN Member States.
- Enhance law enforcement, judicial and legal professional capabilities through regular, relevant and updated trainings, and share and exchange best practices on the protection of children against all forms of online exploitation and abuse.
- Encourage the establishment of a national specialized unit with an explicit role to lead, support and coordinate investigations.
- Ensure the effectiveness of rights-based, gender- and age-responsive child protection and support services, as well as social welfare programmes.
- Strengthen data collection and monitoring, reporting and referral mechanisms through hotlines to report online materials suspected to be illegal (including child sexual abuse material).
- Promote a national education programme and school curricula to raise awareness of sexual and other forms of exploitation of children to empower children, young people, parents, guardians, caregivers, practitioners and communities.
- Mobilize and enhance engagement with the private sector and other relevant stakeholders to actively involve them in monitoring, prevention and response measures through regulations, corporate responsibility and collaboration in the development of effective measures to detect, take down and report illegal content related to OCSEA.
IMPLEMENTATION AND ENFORCEMENT OF LAWS – we must plug the data and evidence gap on VAC

Making it count: strengthening data, research and evidence for VAC

Session hosted by UNICEF

This session described and analysed the existing gaps in prevalence data in East Asia and the Pacific, as well as the gaps that exist in evidence generation for the INSPIRE strategies globally and in the region. The session emphasized the need to: strengthen research, particularly on prevention and response interventions; improve administrative data systems; apply innovation in data collection; and maintain a “do no harm” approach.

Key takeaways from the session:

1. Even though high-quality data and evidence on VAC are critical to design, target, monitor and implement the interventions, big gaps exist in prevalence data and evidence on what works to prevent and respond to violence in the region. Most countries in the region lack international comparable data on key SDG indicators related to VAC. Compared to other regions, there is a lack of high-quality evidence on interventions to prevent and respond to VAC, with limited representation of countries and
populations. For more information on evidence gaps, see the UNICEF Office of Research – Innocenti and Campbell Collaboration Evidence and Gap Map on interventions for reducing VAC.

2. To address the data gap, governments and NGOs can support the following actions:
   • Integrate data on VAC in national data collection plans and routine monitoring systems.
   • Ensure data collection systems are comprehensive, effective and sustainable, and based on a regulatory framework.

3. To address the evidence gap, governments and NGOs can support the following actions:
   • Strengthen investment in high-quality mixed methods research on interventions, including evaluations of interventions and documentation of the implementation and adaptation of promising VAC interventions.
   • Share and use evidence on VAC interventions across languages, geographies and sectors to inform action for children.

4. During the pandemic, a large number of countries reported disruptions in services related to VAC, and most importantly, only one third reported that mitigation measures had been put in place. High-quality data and evidence on effectiveness of interventions are critical for addressing the impact of COVID-19 on VAC.

Existing gaps in prevalence and administrative data in East Asia and the Pacific, and gaps that exist in evidence generation for the INSPIRE strategies globally and in East Asia and the Pacific

Key takeaways:

1. Most countries in the region lack international comparable data on key SDG indicators related to VAC:
   • 61% of countries do not have international comparable data on indicator 16.2.1 (violent discipline).
   • 82% of countries do not have international comparable data on indicator 16.2.3 (sexual violence in childhood) for girls.
   • Not a single country has international comparable data on indicator 16.2.3 (sexual violence in childhood) for boys.
   • Child protection services were severely disrupted during the pandemic. At the beginning of the pandemic, 77% of countries reported disruptions in services related to VAC.

2. In the last few years, public and policy attention on EVAC has risen sharply, but there is limited understanding of the evidence, which makes it challenging to use evidence effectively.

3. The UNICEF Innocenti and Campbell Collaboration Evidence and Gap Map on interventions for reducing VAC provides an overview of existing evidence in low- and middle-income countries. It includes publications in Arabic, Chinese, English, French, Portuguese and Spanish. In total, 180 studies are included in the Evidence and Gap Map. Evidence gaps include those on:
   • laws, crime and justice, and safe environments (least represented INSPIRE category);
   • sexual violence (least reported type of violence);
   • peer violence (least addressed form of violence);
   • economic and social outcomes, cost analysis (least reported outcomes);
   • urban populations, children with disabilities, ethnic minorities (least covered intervention target group);

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15 This online database is available on the UNICEF website: https://www.unicef-irc.org/evidence-gap-map-violence-against-children/.
• Middle East and North Africa (least represented geographies); and
• evidence in Arabic and Portuguese (least covered languages).

**Actions required to address the data and evidence gaps in the region**

*There are concrete actions that NGOs and governments can take in order to address the data and evidence gaps in the region.*

**Key takeaways:**

1. Countries should strengthen their administrative data systems and collect data on VAC regularly through national collection systems in a sustainable manner across sectors. Such a system should have a solid regulatory framework with specific provisions in legislation to regulate data collection on children in the child protection system, with a clear mandate for authorities to collect data on VAC. It should also include legislation that stipulates how to transfer the data from operational sources to a centralized storage system, what the data may be used for and the coordination mechanisms in place.

2. Obtaining good-quality information on what works and what does not when preventing and responding to VAC is a priority. It is then crucial that governments and policy-makers use these data and evidence effectively to design, implement and monitor interventions at scale.

3. The Global Initiative was created with the aim of overcoming a huge gap in the evidence on sexual exploitation of boys. This gap highlights the gender challenges and breaks gender norms in terms of evidence generation. The Initiative proved that the financial investment needed to gather data was not huge (young people were approached as well as NGOs working with them for data collection).

4. Always ensure a “do no harm” approach when it comes to data and evidence generation, use and sharing. Capturing data on violence is sensitive and challenging – there are methodological as well as ethical challenges, but these should not stop the collection of data. Only tested and dedicated methodologies should be used to collect data. Data collected without following ethical protocols can cause harm.
RESPONSE AND SUPPORT SERVICES

On the front line of the COVID-19 response and recovery: ensuring the social welfare/child protection sector and workforce can fulfil its critical role – lessons learned from the pandemic

Session co-hosted by the Government of Viet Nam, Global Social Service Workforce Alliance, Save the Children International, UNICEF and WHO

This session focused on exploring the role of the social service workforce (SSW), especially on the front line of the pandemic response and recovery, and how it can fulfil its critical role, looking at key lessons from countries in the region. It also explored the building blocks and progress of social service workforce strengthening (SSWS) in the region. Different examples and voices from the field were shared and priority actions identified to strengthen social work and the wider SSW in the context of the pandemic and beyond. Also discussed was the importance of making sure adaptations to support the workforce during the pandemic response are integrated into long-term system reform.
Key takeaways from the session:

1. The work of the SSW, especially social work, has a huge impact on EVAC. SSWS must be prioritized as a key approach to ensure evidence-based responses to EVAC, including during emergency responses such as COVID-19. Social workers, and the wider workforce, should be recognized as essential workers in emergency situations, including during the pandemic.

2. Social service workers play a key role in the health, social protection, education and justice sectors, especially in referring cases to appropriate multisectoral services. Appropriate and clear intersections between sectors result in an effective response to all forms of violence, abuse and exploitation, with a system capable of addressing the vulnerabilities and risks faced by families and children.

3. There is a need to strengthen the SSW for more efficient and effective service delivery and integration of child protection services.

Strengthening social work for child protection in East Asia and the Pacific – progress and gaps

The series of presentations in this session shared the key building blocks required for a strong SSW, along with progress and gaps in SSWS in East Asia and the Pacific, also in view of the COVID-19 pandemic and with SSWS as a critical action towards enhancing disaster preparedness and response.

