THE ASEAN GUIDELINES FOR A NON-VIOLENT APPROACH TO NURTURE, CARE AND DEVELOPMENT OF CHILDREN IN ALL SETTINGS
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**PART I**

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Rationale, Objective and Meaning of Violence

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CHAPTER 1

Rationale, Objective and Meaning of Violence

1. Background

1.1. The Convention on the Rights of the Child specifies that it is the obligation of State parties to address and eliminate the widespread prevalence and incidence of violence against children (VAC). The UN Special Representative to the Secretary-General on Violence against Children, Paulo Sergio Pinheiro, outlined what has to be done to confront the major challenges of VAC (2006). During 2009 - 2015, another UN Special Representative, Marta Santos Pais, also has consistently monitored and highlighted the need to accelerate, preventive and responsive mechanisms to address violence against children worldwide.

1.2. The ASEAN Commission on the Promotion and Protection of the Rights of Women and Children (ACWC), at its July 2011 meeting, identified the elimination of violence against children (EVAC) as one of the priority areas in its 2012 - 2016 ACWC Work Plan. In 2013, ACWC developed the Declaration on the Elimination of Violence against Women and Violence against Children. Further, in 2014, at the 10th meeting in Myanmar, the ACWC endorsed the proposal to develop an ASEAN Regional Plan of Action on the Elimination of Violence against Children (EVAC). The ASEAN Guidelines for a Non-violent Approach to Nurture, Care and Development of Children in All Settings is one of the projects in the ACWC Work Plan (2012 - 2016). This Guidelines reflects the serious concern of ASEAN, the expression of commitment of the ACWC and its contribution to the well-being of children in ASEAN.
2. **Relationship of the Regional Plan of Action (RPA) on EVAC and the ASEAN Guidelines for a Non-Violent Approach to Nurture, Care and Development of Children in All Settings**

2.1. The RPA on EVAC and the ASEAN Guidelines for a Non-violent Approach to Nurture, Care and Development of Children in All Settings (hence onwards shall be known as the ASEAN Guidelines, or Guidelines) are both pertaining to the elimination of violence against children.

2.2. This Guidelines complements the ASEAN RPA on EVAC which serves as a blueprint or roadmap for AMS. The RPA is at the “macro” level, while the Guidelines is at the “micro” level i.e. the seven settings.

2.3. This ASEAN Guidelines is one of the priorities under the area of prevention of the ASEAN RPA on EVAC.

2.4. One of the steps to prevent and eventually eliminate violence against children is to adopt a non-violent approach to nurture, care and development of children in all settings.

3. **Objective**

This ASEAN Guidelines, which is in compliance, especially with Article 19 of the Convention on the Rights of the Child, and General Comment 13, serves as guidance, or example to all those who nurture and care for children to enable them to attain their full potential and well-being and work towards the elimination of violence against children.

4. **Uses of the ASEAN Guidelines**

4.1. It is recommended that this Guidelines can be adopted and/or adapted at the national and at all local levels in ASEAN Member States, in accordance with national and local contexts and circumstances for further effective implementation of the CRC which has been ratified by all the AMS (adapted from RPA on EVAC).

4.2. Many recommendations are included in the Guidelines section found at the end of each chapter. For the core components in
chapters 2 to 7, these are summarised after chapter 7. These recommendations should be implemented according to each AMS’ priorities.

4.3. In the spirit of ASEAN cooperation and collaboration, AMS countries that are more advanced working in the areas discussed, can assist other countries which are less advanced when needed and when requested.

5. **Users of the ASEAN Guidelines**

5.1. ASEAN Member States (AMS) through their relevant government agencies and ministries.

5.2. NGOs, INGOs, private sectors (including proprietors), academic institutions, human rights institutions/organizations, parental groups, communities, community leaders, religious organizations, professional organizations, civil societies, children/youth organizations and the children themselves, media (traditional, mass and electronic), politicians/legislators, members of the judiciary, police, interested individuals and others.

5.3. All personnel who work with and for children in AMS.

6. **Processes of Drafting/Developing the ASEAN Guidelines**

(Please see Part II)

7. **Scope and Limitations of the ASEAN Guidelines**

**Scope:**

7.1. This Guidelines covers a non-violent approach, which consists of these components, the rights of the child (as stated in the Convention on the Rights of the Child), understanding of the stages of child development, self-understanding of parents/child carers, positive communication, positive discipline and the empowerment of children for their own self-protection.

7.2. The scope also covered children in seven settings, as recommended by the UN Special Representative of the Secretary-General.
7.3. The other important part covered in this Guidelines is the roles of children, both children who are perpetrators and those who are victims of violence.

Limitations:

7.4. In developing this Guidelines there were several limitations, such as financial constraints, human resources and time constraints, which made it impossible to cover other related topics.

7.5. This Guidelines focuses mainly on how to assist children and their caregivers in seven settings: home, schools/educational institutions, communities, workplace, alternative care/shelters, baby homes, nurseries and day care centres and juvenile justice centres.

7.6. This Guidelines constitutes neither a manual, nor a handbook, which usually cover the “dos” and “do nots” in detail. These manuals and handbooks should be developed later in each AMS since they are more country-specific. Thus, this current Guidelines is analogous to a general map, rather than a detailed way to get there.

8. The Meaning and Framework for the Guidelines

8.1. The Meaning of Guidelines

8.1.1. First, it needs to be understood that a “Guideline” is not a textbook, where every concept has to be explained thoroughly. Secondly, “Guideline” is not a handbook or manual which details “how” to perform certain tasks. Thirdly, as operational definition in this present undertaking, this “Guideline” contains broad recommendations related to achieving the desirable objectives of elimination of violence against children (see also section 9).

8.1.2. There are various ways to construct a “Guideline”. For example, one way is to list a number of items related to relevant subjects/topics which should be considered in carrying out the activities to achieve certain objectives. The “Guideline” could include, for example, the principles underlying the activities, certain cautionary considerations, such as those which may become a risk factor to the beneficiaries (e.g., children, women, etc.) and certain other considerations related to international standards. Another
way could begin with an explanation and/or a description of the body the knowledge prior to introducing the itemized recommendations/guidelines. Our ASEAN Guidelines takes a middle of the road approach whereby a short description (in the form of “snapshots”) is provided prior to introducing the guidelines and/or recommendations. The reason for doing so is to allow for the possibility of a wider variety of users, whose level of understanding and expertise with respective to the various topics included in the guidelines differs. However, for the benefit of interested persons who may want to seek more information, some further readings/videos/links and other suggested references are provided in Part 2 of the Guidelines.

8.2. Framework

8.2.1. There are six core elements which serve as the foundation for a non-violent approach to the nurture, care, and development of children. They are core because these elements are also common in all seven settings described in this Guidelines. These six core components are as follows: child rights, child development, understanding yourself (e.g., parents, teachers and other caregivers), positive communication, positive discipline, and the empowerment of children for their own self-protection.

8.2.2. This ASEAN Guidelines follows the suggestion of the United Nations SRSG on VAC (Pinheiro, 2006) that the important settings to cover are: home, school, community, workplace, alternative care/children (welfare homes), early childhood centres and juvenile justice centres. Additionally, there is a separate chapter on violence against children by children.

8.2.3. The whole document is divided into two parts.

Part 1, which has 2 Sections:
- Section 1: Contains two clusters
  - Cluster 1: Core Components (Chapters 1 through 7)
  - Cluster 2: Settings (Chapter 8 through 15)
- Section 2: Contains the summary of itemized guidelines.

Part 2, contains addition information supplementing Part 1 For example there is information related to suggested readings, video and links, Glossary, Bibliography, Process of formulation of the Guidelines, etc.
9. Target Groups of Children for this Guidelines

The ASEAN Guidelines addresses, in particularly, children in the following settings: the home; schools/educational institutions; alternative care/children's shelters, early childhood care and development (ECCD), the community; the workplace; and juvenile justice centres.

10. Vulnerable Groups of Children

With reference to CRC General Comment No. 13, the following are children who are potentially vulnerable or exposed to violence. The list is not exhaustive.

• Children not living with their biological parents but in various forms of alternative care;
• Children not registered at birth;
• Children living on the street or homeless;
• Children in actual or perceived conflict with the law;
• Children in juvenile justice centres;
• Children accompanying their parents/guardians who are in detention, prison or shelter homes;
• Children with physical disabilities, sensory disabilities, learning disabilities, psychosocial disabilities and congenital, acquired and/or chronic illness or serious behavioural problem;
• Children who are indigenous or from other ethnic minorities;
• Children from minority religious or linguistic groups; children who are lesbian, gay, transgender or transsexual;
• Children at risk of harmful traditional practices;
• Children in early marriage (especially girls, and especially but not exclusively forced marriage);
• Children working in hazardous labour conditions, including the worst forms of child labour;
• Children who are migrants, especially undocumented and unaccompanied migrant children, refugees, asylum-seekers, stateless or displaced and/or trafficked;
• Children who have already experienced violence;
• Children who have witnessed violence in the home and in communities;
• Children in low socio-economic urban environments, where guns, weapons, drugs and alcohol may be easily accessible;
• Children living in accident- or disaster- prone areas or in toxic environments. In addition, children in emergencies are extremely vulnerable to violence when, as a consequence of social and armed conflicts, natural disasters and other complex and chronic emergencies, and social systems collapsing, they become separated from caregivers and adults;
• Children affected by HIV/AIDS or who themselves are HIV infected;
• Children who are malnourished;
• Children looked after by other children; children who are themselves caretakers and heads of households;
• Children born to parents who are still under 18;
• Children who are unwanted, born prematurely or part of a multiple birth (especially in cultures which have taboos associated with this);
• Children hospitalized with inadequate supervision or contact with caregivers;
• Children exposed to ICTs without adequate safeguards, supervision or empowerment to protect themselves.

11. Review of Some Literature and Some Important Concepts Related to the Negative Impact of Violence on Children

11.1. Research evidence on the negative impact of various types of violence on children. Research has documented a variety of costs and impacts arising from violence against children.

\(^{1}\) Looking at punishment and/or child abuse?
The Committee [on the Rights of the Child] defines “corporal” or “physical” punishment as any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light. In the view of the Committee, corporal punishment is invariably degrading.

In addition, there are other non-physical forms of punishment that are also cruel and degrading and thus incompatible with the Convention. These include, for example, punishment which belittles, humiliates, denigrates, scapegoats, threatens, scares or ridicules the child (see chapter 2 for more details).

Most “child abuse” is corporal punishment – adults using violence to control and punish children in a physical way. Research has consistently found that the majority of incidents substantiated by authorities as abuse occur within a punitive context.

Also, according to the CRC and research findings, the distinction between “ordinary” physical punishment and “abuse” is meaningless: no line can or should be drawn between “acceptable” and “unacceptable” violence against children (Gershoff, 2002).
According to experts on child development, the human costs of physical, sexual and psychological maltreatment of children are documented (for further reading please refer to Part 2).

11.2. Prevalence of corporal punishment and vulnerability

According to documented research, large numbers of children experience corporal punishment in their homes, schools, care settings and the juvenile justice system in all the regions of the world, including in South East Asia (see chapters on 7 settings which emphasize the need for a multi-disciplinary approach in dealing/handling children.

11.2.1. A major UNICEF study on discipline of children within the home in more than 30 low- and middle-income countries found that on average 75% of children experienced violent discipline within the home, with 17% experiencing severe physical punishment (UNICEF EAPRO, Bangkok, 2012).

11.2.2. In addition, certain children are particularly likely to experience corporal punishment. For example, a 2012 meta-analysis of 17 studies found that children with disabilities were 3.6 times more likely to experience physical violence, including corporal punishment, than children without disabilities. Young children are especially vulnerable to corporal punishment (www.endcorporalpunishment.org, 2013).

11.2.3. Children from minority groups, including linguistic, ethnic and sexual minorities, may be more likely to experience this form of corporal punishment than others. (www.endcorporalpunishment.org, 2013).

11.3. A survey of more than 17 studies on the impacts of all forms violence against children points to the following:

11.3.1. Physical - damage to the child’s central nervous system and brain development, damage to genitals, untreated medical conditions and even death. The effects of stress on the brain development have been well documented (Glaser, 2000; Korbin, 2011; Mansell, 2012).

11.3.2. Academic - lower levels of educational attainment, lower aptitude related to self-esteem and self-worth, impairment of language skills, and impairment of both motor and intellectual functioning. This includes effects on brain size of brain lateral ventricles and various brain structures that
affect the child’s intellectual capacities (Cicchetti & Toth, 1995; Post, Weiss & Leverich, 1994, Keshavan et al, 1999; Talwar, 2011; Burke Harris, Ted Talk, 2015).

11.3.3. Psychological/Behavioural/Sexual-consequences, outcomes or impacts include self-esteem, depression, anxiety-disorders, eating disorders, and deviant behaviours such as substance abuse, teen pregnancy, attachment and relationship issues (with family, peers, and the community at large), and suicide (Korbin, 2011; Talwar, 2011, Neufeld, 2012,). The research has also found that abuse can be traumatic and hence these children may display PTSD and other traumatic stress disorders symptoms such as hyper-vigilance, hyper-arousal, dissociation and insecure attachment (Ito, Teicher, Glod, & Ackerman, 1998; Ito et al, 1993; Sable, 1995; Hinton et al, 2009; Breed 2010; Neufeld, 2012).

11.3.4. Economic – Loss of a good level of income due to lost opportunities for a solid career path lost wages or income of the child as an adult and lost opportunity for a solid career path, billions in costs for child protection services, provision of alternative care/children’s shelters, and juvenile justice centres,(Bess, R., C. Andrews, A. Jantz, V., Russell, V. and R. Green (2002) According to a UNICEF EAPRO commissioned study , the estimated cost of child maltreatment is approximately 2% of the East Asia and Pacific region’s GDP or about US $ 106 billion annually (UNICEF, 2012).

11.3.5. Systemic costs, for example, on the child protection system, legal system and administration of justice.


11.4.1. Physical abuse victims/survivors have higher than normal manifestations of the following:

- Aggression
- Violence such as they are more likely to physically harm themselves or other children
• Unusual attachment problems such as indiscriminate friendliness (Neufeld, 2012).

11.4.2. Verbal abuse victims/survivors have higher than normal manifestations of the following:
• Depression,
• Anger-Hostility, and
• Dissociative Disorders (Johnson, Cohen, Samiles, Skodol, Brown and Oldham, 2001).

11.4.3. Child abuse victims/survivors have higher than normal manifestations of the following:
• Poor mental health e.g., are almost two and a-half times as likely to have poor mental health outcomes,
• Unhappiness e.g. four times more likely to be unhappy even in much later life,
• Poor physical health e.g. more likely to have poor physical health,
• Experience childhood physical and sexual abuse,
• Likelihood of contracting medical diseases - abuse increases the risk of having certain medical diseases including increased numbers of cardiovascular events in women,
• Unsatisfactory relationships – abuses is linked with a higher prevalence of broken relationships and lower rates of marriage in later life,
• Isolation/social disconnection – Abuse is linked with lower levels of social support and increased risk of living alone

The above and other childhood maltreatment and social, emotional, behavioural and cognitive maladaptation in both childhood and adulthood have been well documented. (e.g. Cicchetti & Toth, 1995; Post, Weiss & Leverich, 1994; Talwar, 2011; Korbin, 2011; Leiden, 2012; UNICEF, 2012)

11.5. Additional studies on the effects of punishment.

11.5.1. UNICEF EAPRO (2012) conducted a research on prevalence and consequences of violence against children in East Asia and the Pacific. The following are the major findings:
• Violence is the leading cause of injury and death among children
- Many children experience violence in their own home
- Bullying, and physical fighting are common in the lives of children
- 120 million girls have been subjected to sexual violence.
- Underage, or younger brides are at a heightened risk for violence
- Most victims of violence are either afraid or ashamed and thus do not disclose their experiences
- Social norms and attitudes condoning violence against children put children at risk
- Physical violence is more prevalent among boys in East Asia and the Pacific in lower and middle income countries (19%-35%)
- Sexual violence was more prevalent among girls in East Asia and the Pacific (11%-22% of girls vs. 3%-16% of boys). However, in lower income countries, sexual violence was more common among boys (16%) than girls at (13%). Between 12%-32% of children reported seeing some kind of domestic violence
- Girls in higher income countries reported the highest incidence of verbal abuse
- Three out four children in the region experienced some kind of violent discipline

In addition, UNICEF EAPRO also reviewed strategies and interventions practiced internationally and found the following promising strategies with respect to violence prevention.

