FROM A WHISPER TO A SHOUT: A CALL TO END VIOLENCE AGAINST CHILDREN IN ALTERNATIVE CARE
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EXECUTIVE SUMMARY

“The true measure of any society can be found in how it treats its most vulnerable members.”
– Ghandi

The UN Convention on the Rights of the Child (UNCRC) recognises children as the subjects of rights, as well as their vulnerability and need for “special safeguards and care”.1 Marking its 25th anniversary this year, the UNCRC is notably one of the most ratified UN conventions in history and has done much to progress the rights of children globally.

And yet, in our global society with international conventions endorsing the “rights” of all, some of our most vulnerable children continue to suffer from extreme forms of violence and abuse. This report demonstrates that even when children are presumed to be in the care of society itself they are vulnerable to and at risk of violence.

The UN Committee on the Rights of the Child has identified “children not living with their biological parents, but in various forms of alternative care” as one of the groups of children who are “likely to be exposed to violence”.2

Without the fundamental protection of a caring family, these children are vulnerable to abuse and neglect. Without “suitable” quality care, they risk violence at the hands of their caregivers, families, peers and the wider community.

In 2009, the UN endorsed the Guidelines for the Alternative Care of Children (the Guidelines). These set out “desirable orientations for policy and practice” to “enhance” the implementation of the UNCRC for children in alternative care. The Guidelines reiterate the right of “Every child and young person [to] live in a supportive, protective and caring environment that promotes his/her full potential” (§4).

This report draws on evidence from an extensive global literature review, and assessments of the implementation of the Guidelines in 21 countries around the world.3 It makes bold claims about high levels of vulnerability and risk of violence facing children in alternative care, but concludes that violence is not inevitable, and with an emphasis on providing quality care it is possible to mitigate the risks of harm for all children.

Violence against children in alternative care is preventable, but finding the answers as to why children are subjected to violence and what can be done to protect them is complex. Violence is the result of multifaceted social issues and political decisions that can only be addressed with adequate knowledge, political will and resources.

In beginning to untangle this complexity and add to our knowledge of what makes children vulnerable and puts them at increased risk, this report provides policy-makers and practitioners with insight into the challenges of protecting children, and makes recommendations for change to ensure that every child is provided with safe and quality care.
KEY FINDINGS

VIOLENCE AGAINST CHILDREN IN ALTERNATIVE CARE MUST BE STOPPED
A clear focus on protecting children and providing quality care through effective implementation of the Guidelines will mitigate violence and ensure that our most vulnerable children are protected and safe.

CHILDREN IN ALTERNATIVE CARE FACE MULTIFACETED VULNERABILITY AND PERSISTENT SOCIAL CONDITIONS THAT LEAD TO VIOLENCE
A combination of multi-layered vulnerability and enduring social conditions are the basis of much violence in alternative care. A lack of legal protection, society’s tolerance and acceptance of violence and the additional vulnerabilities experienced by children who are already discriminated against can mean that they are subjected to harm with impunity.

Between 80% and 98% of children suffer physical punishment in their homes, with a third or more experiencing severe physical punishment resulting from the use of implements.4

THE QUALITY OF CARE PLAYS A SIGNIFICANT AND DETERMINANT ROLE IN A CHILD’S RISK OF EXPERIENCING VIOLENCE
Alternative care does not inherently perpetuate violence, but rather the incidence of violence is inextricably linked to the overall quality of care and the ability of states to monitor standards.
Improvements in the quality of care, including adequate planning and assessments to ensure “suitable” alternative care placements; the implementation of monitoring and effective oversight; and the provision of independent complaints mechanisms would reduce the risk of violence against children.

In Bolivia 60% of all residential facilities are accredited.5
In Malawi only 9.2% of the children surveyed had a care plan.6

RELIABLE DATA AND SUBSTANTIVE RESEARCH ON VIOLENCE AGAINST CHILDREN IN ALTERNATIVE CARE ARE MINIMAL
There are considerable gaps in the data available on children in alternative care. This limited knowledge not only demonstrates the marginalisation of these children and the hidden nature of their lives and experiences, but also places them at greater risk of violence.
Without knowledge of the ways in which violence manifests in alternative care, it is impossible to design and maintain adequate systems to protect them.
RECOMMENDATIONS

Preventing and responding to violence against children in alternative care is a shared responsibility. While states bear the primary responsibility to implement protective measures to prevent violence, all stakeholders – international and regional organisations, donors, NGOs, care providers, civil society, the private sector, communities, families, and children and young people – must be empowered to work together to hold states accountable and to do everything possible to protect children.