Key takeaways:

1. Critical building blocks to strengthen and professionalize social workers and the workforce and the wider SSW were identified:
   - Having the right numbers of workers in the right places is a key component to strengthening child protection and social service systems.
   - Social service workers in different countries are not solely defined by formal qualifications or academic knowledge. Competency-based knowledge (experience, knowledge, skills and values) of social workers is also important and should be taken in account.

2. The Global Social Service Workforce Alliance framework for strengthening the SSW has three intersection wheels:
   - Planning the workforce (adoption of a strategic approach)
   - Developing the workforce (alignment of education and training with an effective workforce plan)
   - Supporting the workforce (development of a system to improve and sustain SSW performance).
   The implementation of the framework for planning, developing and supporting the workforce will support the development of a formally certified and regulated multi-level and integrated workforce, ensuring effective service delivery.

3. Key recommendations from social workers to ASEAN/ASEAN Social Work Consortium (ASWC) (findings from the ASEAN Social Work Survey) include: (i) providing social work trainings/courses; (ii) developing regional guidance on the role of social workers in key sectors (health, justice, social protection); and (iii) setting minimum standards for social work education.
Accelerating action on SSWS in East Asia and the Pacific – opportunities

Speakers shared opportunities for strengthening social work to improve child protection.

Key takeaways:

1. Viet Nam shared its experience as the Chair of ASEAN and the ASWC in promoting social work in the region during the Senior Officials Meeting on Social Welfare and Development, where it successfully advocated the adoption of the Ha Noi Declaration on Strengthening Social Work Towards Cohesive and Responsive ASEAN Community during the 37th ASEAN Summit in November 2020. This led to the development of the ASEAN Road Map for the Implementation of the Hanoi Declaration, which was noted in the 38th and 39th Summits. The ASWC 2021–2025 Work Plan also provides a strong regional framework for strengthening social work in the region. Viet Nam is fully committed to implementing the Road Map’s seven priority areas into its national work plans in line with regional frameworks on social work.

2. The importance of strengthening social work in the health sector was showcased through Viet Nam’s experience where social workers play a key role in responding to child abuse in the health sector by providing psychosocial support to children subjected to abuse, and by working with hospitals, health staff and concerned agencies to ensure children’s safety.

3. It is critical to rethink the interlinkages and identify opportunities between social service work and social protection for family support and vice versa in the context of COVID-19. The pandemic resulted in an unprecedented growth in social protection interventions that increasingly use digital platforms for cash provision. Consequently, they are missing the social labour force expansion, leaving beneficiaries without the specific support they need when they could utilize existing social service workers – as the first point of contact with the social welfare system – to access both social services and cash assistance. While digital interventions are less costly, the impact without human interaction (or the “human face”) can be reduced.

4. Cambodia shared a strong business case for investing in social work by deploying social workers and integrating them and their roles within the civil service to reintegrate children from residential care institutions. The experience generated good practices and lessons for government commitment to invest in increasing the quality and quantity of social workers. The integration of the SSW as part of the civil service is fundamental to a functioning child protection system that can deliver effective prevention and response services for children.

5. Different countries demonstrated opportunities for strengthening social work for child protection in low-income contexts. For example, in 2019, the Lao People’s Democratic Republic together with UNICEF initiated a national visioning exercise for their child protection system. Based on this exercise, the Government developed its National Plan of Action on Child Protection System Strengthening (2022–2026).

6. Child protection services usually rely on the informal sector, so international models with a more developed formal sector are sometimes not suitable. UNICEF Pacific is therefore developing a strategic approach, in which one component is a training programme adapted to the Pacific context and the academic profiles of the existing workforce.

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case management. Following the training in Vanuatu, they were able to allocate a total of 10 officers in six provinces, representing a significant improvement of the island nation's child protection system.

Opportunities for accelerating SSWS for child protection – lessons from COVID-19

During the COVID-19 pandemic, many countries in the region strengthened their SSWS in order to enhance child protection. Some interesting examples were shared during this session.

- In Cambodia, the cash transfer programme was expanded in order to include children from 0 to 5 years old.
- In China, the SSWS managed to influence the policy-making scenario by advocating a programme to rescue and protect children without guardianship during the pandemic.
- In Mongolia, the child protection workforce capacity was strengthened across the country through remote supervision sessions for child protection officers.
- In the Philippines, the innovation of teleconsultation at the village level allowed the ability to equip the tele–child protection unit centres and link them with hospitals.
Scaling up the role of the health sector to promote strategies to prevent and respond to violence against children

Session hosted by World Vision

This session investigated the critical role of the health sector in EVAC. It explored the unique positioning of health systems and universal health coverage for preventing and responding to the consequences of VAC, particularly in the context of COVID-19. Innovative approaches to delivering health services during the pandemic were shared, assessing their potential to enhance and scale up EVAC initiatives. Intersectoral approaches to safeguarding existing EVAC services and programmes led by the health sector during health emergencies were investigated.

Key takeaways from the session:

1. The health sector plays a critical role in timely and effective identification of and response to VAC. Primary health care and community-based health workers play a unique role in detecting and responding to VAC, particularly during health emergencies such as COVID-19.
2. The recently endorsed World Health Assembly resolution WHA74/23, “Ending violence against children through health systems strengthening and multisectoral approaches”, highlights the leading role of health systems and health actors in addressing violence against women and children. Healthcare providers are required to have the skills to identify and respond to child maltreatment, including:
   • creating a safe and supportive space for patients that fosters trust;
   • recognizing signs and symptoms associated with child maltreatment;
   • inquiring sensitively about signs and symptoms without putting the child at increased risk;
   • providing appropriate and timely first-line support; and
   • addressing physical, mental and sexual health needs.

3. Health providers require health system support to be able to provide appropriate and adequate care to children who have experienced violence. There are strong examples from the region on scaling up the role of health workers to prevent and respond to VAC:
   • Family support centres in Papua New Guinea located at major hospitals throughout the country offer survivors of violence a range of comprehensive, people-centred and human rights-based medical care and referral services. They are dedicated safe spaces for women and children to seek treatment and counselling, and to facilitate urgent referrals.
   • Mongolia has health facility-based one-stop service centres.

4. Innovative approaches are needed to enhance the scale-up of EVAC initiatives. Examples from different countries showed innovative interventions that rely on the health sector for detecting and responding to VAC:
   • The “Child-Shield” project in Thailand screens hospital records to identify children at risk of violence using predictive analytics.
   • The “Go Baby Go” project also in Thailand provides support to parents and caregivers through home visitation and early childhood care programmes led by the health sector, and has now been adapted to an online modality due to COVID-19 constraints.

5. Violence prevention and response efforts must be centred in COVID-19 programming led by the health sector. In order for this to be achieved, the following priorities have been identified:
   • Strengthen political commitment towards EVAC during humanitarian emergencies.
   • Ensure funding for quality VAC prevention and child protection services is safeguarded at the time health sector funding is redirected to other components of disease outbreak management.
   • Prioritize humanitarian and emergency contexts by scaling up the role of the health sector to promote EVAC and prevent and respond to VAC.

Introduction to session: Scaling up the role of the health sector to promote strategies to prevent and respond to VAC

Speakers highlighted the need to strengthen the health sector’s commitment to EVAC, providing recommendations on tangible approaches the health sector can take towards strengthening prevention and response mechanisms.

Key takeaways:

1. Health systems and health actors have a leading role in addressing violence against women and children, as highlighted in World Health Assembly resolution WHA74/23.