- Providing support for parents, caregivers and families
- Providing support services for children
- Implementing laws and strategies that protect children
- Helping children and adolescents manage risks and challenges through understanding
- Working to change attitudes and social norms
- Carrying out research to support interventions and policy/strategies which help prevent violence against children.

11.5.2. Piyanjali de Zoysa, Peter Anewcombe and Lalini Rajapakse (2010) studied the association between parental corporal punishment and psychological maladjustment in children in Colombo, Sri Lanka. Potential mediating variables of
this association such as expressed parental love for the child were explored.

The experience of parental corporal punishment was shown to be moderately, but significantly, associated with psychological maladjustment in children. This association was enhanced by the child witnessing or experiencing non-parent-to-child violence (e.g., domestic, community, teacher and peer violence). An important finding was that, the extent of the child’s support network, the nature of the parent-child relationship and the child’s attitude to corporal punishment did not significantly alter the association between physical punishment and psychological maladjustment, as is sometimes argued.

So in summary, parental corporal punishment was associated with psychological harm in children and this association was further enhanced by other forms of violence in a child’s life which can increase the impact.

11.5.3. Abdullah Alyahri, Robert Goodman, (2008) examined the occurrence, type and associations of harsh corporal punishment in Yemen.

According to these researchers, harsh corporal punishment is very common in Yemen. Moreover, international findings suggest that the association with school failure and psychological maladjustment may well be causal. The researchers recommended that promoting parental use of effective and non-violent disciplinary methods should be a public health priority.

12. **Definition of a Child**

In accordance with the CRC, a child is any human being below the age of 18 years, unless a specific country’s law says otherwise (Art. 1).

13. **Definition of Violence**

With reference to the 2006 United Nations study on violence against children, the term “violence” represents any act against children which causes harm, injury, abuse, neglect or negligent treatment, maltreatment, and/or exploitation, including hindering child development.

14. **Forms of Violence against Children**

The following are forms of violence which are addressed by the CRC and further considered by the Committee on the Rights of the Child's General Comment No. 8 “The right of the child to protection from corporal punishment and other cruel or degrading forms of punishment” and General Comment No. 13 “The Right of the child to freedom from all forms of violence:

14.1. **Physical violence** against children is the deliberate use of physical force with the potential of causing harm which can be fatal or non-fatal by adults or other children. Physical violence includes, but is not limited, to the following:

- All forms of torture, cruel, inhuman or degrading treatment and punishment,
- All forms of corporal punishment such as slapping, spanking, caning, whipping, flogging, pulling/boxing ears, and forcing children to stay in uncomfortable positions. It involves hitting (‘smacking’, head ‘knuckling’, choking) children with the hand or with an implement – a whip, stick, belt, shoe, wooden spoon, or other objects. It can also involve kicking, shaking or throwing children, scratching, pinching, biting, pulling hair, drugging, burning, scalding, forced ingestion.
- Physical violence may also be associated with harmful traditional practices, such as child and forced marriage, female genital mutilation/cutting, so-called honour crimes. Physical bullying and hazing by adults and other children.
14.2. **Sexual violence** comprises of sexual activity or attempted sexual activity imposed by an adult on a child. It involves inducement or coercion, threats or force on a child to engage in any sexual activity. Though children of sexual victimization may not experience physical force or restraint, they are not spared from its psychological impacts. Sexual activities committed on a child by another child, if the child offender uses power, threat or other means of pressure, are also considered as sexual violence or abuse. Sexual violence includes, but is not limited, to the following:

- Fondling, rape and sexual assault;
- Use of children in commercial sexual abuse and exploitation (e.g. sale of children for sexual purposes, pornography, prostitution particularly in tourism, sexual slavery, trafficking);
- Cybercrime- Online/cyber sexual exploitation and abuse or through digital technology (e.g. grooming, indecent images of children taken through coercion, threats, force or persuasion or through peer-to-peer sharing, and use of children in audio or visual images of child abuse);
- Forced and/or child marriage

14.3. **Mental violence** is often described as psychological maltreatment, mental abuse, verbal abuse and emotional abuse or neglect. This includes, but is not limited to, the following:

- All forms of persistent harmful interactions with a child (e.g. conveying to children that they are worthless, unloved and unwanted);
- All forms of verbal abuse (e.g. insults, name-calling, humiliation, belittling, ridiculing and gossips);
- All forms of violation of privacy and breach of confidentiality that causes harmful psychological impact on a child;
- Scaring, terrorizing and threatening, exploiting and corrupting, spurning and rejecting, isolating, ignoring and favouritism;
- Denying emotional responsiveness, neglecting mental health, medical and educational needs;
- Exposure to domestic violence or hostile treatment;
- Placement in solitary confinement, isolation or humiliating or degrading conditions of detention;
- Psychological bullying, (e.g. cyber bullying through mobile phones and the Internet and hazing by adults or other children);
- Forced and / or child marriage.
14.4. **Neglect** or **negligent treatment** means the failure to meet children’s physical and psychological needs, to protect them from danger and to obtain medical, birth registration and other services when those responsible for their care have the means, knowledge and access to services to do so. It includes, but is not limited to the following:

- Physical neglect (e.g. failure to protect a child from harm, including consistent lack of supervision, failure to provide a child with basic necessities such as adequate food, shelter, clothing and basic medical care);
- Psychological or emotional neglect which includes lack of any emotional support and love, chronic inattention, caregivers’ inability to respond to young children’s cues and signals, and exposure to violence or drug or alcohol abuse;
- Neglect of a child’s physical or mental health (e.g. withholding essential medical care);
- Neglect of a child’s social needs (e.g. denial of right to play, leisure and social interactions);
- Educational neglect (e.g. failure to comply with laws requiring caregivers to secure their children’s education through attendance at school);
- Abandonment (deliberate act of leaving the child without parental care)
CHAPTER 2

The UN Convention on the Rights of the Child (CRC) and its Principles

1. **The CRC and its Principles**

All AMS have ratified the CRC.

1.1. **The CRC and its Principles**

The CRC is the most universally ratified human rights instrument. It introduced the child rights approach (as opposed to the needs approach) and is the first legally binding code of child rights in history. Countries that ratify the Convention -- called “States Parties” -- agree to be legally bound by its provisions.


1.2. **The four key CRC principles apply to the interpretation of this Guidelines. These principles are:**

**Article 2 (Non-discrimination):** Every child shall enjoy the rights set forth in the CRC, without discrimination of any kind irrespective of the child’s or his/her parent’s or legal guardian’s race, color, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

**Article 3 (Best interests of the child):** In all actions concerning children, the best interests of the child shall be a primary consideration.

**Article 6 (Survival and development):** Every child has an inherent right to life. The State shall ensure to the maximum extent possible the survival and development of the child.

**Article 12 (Respect for the views of the child):** A child who is capable of forming his or her own views has the right to express
those views freely in all matters affecting him or her. The views of the child shall be given due weight in accordance with his or her age and maturity. Article 12 does not interfere with parent’s right and responsibility to express their views on matters affecting their children as Article 5 of the CRC highlights the role of parents. Moreover, the Convention recognizes that the level of a child’s participation in decision-making has to take cognizance of the child’s evolving capacities.

1.3. Article 19 (Protection from all forms of violence)

In addition to the four key articles outlined above, Article 19 of the CRC states that Parties to the CRC shall take all appropriate measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse. Such measures are to include support and programs aimed at prevention, education, treatment, and protection. Additionally, the Committee on the Rights of the Child made General Comment No. 13 with reference to Article 19, pertaining to the right of the child to freedom from all forms of violence, while General Comment No. 8, pertains to the right of the child to be protected from corporal punishment and “other cruel or degrading forms of punishment.”

2. Understanding Other Related Human Rights Instruments

Aside from the CRC, children are also mentioned in other international human rights instruments. The following are some of these key treaties.

2.1. Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)

CEDAW, an international bill of rights for women and girls, adopted by the UN General Assembly in 1979, has been ratified by all AMS. CEDAW also defines what constitutes discrimination against women and girls and sets up an agenda for national action to end such discrimination. There are several inter-linkages between the CRC and CEDAW, for example:

2.1.1. Girls have a right to education, health and nationality.

2.1.2. All forms of violence against girls and women, such as trafficking and prostitution, must end.
2.1.3. Discrimination and being treated unfairly because of being a girl must end.

2.1.4. Both parents are responsible for raising their children.

2.1.5. Play, rest and leisure are important for all children.

2.1.6. These rights are applicable in family life as well.

2.1.7. Governments must do all they can to make sure girls’ rights are protected.

2.2. International Labor Organization (ILO) Conventions 138 and 182 of the 190 International Labor Organization Conventions, two of the eight foundational conventions apply most directly to the protection of children, namely: the Minimum Age Convention (1973) and the Worst Forms of Child Labor Convention (1999), or ILO Conventions 138 and 182 respectively.

2.3. Other Relevant International Conventions include:


2.3.2. UN Convention on Transnational Organized Crime (Palermo) and the two Protocols on Anti-Human Trafficking and Anti-Smuggling.

3. National/Domestic Laws and Regulations

3.1. Domestic laws differ from country to country. All AMS have criminal law (or a penal code) prohibiting various severe forms of violence and designated committing them as crime. Some AMS may have special laws designating certain act as a crime, for example anti-human trafficking law, luring children into prostitution, etc.

3.2. In some AMS, corporal punishment in schools by caregivers or teachers is prohibited by laws/regulations. Corporal punishment in the home, prohibited by laws, is rarer.

3.3. Sexual violence such as rape is considered a criminal act. Harsher punishments are usually prescribed in the case where children are the victims. Punishment of sexual molestation varies by law. Incest also receives a different level of legal attention. In cases of incest that involve children, particularly under 15, the punishment can be more severe.
3.4. Child Protection Law: In recent years, there has been a movement to formulate comprehensive child protection laws, to provide not only a wider coverage of wrong doing of violence not covered in the criminal law, but also legal protection of the child victims. In some countries, the law also include measures to protect children, such as comprehensive assistance to provide services provided.

4. Attitude and Behaviour Shifts

4.1. Law reform alone is insufficient to shift attitudes and behaviours that have been established through a complex process that goes back to several generations. Moreover, caregivers who were raised with violence need to become competent in raising their own children and families without violence (Durrant 2014, p. 112).

4.2. Measures need to be taken to change attitudes and behaviours towards using the positive actions to eliminate violence against children.

4.3. As social, cultural and religious aspects sometimes intersect with negative attitudes towards positive discipline, “a focused effort is required to shift entrenched, inter-generationally transmitted, and culturally normalized belief systems about physical punishment” (ibid, p. 110). (Please see chapters 3, 4 and 6).
1. Reasons for the Need to Understand Child Development

1.1. Effective and positive nurturing and care of children requires understanding of the stages of child development by parents and child caregivers. This chapter provides a snapshot of some of the notable theories of child development. (For those who need further knowledge to enhance their competence in nurturing and care of children in a variety of settings, please see part 2 of this Guidelines).

1.2. Article 12 of the CRC states that a child capable of forming his or her own views, has the right to express those views freely in all matters pertaining to the child, and that the child represents himself/herself “in accordance to the age and maturity of the child”. This implies that parents and child caregivers need to understand the behaviour and thinking of children at different stages of their development.

1.3. Understanding different stages of development of the child can prevent parents/guardians, caregivers from misinterpreting behaviours and thinking of the child. Without proper understanding, the parents/guardians, and caregivers may interpret these behaviours negatively, as willful misbehaviour and thus react by punishing the child\(^2\).

\(^2\) The phenomenon, e.g., “the child throwing things” can be interpreted in a variety of ways, depending on the environmental clues surrounding this type of event. For example, if the child smiles and looks at the caregivers in a playful way, joyfully gesturing, this can be interpreted as the child learning by throwing objects. If, on the other hand, the child is having an emotional tantrum, e.g., crying, screaming and throwing things, then this could be interpreted as the child being angry or frustrated. In the first instance, the child can be engaging in the throwing behaviour as a natural consequence of their development process.
2. Understanding Stages of Development of the Child: A Few Snapshots of Notable Historical Examples

The following are “snapshots” of some notable theories of child development. There are many theories on child development. Some features of selected notable theories will be highlighted in this chapter. (Further materials on this subject, as well as websites are suggested).

Most practitioners who work with and for children usually use an eclectic approaching their work.

2.1. One very influential theory of child development is that of Jean Piaget, namely his Theory of Cognitive Development of Children. Indeed, Piaget in 1936 was the first psychologist to make a systematic study of cognitive development. His contributions include a theory of cognitive child development. In Piaget’s theory children move through 4 stages which are seen as a progression or a building from one stage to the other as follows:

2.1.1. Stage 1: Sensorimotor (0 - 2 years) – This stage is symbolic and pre-verbal. Intelligence involves action schemes, e.g., babies learn by moving and observing their surroundings through all the senses. They learn so-called object permanence and they learn to distinguish between “what is alive” and “what is not”, what is “animate and what is inanimate”, in other words, objectives and subjects. They also learn they can create change through their actions, e.g., they cry and someone comes. At this stage this is known as practical consciousness or thinking stage.

2.1.2. Stage 2: Preoperational (2 - 3 to 7 - 8 years) – This stage is the beginning of logic thinking but it is based on a “one thing at a time focus”. At this stage, the child is very self-centered and has little ability to empathize with others or their situations. Although the child has the beginnings of some logic thinking, such as some language skills, they still think with perceptual cues, again they have concrete, one at a time focus at this stage.

2.1.3. Stage 3: Concrete Operational (7 - 8 to 12 -14 years) – At this stage logical ways of thinking are linked with concrete objects. The child at this stage displays more logical thinking and thinking is more organized. The concept of reversibility, defined as the capability of the
child to simultaneously coordinate an operation and its inverse becomes important. This means the child can manage methodically to exclude false information and by so doing they are said to develop so-called conceptual consciousness or thinking at this stage.

2.1.4. Stage 4 **Formal Operational** (14+) at this stage the capability of dealing logically with *multifactor* situations begins. The child thinks more abstractly and theoretically, e.g., about moral, social and political topics. They begin to use deductive reasoning and reflect on their own thought processes. They are said to develop reflective consciousness or thinking at this stage.

2.2. Erikson’s Theory (1950) – A Psychoanalytic, Psychosocial Approach – Life Span Approach (8 stages in total) In each of Erikson’s 8 stages there is a **key conflict** or challenge, a **key virtue** and **key event** related to that challenge. They are as follows:

2.2.1. Stage 1: Infants (0 - 1 year), Trust vs. Mistrust (challenge)

Key Event Related to the Challenge: Feeding and Nourishment (reliably provided/or not).