RECOMMENDATIONS TO STATES:

1. States should strengthen national legislation and policy to ensure that there are specific provisions against violence in all forms of alternative care.
   Legislation should address all forms of abuse and neglect; harmful institutional practice that could include abusive forms of discipline or control; and peer violence.

2. States should ensure removal of a child from the care of the family is viewed “as a measure of last resort … and for the shortest possible duration” (§14).
   States should invest in preventive services, including family strengthening and capacity-building to assist parents to care for and protect their children. In situations of violence and abuse, sanctions should be directed at the perpetrators rather than automatically removing children for protective purposes.

3. States should improve their ability and the capacity of their competent authorities to monitor the quality of alternative care provision.
   This includes providing sufficient standards and guidelines to ensure that any monitoring is based on valid criteria; adequate resources to ensure authorities have the practical tools to fulfil their responsibilities, including the capacity to elicit the views of children; and the necessary follow-up mechanisms with the power to impose sanctions on alternative care provision that fails to meet standards.

4. States should assume their primary role as the coordinator of alternative care provision with all other stakeholders.
   States have a primary role as coordinators of alternative care provision to ensure that alternative care providers within the care system provide a range of suitable alternative care options, fulfil their obligations to provide independent reporting mechanisms, and ensure meaningful child participation (see below).
RECOMMENDATIONS TO ALTERNATIVE CARE PROVIDERS / CARE SYSTEM (STATE AND NON-STATE):

1. Alternative care providers should ensure that specialist services are available for families and children that experience violence, and that their services constitute quality care. These services should be both preventive – to avoid removing the child from the family environment – and rehabilitative – to ensure that children and their families that have experienced violence are provided with the support to heal.

2. Alternative care providers should ensure that they develop adequate, independent and confidential mechanisms for children and others to report violence in alternative care. Reporting mechanisms are essential to ensure that children do not suffer in silence and that violence is not perpetrated with impunity. Children should be provided with confidential support in order to report violence (or any other complaints) and adequate mechanisms to follow up on reports and protect children should be in place.

3. Alternative care providers should take measures to ensure that all children and where appropriate their families are able to meaningfully participate in any decisions relating to alternative care placements. Children should be empowered to participate according to their capacity in all decisions affecting their alternative care provision. Parents and other family members should be kept informed of decisions and where appropriate provided with the opportunity to participate in decision-making processes.

RECOMMENDATIONS TO ALL STAKEHOLDERS:

1. All stakeholders should collaborate in collecting comprehensive data and expanding contributions to research on violence against children. In particular, it is important to have information on the child population in alternative care, to ensure appropriate policies are in place and adequate resources are provided for their quality care. This also involves ensuring that children’s voices are heard in research into their experiences of violence, and are provided with opportunities to offer their own understandings and solutions.

2. All stakeholders should contribute towards coordinated efforts to raise awareness and educate society on violence against children in alternative care. This includes ensuring that children are informed that violence is not a necessary or legitimate element of alternative care: either as a form of discipline or control. It also means challenging levels of tolerance in society that allow violence against children to continue with impunity.
CONCLUSION

This report stands as a testament to the violence suffered by children in alternative care. It finds that to the best of our knowledge, children in alternative care are vulnerable to violence, and that the systems in place to care for them put them at further risk of harm.

This report also stands witness to the great resilience of children; who with strength and dignity prevail in the most difficult circumstances, even without the necessary care and protection.

But it is also a call for change. With knowledge, political will and resources it is possible to change the experiences of children in alternative care, so that they receive the quality care they deserve. In doing so we meet our obligations to respect and protect their rights, but we also demonstrate our true measure, as societies that care for our most vulnerable.

Notes:
1 UNCRC Preamble, §10.
2 Committee on the Rights of the Child, General Comment No.13: The right of the child to freedom from all forms of violence, 2011, CRC/C/GC/1318.
3 The literature review was completed by the University of Bedfordshire. The 21 country assessments were conducted by SOS Children’s Villages based on the Assessment Tool for the Implementation of the UN Guidelines on the Alternative Care of Children, available at: www.sos-childrensvillages.org/retired/quality-care-assessment.
6 Malawi country assessment.
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