2. Studies from World Vision highlight the importance of the health sector’s contribution towards EVAC, demonstrating how community-based health workers can be upskilled and supported to provide services towards violence prevention and response. Through World Vision initiatives, health workers are trained and empowered to provide counselling, implement violence prevention programmes and
provide referrals for children who have experienced violence. Despite this, there is an ongoing need for better support systems and child protection groups and services in the community.

3. COVID-19 will have a long-term impact on children’s health. The role of the health sector – especially community health workers – in preventing and responding to disease has proven to be critical in many communities, both before and during the pandemic. Violence prevention and response efforts must be centred in COVID-19 programming led by the health sector. Some key actions include:

- The WHO Global Plan of Action to Strengthen the Role of the Health System within a National Multisectoral Response to Address Interpersonal Violence, in Particular against Women and Girls, and against Children and resolution WHA74/23 must be integrated into COVID-19 recovery plans.
- Adequate funding is necessary to ensure the quality and reach of essential violence prevention and response services offered through the sector. This includes investment into child protection services that are connected to the health sector, scale-up of evidence-based solutions led by the health sector, and involvement of the health sector in the development and implementation of national action plans to end VAC.
- There should be prioritization of EVAC in emergencies as a life-saving intervention.

### Reaching at-risk children through the health sector

This session highlighted the importance of health workers in identifying children at risk of violence and supporting health workers to provide a high-quality and effective response. Good practices from Mongolia, Papua New Guinea and Thailand were shared.

#### Key takeaways:

1. Children often do not disclose experiences of violence. Health workers are required to have the skills to identify and respond to maltreatment as frontline care providers. To be able to do this effectively, they need to be able to:
   - create a safe and supportive space;
   - recognize signs and symptoms associated with child maltreatment;
   - inquire sensitively about signs and symptoms (clinical inquiry) without putting the child at increased risk;
   - provide first-line support applying the LIVES approach (Listen, Inquire, Validate, Enhance safety, Support);
   - address physical, mental and sexual health needs; and
   - liaise with other services as needed.

2. To strengthen health system response systematically, there are key common issues that need to be addressed:
   - Response needs to be institutionalized: Guidance for providing an effective response to VAC must be included in clinical guidelines and protocols. Competencies around addressing violence should be added to job descriptions (see WHO Guidelines for Health Sector Response to Child Maltreatment\(^\text{18}\)).
   - Capacity of health-care providers must be strengthened: Child maltreatment is rarely included in pre-service training or in-service training
   - Practitioners must be supported: Clear and practical protocols for detecting and responding to violence in the health-care setting should be developed. Health system support is required for health-care providers to effectively address VAC.

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3. Country experiences within the region on scaling up the role of health workers to prevent, detect and respond to VAC include the following:

- **Mongolia** has established a one-stop service centre for victims of domestic violence, which works to identify women and children who are victims of violence at an early stage, providing comprehensive and quality care by trained professionals in response, in a safe and secure environment.

- **Papua New Guinea** has created family support centres located at major hospitals across the country, providing survivors of violence with comprehensive, people-centred and human rights-based medical care and referral services.

- **Thailand** has created an innovative surveillance system that screens hospital records for children at risk of violence using predictive analysis. This protective and adaptive child protection system collects, manages and gathers information on children’s safety. It uses machine learning to create risk assessment models and presents these data on an application accessible from smartphones and tablets that allows social workers to decide on appropriate interventions.

- **Thailand** has also developed the *Go Baby Go* project, which provides support to parents/caregivers through home visitations and early childhood care programmes run by the health sector. In response to COVID-19, offline training materials for parents have been developed and online follow-ups are used to stay in contact with families despite lockdowns.

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Panel discussion: Experiences of multisectoral stakeholders from the region who work in partnership with the health sector towards EVAC

*In this panel discussion, different speakers shared how they work closely with the health sector towards EVAC.*

**Key takeaways:**

- Several initiatives are underway in **Cambodia** in partnership with World Vision:
  - Studies were conducted with commune committees for women and children to strengthen child protection. The intervention meant strengthening the voices of children and citizens to engage in dialogues and discussions with the local child protection actors, and to understand the needs and concerns of parents and children so they can appropriately plan and budget interventions at the commune level. In this way, health services were helped to increase their reach to children experiencing violence during the COVID-19 pandemic.
  - World Vision also collaborates with the Village Health Support Group representatives in the community. In the context of COVID-19, the impact of mental health on community members has proven to be huge, so World Vision established a partnership with TPO Cambodia to give training to local child protection actors.
  - Faith-based institutions in Cambodia collaborate with World Vision by providing capacity-building workshops for families and young people to engage the community in violence prevention. Churches organize meetings with other stakeholders to understand how referral systems operate and how to report an abuse.

- In **Australia**, hospital social workers have a critical role in preventing, identifying and managing abuse and neglect among children. Social workers are experts in evaluating the child psychosocial situation, which is essential for identifying abuse or neglect. Children from families without access to technology or the internet have become even less visible since the pandemic began. In the hospital context, many clinics have switched to tele-health. This helps social workers and others to pick up virtual clues about what is happening in the background of the house when connecting with families, but this in turn also has its challenges, such as the difficulty of guaranteeing privacy.
NORMS AND VALUES – we must challenge the cultural beliefs that justify corporal punishment, as well as adopt laws that prohibit its use in all settings

Ending corporal punishment: creative and cultural approaches to upholding children’s human rights

Session co-hosted by GPEVAC and Terre des Hommes

This session highlighted a specific issue in terms of VAC – corporal punishment – and how the seven key strategies of INSPIRE are integrated into cultural campaigns to address it.

Key takeaways from the session:

1. Deeply rooted beliefs and cultural norms in the region perpetuate the use of corporal punishment.
2. Children and young people can and should play an important role in preventing corporal punishment. They need to be fully engaged in the design of campaigns and services that address the harmful norms that promote corporal punishment, and to help identify solutions.
3. Culture and arts in their different forms provide children with the opportunity to share their experiences and claim their rights, as active citizens, in ending corporal punishment.
Regional governments and CSOs at the national, regional and global levels – as duty-bearers – should commit to actions based on cultural initiatives and law reforms to become more accountable towards the fulfilment, protection and respect of children’s rights to end corporal punishment.

Introduction to the session

An overview was presented of the global movement towards ending corporal punishment, with particular focus on regional efforts to prevent and mitigate it.

Key takeaways:

1. Ending corporal punishment is a human rights obligation. The United Nations Convention on the Rights of the Child obliges States to take legislative and other measures to protect children from all forms of physical and mental violence. However, despite the global obligation to end this practice, 1.3 billion children are still subjected to violent punishment by their parents, including 63% of children aged 2 to 4 years around the world who experience corporal punishment by their parents.

2. The prohibition on corporal punishment has a great impact on decreasing VAC; therefore, laws prohibiting CP should be explicit. There are now 63 States prohibiting all forms of corporal punishment of children in the world. In the ASEAN region, no States have full prohibition of corporal punishment; however, the ASEAN Regional Plan of Action on the Elimination of Violence against Children requires all ASEAN Member States to prohibit corporal punishment of children in all settings.

3. Corporal punishment refers to any punishment involving the use of physical force that is intended to cause some level of discomfort or pain. It includes punishment such as hitting, pulling hair, forcing to stand in an uncomfortable position, etc.

Country approaches to ending corporal punishment

Key takeaways:

1. Mongolia has made great efforts to eliminate corporal punishment against children through legal reforms, by signing global treaties and conventions to EVAC, as well as developing national laws and short- and long-term policies. During the COVID-19 pandemic, Mongolia developed a Government Resolution that included a specific action plan. The goal was to mitigate the impact of the pandemic on children through effective prevention and response measures. The approach included the creation of an intersectoral child protection group and specialized child protection units in 21 provinces.