- At this stage the infant is learning trust vs. mistrust and the key event revolves around feeding time.
- If the infant is well taken care of, e.g., he/she is reliably feed, nourished, and given love and warmth then the infant learns to trust and develops a positive attachment to the parents and/or caregivers.
- If on the other hand, if the infant is neglected or abused, then he/she learns to mistrust the parents and/or caregivers and does not securely attach.
- If an infant learns to mistrust this mistrust can follow the infant for the rest of his/her life. For example, adults who have issues, pertaining to commitment to relationships, or have trouble keeping a job, may have issues related to mistrust and attachment which began at this stage of development.
- At this stage consistent care of the child is critical to the child’s development of trust in adults caring for him/her and bonding with these adults.
• Trust is important because it provides the infant with this stage’s key virtue, the hope and the courage to be able to bond to his or her parents and/or caregivers and to move to the next stage.

2.2.2. Stage 2: Toddlers/Pre-schoolers (1-3 years), Autonomy vs. Shame and Doubt (challenge)

• At this stage the infant is learning autonomy or shame and doubt. The key event in this developmental stage revolves around the toilet training of the child.

• According to Erikson, if the parents handle the toilet training well, e.g., if the parents use positive language with the child, which encourages the child to continue, this will help develop autonomy in the long run.

• If on the other hand, the child is overly disciplined by the parents because the child keeps on having accidents which they are made to feel shamed for, then, even as a young toddler, the child could start to have issues related to self-image which can follow him/her later in life. They can develop shame and doubt and they develop the perception that- I can’t do anything right. The key virtue here is the will and the ability of the child to exercise it increasingly.

2.2.3. Stage 3: Play Age (3 - 6), Initiative vs. Guilt (challenge)

• At this stage the preschooler is learning initiative vs. guilt. The key event in this developmental stage revolves around developing independence and purpose. As is implied by independence, initiative implies to do things on your own. For example, a little girl decides she would like to help her mother set the table.

• If every time a child takes the initiative an adult says “no”, then instead of learning to take the initiative, the child learns to feel guilt. As a parent one has to figure out a way to let the child take the initiative without hurting themselves or others. For example, if a 5 year old says he/she wants to mow the lawn you cannot hand over the lawnmower, but you may buy them a plastic lawnmower.

3 For stages 2 and 3 the ages of the children as originally described by Erickson, may no longer be appropriate because today's children may attend preschool at a younger age and thus there is an overlap between children wanting to be independent and industriousness.
so they can follow along with you. The key virtue in this stage is purpose.

2.2.4. Stage 4: School Age (6 - 12), Industry (which implies accomplishment) vs. Inferiority, (challenge)

- At this stage the school age child is learning industry vs. inferiority. The key event in this developmental stage revolves around the school setting.
- The child learns with every movement, in a step-by-step manner and on a daily basis. If through their experiences the child perceives that they are achieving, they will likely feel they are succeeding and will display industriousness in their personal dealings, having feelings such as, “Oh I can do this!
- However, if the child feels that she/he is constantly succeeding in the eyes of significant others, the child may develop feelings of inferiority and avoid doing behaviours which could be judged as failures.
- Therefore, teachers and caregivers can foster in children feelings of industry or the feelings of inferiority and must be careful.
- In summary, if a child feels that she/he has failed they will stop taking chances and be very tentative—a type of negative learning with follow suit which is discouraging and helps develop a sense of inferiority in the child—perhaps resulting in a so-called inferiority complex. If they experience, positive learning, on the other hand, they will not be afraid of trying new things and will instead become industrious.

2.2.5. Stage 5: Adolescents/Teenagers (13-19 years), Identity vs. Identity/Role Confusion (challenge)

- At this stage the Adolescent is acquiring an identity vs. Identity/Role Confusion. The key event in this developmental stage revolves around the child's peer group.
- If you walk into any high school for example, you will see the segregated groups in the school cafeteria, e.g., band kids in one place, the athletes in another, the so-called “smart” kids somewhere else etc.
• This is a precarious time because adolescents seek to determine “selfhood” which leads to a sense of identity – which is arguably the biggest issue in adolescent and teenage children. One of the most important facts with respect to the search for identity is adjusting or copying with the rapid changes occurring within the adolescents themselves – namely, physical, emotional and social changes or developments happening to them.

• At this stage kids may abandon the friends they had previously in favor of their new peer group – this may cause them to experience a sense of role confusion. Vulnerability in this period can lead to negative inputs from poor role-models and peer groups. Negative influence from external inputs, such as on social media for example, can hamper future positive development. The key virtue is at this stage is fidelity.

2.2.6. Three Final Stages – Post Childhood

• Stage 6, Young Adulthood (18 - 40 years) where the basic challenge is intimacy vs. isolation, the key event is love relationships, and the key virtue is love and caring

• Stage 7, Middle Adulthood (40 - 65 years), the key challenge is Generativity vs. Stagnation, the event is parenting (this is when children start coming to parents for advice) and the key virtue is care.

• Stage 8, Old Age, (or 65+) is the final stage, the challenge is integrity vs. ego-despair, the key challenge is accepting your role in life, and the key virtue is wisdom.

2.3. Maslow’s Theory of Human Motivation (1943) – Humanistic Psychology (1952)

Maslow’s theory of needs describes a “hierarchy of needs” beginning with basic/physiological needs and moving upwards culminating in self-actualization. It is based upon the concept that basic needs must be met and satisfied before growth needs can be achieved which ultimately lead to self-actualization.
The first four levels of Maslow’s hierarchy are considered deficiency needs and are ordered as follows:

2.3.1. Physiological needs (basic needs: food, water, oxygen, sleep, etc.)
2.3.2. Safety/security needs (e.g. body, shelter, employment, resources, family, health, etc.)
2.3.3. Belonging needs (e.g. family, friendship, intimacy, etc.)
2.3.4. The needs for self-esteem (e.g. self-esteem, confidence, as well as respect for others)

According to Maslow, only when these deficiency needs are adequately met can a child act upon the second group, known as growth needs. The four levels of growth needs are as follows:

2.3.5. Cognitive (e.g. knowing, understanding, exploring the world)
2.3.6. Aesthetic (e.g. order, beauty etc.)
2.3.7. Self-actualization (e.g. self-fulfillment, meaning, potential)
2.3.8. Self-transcendence (e.g. beyond ego and helping others find meaning and self-fulfillment) (http://www.edpsycinteractive.org/topics/conation/maslow.html)
Note:

i. Maslow’s hierarchy of needs can be used to explain why some children are not progressing successfully, namely, since their more basic needs have not been met, preventing them from benefitting from opportunities for growth.

ii. For example, a child who goes hungry cannot learn properly. A child who feels he or she is not safe will be stressed and unable to learn. A child who feels unloved and threatened can produce chemicals in their brains that inhibit learning. In summary, children need to have their physiological needs met, and they need to feel safe and secure and loved in order to learn and grow and actualize.

iii. Critiquing Maslow’s theory on two levels:

   • Many needs theorists suggest that while needs themselves may be universal the **satisfiers of those needs depend on culture, values, and individual experience and differences** (Burton & Girard, in Redekop, 2002).

   • Others have criticized Maslow for his **linear view of development**, e.g., the claim that only once one set of lower-level needs are met can one move up the hierarchy. Yet, some people demonstrate higher order needs, e.g., self-transcendence before their security needs have been met. Nonetheless, despite such criticism, this model has been highly influential.

2.4. Other models related to child development

2.4.1. Harlow’s Work and Attachment Theory (Bonding and Attachment), 1958.

**Attachment theory**, which initially owes much to Harlow’s experiments, is a fundamental theory in child development psychology. In essence the theory states that, in childhood, when “attachment figures are available and appropriately responsive, there develops confidence in the reliability of others and also a view of oneself as worthy of affection and care. [This then becomes a] secure base in relationships and it is the foundation of emotional stability” (Sable, 1995, p.92), as well as positive self-identity later in life. (This is similar to the trust vs. mistrust stage of Erikson for example).
2.4.2. Aside from the snapshots of psychological theories presented above, there are numerous other theories such as: Learning Theory (Ausubel), Social Learning or Social Cognitive Theory, (Bandura), Operant Conditioning or Modeling, (Skinner), and cognitive behavioural theories (Beck, and Meichenbaum), to name a few. We could not highlight them all here. (Please refer to Part 2 for further suggested readings).

3. Understanding the Concept of Total Development of the Child

3.1. Holistic approaches to child development are essential in order to take into consideration that the child develops as a total person. This total person means the integration of the following, essential aspects/facets of development which include: physical, cognitive development, emotional, social, artistic/creative and ethical/spiritual development and temperament.

3.2. All aspects of the child’s development are interrelated. Therefore, learning/development in one domain, such as physical development, will affect development in other domains. This is analogous to e.g. when a child is physically ill, his/her temper/emotions/feelings can be affected/influenced by that physical illness.

3.3. Besides “inter” differences in (i.e., children differ in their rate of development) there are also “intra” differences (that is, different domains differ in the rate of the child’s overall development). For instance, a child might physically grow according to their stage of development, yet they may still be intellectually/emotionally under-developed for that stage. Other children are intellectually developed but their emotional development may lag behind. “Inter” and “intra” differences in development are due to a variety of reasons, such as diet, sickness, parental values/care of the child and overall experiences at home and in school. This is due to many factors (please see part 2 for further readings).

3.4. Children, who are victims of violence or maltreatment, can experience impairment in their development; the degree of impairment depends on the severity of the violence or maltreatment. Even verbal abuse can hurt a child’s development, especially with respect to the child’s emotional and intellectual development. For example, if a child is belittled, her/his sense
of inferiority can affect her ability to learn or to interact with other children. (Please see Chapter 1).

4. **Some Aspects of Children’s Learning & Violence against Children**

4.1. There’s an inter-relationship between the stages of development and a child’s learning.

There are many theories which can explain how children learn and progress at different stages of their growth and development.

4.2. A child’s learning also depends on his/her past experiences and perceptions.

4.3. Individual differences exist among children and this should be taken into consideration in nurturing and caring for the child. Many factors affect individual differences. They include hereditary, experiences, and temperament.

4.4. To support their learning process children need to understand the reasons. Positive explanations enable children to understand what they are doing and why they are doing it in certain way such as, for instance, by explaining how the rules contribute to keeping them safe etc. Punishment, on the other hand, (physical or otherwise), does not contribute to or further their understanding, nor develop their learning because it does not provide reasons. As noted above, learning processes depend upon external influences and do not help the child internalize the reasons for the desired behaviour(s).

4.5. Link between style of learning and violence - Children also has different learning styles, e.g., preferring visual, auditory, and kinesthetic styles, although they use all 3. This refers to an individual child’s preference to use types or styles of learning as follows:

- **The Visual style** emphasizes learning by seeing. Children with a preference for the visual learning style, remember best what they see and relate most effectively to written words, diagrams and pictures.

- **The Auditory style** or learning by listening emphasizes learning from spoken instruction. Children with a preference for the auditory style, remember what has been heard.
• **The Kinesthetic style** or learning by doing involves learning through movement. Children with a preference for the kinesthetic style, remember best what they have acted upon, e.g., they learn best through the actions.

Parents and caregivers should take into consideration that a child probably prefers one of the above styles (even though they use all three), when the nurture or care for the child. Teachers should also take note when educating the children of such preferences and **not punish any child because of the child’s preference(s) in terms of learning style(s)**.

It is not the learning style of the child per se but the child may not learn well or teach too slowly, then the teachers, parents, caregivers may scold, neglect, them because they feel that the child is not paying attention. You need to understand the child’s pattern of learning to avoid this misunderstanding.

4.6. Some children have undetected issues such as poor eyesight requiring glasses, hearing disabilities requiring hearing aids, and/or learning disorders such as dyslexia, and other special needs which parents and teachers should be aware of when they are teaching children to learn. If these problems are not identified, they not only hamper the children’s ability to learn but may also cause them to be punished for not being able to learn by unsuspected
adults because they attribute negative intentions to the child such as not paying attention or being lazy.

(Also, below please see a diagram of the Dale Cone of Experience which highlights that mixed, and particularly mixed participatory methods seem to work best for the majority of children).

![Figure 2. Dale Cone of Experience](image)

At the individual level, parents and caregivers should take into consideration that a child probably prefers one of the above styles (even though they use all three) when they are caring for children. Teachers should also take note when educating the children of such preferences and not punish any child because of the child's preference(s) in terms of learning style(s).
CHAPTER 4

Understanding yourself: (e.g. Parents, Guardians, Teachers, and Child Caregivers)

1. Situational Context

1.1. According to some theories, an individual person has many “selves.” For example, there is the “social self,” (or how other people perceive you), the “real self” (which theoretically the “real” you), the “ideal self” (which is your visualizations of the ideal you), and the “perceived self” (which means your own self-perception of yourself).

1.2. In most people, there are generally gaps amongst all the so-called selves. However, in terms of how well adjusted a person is, the closer the gap, the better adjusted the person is likely to be. However, the wider the gap, the more likely the person will have an “adjustment problem.”

1.3. What constitutes as “self” has strong relationship with how one treats the child. It is important for parents/guardians and other caregivers to know themselves, including their strengths and weaknesses because this is likely to affect their treatment of their children. In term of violence against children for example, if you hit or are otherwise violent towards children, then it is likely you do not know your triggers for anger and stress. In addition, you probably also need to change certain attitudes related to nurture, caring and development of the child as well as how you see children (please see chapter 2, and 3).

1.4. In mental health concepts, an “adjustment” linked with behaviour is an important construct for overall personality development and for interpersonal relations in general. In other words, one’s understanding of the “self” is important, both for personal development and for positive interactions with others, e.g., children. For example, becoming more aware of how our behaviours affect children helps adjust our responses based on
a rational evidence-based approach. This is especially important for parents, guardians and caregivers of children.

2. **Mechanisms of Adjustment or Defenses**

The less aware one is, the more one turns to “defensive” ways of explaining/dealing with challenges rather than facing them directly. Some psychologists have spoken about a variety of so-called defense mechanisms that are used when one is facing difficult issues/situations. Such mechanisms are also known as ego-defense mechanisms and are used by adults and children alike.

Some notable examples of such psychological or ego-defense mechanisms are:

2.1. **Projection** - One of the most central concepts of the so-called defense mechanisms is psychological projection. Essentially this means that we tend to project onto others (e.g., children or other adults) what we dislike in ourselves, and which may be partially buried in our unconscious. For example, if a parent was punished for and continues to feel ashamed of their own shyness, seeing this characteristic in their child, may cause them to punish or bully the child for being shy.

2.2. **Rationalization** - (I needed to punish the child for his/her own good, e.g., particularly when you feel ashamed or feel you’re wrong and/or are confused about the merit of your own behaviour).

2.3. **Denial/Suppression** - (It never happened, pushing things out of your mind that cause anxiety, e.g., not remembering sexual or other types of abuse towards a child).

2.4. **Displacement** - (Taking things out on a less threatening target, e.g., slamming a door, smashing dishes, or yelling at a child, instead of dealing with your difficult boss).

2.5. **Reaction Formation** - (Taking the opposite belief because the real belief causes anxiety or is considered unacceptable, e.g., in some circles claiming to disapprove of a certain group, especially when you are yourself are part of that group or you do not really support this viewpoint).

2.6. **Regression** - (Going back to an earlier stage of development when one felt safer, e.g., curling up in a ball like an infant, or
clinging to a parent or blanket past the stage where this would be considered appropriate).