2. The “Love Does Not Hurt” campaign is a project that takes a cultural strategy approach as a way to raise awareness, influence policy-makers, capacitate duty-bearers and engage young people, with the goal of making the change from the practice of corporal punishment to positive discipline. It was developed in 2020 by four organizations from four different countries (Cambodia, Lao People’s Democratic Republic, Philippines and Thailand), which came together to launch the campaign for three years. The campaign uses interactive theatre and creative arts and will culminate in a regional multi-arts festival.

3. A 2018 literature review on physical and humiliating punishment of children from four countries (Myanmar, Philippines, Thailand and Viet Nam) made the following points:
   - There is a strong and deep-rooted cultural belief that the practice of corporal punishment of children is beneficial to them, good for effective parenting and a predictor of success in later life as adults.
• Such beliefs have become a social norm, suggesting that corporal punishment is justifiable. Laws and regulations have been established to support such beliefs and practices, perpetuating corporal punishment.

• Recommendations for changing these cultural beliefs include continuing support of and sustaining efforts in public education on positive approaches to child care, and education and law reform to prohibit corporal punishment in all settings.

4. Theatre for development can be used in the pursuit of people’s development and democratization processes. Theatre gives young artists an outlet for creative expression and offers insights to those viewing the creative outputs. It provides safe spaces where participants can openly share their views without judgement, and provides opportunities for marginalized people to hear and see, to participate, and to transform policies, practices, ideas and values to ones promoting equality, tolerance and inclusion. The process of creation is a holistic multi-sensorial experience that touches the hearts and minds of people and serves as a facilitating vehicle for understanding why we practise corporal punishment, what the driving forces are, and how we can critically reflect on these practices. Culture and the arts go beyond cognitive understanding of issues to change mindsets and perspectives through rooted, grounded and founded knowledge and experience. Two examples of grounded experiences of combining cultural initiatives with policy advocacy from the Philippines and Thailand were shared:

• Peta Arts Zone is a project that promotes positive discipline instead of corporal punishment by staging a play that depicts how parents discipline children in the Philippines. The play is performed in communities and schools for free (adapting to local contexts and in their own dialects). The aim is to open a public discussion about corporal punishment. After the play, adults and children participate in debriefing sessions during which they can express themselves and engage in thoughtful conversation.

• Gabfai Community Theatre signed the first memorandum of understanding in Thailand at a district level to end corporal punishment in the country.

5. Young people from the region shared their positive experiences on how engaging in specific advocacy changed their lives, empowering them as advocates and agents of change.

“Arts empowered me to become a better person and to make a positive impact not just for myself but also for society.” - Youth theatre participant
Strengthening case management and information management for social work and child protection: the case of Primero

Session hosted by UNICEF

This session explored Primero, a digital platform that can strengthen case management and information management for social services. The session included an overview and lessons on Primero at the global level, followed by experience sharing from Cambodia and Thailand on their implementation of Primero to enhance child protection and use of Primero in gender-based violence (GBV) programming. Panellists discussed how Primero is supporting child protection and GBV programmes, and the possibility of adapting it to new types of programmes and contexts.

Key takeaways from the session:

1. Digital platforms such as Primero can enhance case management and information management systems for social work, child protection, and VAC and VAW.
2. Primero is a robust solution that has been tested; it is a secure and sustainable digital solution for strengthening information management systems for child and GBV protection globally.
Overview of Primero – global perspective

This session focused on the main reasons for the success of Primero, its key features and lessons.

Key takeaways:

1. Digital systems can advance the work of protecting children and women from violence. The success of any information management system is rooted in:
   - Its ability to align with the programme and support good practices.
   - Listening to users (understanding their experiences).
   - Trust: When dealing with sensitive personal data such as child protection case data, information management systems need to be developed with privacy by designing minimum standards, and they need to comply with stringent data protection and privacy standards. Primero is designed to build trust and accountability and promote good practices in protection programming.

2. The Primero initiative is about developing a robust solution for child protection and GBV data management and to make it available globally. Some features of Primero are:
   - It is a digital public good. It is configurable to different contexts, secure and fit for purpose.
   - It is child and survivor centred and supports integrated service provision.
   - The quality of data improves significantly when the caseworkers are engaging comfortably and effectively with the application. It is constantly adapting based on users’ feedback because "happy users produce better data".

Case studies – Cambodia and Thailand

The session showcased how Primero has been successfully implemented in Cambodia and Thailand as an integrated system for strengthening service provision and information management.

Key takeaways:

1. Primero/Child Protection Information Management System+ (CPIMS+) has been established as the national case management system in Cambodia. The introduction of Primero contributed to:
   - Strengthening case management (including for COVID-19): Initially, Primero focused on managing case plans for children in residential care institutions with the aim of supporting reunification. But now it has been extended to case management of children with protection concerns in communities and children affected by COVID-19. Primero made the day-to-day work of caseworkers and case managers efficient while reinforcing the case management principles such as consent and confidentiality. Primero (the Government Case Management System) is interoperable with OSCaR (the NGO Case Management System), which facilitates secure referral and integrated service delivery.
   - Strengthening information management: The interoperability between Primero and OSCaR prevented data duplication and supported the generation of national statistics on child protection services. Primero will share the annual statistics gathered to the national reporting system (CPIMS+).

2. Primero/CPIMS+ has been integrated with the health system in partnership with the Ministry of Public Health in Thailand, strengthening comprehensive service provision for victims of violence. Primero helps social workers manage child victims of violence cases more efficiently as they transition from a paper-based to a digital format for data management. It is interoperable with the health information
system, which assists the child protection and health sectors to identify vulnerable children, as well as the efficient delivery of life-saving health care and other services. In the next phase, Primero will be integrated with Child-Shield (an artificial intelligence–based surveillance system) to identify children at risk (prevention) and provide appropriate services (response).

3. Digital systems (such as Primero) can help to make case work efficient; however, appropriate human resources in SSW are needed to balance the caseloads and quality of services.

**Primero in GBV programmes**

**Key takeaways:**

1. Primero/Gender-Based Violence Information Management System+ (GBVIMS+) is an inter-agency digital solution for GBV case management and incident monitoring. It aims to make GBV case management more seamless by enabling digital documentation, referrals and remote supervision functionalities, which trigger good practices in supervision.

2. The GBVIMS+ roll-out model combines GBV case management and an information management assessment exercise, which allows the identification of needs and gaps in capacity development for GBV case workers and supervisors, and ensures in-country standard operational procedures and referral pathways are in place. Primero roll-out guidelines (CPIMS+, GBVIMS+) and Learning Resources are available to support stakeholders in planning, implementation and capacity-building.

3. Primero supports data-driven decision-making on programming and service delivery model through automatically calculated key performance indicators, which provide information on efficiency, effectiveness, quality and timeliness in service utilization.

4. To meet the demand for GBVIMS+ in humanitarian, development and nexus settings, GBVIMS+ for governments is under development. Initial exploration is ongoing for the potential extension of GBVIMS+ to health workers responding to clinical management, rape and intimate partner violence.

5. Primero has the potential to be adapted to new types of programmes and contexts – such as for a justice programme. The integration of Primero with other systems (for instance, health information system and Child-Shield in Thailand) would help integrated service provision across different sectors and systems strengthening.
RESPONSE AND SUPPORT SERVICES

Why ending VAW is critical to EVAC – and vice versa: the implications for action, advocacy and programming

Session co-hosted by UN Women, United Nations Population Fund, WHO and UNICEF

This session investigated the intersection between VAC and VAW. It presented available evidence and demonstrated the criticality of collaboration, coordination and integration to effectively address violence across the life course and across generations. The session highlighted that VAC and VAW are linked, and one cannot be effectively tackled without addressing the other.

Key takeaways from the session:

1. There are several intersections between VAW and VAC. While the forms and effects of violence may differ between women and children, both negatively impact gender equity and economic growth at a population level.
2. The adolescence period overlaps between the two forms of violence and is usually overlooked by people working in either area – when it actually should be of interest to both. Adolescence is an age of elevated vulnerability to key forms of VAW and VAC, and a period when perpetration and experiences of some forms of VAW begin.

3. COVID-19 increased the opportunities for online abuse of both women and children. There is an urgent need to explore the intersections between VAC and VAW in the critical online space and the role technology plays in children’s exposure to family and domestic violence.

4. Collaboration between those working towards ending VAC and VAW is urgent, possible and essential. Ending VAC and VAW are mutually reinforcing accelerators; they do not have to be competing agendas. There are opportunities for alignment and/or integration between policies, programmes and services aimed to prevent and respond to VAC and VAW.

5. Integration and coordination at frontline service points, especially social welfare, police and health, can ensure an effective and holistic response for children and women experiencing violence.

6. Practical solutions have been identified for cross-cutting interventions that address shared risk factors for violence across the life course. Primary prevention programming has proven to be promising in preventing VAC and VAW. Prevention programmes offer significant opportunities for integrative and collaborative approaches to address specific and shared underlying risk factors and harmful social norms.

Setting the scene – ending violence against women and children in East Asia and the Pacific

Speakers demonstrated the different interlinkages between VAC and VAW, identifying practical opportunities towards coordinated prevention and response to both.

Key takeaways:

1. VAC and VAW are linked in multiple ways:
   • Intimate partner violence and corporal punishment have common roots and risk factors, including gender inequality, an acceptability of violence, and gendered, intergenerational effects.
   • When VAW takes place in the household, children are exposed to violence, which increases the risk of later perpetration among boys and victimization among girls. This highlights that the prevention of violence in childhood is essential for long-term prevention of VAW and vice versa.

2. The adolescent experience of violence often falls through the gaps of services and resources for VAC and VAW. As a result, it is often overlooked during the design of interventions to end violence which are relevant for the adolescent age group.

3. Similarities between the INSPIRE Framework for Ending Violence against Children19 and the RESPECT Framework for Preventing Violence against Women20 suggest that there are opportunities to prevent and respond to both forms of violence in a coordinated way.

4. There is an urgent need to explore the intersections between VAC and VAW in the critical online space and the role technology plays in children’s exposure to family and domestic violence. During the COVID-19 pandemic, higher use of technology for school, work and social interactions increased opportunities for online abuse.

19 INSPIRE: Seven strategies for ending violence against children.
Both women and children can suffer from technology-facilitated abuse. In some cases, parents directly abuse children. In other cases, children are used as pawns in the abuse of mothers. The Global Threat Assessment Report 2021, developed by WeProtect Global Alliance, shows a high prevalence of online child sexual abuse being perpetrated by male family members.

The session ended with a call to action to maximize the benefits of technology while minimizing the risks, recognizing women’s and children’s rights to safe technology and internet access.

Collaboration is essential – challenges and opportunities for collaboration

The basis for effective collaboration between sectors and stakeholders addressing VAW and VAC was proposed through identifying shared strategies and goals, with key actions proposed.

Key takeaways:

1. Despite a number of challenges for collaboration (including limited guidance, risk of losing specializations, and lack of a theoretical framework or evidence-based model to base integrative or coordinated efforts), there are concrete opportunities for collaboration through:
   • Forming multisectoral taskforces that address both VAC and VAW.
   • Establishing coordination among government departments, practitioners and academics, focusing on VAC and VAW, to develop periodical national prevalence data that speak to both kinds of violence, and collecting high-quality administrative data and evidence.
   • Mapping VAC/VAW programmes, services and data collection efforts, recognizing commonalities and overlaps, and identifying entry points for coordinated or integrative programming to establish starting points for innovative pilot programmes.

2. The health sector plays a key role in addressing VAC and VAW in a coordinated manner through:
   • Developing comprehensive strategies, action plans and coordination mechanisms for ending VAC and VAW (for example, strategies focusing on family health).
   • Strengthening health worker capacity to detect and respond to violence against both women and children, with several examples across the region highlighting the benefits of training health workers and frontline workers.
   • Improving the evidence base to detect and refer cases of VAW and VAC as needed.

3. Key actions for developing joint strategies should include:
   • Developing a theoretical framework that shapes our understanding of the intersections between VAC and VAW. Language used should be carefully considered, ensuring it is relevant for both children and women. It will be necessary to integrate feminist principles into VAC programming and child rights perspectives into VAW programming.
   • Defining an intentional approach to ending VAC and VAW, identifying common goals and articulating mutual gains.
   • Building trust between stakeholders, which should be a key outcome of the process.

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Moving ahead together – preventing and responding to VAW and VAC

Ending violence against women and children are not competing agendas.

Key takeaways:

1. EVAC and ending VAW can be mutually reinforcing accelerators. Effective programmes should facilitate critical reflection around gender inequalities. This can include skills-building around communication and healthy relationships. Programmes should take participatory experimental approaches, involve adequate exposure to the intervention (one or two trainings are not enough), and provide thorough training and support for facilitators of the intervention.

2. Primary prevention programming has proven to be a promising intervention for preventing VAC and VAW. Successful interventions include parenting programmes, home visitation programmes, couples’ programmes, life skills and school-based curricula.

Panel discussion: Promoting effective prevention of and response to violence against women and children

Examples from across the region showed how efforts to end VAC and VAW can be brought together to effectively address violence across the life course.

Key takeaways:

1. The "Change the Story" framework\(^{22}\) (developed by Our Watch, Australia) offers an integrated approach to preventing VAW across the ecological model, across key settings and institutions, and across the life course. While it focuses specifically on women, the benefits the framework provides towards keeping children safe from violence are evident.

2. The UNESCO project "Connect with Respect"\(^{23}\) is a classroom curriculum developed to prevent GBV in schools. A recent evaluation of the project demonstrated improvements in students’ attitudes towards gender equality, which is directly linked to preventing violence within school and within the home.

3. A community mobilization project in Da Nang, Viet Nam, inspired by SASA!\(^{24}\) demonstrated that programming should be done through an ecological lens, not only working with individuals, but also aiming to change institutions and communities.

4. Samoa’s Inter-Agency Essential Services Guide for Responding to Cases of Gender Based Violence and Child Protection\(^{25}\) is a strong example of how to acknowledge the intersections between VAW and VAC while ensuring a distinct approach when responding to cases of violence among women and children.