3. **Understanding Mental Health & Problem Solving**

3.1. Mental health is not an absence of problems, but rather a healthy way of handling problems based on reality. In other words, mental health is healthy coping based on reality, awareness and education.

3.2. The state of mental health is linked to one’s behaviour, especially in reaction or response to the interpretation of children’s behaviour. For example, if the parent is in the state of being highly anxious, the parent is bound to be impatient to the child’s lack of immediate action required.

3.3. The unhealthy state of mental health often distorts the reality of the situation whereby the parents can also distort the perception of children’s behaviour or distort ways of handling the children.

3.4. The unhealthy mental health state can obstruct learning, especially on problem solving.

3.5. Understanding the state of mental health of the child is also important in understanding children’s behaviour and how to treat the children adequately and properly.

3.6. Severe mental health problems need special services. Often these needs are not met in the society/community.

4. **Unresolved Social & Emotional Conflict in Adults and Violence towards Children**

4.1. Especially for adults caring for children, understanding the self and working at resolving conflicts non-violently, affects how they respond to children’s behaviour and how they treat or maltreat children. For example, everyday stressors and some traditional values can contribute to abuse of children by adults caring for them – even those who love them or who have been tasked to take care of them. These stressors are even more of a challenge for those who have unresolved emotional conflicts and/or undiagnosed (and/or untreated) mental health issues. In varying
degrees of severity, unresolved issues in parents and caregivers can contribute to the maltreatment children in their care.

4.2. Styles of Handling Conflict in Relation to Violence against Children: (Thomas-Kilmann Model).

4.2.1. Concept of conflict: The word conflict suggests a struggle for power such as a disagreement between people. With respect to children, it is usually conflict between parents and children or conflict experienced by children with other children, or other adults in a variety of settings or systems with which they interact including schools, religious teachings etc.

4.2.2. Conflict is both external, e.g., when it is experienced by children observing or experiencing conflict at home or at school, or conflict can be internal e.g., when children or adults experience conflicting feelings or warring values within themselves.

4.2.3. Parents, guardians and caregivers, as well as children, experience both types of conflicts which are external and internal.

4.2.4. Internal conflicts can sometimes stem from performance issues, e.g., confusion with respect to which behaviours and/or ways to communicate, problem-solve, make decisions, and resolve conflict, are “right” or “wrong” or “acceptable”.

4.3. Children and adults sometimes have different goals or objectives. Adults often want children to complete certain tasks such as: getting dressed, brushing their teeth, eating breakfast, gathering things to take to school, going to bed, etc. Such tasks involve getting a child to do something now and are instrumental in nature.

4.3.1. An instrumental approach may conflict with a child’s emotional needs, e.g., to be understood, listened to, for example, asking the child “why they are willing” or “unwilling” to complete the task; this shows respect for the child’s feelings and perceptions and leads to the what is the cause of the behaviour rather than dealing with the symptom.

4.3.2. Ideally, parents/guardians and caregivers would try to understand the child’s perspective. However, when parents/guardians and caregivers are stressed and/or
are unfamiliar with the following: a) the stages of child development; b) their own responses/triggers to stress; and/or c) have not learned collaborative conflict resolution skills, this can lead to on-going conflict and/or attempts to over control children’s behaviour.

4.3.3. Problem-solving with the child, and resolving conflicts together rather than using control tactics, may take more time in the short-term but in the longer-term, this approach helps children and parents to learn to work collaboratively, in an empathetic manner, and also reduces aggression in the long term. Preserves bond.

4.3.4. When attempting to modify our conflict style, we need to begin by examining our attitudes and beliefs about conflict in general and specifically about the reasons we attribute to the other party’s behaviour. For example, when another adult or a child is perceived as “untrustworthy” or “disrespectful”, etc., such negative beliefs (or attributions) obviously have potential negative implications for how one works with them (or does not work with them) to resolve conflicts. Thus, our perceptions about others (especially children who are more vulnerable) regarding the reason for their behaviours, need to be verified and, if necessary, adjusted.

4.3.5. When dealing with children in our care, learning good conflict resolution skills is not a one-off, but involves a back and forth of communicating and listening to one another (Durrant, 2013). Indeed, foundational principles of the collaborative approach to conflict resolution involve respecting (e.g., listening and understanding) the other’s perspective because we see these inputs as valuable. However, the way nurture, care and development of children is perceived by some adults (e.g., ‘children should be seen and not heard, or children need to be taught to obey their elders), can be obstacles to a more collaborative, non-violent problem-solving approach.

4.3.6. “Authoritarian” adults (particularly with an aggressive conflict style) can see a child’s attempt to have independent ideas or behaviours as “violating the rules… [as such adults]…are less focused on empathy-related goals [and they]…are more likely to administer aversive punishments rather than provide guidance to the child to master the
goal or behaviour in question” (Talwar, 2011, p.2). In addition, researchers have found that “parents who have a somewhat authoritarian-style” may develop related attributions (or beliefs) about their children’s behaviour which involve the need to control the children (Talwar, 2011).

4.3.7. Conflict styles are learned. There is an interaction between our life experiences, e.g., how we were taught to deal with conflict, and the methods we use to resolve conflict. There is evidence to suggest that adults who were punished physically as children are more likely to punish children physically, and/or approve of doing so, than those who did not have this experience (Talwar; Durrant, 2006, 2014).

5. The Thomas-Kilmann Conflict Mode Instrument (TKI)

This next section outlines different styles of conflict, which often mirror different styles of discipline, e.g., aggressive styles of conflict resolution are somewhat similar to authoritarian styles of discipline and cooperative styles of conflict resolution are similar to authoritative, cooperative styles of discipline, etc. (see Chapter 6)

5.1. Just as we may learn different styles of discipline from our own experience (please see Chapter 6) we learn different ways styles and approaches to resolving conflict.

5.2. One model which attempts to describe and assess conflict styles is known as the Thomas-Kilmann Model (TKM) of Conflict Styles. This model assesses an individual's behaviour in conflict situations—that is, situations in which the concerns of two or more adults or children or a combination of adults and children, e.g., a parent and child, appear to be incompatible.

5.3. According to the TKM model, in conflict situations, behaviour can be described along two basic dimensions: (1) assertiveness, the extent to which the individual attempts to satisfy his or her own concerns, and (2) cooperativeness, the extent to which the individual attempts to satisfy the other person’s concerns. These two dimensions of behaviour can be used to define five methods of dealing with conflict: namely, Competing, Collaborating, Compromising, Avoiding, and Accommodating. Most of us use
all these styles depending on the situation, but we tend to favor, prefer or are more comfortable with a particular style.

5.4. Also, cultural background has an influence on how we perceive and deal with conflict. For example, in some cultures, e.g., individualistic cultures, open conflict is acceptable (although individuals living in these cultures may still have a difficult time with conflict when it is personal). In collectivist (or group) cultures such as in ASEAN, however, where harmony and “face” are very important, and consensus is strongly desired, people will avoid open conflict in most situations. But again individual differences also apply. In each culture there is a general tendency towards certain styles, e.g., avoiding or compromising for example, but other styles also co-exist.

5.5. Styles of Conflict include the following:

5.5.1. **The “Competing style”** is assertive and uncooperative. Competing individuals pursue their own concerns at the expense of others.

5.5.2. **The “Collaborating style”** is assertive and cooperative. Collaborating individuals try to work with others to find a mutually satisfying solution.

5.5.3. **The “Compromising style”** falls between assertiveness and cooperativeness. Compromising individuals try to find an acceptable solution that partially satisfies both parties.

5.5.4. **The “Avoiding style”** is unassertive and uncooperative. Avoiding individuals do not pursue either their own concerns or those of others — in fact they do not address the conflict at all. This may be linked to “passive aggressive” behaviour.

5.5.5. **The “Accommodating style”** is unassertive and cooperative. It is the opposite of the competing style. Accommodating individuals ignore their own concerns
in trying to satisfy the concerns of others. https://www.psychometrics.com/docs/tki_pir.pdf

Figure 3: Thomas-Kilmann Conflict Instrument

5.6. Knowing one’s own preferred conflict style, can help one approach conflict resolution in a more conscious, aware, and productive manner. With children, fostering a more collaborative approach to problem solving approach can help them learn how to do this gradually over time and also provide them with a very important life-skill.

5.7. Teaching others, (especially children), tools for resolving conflict collaboratively, is an effective way to reduce conflict within families and communities and provides adults caring for children and the children themselves with better strategies for non-violent growth and development which are based on mutual respect.
1. **The Concept of Communication**

1.1. Communication is transmitting, transferring or conveying messages or information between two persons or among persons.

1.2. Communication requires a sender and a receiver.

1.3. Communication is a basic and necessary human activity.

1.4. Communication also depends on the perception of both the sender and the receiver, in a way it is an interpretation of what is sent and/or what is received. Perception of messages/information depends on many factors, for example, previous experiences, age/stages of development of a person, values, attitudes, culture, gender, and the environment.

2. **Types and Means of Communication**

2.1. Communication can be verbal or non-verbal.

2.2. The means of communication include signs and symbols, images, sounds, words and/or behaviours.

2.3. Communication can involve the usage of all our senses: visual, oral, olfactory (smelling), tasting and tactile.

3. **New Forms of Communication**

Traditionally, we know about communication through face-to-face interaction, printed media, and audiovisual media such as radio and television. Relatively speaking, new forms of communication are the use of information and communication technologies (ICT) and the Internet. The use of cyberspace for communication/interaction between and among people, including children, for example, social media (Facebook, Line, Twitter, YouTube,
Instagram, etc.), social networking sites, chat rooms, blogs, Deep Web, online games, file-sharing and others. Indeed, ICT communication has its own unique challenges/vulnerabilities for children. (Please see Part 2 for further readings).

4. **Stages of Child Development and Communication with the Children**

4.1. Children communicate to/with people around them from birth and throughout their lifespan. People around children (e.g. parents, caregivers, members of the family, etc.) also communicate with children from the child's birth onward. Interaction and interrelationships between the child and other persons are necessary for the child’s learning and his or her further development.

4.2. The types of communication and the manner of communication should be used appropriately according to the stages of development of the child. For example, infants use non-verbal communication with adults. However, adults can use verbal communication with infants even when the infants do not understand the verbal language as yet, as they respond to the tone. Children growing up can understand increasingly difficult words that often are used by adults speaking with them (Please see also chapter 3). In other words, the child’s age and evolving capacities are important factors in making communication more effective.

4.3. Consideration should be given to individual differences of children when selecting types and means of communication. Children with special needs and various types of disabilities should be given special attention on the type and means of communication used to ensure that they understand the messages/information correctly. Styles of learning, e.g. preferring visual more than oral also should be taken account of when communicating with the child.

Example 1: The 2-year-old child may not yet have the full capability of understanding the reasons for the mother saying something or telling him/her “what to do”, therefore he or she may refuse to do it or say “no” to the mother. In this situation, e.g., if the mother is trying to put a raincoat on the child, the child may say “no” because he or she doesn’t understand that the raincoat prevents him/her from getting wet on a rainy day. But the mother takes the word
“no” from the child as being disobedient. (Moreover this behaviour may just be an indication of the stage of child development, e.g., the child may be trying to display autonomy).

Example 2: The child with a learning difficulty (LD) demonstrated by a very short span of attention. He/she disturbs other children. The caregiver, who does not understand LD, will interpret his/her behaviour as a child which has behavioural problems and the caregiver will probably scold or otherwise punish him/her for disturbing others.

5. Violence in and through Communication

5.1. Violence against children in ICT and mass media occurs when children are mainly recipients, children as victims, and/or children being violent themselves. Children as recipients include those who have viewed violent materials in the electronic media, such as “advertising, spam, sponsorship, violent, gruesome, hateful content; pornographic, harmful sexual contents; racist or biased information or advice” (Pais, 2014, p.1).

Children as victims may be “bullied, harassed or stalked (child “luring”) and/or coerced, tricked or persuaded into meeting strangers off-line, being “groomed” for involvement in sexual activities and/or providing personal information” (CRC, General Comment 13, p. 12).

Activities in which children are violent are, but not limited to, bullying or harassing others, playing games that negatively influence their psychological development, creating and uploading inappropriate sexual material, providing misleading information or advice, and/or illegal downloading, hacking, gambling, financial scams and/or terrorism (CRC, General Comment 13, p. 12).

5.2. Violence in face-to-face interaction.

5.2.1. Verbal violence can happen between children and adults (e.g. parents, teachers, caregivers, members of the family etc.) and also among children themselves. Verbal violence includes: mocking/belittling others, using rude words and/or derogatory terms referring to sexual activities/ organs, calling others names, using insulting words with negative references to the child’s parents, ancestors, or ethnic background, and/or blaming and shaming, starting
negative rumors, threatening to harm or kill the child, using language to force the child to do something s/he doesn’t want to do, ignoring/refusing to talk with the child, and/or threatening to kick the child out of the house or school etc.

5.2.2. Non-verbal violence includes treating or looking at a child with disdain, disrespect, denigration; using manner to indicate anger, dissatisfaction, rejection; making a child feel excluded, discriminated against, worthless, not loved, not needed, or neglected; and/or comparing a child with another child and making him/her feel inferior.

6. Uses of Non-Violent Verbal and Non-Verbal Communication

6.1. Negative Communication

Questionnaire (children found these parental and teacher communications negative/disliked them). The Thai questionnaire listed 20 categories, please see below:

- Using very harsh words and tone
- Reprimanding the child by using impolite language
- Using sexually laden language to reprimand the child
- Using sarcasm
- Publically labeling them in a negative way
- Use of unfavorable comparison to others designed to make them feel inferior
- Picking on their physical appearance or other vulnerabilities in some way
- Treating the child with contempt in public, e.g., being disrespectful
- Calling the child negatives names in public
- Belittle the child, e.g., you’re stupid
- Cursing at the child
- Ignoring the child, not talking to them or otherwise making them feel invisible
- Threatening to withdraw their love from the child
- Threatening to throw the child out of the house
• Threatening to abandon the child and not provide them with support
• Threatening to punish a child in some way
• Threatening to force the child to do something which is not age appropriate as a kind of punishment
• Threatening to make the child, e.g., sell drugs or steal or do something otherwise illegal
• Threatening to hurt the child
• Threatening to kill the child

6.2. Another part of the Thai study involved interviews with 800 children. Again, the results can be described in two sub-sections: one negative, describing the results of interviews with children in 4 clusters, and another section describing positive responses of children, which are divided in 5 clusters as follows:

6.2.1. Children described what they didn’t like to hear/see from their parents (e.g., negatively perceived parental communication): 4 Negative Clusters of Children’s Response in Interviews in Thailand

• **Reprimanding severely/violently** – This usually involves strong emotions, loud voices, and harsh tones. This type of reprimand is made even worse if this takes place in front others. Phrases used included: you pig, you buffalo, you fool, you good for nothing, etc.

• **Strong criticism accompanied with unfavorable comparisons of the child with others** – why can’t you be like your sister etc. This can make a child feel worthless.

• **Name calling**, e.g., you’re stupid, an imbecile, fool, etc.

• **Communication reflecting a power imbalance between the parent and the child**, e.g., demonstrate the parent’s power over the child. It can include, threatening the child with some kind of punishment (including a withdrawal of love and/or support) and in a variety of ways, both physical and non-physically, verbal and non-verbal.

6.2.2. 6.2.2 Children also described what they liked to hear/see from their parents (e.g., positively perceived parental communication): 5 Positive Clusters of Children’s Responses in Interviews in Thailand
• **Positive reinforcement** - When the child does something well you praise the child. They find this encouraging and it contributes to their self-confidence.