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The Philippines has established women and children protection units, or WCPU, within major hospitals across the country, which ensure services can respond effectively to both VAC and VAW. Through these units, child protection specialists and social workers are able to inquire about domestic violence when reviewing child cases, and about child abuse when reviewing domestic violence cases. WCPU can also stand for “We Can Protect women and children as a Unit.”
Why EVAW is critical to EVAC – and vice versa: the implications for action, advocacy and programming

**VAW + VAC**

**THE PRESENCE OF ONE FORM OF VIOLENCE IS A STRONG PREDICTOR OF THE OTHER.**

- TFA: Children used as pawns in the abuse of mothers
- Childhood emotional abuse is the strongest predictor in men perpetrating IPV
- Violent discipline & IPV at home pose a higher risk for later perpetration (boys) & victimisation (girls)

**ENDING VAW + VAC**

- Policies & action plans
  - Focus + recognize interconnectedness of VAC & VAW / life course / gender transformative approaches
- Capacity building, Services & interventions for prevention + response
  - Frontline services and joint training on VAC + VAW
- Ensure child protection systems and adult services are in place

**INSPIRE + RESPECT**

- A joined approach is essential for

**MAKING MEANING OF TENSIONS**

- Despite differences, there are silver linings to using a joint approach to addressing VAW/VAC
- Identify + articulate common goals + gains
- Develop & implement joint programming
- Be intentional, participatory, experiential & critical in the approaches taken
- Build trust

**WORK SYSTEMATICALLY & STEP AWAY FROM SILOES**

- Joint funding of VAW + VAC

**RESPECT**

- Empowerment of women
- Poverty reduced
- Child and adolescent abuse prevented
- Transformed attitudes + beliefs programs
- Relationship strength strengthened
- Services enhanced
- Environment made safer

**EFFORTS TO END VAW + VAC ARE MUTUALLY ACCELERATING!**

- Develop & implement framework for action
- Implement family health programs
- Develop & enhance child protection systems & services
- Embed safety in design of products
- Expand evidence base of VAW+VAC research

Create cultural, social, and institutional changes throughout

Learn from practice
EDUCATION AND LIFE SKILLS – We must end violence in, around and through schools

Tackling VAC in future crises: lessons learned from COVID-19, humanitarian emergencies and the second INSPIRE conference

Session moderated by World Vision, Save the Children and Global Child Protection Area of Responsibility

The final session discussed how to ensure that we are prepared to end violence against children in future crises by learning from COVID-19 and other humanitarian emergencies and armed conflicts.

Key takeaways from the session:

1. Prevention is key to EVAC, and violence prevention is essential even in humanitarian settings. Prevention provides opportunities to enhance the evidence base and multisectoral approaches, and generate learning from across the humanitarian–development–peace nexus.
2. The centrality of children in disaster preparedness plans is critical to protecting children from all types of violence – including GBV in humanitarian action. Actions should be prioritized that prevent and address risks and harmful practices.
3. COVID-19 highlighted the opportunities offered by digital solutions and remote modalities.
Understanding VAC in humanitarian settings (conflict, disasters, public health emergencies)

Key takeaways:

1. The main risk factors that lead to child protection issues in development situations are the same that arise in emergency situations or humanitarian situations; school closure is one of the main risk factors in both contexts.

2. Some key points related to prevention in humanitarian settings are:
   • Prevention is feasible in both humanitarian and development contexts.
   • It respects the dignity of children and families.
   • It allows for a view of the whole child.
   • Prevention is cost-effective.

3. There are some core elements needed for effective prevention programming in humanitarian contexts:
   • Context specific – ensure that the risk and protective factors are understood.
   • Community and child-centred approach – facilitate community leadership.
   • Working in a multisectoral way – design interventions based on risk and protective factors.
   • Multi-level approach – the more we work at different levels the more effective the programme will be.
   • Strengths based – make sure we look at what is already protecting children from violence.
   • Bridge humanitarian and development settings – preparedness work is key.
   • Strategic – be smart with resources and focus on the main factors and develop appropriate interventions.
   • Measure – design programmes to measure prevention outcomes; document and share.

4. During the COVID-19 pandemic, children’s exposure to violence and GBV increased with the containment measures. Some recommendations for addressing this issue include:
   • GBV services (health, social services, hotlines, shelters) for survivors should be categorized as essential by all governments and remain operative during emergency contexts and lockdowns.
   • Local organizations should be recognized by increasing direct and flexible funding to them and encouraging active participation. These local organizations are often the first to respond and refer survivors to the services they need.
   • GBV and child protection actors should work together more effectively and ethically to address their specific needs. The GBV–child protection collaboration through the Child and Adolescent Survivor Initiative and the strengthened field-level coordination both on preventive and responsive actions recognize the intersection between VAC and VAW.
Lessons from the field – from systems approach to collaboration and innovation

In this part of the session, child protection actors in the field shared lessons from challenging interventions in Cambodia, and reflected on the important role of child helplines in addressing VAC, particularly during the COVID-19 pandemic.

Key takeaways:

1. Child protection and social workers have to be part of the immediate emergency response and designated as essential. There are good practices in reaching children and families with VAC prevention and response in different types of emergencies:
   - Coordination mechanisms (for instance, between UNICEF and Save the Children) are especially important in disseminating protection messaging and information, providing legal aid and case management support in very difficult circumstances, and strengthening the remote modalities of work as a means of overcoming key challenges in reaching many communities. Child protection is an essential and life-saving intervention and should be part of the immediate humanitarian response.
   - There is a need for strong coordination between child protection actors, between systems and the social workforce and communities, as well as across sectors.
   - Not only should referral mechanisms be strengthened but also humanitarian response that is localized and community based.
   - A strong focus should be placed on mainstreaming, joint programming and integration, and importantly, on ensuring that systems approach work is embedded across sectors.

2. Remote modalities and digital or technological solutions have great potential. For example, in Cambodia the helpline serves not only as a reporting and referral mechanism, but also as a provider of counselling, emotional support, educational information about COVID-19 and protection, self-protection from VAC, interventions, and connections to other basic needs and essential services.

Preparing to tackle EVAC in humanitarian action in the future

The third part of the session aimed to answer the question of how to further improve the effectiveness and efficiency of child protection in humanitarian action, and how to work towards enhancing the evidence base and anticipatory action to tackle VAC to generate better outcomes for children.

Key takeaways:

1. Evidence generation is important, especially in the context of crises, where it can be used to ensure families and children are well protected in humanitarian/crisis situations. Some of the relevant points regarding evidence generation include:
   - Ensure a “do no harm” approach.
   - Learn from previous crises, including key impacts from other emergencies such as the Ebola crisis.
   - Using previous evidence to develop a framework, pull that information into a framework so that people working in the field can put in a map and visualize it. Ask what evidence is needed, and what the evidence shows.
   - Collect evidence periodically in order to identify any gaps in knowledge and to ensure that resources are put in when they are needed.
• Go beyond the numbers. Numbers alone may not be accurate and other dynamics – such as those related to ethnicity, gender, and religion – also need to be recognized and understood.

• Use a range of innovative data methods for evidence generation. Also, use multiple approaches to build the story and see what is actually happening on the ground.

• Prioritize evidence in populations at increased risk of negative child protection outcomes and apply a gender and equity lens.

• Invest in building partnerships with community-based stakeholders.

• Ensure evidence access and uptake to inform decision-making.

2. Children did not cause the problem of climate change, but they have to live with its greatest impact. Anticipatory action is key. This term refers to methods of providing critical support to communities before a disaster occurs. Providing action now, prior to the impact of a hazard, lends itself to an increased focus on actions that seek to prevent child protection violations from occurring in the future.
Closing remarks

Closing remarks were made by the United Nations Special Representative of the Secretary-General on Violence Against Children, Ms Najat Maalla M’jid.

In addressing the question "why EVAC cannot wait", the following points were made:

- Because before the pandemic, violence was affecting many children in many settings and in various forms.
- Because the pandemic has increased VAC – including GBV – at home, in the community and online.
- Because the socioeconomic impact of the pandemic is increasing the risk of violence, school closure and remote learning schooling has resulted in significant learning loss, both academically and in children's social-emotional development, which has highlighted the digital divide.
- Because the pandemic has significantly impacted children's mental health.
- Because the pandemic has revealed and exacerbated social inequalities affecting mainly the poor and most vulnerable children, including children living in conflict areas and children affected by climate change, religious conflicts and disasters, among others.

The pandemic has severely tested the capacity of states, communities and families to secure children’s education, mental well-being and social welfare. While states undertook many actions, they still need to do more to scale and sustain them to make them accessible to the most vulnerable.

How can we effectively and suitably move forward to address VAC in the region and globally?

- We need to build on what we already know and is already well documented. We know that VAC occurs in many settings – both offline and online – and we know the connection between VAW and VAC; we know the underlying and interconnected factors related to VAC; we know the human impact and economic cost of VAC; we know what the barriers are and what is effective and evidence based in tackling VAC and its impacts; and we know what the protective and risk factors are for preventing VAC.
- We must promote and scale up evidence-based interventions that we know will make a difference.
- We must learn lessons from the pandemic and humanitarian crises; we must look beyond COVID-19 and be ready for other crises and disruptions caused by conflicts, disasters due to natural hazards and other disease outbreaks.
- We need a paradigm shift – to move away from this siloed and unsustainable approach to actions based on a child rights life cycle and cross-sectoral approach. This integrated approach reflects the interdependence of children’s rights, the SDGs and the INSPIRE strategies.
- We must strengthen and scale up across sectoral systems: child-sensitive social welfare protection and care services; safe and empowering education, including digital learning; equal access to health and mental health services; child- and gender-sensitive justice; and parenting support and sustainable social protection for vulnerable families and communities. We must consider it a key investment for an inclusive, healthy, peaceful, just and resilient society that keeps children safe from harm, leaving no one behind.
- We must build services around children according to their rights and needs. This requires strong political will, translated concretely into sufficient financial resources, well-stocked services – including SSW, evidence-based action, strong information and monitoring, as well as accountability mechanisms.
- We need wider mobilization and stronger multi-stakeholder partnerships. We need partnerships at different levels linking global, regional, national and local action, involving all actors, including...
governments, CSOs, FBOs, private sector organizations, information and communications technology companies, the United Nations, academia, financial institutions, local communities, religious leaders, and of course children and young people.

• We must create opportunities for children to exercise their own power, to be part of the decisions that affect their lives and to be real agents of change. This means providing child-friendly ways for children to receive information, and to express themselves freely to participate in decision-making processes. We must also support and protect children in their peer-to-peer protection initiatives and their civic engagement.

Let’s listen to children and young people and act faster and better – we know what to do and how to do it. Let’s do it for our children, let’s do it today and not tomorrow, because children are not just the future, they are the present and part of the solution.
Closing Session

Ending Violence Against Children During COVID-19 and Beyond

Virtual Regional Conference to Strengthen Implementation of the INSPIRE Strategies

East Asia and the Pacific
1-5 November 2021

Safe Environments
We must ensure safety & empowerment online

Parent & Caregiver Support
We must reduce violence through positive parenting programs at scale

Response
We must strengthen social service workforce & health sector capacity

Education & Life Skills
We must ensure safety & well-being in schools, including as schools reopen

NORMS & VALUES
We must challenge the cultural beliefs that justify corporal punishment

Implementation
We must plug the data & evidence gap on violence against children

We must ensure we can effectively respond to violence against children in future crises/emergencies

VIEWS of children & young people must be central

Violence against children is preventable and we have the tools to prevent it

Sectors must collaborate & coordinate to effectively tackle violence against both children & women

Ending violence must be part of the COVID-19 recovery agenda
Virtual INSPIRE Regional Conference feedback

**Mongolia:**

**Papua New Guinea:**
Papua New Guinea shared a Facebook post about the Conference and the participation of Mr Jerry Ubase as a keynote speaker: [https://www.facebook.com/WHO_PapuaNewGuinea](https://www.facebook.com/WHO_PapuaNewGuinea)

**Timor-Leste:**
As a follow-up to the conference, Timor-Leste supported five youth organizations to prepare and lead the First National Dialogue to End Violence against Children and Adolescents in Timor-Leste. Youth representatives were from: (1) Environmental Heroes Educational Action-Infinity, (2) Rotaract Club of Dili, (3) Asosiasaun Juventude Hakbi’it Justisa Timor-Leste – Youth Association for Justice Strengthening, (4) Aliansa Labarik Feto – Girls’ Alliance and (5) Parlamentu Foinsa’e Nian – Youth Parliament. These five organizations planned the event with participation from different sectors of the Government, CSOs, and national and international NGOs.

A total of 46 participants, including 21 young people, discussed and identified recommendations to establish a national agenda to end VAC. The main focus of the recommendations was on: ending violence in schools, communities and homes; prioritizing prevention programmes and raising awareness; increasing access to justice and specialized services for sexual violence survivors; and developing positive parenting programmes.

An outcome document with the recommendations was signed by high-level authorities such as: the Secretary of State for Youth and Sports; the Prosecutor General; the representative of the National Police Commander; the five youth organizations; and UNICEF. The results of the national dialogue are a substantial outcome from the INSPIRE Regional Conference. It serves as a starting point for Timor-Leste to build its national agenda and develop action plans for EVAC, above all, with excellent participation and leadership of the youth groups.

**Viet Nam:**
Giang, a youth participant from the INSPIRE virtual conference, shared her thoughts about the huge impact the Conference had on her:

“For the first time ever, I had the chance to share my story and reflections with a huge audience, without any fear of judgement or criticism! This is what I have been wishing for long back in my home country but never thought could happen. Also, the participatory process has highly motivated me towards the path of social activist against mental health discrimination, which again, I have never considered before. From my experience, I think if this chance to speak up has had a wonderful impact on my life perspective as well as career outlook. I hope UNICEF can partner more with the youth in the future, in order to create a close-knit forum connecting all those involved in the front line of children protection and young people. As a youth representative, I am sincerely grateful for all the hard work, caring, listening, and actions you guys are taking to protect us – children and adolescents – from all harms in order to make the world a better and safer place.”
Feedback on the INSPIRE Regional Conference on Ending Violence Against Children

1. How would you rate the conference?

- Excellent: 102
- Very Good: 70
- Good: 20
- Fair: 1
- Poor: 0

2. What was the best thing about the conference?

Latest Responses

- Easy communication, good supportive conference organizing team
- "所有讲座都很精彩"
- ""

29 respondents (15%) answered experiences for this question.
“Learning from the experiences of all those involved in the protection of women and children.”

“The voices of the children and youth in the conference”

“The speakers were all very knowledgeable and brought different experiences and perspectives to the sessions.”

3. What, if anything, could we improve about this conference?

160 Responses

Latest Responses
“NA”
“无”

23 respondents (14%) answered conference for this question.

“More time for interactive question and answer between presenters and participants”

“If we could be present there face to face to present our work and meet people from different diversity and space, Would be great to exchange contact, follow up with some best practices and share learning. Hope the pandemic will be controlled for such opportunities.”

“We need to pivot the discussions to more Pacific experiences. It was too Asia-centric.”
4. **What action(s) have you been INSPIRED to take as a result of the conference?**

**Latest Responses**

- "Participated as a panelist and participant"
- "为儿童保护提供更专业思路"

**193 Responses**

29 respondents (15%) answered work for this question.

- children’s rights
- child protection
- End Violence
- moral values
- programme
- positive parenting
- mental health
- women and children
- volunteerism
- work
- INSPiRED
- children and women
- actions for children
- violence against children
- education of all children
- children in my country
- children and violence

"On a personal level - Being kinder, and reflecting on my parenting style. On a professional level - looking at ways that this information can influence thinking in the work I do."