• **A sense of humor in parents** – Children liked it when their parents had a sense of humor and were approachable, fun, like to joke with them. It made them feel relaxed and happy.

• **Listening attentively** - Children said they like it when their parents pay attention to them. They feel seen, wanted; they feel they belong and are loved and supported.

• **Teaching without nagging** – Children do not mind learning new things they just want to be informed or taught in a positive, gentle, and a respectful way.

• **Calling out the child, talking to the child with warmth, including the child in activities** – This involves a sense of belonging and doing things together as a family, e.g., going to dinner together, or other family activities. This is about bonding.

6.3. This section includes examples from a book called *Coaching Conversations* (with Children) (Maysumi, 2012). The book stresses the use of the following types of positive communication techniques for parent (or other significant adults) to use when dealing with a child. This type of positive communication is divided into 5 main categories described below with recommendations:

- Use a positive style with children, e.g., avoid displaying negative emotions towards the child. Also, the adult (parent, caregiver or teacher) should take their time with the child and use a soft, warm tone of voice.

- Try to discover a child’s true feelings and what their needs are in a given situation. Listen carefully to the child. While listening, demonstrate that you are actively listening by reflecting the child’s statements back. For example, use the child’s own words if you can. This behaviour demonstrates that you’re listening closely and also allows the child to correct your perceptions if necessary. Another way to demonstrate that you’re listening is to take your time and not respond too quickly. In general slow-down the pace. In addition, use non-verbal cues such as touching the child in a loving way, e.g., put your arm around
them, touch their shoulder, etc. This can help make the child feel safe and surround by warmth.

▷ Use positive questioning when you're trying to get further information from a child. The following types of questions are appropriate:

• Questions which, in general, seek further information, while at the same time are also careful to honor the feelings of the child.

• Question which help the child to be more independent and find solutions rather than telling the child what to do or giving orders.

• Questions which bring out the child’s own abilities.

• Questions which look for possible new solutions to a problem.

• Questions which invite the child to think for him/herself.

• Questions which lead to a win-win in terms of what the parent/caregiver is trying to teach or convey.

• Questions which stimulate the child’s further interest.

• Questions which help the child summarize the issues.

▷ Convey acceptance of the child unconditionally – do not forget to praise for the child when they do something you like or have been trying to teach but convey acceptance of the child having his/her own life and feeling confident in their choices.

▷ Use a persuasive conversational style which is not domineering. If you want the child to adapt a certain behaviour (e.g., be kinder to siblings) or adapt certain values (e.g. stronger work ethic), it is important to explain the reasons why it is important to do so.
CHAPTER 6

Positive Discipline

1. Factors Influencing Behaviour Which Are Related to Discipline

   External Factors (Socialization)
   1.1. Customs, traditions, and cultural values and practices:
   1.2. Sub-cultural practices by individuals, families, and idiosyncrasies/preferences.
   1.3. Use of sanctions or group pressure.
   1.4. Religious beliefs
   1.5. Laws and all regulations

   Internal Factors (Psychological and Motivational Factors)
   1.6. There are also basic needs (e.g., hunger, sleep etc.) and internal motivations to satisfy these.
   1.7. The child’s developmental level is an important internal factor to specify apart from basic needs. A child’s behaviour is affected by his/her capacities, needs, and interests at different stages of life. Temperament also affects behaviour. There is a strong connection between behaviour and child development as discussed intensively in the previous chapter.

2. The Concept of “Discipline, “Negative Discipline”, “Positive Discipline” and Punishment: As used in this Guidelines.

   2.1. The origin of the word “discipline” comes from the Latin word (disciplinare) meaning “to teach”.
   2.2. Discipline is teaching and guiding children so they will learn self-control.
2.3. Discipline is done constantly from the time they are born to when they become adults. “Discipline” is not just done when the child has committed wrong.

2.4. Sometimes, in popular culture, “Negative” Discipline covers punishment which is non-physical. There can be types of negative discipline of this kind, such as asking a child to do something to complete a task which has nothing to do with the misbehavior.
   i. Copying sentences over and over, completing exhausting physical tasks, time-outs
   ii. Verbal abuse (chapter 1, item 6.2) and
   iii. Neglecting the child’s needs (e.g. lack of embracing or caring for the child, chapter 1, 6.4)

2.5. Punishment is a punitive action, physical or non-physical, as a response to children's perceived “misbehavior” in a manner that the child sees as undesirable to them. Adults at least associate this with the elimination of the undesirable behaviour (chapter 1, item 6.1). In many instances, some adults also hope for a long-term elimination for this behaviour.

2.6. Positive Discipline is not punishment at all, but rather a different way of thinking. This way of thinking involves teaching the child the reasons and guiding them, not punishing or using rewards to change the child’s behaviours. This approach indicates the respect for the child and the child’s feelings, the understanding of child total development, including emotional and psychosocial development, encouragement of the child’s ability to solve problem and to make his/her own decision making and strengthening the child and adult positive relationships, trust and attachment/bonding. In this connection, positive communication plays an essential role in using this approach.

2.7. In disciplining children, the ultimate goal is for them to learn self-discipline. For this to happen, they must be taught and guided according to their evolving capacities.

2.8. When they are younger, children have much to learn in terms of how to behave, what is right or wrong, how to make major decisions and the like. Adults play a big role in making decisions for them and in teaching them how to behave. As children grow older and are provided more guidance, they become more capable of self-discipline, decision-making, and taking on responsibilities.
3. **The Importance of “Discipline of Children”**

3.1. More than complying with societal expectations, disciplining children is important because the end goal is for them to have knowledge, develop skills, and learn values that they will need to be able to live healthy and happy lives.

3.2. As children get older, children learn to play many roles in society. Often the child is faced with role conflict which can lead to what may be perceived as “misbehaviour”.

4. **The Problems of “Misbehaviour” of Children as Commonly Perceived by Parents, Caregivers and/or Teachers**

It should be noted that what are oftentimes perceived as “misbehaviour” are behaviours that are to be expected of children at particular stages of their lives, or in particular circumstances, or because of their temperaments. It is always necessary to look at the possible reasons for behaviours before jumping into conclusions, i.e. that these are “misbehaviours”.

5. **The “Positive Discipline” Approach**

5.1. This section looks at a few well-known practitioners of the positive discipline approach (e.g. Katherine O. Kersey, Jane Nelsen, the Joan Durrant-Save the Children approach, and UNESCO). The positive discipline approaches outlined here have many overlapping principles and practices for dealing with child discipline.

5.2. University Professor of early childhood education and chair of the Department of Early Childhood, Speech-Language Pathology and Special Education, Dr. Katharine C. Kersey, for example, is the author of books such as, *The Art of Sensitive Parenting*, *Helping Your Child Handle Stress* and, *Don’t Take It out on Your Kids*.

5.2.1. Among other things, Kersey outlined 101 positive principles of positive disciple. This section provides her so-called ten top principles of positive discipline. (Please see Part II for full 101).
5.2.2. First of all, Dr. Kersey does not believe in spanking children or in using any other forms of corporal punishment.

5.2.3. Moreover, Dr. Kersey believes that most parents and caregivers are trying to find better ways to cooperate with their children, but they do not know what to do, so they resort to spanking out of frustration.

5.2.4. The table below summarizes Kersey’s so-called top ten positive principles for dealing with child discipline positively. (Please note the similar with other positive discipline models).

**Kersey’s 10 Top Positive Principles summarised from 101**

<table>
<thead>
<tr>
<th>No.</th>
<th>Positive Principles</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td><strong>Demonstrate Respect Principle</strong> – This means treating the child the same way you treat other important people in your life – the way you want the child to treat you and others.</td>
</tr>
<tr>
<td>2.</td>
<td><strong>Make a Big Deal Principle</strong> – Make a big deal over responsible, considerate, appropriate behaviour with attention, thanks, praise, recognition, also hugs and special privileges. Children need reinforcement and attention.</td>
</tr>
<tr>
<td>3.</td>
<td><strong>Incompatible Alternative Principle</strong> – Give the child something to do that he/she cannot do instead of misbehaving. For example: Asking a child to help you pick out six oranges, instead of running having them around the grocery store.</td>
</tr>
<tr>
<td>4.</td>
<td><strong>Choice Principle</strong> – Provide a child with two choices, both of which are positive and acceptable to you. For example if a child doesn’t want to brush his/her teeth, provide the child with 3 toothbrushes in different colors and ask him/her to choose one.</td>
</tr>
<tr>
<td>5.</td>
<td><strong>When/Then – Abuse It/Lose It Principle</strong> – For example, explain to a child that when they have finished their homework, then they may watch TV. Kersey notes that this technique teaches children to be responsible, and accountable.</td>
</tr>
</tbody>
</table>
6. **Connect Before You Correct Principle** – Be sure to “connect” with a child – get to know him/her and show him/her that you care– before you begin to try to correct his/her behaviour. Sharing positive thoughts together helps to attack the problems not people but you need to start with a bond.

7. **Validation Principle** – Acknowledge (validate) his/her wants and feelings. For example: “I know you feel angry with your teacher and want to stay home from school. I do not blame you but the bus will be in here 45 minutes.”

8. **Good Head on Your Shoulders Principle** - Tell your child – frequently – especially as s/he reaches their teens – “You have a good head on your shoulders. You decide. I trust your judgment.” This brings out the best in the child and shows him/her that eventually he/she will be in charge of his/her own life and responsible for his/her own decisions.

9. **Belonging and Significance Principle** – Everyone needs to feel s/he belongs and is significant. Help the child to feel important and belong.

10. **Time Says It’s Time Principle** – Set a timer to help children make transitions. For example, say: “When the timer goes off, you will need to put away your books.” “In five minutes, we will need to line up for lunch.”

5.3. Professor Jane Nelsen and her students, e.g., Ruth Buffman, are also proponents of the positive discipline approach.

5.3.1. In her book, Positive Discipline, Dr. Nelsen, a family and child counselor in San Clemente, California describes her approach to discipline of children in a positive rather than punitive way. Like Kersey, Nelson has also written many books and has developed many training manuals and webinars for parents and teachers on positive discipline included a series called **Positive Discipline**. She has seven children of her own and says that she started this approach out of frustration. To be specific she says she kept oscillating between being too strict and too permissive. She said that when she was too strict she disliked herself, and when she was too permissive, she disliked her children. Dr. Nelsen says that she believes
that this is the predicament many well-meaning parents find themselves in and they need help.

5.3.2. As part of her work on positive discipline, Nelsen outlined 17 Positive Principle Guidelines and 7 Strategies on how to raise independent capable children.

5.3.3. In this section we outline Nelsen’s principles for positive discipline. Nelsen adheres to these principles as the basis for her approach and points out that, children who misbehave have 4 main reasons for doing so, these will be described later in this section.

5.3.3.1. Nelsen’s 5 Principles of Positive Discipline: The 5 principles for positive discipline are as follows:

- **Be Kind and Firm** – When you are dealing with issues of discipline you need to be both respectful to the needs of the child (which she calls being kind) and respectful to the needs of the situation (which she calls being firm).

- **Be Aware of the Child’s Need for Belonging and Significance** – Everyone needs to belong, and children are no different. When children do not feel belonging and significance they try to find them in “mistaken ways”, for example, through power, revenge, or giving-up).

- **Use Positive Discipline Tools, which Work in the Longer-term, not just the Short-term.** Punishment may stop the “bad” behaviour now, if that is all you’re interested in, but it does have consequences and this may in fact jeopardize your longer term goals as well as your relationship with the child. It is important to be aware of what children and thinking and feeling because if the bond of trust is compromised it is difficult to repair.

- **Teach Valuable Social and Life Skills** – Dr. Nelsen says that “discipline” comes from the Latin work which means, “to teach”, not to punish. Positive Discipline therefore is about helping children develop their “life-skills” such as: problem solving skills, thinking skills, listening skills, communications skills, and self-
soothing skills. Such skills and others, (see part 2 for further details) will serve children throughout their lives.

- **Remember Children Need to Develop A Sense of What They are Capable of** – This is about helping them uncover their own personal capacities, attributes, personal power in usual ways that can serve them and contribute to society. The idea is to raise, confident, self-reliant children that are also empathetic to others.

5.3.3.2. The Four Mistaken Beliefs and Mistaken Goals of behaviour

In addition to the 5 principles which underlie this approach. According to Nelsen, children, like all human beings, have as a primary goal, to feel a sense of belonging and significance. Thus, children (and also some adults) “adopt one or more of the four mistaken goals” because they want to achieve belonging and significance as through the following:

- **Undue Attention** – The mistaken belief here is – “I belong only when I have your attention.”
- **Misguided Power** – The mistaken belief here is – “I belong only when I am the boss, or at least when I don’t allow you to boss me”
- **Revenge** – The mistaken belief here is: “I don’t belong but at least I can hurt back.”
- **Assumed Inadequacy** – The mistaken belief here is – “It is impossible to belong – I give up.” (Nelsen, 2006, p. 70).

5.3.4. Unfortunately, just like Nelsen herself, many parents oscillate between being overly permissive and overly strict or controlling in an attempt to discipline their children. She says that discipline is a misused term where many people equate discipline with punishment. She points out however, that discipline comes from the Latin meaning, teaching, follower of truth etc. This can only be achieved if children internalize the positive values you are trying to get across to them. Such values she says cannot be
inculcated through external control but only through self-discipline – punishment in fact is only external control.

5.3.5. Working with these principles and understanding of the need for belonging and significance, Nelsen (and her student Buffman), stress that there are no perfect parents. It is a process of understanding that a central role is to help children “individuate” or separate and become their own person – something which is often hard for some parents to do. Dr. Nelsen also points out the need to understand developmental stages, for example, she says that it is the “responsibility of teens to rebel” – that is their job – part of the individuating process of finding their identity. However, teens are not yet adults and therefore they need their parents and other significant others in their lives to guide them through this difficult period. This is precisely when a trusting bond/relationship between parent and child is so important.

5.3.6. The goal of long term strategies of discipline is to avoid getting into only a short term responses, e.g., punishment may work in the moment but according to Nelsen it may lead to a cycle of the so-called 4 “R” of punishment as follows:

- **Resentment** – Where the child feels it is unfair and that adults just cannot be trusted.
- **Revenge** – Where a child feels they may have the upper hand now but just wait.
- **Rebellion** – I will do the opposite because they cannot boss me around.
- **Retreat** – (2 types), a) I won’t get caught next time; b) I am not capable (Nelsen, 2006).

5.3.7. Nelsen adheres to a neo-psychoanalytic approach based on the work of Adler and feels that children are not always consciously aware of the decisions they are making in response to punishment by parents and teachers. She says, however, that children’s future behaviour is often based on such “subconscious decisions”. Thus, an important part of a parent’s job is to help a child discover these subconscious decisions.

5.3.8. When helping the children see their own subconscious mistaken beliefs parent need to first see how their own
subconscious mistaken beliefs are interacting and contributing to the problems. This means investing in understanding their own mistaken belief as well as their children's, and using and teaching the 3 “R” of recovery from mistakes as follows:

• **Recognize** – I made a mistake
• **Reconcile** – I apologize
• **Resolve** – Let’s work together to resolve this.