"Review further the existing programs of our organization particularly parenting programs and taking it to the next level to reach more and see its immediate outcome and measure eventually its impact on beneficiaries as well as influencing policy makers/issuance."

"Being more inclusive of young people’s perspectives when dealing with issues that involve young people. - Ensuring that there continues to be a multi sectoral approach between education, health and social welfare when it comes to promoting wellbeing and tackling VAC in schools."

"Organise similar conference in our region"

"As teacher, I will implement more positive discipline in my class and also inspire other educators to be more responsible in taking disciplinary actions towards learners."

""
“To continue to listen to children, look closely at how government commitments to children’s rights have been fulfilled, to work more closely at how countries can maximize the Inspire Conference for national and local actions and initiatives.”

5. CONTENT - How satisfied were you with the topics and session content?

- Very satisfied: 110
- Satisfied: 77
- Neither satisfied nor dissatisfied: 6
- Somewhat dissatisfied: 0
- Very dissatisfied: 0

6. CONTENT - How satisfied were you with the speakers and panelists at the conference?

- Very satisfied: 99
- Satisfied: 88
- Neither satisfied nor dissatisfied: 6
- Somewhat dissatisfied: 0
- Very dissatisfied: 0

7. CONTENT - What were the most inspiring sessions? (PLEASE PICK UP TO 4 (FOUR))

- Opening Session: Why action to end violence against children cannot wait: high-level dialogue
- More than words: scaling up positive parenting support throughout the life cycle to end violence against children and adolescents - Part 1
- More than words: scaling up positive parenting support throughout the life cycle to end violence against children and adolescents - Part 2
- Ending violence against children, mental health and learning: an imperative for the back-to-school and learning recovery agenda
- Hidden scars: delivering together on mental health for prevention of and response to VAC
- Empowered and safeguarded: the risks and benefits of the digital space to children
- Making it count: strengthening data, research and evidence for VAC
- On the front line of the COVID-19 response and recovery: ensuring the social welfare/child protection sector and workforce can fulfil its critical role - lessons learned from the pandemic
- Scaling up the role of the health sector to promote strategies to prevent and respond to violence against children
- Ending corporal punishment: creative and cultural approaches to upholding children’s human rights
- Strengthening case management and information management for social work and child protection: the case of Primero
- Why ending VAW is critical to EVAC – and vice versa: the implications for action, advocacy and programming
- Closing Session: Tackling VAC in future crises: lessons learned from COVID-19, humanitarian emergencies and the second INSPIRE conference
- INGO sub regional forum: Ending ...
8. CONTENT - How did the conference sessions influence your perspective or knowledge on the topics covered?

134 Responses

Latest Responses

“Broadened my perspectives and extended networks.” "无"

22 respondents (16%) answered knowledge for this question.

“Broadened my knowledge on what was happening in the sector across the Asian and Pacific regions and the common challenges we all face in regards to covid-19, mental health and strengthening and supporting the social workers.”

“It has made me realise the need to create in-country protocol measures which include mandatory working with children and vulnerable people checks for professions such as health workers, social workers, teachers and caregivers.”

“It helps me to see how covid is a contributing factor for Violence.”

“Very inspiring, enhancing my knowledge on Positive Parenting, EVAC and EVAW, Case management and others. Generally, all topics were excellent.”

“it deepened my competencies as a Social Worker and as a government worker”

9. CONTENT - How satisfied were you with the additional resources provided with each session? Documents, links, studies?

- Very satisfied: 97
- Satisfied: 74
- Neither satisfied nor dissatisfied: 14
- Somewhat dissatisfied: 1
- Very dissatisfied: 0

65
10. EXPERIENCE - Did you have any problems registering for or attending the event?

- Yes 97
- No 74

11. If you answered Yes to Q10 - please let us know the problem

**49** Responses

Latest Responses

"NA"

5 respondents (10%) answered **time** for this question.

"timing because the conference is quite long and my computer is not compatible with the conference zoom format so I have to follow it using a mobile device”

"the sign-up process was complicated and platform was heavy on internet”

"I was not able to attend other sessions due to the conflicts in schedule”
12. EXPERIENCE - Which platform did you use to watch sessions?

- Conference platform/Accelevents: 37
- Zoom: 76
- Both: 80

13. EXPERIENCE - How satisfied were you with the platform experience (Conference platform/Accelevents, Zoom)?

- Very satisfied: 97
- Satisfied: 74
- Neither satisfied nor dissatisfied: 14
- Somewhat dissatisfied: 1
- Very dissatisfied: 0

14. Did you find the conference site easy to navigate?

- Yes: 140
- No: 19
- N/A I used Zoom: 33

15. How did you feel about the duration of the daily program?

- Just right: 139
- Too long: 51
- Too short: 3
16. How would you rate the quality of audio and video at the event?

- Excellent: 91
- Good: 88
- Fair: 11
- Poor: 1
- Very poor: 1

17. If you used the interpretation function, how would you rate the interpretation?

- Excellent: 41
- Very good: 55
- Good: 44
- Fair: 11
- Poor: 1

18. Did you watch any sessions you missed/rewatch sessions after the end of the conference?

- Yes: 96
- No: 93

19. ENGAGEMENT - Apart from watching sessions, what features did you enjoy the most?

- Active Interaction (i.e. chats, Q&...: 69
- Knowledge Base (i.e. accessing ...: 87
- Networking/Connecting (i.e. lou...: 26
20. **How satisfied were you with the networking opportunities provided?**

- Very satisfied: 48
- Satisfied: 100
- Neither satisfied nor dissatisfied: 33
- Somewhat dissatisfied: 5
- Very dissatisfied: 0

21. **How satisfied were you with the discussion opportunities provided during the event?**

- Very satisfied: 63
- Satisfied: 94
- Neither satisfied nor dissatisfied: 24
- Somewhat dissatisfied: 5
- Very dissatisfied: 1

22. **How satisfied were you with interactive tools used during the event? For example: chats, questions, answers, displaying thoughts in real time or brainstorming?**

- Very satisfied: 61
- Satisfied: 108
- Neither satisfied nor dissatisfied: 18
- Somewhat dissatisfied: 2
- Very dissatisfied: 0
23. **Anything else you would like us to know?**

**105**

Responses

**Latest Responses**

"It was worthwhile and interesting event"

"无"

<table>
<thead>
<tr>
<th>27 respondents (26%) answered conference for this question.</th>
</tr>
</thead>
<tbody>
<tr>
<td>conferences/workshops</td>
</tr>
<tr>
<td>Violence Against Children</td>
</tr>
<tr>
<td>amazing conference</td>
</tr>
<tr>
<td>channel for the conference</td>
</tr>
<tr>
<td>conference duration</td>
</tr>
<tr>
<td>format of a conference</td>
</tr>
<tr>
<td>kind of conference</td>
</tr>
</tbody>
</table>

"On the whole it was very well organised. Impressive with having to work with multiple partners and speakers from different regions and time zones. Congratulations to the organisers"

"Wonderful conference. Full of knowledge."

"I hope this would be a regular activity to sustain networking, partnership and exchange of best practices"

"We would like to meet physically instead of virtually"

"Despite some of the obstacles that I faced, I hope this conference can continue to be held especially held online because it is very easy and the cost is much more affordable than having to attend in person secondly, there are lots of scientific updates that can be obtained and are useful in practice. Hopefully in the future you can provide a more friendly conference format or platform for us."