When doing this or otherwise trying to problem solve, the best approach is to do this in a family or school meeting (depending if you’re a parent or teacher). **This helps the child feel a sense of belonging and feel significant because he/she is participating in solutions and remedies within a solid group.**

5.4. This section describes an approach outline in a UNESCO’s Asia and Pacific Regional Bureau for Education publication called, *Positive Discipline in the Inclusive Learning – Friendly Classroom: A Guide for Teachers and Teachers’ Educators*, 2006. Even though this publication was directed at schools and teachers, the information is universal in terms of the importance of positive discipline. According to this publication:

5.4.1. Discipline is a misused word, and is often mistakenly equated with punishment. Indeed to many, discipline means punishment.

5.4.2. Discipline is defined as the practice of teaching or training a person to obey rules or a code of behaviour in both the short term and long term.

5.4.3. Punishment is defined as a practice that is meant to control a child’s behaviour externally. However, while discipline teaches children self-control and builds confidence and also help the child internalize the reasons for the change, punishment only deals with external control and teaches fear.

5.4.4. Discipline shapes a child’s behaviour and helps them to learn self-control when it provides encouragement, not painful, meaningless consequences.

5.4.5. Encouragement is a type of reward that stimulates the child to work, learn, and achieve. It builds self-esteem because the child learns that he or she was directly responsible
for earning his or her praise or other reward. Children can choose to earn it, or not to earn it. This gives them a feeling of control over their lives, which is a key ingredient for healthy self-esteem.

5.4.6. Ignoring attention-getting behaviours like temper-tantrums will, over time, teach the child self-control if he/she doesn’t get the attention he/she is trying to obtain through misbehavior. The child eventually learns over-time that he/she only gets attention when he/she behaves calmly; that is, when they are being good.

5.4.7. “7 Myths” with respect to punishment are listed and refuted: 1) It happened to me and it never harmed me (not true because there is a perpetuation of the cycle of violence), 2) Nothing else works (lazy, easy way out, need for more information), 3) Punishment works better than other methods (only when you’re around and it may cause anger and resentment which will hurt your relationship), 4) It teaches obedience (it actually teaches fear, stops the child from questioning and thinking critically and erodes self-esteem), 5) I only do it as a last resort (evidence demonstrates that people get into habitual patterns), 6) It is the only way I can control them (again this is about fear not self-control and thus not sustainable), and 7) It is part of our Asian values (which Asian values, what about values such as, social harmony and learning to control the body through mental discipline, these are also Asia values).

Table below provides the summary of the differences between discipline and punishment

<table>
<thead>
<tr>
<th>DISCIPLINE IS:</th>
<th>PUNISHMENT IS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Logical consequences that are directly related to the misbehaviour</td>
<td>Consequences that are unrelated and illogical to the misbehaviour</td>
</tr>
<tr>
<td>When children must make amends when their behaviour negatively affects someone else</td>
<td>When children are punished for hurting others, rather than shown how to make amends</td>
</tr>
</tbody>
</table>
**DISCIPLINE IS:**

<table>
<thead>
<tr>
<th>Understanding individual abilities, needs, circumstances, and developmental stages</th>
<th>Inappropriate to the child's developmental stage of life; individual circumstances, abilities, and needs are not taken into consideration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaching children to internalize self-discipline</td>
<td>Teaching children to behave well only when they risk getting caught doing otherwise</td>
</tr>
<tr>
<td>Listening and modelling</td>
<td>Constantly reprimanding children for minor infractions causing them to tune us out (ignore us; not listen to us)</td>
</tr>
<tr>
<td>Using mistakes as learning opportunities</td>
<td>Forcing children to comply with illogical rules “just because you said so”</td>
</tr>
<tr>
<td>Directed at the child’s behaviour, never the child – e.g., Your behaviour was wrong</td>
<td>Criticizing the child, rather than the child's behaviour – you are very stupid; you were wrong etc.</td>
</tr>
</tbody>
</table>

5.5. The final example of a positive approach to discipline is the Positive Discipline in Everyday Parenting (PDEP) and Positive Discipline in Everyday Teaching (PDET) of Dr. Joan Durrant, a clinical psychologist in Canada, developed in collaboration with Save the Children.

5.5.1. The PDEP/PDET also links the understanding of oneself, child development, and a non-violent approach to child discipline. This section provides a brief overview of her approach. (See Part 2 for further readings). [Philippines]

5.5.2. The PDEP/PDET approach is based on children’s rights principles, on what we know from research on healthy child development, and what we know from research on effective parenting/teaching.

5.5.3. PDEP/PDET approach stresses the importance of focusing on “long term goals,” namely, what qualities we want children to possess when they grow up. Examples of this include, you may want your child to be kind, helpful, courteous, respectful, and non-violent, etc. Again this is reflected in Nelsen’s work.
5.5.4. Everyday parenting and teaching, however, also involves meeting short-term goals. These short-term goals involve getting a child to complete a task “right now” such as getting ready for school, brushing their teeth, eating breakfast, completing an assignment, etc.

5.5.5. Sometimes short term goals can be in conflict with long term goals, especially when children do not want to comply and parents/guardians or teachers respond with frustration or anger.

5.5.6. Parents, guardians or teachers usually become frustrated or react in anger because they make certain negative attributions (self-explanations) for the child’s behaviour, such as the child just being “bad” or somehow willfully misbehaving.

5.5.7. If these negative attributions are accompanied with beliefs or attitudes about the need to control a child’s behaviour, then the parent/guardian or teacher is more likely to respond with punishment, e.g., yelling at, hitting, or verbally demeaning the child etc. This is especially true if the adult has experienced punishment as part of their own child-rearing.

5.5.8. Positive discipline stresses a) understanding the reasons behind why certain behaviours occur in children of a certain age and stages (understanding child-development); b) the need to respect and help the child to understand (explaining why certain behaviours are undesirable and ask for their input); and, the development of skills for self-regulation of parents/guardians and teacher can support children to do the same (developing coping skills and learn from role modeling for kids).

5.5.9. The positive discipline approach is supported by research which has highlighted the negative effects/impacts of punitive punishment on the child’s self-esteem, brain development, etc. (please see chapter 1 for further details).

5.5.10. The PDEP/PDET approach stresses the need for both warmth and structure (similar to Nelsen’s kind but firm principle) in teaching children, with neither being sufficient on its own. Warmth gives the child the courage to try new things and the structure helps support their thinking and behaviour. In turn, these two dimensions – warmth
and structure – provide the proper “scaffolding” for a child’s learning at the next level. This support for child development comes in a series of steps:

5.5.11. The first step is to provide warmth in early childhood. As we have said, warmth builds security and trust and helps to foster autonomy by doing so. Warmth also helps strengthen the attachment of the child to its parents/guardians and/or teachers – it helps strengthen their bond. Through attachment or bonding the child is more likely to want to please them or be like them when they feel this positive connection.

5.5.12. Children, however, also need structure to thrive - but structure is not punishment, or control, or any kind of coercion of the child. Instead, structure means providing the child with information, guidance and teaching to help the child self-regulate his or her own behaviour and emotions over time. Nelsen also expresses frustration that parents confuse structure with punishment.

5.5.13. Specifically what is meant by structure is providing the child with: clear guidance for behaviour, explanations for the reasons behind the behaviour, supporting and helping the child throughout the learning process, parents/teachers being positive role models (e.g., they are consistent) and encouraging the child to express his or her own thoughts and ideas during joint-problems solving.

5.5.14. Warmth and structure also provide positive motivation for the child since he/she is actively participating in his/her own learning.

5.5.15. Working in this manner normalizes parents/guardians or teachers and children’s conflict as part of life and helps to strengthen and preserve their attachment bond.

5.5.16. In order to move towards this approach, parents/guardians and teachers need to understand their own responses to stress, e.g., their own triggers for anger and violence so they can regulate their own responses first and then later guide their children to do the same. Nelsen also stresses this in her work, although she stresses subconscious triggers and well.
5.5.17. For example, parents are encouraged to understand their stress responses in 3 key areas: **in their bodies** (tension, sweat and heart-rate); **in their voices** (which get louder and sound angry, etc.); and **feelings** (frustrated, angry, desperate, feeling out of control and powerless etc.).

6. **The Purpose of the Positive Discipline Approach**

In summary, the **purpose of the positive discipline approach, with respect to parents, guardians, and teachers of children**, is that it provides them with: the strategies to create a positive environment which responds to the child’s needs for growth and development, is based on evidence, focuses on non-violent communication and conflict resolution skills, and helps to prevent most discipline problems before they happen by supporting children’s understanding, problem-solving, self-esteem, and empathetic development, while preserving the attachment bond.

Also, studies have shown that positive discipline enhances learning process, improves cognitive development, as well as emotional and social skills, while punitive approaches undermine them. The practitioners of positive discipline outlined in this chapter are part of this growing evidence based approach to ending violence against children.
CHAPTER 7

Empowering Children to Protect Themselves

1. Situational Context

1.1. Empowering children to protect themselves is not a common concept which is used widely in the process of elimination of violence against children. In recent years however, violence against children seems to be on the increase and many academics, researchers, experts and NGOs including INGOs have advocated the importance of this topic; especially since children are not always in the company of their parents, guardians or other caregivers.

1.2. In some countries, many pamphlets/booklets have been produced to help teach children how to protect themselves from violence against them.

1.3. Some training has been organized for caregivers helping children as well as training the children directly on how to protect themselves to increase their level of resilience and reduce their vulnerability to violence.

2. The Importance of Empowering Children to Protect Themselves

2.1. The children need/should be empowered towards their own self-protection, especially as protection is a child's right. Children need to learn how to survive and to be freed from violence. In addition, children are not always with their guardians or parents so they need to learn to participate in protecting themselves, especially when they are alone or with their peers.

2.2. The children need to learn to recognize “dangerous surroundings”, and need to be equipped with the knowledge and skills to learn to avoid the risks of being the victims of such surrounding.
2.3. Information on different strategies for self-protection should be continuously provided to children, and should be age-appropriate and gender-sensitive, according to the evolving capacities of the child.

3. **Current Management for Children’s Self-Protection**

3.1. When they go out with their children, many parents attach a piece of paper on the clothes of young children or put in their pocket the name of the child, parent’s name, and the telephone contact or address of the child. This is to help if the child gets lost.

3.2. In crowded places or stores, some parents give their children instructions that in case they get separated, e.g., the child should go to the information booth or inform a salesperson to take them to the information booth to make an announcement so the parents can come and safely pick the child up.

3.3. Most children are instructed by the parents not to go with, or accept any food from, or be friendly with, strangers.

3.4. Some children are instructed by parents or caregivers not to let people touch their body, particularly the kind of touching which constitutes molestation or a confusing touch.

3.5. In some countries, implementation of pamphlets for children on self-protection have been undertaken.

3.6. Training of child caregivers has been conducted so that they are able to inform children on how to protect themselves or to seek help.
These guidelines from the core components (chapters 2-7) are applicable to all settings.

1. Use the principles of the rights of the child to guide all your interactions with children (see chapter 2).

2. Understand the stages of child development (child development psychology, the child’s style of learning, the child special needs, if any, and inter and intra differences between and within children). Empathize with the child's feelings and points of view in all your interactions with children (see chapter 3).

3. Understand yourself as an adult (e.g., as a parent, teacher, caregiver), especially your strengths and weaknesses, temperament, emotions, and your state of mental health and the ways in which these affect your relationship with children whom you nurture and care for. This points to the importance of managing stress and ones emotions which is an important outcome of self-awareness and is necessary for practicing non-violent discipline (see chapter 4).

4. Use positive communication (e.g., principles underlying its use, two-way communication, both non-verbal and verbal and taking the time to listening to children) in order to foster mutual trust, understanding and maintain a healthy relationship (see chapter 5).

5. Use positive discipline (e.g., principles underlying its use, including, be kind but firm, respect, foster a sense of belonging in the child and self-worth in the child etc.). Care for the child’s feelings, point of view, perception etc. This includes taking a problem solving rather than a punitive approach in addressing conflict with children which helps the child become more responsible, self-disciplined and resilient over time (see chapter 6).

6. Educate parents or caregivers in order to help children acquire the knowledge and skills to develop their own self-protection and resilience from all forms of violence in all settings. Consideration should be given to age appropriateness, gender-sensitivity, social inclusion, and the emerging challenges to child vulnerability related to violence in cyber-space (see chapter 7).
7. Seek-out additional bodies of knowledge related to the core components to enhance your knowledge and skills (e.g., as a parent, teacher, caregiver etc.), particularly related to the practices of positive communication and positive discipline.

In order to carry-out the above guidelines the following are recommended concrete actions which could be undertaken:

1. **Prevention:**

1.1. Capacity-building: strengthening or development of a handbook/manual on the core components for the use of a non-violence approach to nurture, care and development of children in all settings. The core components consist of the rights of the child, child development (child developmental psychology), understanding self as parents or caregivers, positive communication, positive discipline and empowerment of children for their own self-protection.

1.2. Capacity-building: develop schemes for training of trainers (TOT) to be able to assist parents and caregivers to utilize a non-violent approach to achieve a positive relationship between the adults and children in order to provide them with the tools to help eliminate violence against children.

1.3. Make training on positive discipline widely accessible to parents, teachers, service providers, and other adults caring for children.

1.4. Monitor the practices after training e.g., in 7.1 in order to ensure the effectiveness in handling positive discipline with children. Identify the obstacles and/or problems related to the use of positive communication and positive discipline with a view to make adjustments so that a non-violent approach can be effectively achieved.

1.5. Develop or improve a handbook/manual specifically for parents and persons working with and for children with special needs and disabilities in institutions, on child development and child-learning related to these specific groups of children, in order to promote a non-violent approach to their care.

1.6. Develop and/or improve low cost or free documents, pamphlet, materials, website and videos using simple language to help parents, caregivers and adults working with and for children to understand the principles within the core components. The
purposes are: to better understand children and their behaviour, to help adults own understanding themselves in relation to their treatment of children, and change their attitudes towards the way they communicate and discipline the children.

1.7. Create networks in communities, and with interested groups, where people can exchange views with one another and where they can learn about self-understanding, their handling of mental health, and the handling of their own behaviour when dealing with children’s behaviours.

1.8. Provide learning experiences/trainings for parents, caregivers, and teachers who are all trying to learn to understand and apply conflict, anger and stress and management skills.

1.9. Create national and local mechanisms to empower children to maximize the uses of cyber space while minimizing risks from exposure to cyber space as well as to ensure children’s safety and protection from those risks.

1.10. Involve the private sector and other service providers in promoting the right of children to protection from cyber violence and to help eliminate violence against children in cyber space.

1.11. Develop and/or improve curriculum and instruction on positive communication and positive discipline to be used by different groups which work for and with children of different ages and in different settings.

1.12. Develop free materials, with easy access through electronic media, for children on ways to protect themselves from violence all forms. Those materials should be both age-appropriate, gender-sensitive and designed with special needs and all disabilities.

1.13. Upgrade training for adults who are in roles assisting children to learn to protect themselves. Additionally, children should be encouraged to become peer-educators in order to assist other children as well as to get the message out to others.

1.14. Include children’s participation in all activities especially in planning the strategies related to child protection. Encourage children to form their own groups and networks.
2. Protection:

2.1. Establish multidisciplinary child protection mechanisms at all levels, as well as child helplines to help children and/or their representatives in filling complaints related to violence against the children and provide them remedies, e.g., assistance for recovery and reintegration, punishment and identification of perpetrators etc.

2.2. Create or improve professional counseling services, using a multi-disciplinary approach to assist parents, caregivers and children, who are developmentally delayed and/or have learning difficulties, or in cases where there are mental health challenges or violence has occurs. Also, referral services should be provided where needed.

3. Legal Framework/Regulations:

3.1. Establish legislative framework to curtail digital messages that are harmful to children, and provide technical support to police authorities to be able to identify online risks on tracking of perpetrators. In addition, provisions should be undertaken to ensure that appropriate safeguards are integrated into software, devices and services.

3.2. Establish and/or strengthen legal framework prohibiting all forms of physical, humiliating and degrading forms of physical punishment in all settings.

3.3. Wherever possible, adopt and/or revise criminal procedural law to include the use of video to record children’s as victim/witness testimony, which can be admissible in court. Children (especially younger children) should not repeat sensitive information given to professionals about violence against them in order to prevent their “re-victimization”. If such a law already exists, it should be strictly enforced.

4. Data Collection/Research:

4.1. Conduct research on priority areas within the core components to enhance understanding, and to advance knowledge, and to
provide evidence for a non-violent approach to the nurture care and development of children.

4.2. Develop and/or improve data collection and analysis related to selected areas within the core components to be utilized in the formulation policies and strategies concerned with the elimination of violence against children. Such data collection and analysis should be done in time series to capture any changes in time.

4.3. Encourage research on the impact of various forms of violence on children, as well as the impact various forms of positive communication and positive discipline (either short term or long term) with the participation and approval of children themselves.

4.4. Conduct studies on topics such as, the way children acquire and then use information for their self-protection, and the impact this has on children’s resilience, according to their age or stages of development.
1. **Situational Context**

1.1. In the last decade, paediatricians, developmental psychologists, teachers, training institutions and other interested groups, have attempted to include “parenting education” in their curriculum. However, in many instances, this curriculum has not yet included the topic of elimination of violence against children in the home and many parents have not had the opportunity to take advantage of these parenting education curriculums.

1.2. In many studies and anecdotal reports, most parents continue to parent in the way in which they were raised by their own parents using that experience as a base for their own nurturing and care practices with their children. Often, they will keep what they liked and eliminate what they didn’t like from their parent’s model. However, in many cases, they continue to do things that they didn’t like if they think it is “good for their children.” In addition, some parents claim that even though they do not necessarily feel comfortable with the negative or punitive approach they are using with their own children, they do not know any other alternatives since, they have not yet been exposed to them.

This is especially true as it relates to punishment or discipline of their children. In fact, for example, we know from the literature that, “although individuals who experience violence as children do not necessarily perpetuate it as adults, they are at heightened risk of doing so” (Durrant, 2014, p. 111). This is for all the reasons mentioned above, as the studies show, that “compared to those who have not experienced physical punishment as children, those who have are more likely to approve of violence as adults” (ibid).

1.3. Today, in many countries, there are also more single parents (both single mothers and single fathers). This is due to many
factors including: the increasing rate of divorce in the modern world; the fact that many couples need to live separately due to work obligations; human migration; family problems which led to separations; the death of one parent; female emancipation; increasing economic independence of one of the partners which provides more options, etc.

1.4. In recent years, there seems to be an increase in early/teenage pregnancy. These young mothers usually do not have enough knowledge and skill in quality child nurture, care or development of children. Thus, the problem is exacerbated by the lack of experience and immaturity of these young mothers. Even if these young mothers are willing to support their new child’s well-being, they are often unable to do so. This is because they are, not only less experienced than their more mature counterparts, but also because they usually have more limitations both psycho-socially and economically, and often even lack the ability to provide for the child’s most basic needs.

1.5. With the high mobility of people moving particularly to find employment, many parents have to leave their children to be raised by their grandparents or other members of the extended family while they work in different provinces or another country, often for lengthy periods of time. In these cases, research shows that many of these children lack parental love and care, and in some cases have deficiencies in their learning and personality development. In some instance, in fact, violence against children can occur.

1.6. Throughout the period of pregnancy, in an ideal situation, pregnant women need to report to obstetricians/gynaecologists for periodic check-ups for their health and the health of their baby. However, this is not always practiced by many women including, especially women in rural and/or poor urban areas who may be especially at risk. This lack of advice may contribute to deficiencies within the early development of child and after birth, affect the relationship between mother and child.

2. Violence against Children in the Family

2.1. Unfortunately, many children first experience violence in the setting in which they should have felt safest – the family home. In other words, they experience violence by parents and other close
family members (e.g., siblings and extended family) which may include physical, verbal, sexual violence, as well as neglect. Depending on its nature and severity, the short and long-term repercussions of violence at home can be devastating to a child’s overall development. For example, exposure to violence in early childhood can affect the maturing brain (Tucker, 1992; Cicchetti & Toth, 1995; Post, Weiss & Leverich, 1994; Chicchetti & Tucker, 1994), also see chapter 1). Prolonged exposure in children, whether as victims or witnesses to violence at home, can disrupt the nervous and immune systems and lead to social, emotional and cognitive impairments, as well as maladaptive behaviours (see chapter 1). This can also lead to heightened arousal in children that leads to anxiety disorders, depression, and a host of behavioural issues, including Post-traumatic Stress Disorders (PTSD).

2.2. Violence against children occurs in the home more often to children with learning difficulties, e.g., hyperactive children, child with learning disorders, children with special needs and disabilities such as children with autism. Often, this is due to parent’s lack of knowledge about how some children are likely to behave. Therefore they punish these children thinking that they are wilfully misbehaving.

2.3. Children with HIV/AIDS and children of parents who have HIV/AIDS often suffer from prejudice and discrimination. These children are often rejected and subjected to verbal and even physical violence by the people around them.

2.4. Some children witness domestic violence between their parents or among other members of their family, including sexual violence within their home.

2.5. In many homes, children have the opportunity to use the Internet and other electronic media. As mentioned earlier, some of these children are likely to have encountered violence in cyberspace (please see chapter 5 for further details).

2.6. Some parents dealing with situational or internal stressors such as economic, mental health issues, single parents, migrants, are potentially higher-risk for violence against their own children due to the increased pressure these conditions can bring to lives.

2.7. According to Dr. Arnon Bentovim, 2004, growing up in a context of violence effects a children’s overall development, sometimes
causing significant negative effects to their capacity to: e.g., attach, manage and regulate their emotions. Also, he points out that research has shown that the intergenerational effects of abuse can be extensive. Indeed, because of this, in his work a central question is, “how can we best deal with abusive families”?

Dr. Bentovim provides examples to assist parents and children to overcome or prevent abuse. He promotes for example, interventions with children to help make them more resilient, such as providing them with social skills training, communication skills, relaxation, personal safety skills and problem solving. In addition, he also promotes the development of approaches to support children’s development, such as their education needs, assertiveness training and anger management.

Similarly Bentovim says that parents need training to improve their parenting skills. As part of this training he advises parents to acquire an understanding of psycho-education, especially about the harmful effects of abuse and to seek better ways of managing their children’s oppositional behaviour without the use of violence.

When/if violence occurs in the family however, Dr. Bentovim says it should be looked at systemically - not blaming the child - with family being the subject of the intervention, not just the child or the parent, other siblings etc.

3. Current Management of Violence within the Home

3.1. Increasingly, training on parenting education, including on eliminating violence against children in the family, have been organized, both by government agencies and NGOs. Most parents however, do not have access to these opportunities. Even when parents are able to attend these trainings, they often lack monitoring and follow-up programmes which would help ensure that they had a positive and practical impact on children.

3.2. In some countries, a national policy and a plan of action on elimination of violence against children, which includes strategies to be used in homes, have been established.

3.3. In some countries, there are many forms of family networks/support groups, which attempt to deal with positive approaches to nurture, care and development of children in different situations, such as: violence in single parent households, families living with
HIV/ AIDS etc., where there is potentially more stress, and the use of positive communication and positive discipline in home situations, etc.

3.4. In a few countries, manuals and videos have been designed to assist with effective parenting. However, the cost is relatively high, especially for many poor families which limit impact.

3.5. In a few countries, special training on parenting for “new fathers” is available, especially in the countries where the regulations allow for paternity leave. However, usually this training does not cover the subject of violence against children.

3.6. “Positive Parenting” is becoming universal in the context of preventing violence against children. Indeed, from neonatal to young adulthood, (all stages of a child's development), positive discipline is essential to the nurture, care and development of children.

4. Guidelines

The following are in addition to the guidelines which appear after chapter 7 and are specifically targeted for the home environment.

Prevention:

4.1. Build capacity for parents on effective/positive parenting, which should include topics such as understanding children’s rights, understanding the stages of child development, self-understanding, the use of positive communication and positive discipline in child nurture, care and development in the home environment in order to prevent violence against children.

4.2. Provide knowledge and skills for parents on children with learning difficulties, hyperactivity, children with autism, children with other special needs and disabilities, so that parents will be able to recognize the behaviour that these children might exhibit and will not mistreat them because of it (See also chapter 3 section 5.3).

4.3. Create awareness among parents about the need to manage the physical environment in the home, for instance, the need to provide privacy for parents and children in terms of sleeping quarters, safety measures in the home environment, etc. Creating quality spaces in the home for all members of the family will help contribute to positive relationships among them.
4.4. Develop and/or improve low cost or free handbook(s) and videos on positive discipline (on topics as described in section 4.1) for all parents to have easy access to.

4.5. Provide information on 4.1 and 4.3 using the traditional media, electronic media, including websites of agencies, which could be easily accessed by most parents and other caregivers.

**Protection:**

4.6. Develop and/or strengthen family/parent networks/support groups to assist parents/guardians who may need this moral, peer, or network support at all levels. This avenue can help parent acquire learning on such things as, problems-solving, “positive parenting” methods, etc.

4.7. Create and/or improve professional counselling services with multi-disciplinary teams to assist, children, parents, and family facing violence in the home, including the development of referral services.

4.8. Provide parents who have issues with anger management and/or other related psychological issues with supportive therapy or assistance in order to help them overcome their own problems.

**Legal Framework/Regulations:**

4.9. Encourage to propose and/or strengthen the law/regulations which prohibit corporal punishment in the home.

**Data Collection/Research:**

4.10. Conduct research on violence in the family with special attention given to early childhood and preschool children, including the root causes of violence, factors that influence violence and methods of handling violence and their impact. The aim of this research, is to provide appropriate preventive and protective services on elimination of violence against children.

4.11. Collect and analyse data on the prevalence of violence against children in the family and on both its short and long term effects on children.
1. **Situational Context**

1.1. Formal schooling, beginning from kindergarten until the last year of secondary school usually lasts about 12 years. In the AMS countries compulsory education can be at any of the following levels: 6 years, 9 years, or 12 years. Beyond secondary school, there is education at university level.

1.2. There are also vocational schools for boys and girls under 18 years old and schools that only offer specific areas of study, e.g. physical/sport education, music schools, arts and craft schools, cooking schools, etc. In many instances, there are schools for children with special needs and disabilities, if those disabilities are more severe, otherwise these children study with the other children in the regular schools.

1.3. In the AMS, there are public and private schools, religious schools, single-sex schools, co-educational schools, as well as boarding schools for boys and girls.

1.4. Schools are situated in both urban and rural areas. In general, urban schools have larger enrollments.

1.5. Usually the teachers in almost all schools have bachelor’s degree as a minimum requirement, except in a few cases where the minimum is still at the lower level, e.g., especially for pre-school education and in general, there are more female teachers at the pre-school and elementary school levels.

2. **Violence in Schools**

2.1. Studies and anecdotal reports indicate that violence against children happens in schools. This violence includes physical, verbal, and sometimes even sexual violence, as well as neglect. While some countries have laws or regulations prohibiting
physical punishment (corporal punishment) in schools, the use of such punishment by teachers still exists. Sexual abuse, including rape, can happen also in schools between teachers and students, other personnel and students, and also among the students themselves. Focus group data and other studies have reported that verbal abuse is still used frequently by teachers and is perceived by many of them as a “normal” way of disciplining children.

2.2. Examples of forms of violence against children in school include but are not limited to the following: hitting, slapping, throwing of chalk or a blackboard eraser at a student, forcing a child to eat something bitter and distasteful, scolding a child with reference to his/her family, insulting a child with reference to his/her stupidity/lack of intelligence, comparing children unfavorably to one another to create feelings of inferiority, offering good grades to some student for sleeping with the teacher, luring of children by the female teachers in order for the child to have sex with their husbands, ignoring the needs of children, even when they directly ask for help, etc.

2.3. Sometimes teachers send a child to the Principal’s office or force the child to write a phrase over and over, without providing the child with any reasons why their behaviour is unacceptable or somehow needs changing. Using such methods doesn’t provide any real opportunity for the child to learn the reasons to change their behaviour. Such an indirect and often punitive approach, also does not further the child’s understanding, nor provide any clues as to the relationship between the punishment and the reasons for the desired behavioral change.

2.4. Some teachers punish children with special needs or disabilities (e.g. children with autism and/or hyperactive children), without understanding the causes, symptoms and/or the nature of the kind of behaviour that these children would normally display, linked with their disability. This can also be due to teacher’s inability to manage personal emotions because of lack of training dealing with children with special needs.

2.5. There is evidence through research, and verbal self-reports - as well as informal reports by children (e.g., some appearing on the wall of the school’s toilet), that children’s emotional reactions towards teachers’ use of violent approaches to “discipline” are often very negative. Some children feel for example, that they are not wanted or accepted. Some feel angry, others even
express feelings of hate, and some of them have reported feeling revengeful.

2.6. In addition to violence experienced at school, some children of all ages encounter similar forms of violence at home, which also affects their emotional development as well as their learning processes. Some teachers are skilled at observing these children’s behaviour and thus are able to detect early warnings signs and symptoms, resulting from violence. Unfortunately, a large number of teachers do not have such knowledge and/or skill, and thus children continue to suffer without help or remedies. The range of abuse at home can go from neglect to children being raped by either their biological and/or stepfathers. Another form of indirect abuse occurs when a child witnesses the sexual activities at home because the child sleeps in the same room. In addition, some children are not allowed to go to school or are frequently absent from attending school because their parents or guardians exploit them for their labor.

2.7. With the advancement of ICT and with the increasing affluence of society, children have more access to electronic media. Children are therefore more exposed to ICT which is both positive and negative. The negative aspects of this include children having more exposure to violence appearing in cyberspace. Moreover, children can be the recipients, participants and the actors of violent scenes appearing in electronic media (Please see also chapter 5). Also, some children organize their own groups on social media, whose main function is to communicate and share undesirable materials among themselves, including violent material or materials which depicts the committing of violent acts. Cyber-bullying and sexting are also common examples of violence in cyberspace.

2.8. Violence among children themselves also exists e.g. children in early childhood biting one another (e.g., while fighting over toys), bullying one another, gang fighting, particularly among teenagers, even to the point of using weapons which can cause serious harm or worse.

3. **Current Management of Violence in Schools**

3.1. In some countries, there are clear laws/regulations on prohibition of physical punishment (corporal punishment) in schools.
3.2. In some countries, relevant authorities (e.g. the Ministry of Education) issue handbooks or guidelines on how to protect children in school, complete with recommendations on how to discipline children using positive methods. This type of handbook can inform school staff on how to identify problem behaviour and detect some physical, mental and emotional problems in children who are being abused. In addition, they may recommend that teachers invest in developing their self-understanding, e.g., especially how to handle their anger, and how to remedy and assist children’s to recovery from violence, e.g., through referral to multi-disciplinary teams and by using a human rights based approach which respects child’s right to be free from all forms of violence.

3.3. A few countries have developed special training manual based on positive approaches to disciplining children based on teaching not punishment.

3.4. Capacity building, through training of various types of personnel working with children in educational institutions has also been carried out in some countries to work toward the prevention of violence against children.

3.5. In some instances, data collection and monitoring systems have been put in place in schools to follow up on the implementation of non-violent disciplining of children and its effects.

3.6. In a few countries, special mechanisms at the national and local levels have been set up to help the teachers and the students to prevent violence against children in schools and to assist teachers as well as students in dealing with child abuse cases. However, insufficient personnel and financial resources make it difficult to have full geographic coverage.

3.7. In some countries, a national law on child protection system has been established, and/or regulations.

4. **Guidelines**

The following are in addition to the guidelines which appear after chapter 7 and are specifically targeted for the school environment.

**Prevention:**

4.1. Develop and/or improve child protection policy and strategies, where appropriate in accordance with national policies and
regulations, covering all groups of children in school especially the vulnerable, on prevention and protection of them from being violated of their rights and from maltreatment from all forms of violence.

4.2. Develop and/or improve a handbook for teachers and personnel in schools on prevention of violence against children in school covering topics from the core components, which are, the understanding of children’s rights, the stages of child development, teachers’ self-understanding, positive communication and positive disciplining, empowering children for their own self-protection. This includes, understanding/handling children who have special needs and/or disabilities, as well as understanding the importance of a child’s school environment, and understanding the role of children’s peer groups.

4.3. Develop and/or improve pre-service and in-service training for teachers and other educational personnel covering the topics as appeared in 4.2.

4.4. Establish and/or improve national and/or local structures and mechanisms, where relevant, to be responsible for overseeing, monitoring and providing advice/recommendations to schools in handling cases related to violence against children in school. Wherever possible, those structures and mechanisms should be supported with financial, human and technical resources to help prevent and protect children from violence in schools/educational institutions.

4.5. As part of due diligence, set up and/or improve on a proper screening system for teachers and personnel working with and for children in schools/educational settings; including, e.g., a criminal background check (to detect those who have historically abused children), assessment of mental health (to detect those who have untreated mental illnesses), and the use of a trial period (to observe their interactions with children). These processes should be periodically reviewed and monitored.


4.7. Create and/or facilitate a positive relationship/collaborative network between parents/guardians and teachers to improve
upon/create a set of common and agreed upon practices and principles on, e.g., positive communication and positive discipline with respect to children. This will give them the opportunity to learn from and support one another.

4.8. Create a “safe and trusting environment” in school for children where they feel loved and respected enough to talk about their concerns or suspected/actual abuse incidents. Educational institutions can work to achieve this by ensuring a good relationship between children and significant adults (e.g., teachers and other school personnel).

4.9. Set-up and/or improve on systems/experts/professionals available for early detection of children with disabilities and/or learning difficulties. This is so that teachers and parents are made aware of their situations and special needs, and provide the necessary services and support.

4.10. Wherever available, guidance teachers or “home room” teachers should develop a network among themselves, so that they can share information which enhances their knowledge, skill and influence on positive communication and positive discipline and provide a “frontline responses” for children in their schools.

4.11. Create and/or improve networking among parents and teachers, e.g., parent/teacher associations, to prevent violence and promote, such practices as, positive communication, positive discipline, positive parenting, in order to help eliminate violence against children.

4.12. Create and/or strengthen networks for children in schools and among schools, e.g., children’s councils, student’s councils, student leaderships groups, children’s forums etc., in order to, encourage the children’s participation, in school discussions on, e.g., formulation of school rules and regulations, classroom management and the means to work towards the elimination of violence against children. This may be undertaken at the school level, local level and/or the national or regional levels.

Protection:

4.13. Set up and/or improve counseling services available to schools for children who experience violence and/or teachers who need to deal with these incidents. These services should include, wherever possible, a case management and referral system.
4.14. Set up regular home visits by teachers so that they can learn about children’s situation at home and discuss with parents any behavioral problems or sign of abuse or other concerns at school, such as children frequently missing classes, obviously feeling depressed, or those who are bullied. It is desirable to cover all students in home visits however, wherever resources are limited, priority should be given to children who are having problems in school or at home.

4.15. Develop or improve services dealing with remedial learning, such as in remedial learning of academic subjects in school, so that children would be less vulnerable to violence from their teachers and/or peers.

4.16. Provide and/or improve on professional counseling and referral services for students facing violent treatment in school.

Legal Framework/Regulations:

4.17. Develop and/or improve on laws/regulations, where appropriate for national policies and regulations, to prohibit violence against children in school, including the use of physical punishment. Clear steps and procedures should be taken for punitive action for perpetrators, including assistance for behavioral and attitudinal change as part of their rehabilitation. These procedures should be clearly identified and enforced.

4.18. Develop a legal framework for the registration of teachers and other school personnel who have been convicted of child abuse to prohibit them from working with and for children in all settings.

Data Collection/Research:

4.19. Develop and/or improve on systematic data and information collection on violence against children in schools and on any actions to redress the violence on part of the victims as well as the perpetrators. This information can be used for policy formulation, action planning, programming, strategic planning, and monitoring and evaluation.
CHAPTER 10

Community

1. Situational Context

1.1. Community has many meanings. One definition is a group of people living in the certain confined geographical area, such as a village, a district, or a city. A second meaning is a group of people who have common interests, a common mission, the same or similar professions, and common values, holding them together as a cohesive group.

1.2. Children can live in very small communities or very large communities; therefore, children will face a variety of situations including violent ones, in various types of environments.

1.3. In the AMS countries, there are many different types of communities, e.g., large urban cities, small urban areas, expansive rural environments, to very small, isolated and remote areas. Communities can also stretch over an island or mainland.

1.4. In a few instances, the second meaning of “community” (see 1.1) can mean a migrant group or sub-culture.

1.5. In cyberspace, virtual communities are formed based on a variety of different interests.

2. Violence against Children

In the community, the following are possible areas of risks related to violence against children:

2.1. Areas where physically the environment may present risks for children: e.g. public spaces such as dark areas without proper street lighting, such as public parks at night, buildings under construction, especially abandoned construction sites, as well as narrow side-streets with unattended tall grass and low lighting.
2.2. Night entertainment places where children are exposed illegally to alcohol, drugs or other illegal substances and activities. These situations may cause children to become intoxicated (“under the influence”) and they may harm themselves or one another.

2.3. Criminal activities against children may include: abduction or kidnapping of children for ransom; exploitation of children in various forms of activities, such as forced begging and/or human trafficking, being attacked for valuable objects, such as a gold necklace, mobile phone etc.

2.4. Violence in cyberspace through Internet Cafes, where children pay for the use of the Internet by the hour, and where unsupervised children may potentially be exposed to violent materials (Please see chapter 5).

3. **Current Management of Violence within the Community**

   In many communities, there are few preventive measures provided by the local authorities. In addition, most authorities are not even aware of which preventive measures can assist the community’s children.

4. **Guidelines**

   The following are in addition to the guidelines which appear after chapter 7 and are specifically targeted for the community.

   **Prevention:**

   4.1. Create awareness of city/town/village community administrators of the risk areas in the communities for children as identified in 2.1 of this chapter.

   4.2. Identify risk areas and modify the physical areas accordingly in order to make them safer and more child-friendly, particularly in the urban settings. In this connection, children and community members can actively participate in those improvements.

   4.3. Children should know about risk areas in the communities and should be informed to avoid them. Community organizations, community leaders, civil society and children themselves should be involved in making their community safer for children.
4.4. Train/empower children to learn to protect themselves in their communities and, as part of this training, inform children where to seek help if they need assistance (Please see chapter 7). Community networks/organizations, civil society etc. can promote and assist in the training of the community’s children.

4.5. Develop and/or improve capacity building for community leaders and community volunteers in a variety of thematic areas, e.g., health volunteers, on the topics related to self-understanding, understanding children’s rights, especially respecting children’s views, understanding the stages of child development, and on the use of positive communication and positive discipline.

4.6. Promote and/or create and/or improve community organizations/networks, and/or a group of community volunteers, to serve as a watch and/or pressure and/or advocacy group for their community in order to protect their children from violence. Children’s participation in these undertakings should be encouraged.

Protection:

4.7. Set up and/or strengthen a mechanism(s) for citizen reporting on cases violence against children to the appropriate authority, which is required to take immediate action.

4.8. Set up and/or strengthen community networks/organizations for effective, referral to professional support services, case management and accessibility for children who become victims of violence in the community.

Legal Framework/Regulations:

4.9. Support or advocate for effective law enforcement related to children in entertainment places, e.g., bars, night clubs, karaoke places, and the Internet Cafes.

4.10. Monitor the implementation and enforcement of law/regulations (including providing support for law enforcement) related to the above.
Chapter 11

Workplace

1. Situational Context

1.1. Child Labor refers to those children who are deprived of the childhood, their potential and their dignity. These children are in situations that are harmful to their physical and mental development and which deprive them of their basics right to education, rest and leisure. The forms of child labor are defined in ILO convention 182. These include prostitution, trafficking, fishing, pyrotechnics, slave like labor, forced labor, etc.

1.2. Young workers (age 15-18 years), who are allowed by law to work under conditions proscribed by the labor protection law.

1.3. Most of the AMS have labor inspectors for child laborers’ protection. There are still some challenges related to children in domestic work, migrant children, or children who accompany migrant parents, as well as unaccompanied migrant children and/or undocumented migrant children, and children who may work in unregistered work places.

1.4. In some countries children work in the street, in urban areas often in unsafe tourism jobs, although they may not live on the street. Others, however, live as well as work on the street. The first group may be children who sell goods on the street in activities usually organized by adults such as parents or guardians, while the second group of children could be runaways and other homeless children. These children find miscellaneous work in the marketplace or tourist spots in order to survive. Many younger children are part of a “pecking-order” on the street where they take orders, suggestions, or are otherwise persuaded to engage in behaviours by older children in their same group. In some cases, they engage in illegal work such as begging, stealing, and drug trafficking, etc. in order to earn money. Some are also involved in the sex trade. Most of these children simply fall through the cracks and do not receive any attention, care or assistance from government agencies.
2. Violence against Children Who Work

2.1. As related to occupational safety and health, occurs first in the nature of the work itself. Even though the law may prohibit children from engaging in certain types of dangerous work, in other environments, where they are permitted to work, there may still be a lack of adequate safety measures. Examples of this can vary depending on the nature of the work, e.g., the continuous use of very noisy and very loud public speaking systems in department stores which could be detrimental to children’s hearing, or a lack of safety standards for employees in a food shop or food stall, lack of safety gear for various types of occupations, etc.

2.2. There is a scarcity of reports of physical punishment, verbal abuse and sexual violence of 15-18 year olds in officially registered workplaces. In a few countries, thanks to ILO convention 138, children between the ages 15-18 years are permitted to work but only under certain conditions. If the children are girls they face other vulnerabilities, e.g., they may become victims of sexual violence in the workplace, e.g., pressured to become sex workers. Anecdotal reports, however, point to the fact that children of both sexes who work in domestic settings may also face increased vulnerability to physical and sexual violence. Another particularly vulnerable group is young migrants, especially undocumented young migrants, or young migrant girls who work in domestic work settings.

2.3. In some countries, labor inspectors do not have as part of their mandate, the supervision or monitoring of violence against children in the workplace. In Thailand for example, in the child labor protection law, there is no article prohibiting the use of violence in the workplace. Instead, labor inspectors rely on complaints officially filed by children or their representatives on cases related to violence against children. The office of the labour inspector provides a telephone number which can be called to request assistance. The problem is that it may be very difficult for vulnerable children or their representatives to file such complaints for a variety of reasons, including a lack of confidence, lack of security and a general feeling that the job the child holds is too important to lose.

2.4. Children who perform a variety of work related activities on the street (as appear in section 1.5 of this chapter) often suffer from several forms of violence including, e.g. physical, verbal, and
sexual violence and have their emotional needs neglected. Often these children have no means of support, e.g., ways of contacting anyone for immediate help and/or longer term remedies. Moreover, many children who are runaways, homeless, and street children have already suffered from family violence, which is often the primary reason for their current circumstances.

3. Current Management:

In some countries both local and INGOs have been active at helping children who work on the street. Some international organizations have also engaged research, which has helped to create awareness among government agencies and relevant organizations. These problems, however, still remain.

4. Guidelines

The following are in addition to the guidelines which appear after chapter 7 and are specifically targeted for the workplace.

Prevention:

4.1. Organize classes and/or discussions in schools to disseminate knowledge (for children in and out of school) on the following: job seeking, child labor protection law, international instruments and standards related to child labor, understanding the rights of the child related to employment and how to seek help when faced with difficulties such as violence against children.

4.2. Disseminate child protection policy/law and relevant labor protection law for children, as well as international standards on child labor to private sector and relevant workplaces in order to prevent violence against children.

4.3. Establish and/or increase the capacity of official mechanisms e.g., labor inspectors, to identify non-registered companies and/or establishments or employers in order to have better access to and assist any children working in these work places.

4.4. Refer to section 2.4 of this chapter, e.g., families at risk should be identified. Local government authorities, relevant ministries/agencies, NGOs and community organizations should be involved in providing support to these families to help them learn a non-violent approach to nurture, care and development of children.
including positive communication and positive discipline. This is important since reducing violence at home is an important factor to preventing children from running away and becoming homeless and potentially vulnerable to further violence on the street.

4.5. Develop and/or improve the occupational safety and health standards in the workplace to prevent the occurrence of environmental hazards and accidents, which are harmful to children, and in themselves constitute a kind of violence against the children.

**Protection:**

4.6. Create and/or improve official mechanisms whereby citizens, child and their representatives can report cases of violence against children in the work place.

4.7. Provide and/or increase awareness of an emergency telephone number, e.g., child help lines, for children and/or their representatives to have easier access to seek help anonymously, particularly in cases of violence against children in the work place. Relevant authorities should take action.

4.8. Encourage and assist civil society to support children at risk in the work place and NGOs (related to supporting them) on the provision of needed services, remedies, and in the creation of a non-violent environment for these children.

4.9. Provide access to professional counseling services with multi-disciplinary teams to assist children in the workplace who face violence and to ensure effective remedies and recovery options for them and their families as needed.

4.10. Develop and/or improve a handbook and/or other materials to be used by labor inspectors to include knowledge and skills in identifying cases of violence against children, and to suggest preventive measures for proprietors and employers to remedy and assist child victims of violence.

**Legal Framework/Regulations:**

4.11. Improve the Child Labor Protection Law/Regulations to include violence against children in the work place and ensure it enforcement.

4.12. Enhance the regulations, mandating labor inspectors to include the monitoring of violence against children in the work place as part of their responsibilities.
Data Collection/Research:

4.13. Establish and/or improve data collection on violence against children in the workplace by labor authorities to be utilized to improve policies and strategies to protect children in the workplace.
CHAPTER 12

Alternative Care/Children’s Shelter

1. **Situational Context**

   **Children:**

   1.1. In some countries there are private or public alternative care/shelters. Also, in many countries there are many private alternative care/shelters that need to be registered but have not yet done so. Children who require shelter from birth to 6 years old go to baby homes. These children are further divided into 3 groups as follows:

      1.1.1. Infant (birth to one year old): 80% are children abandoned at birth. Sometimes the shelters are able to track and find the child’s family, but these families are usually not stable enough to take the baby back. They ask that the shelter look after the baby for the time being.

      1.1.2. Toddlers (2 - 3 years old).

      1.1.3. Young School age children (4 - 6 years old)

      (Children from 6 to 18 years old go to children’s shelters, which are divided, based on children’s gender and needs).

   1.2. There are many types of children within the shelters, for example:

      1.2.1. Abandoned children (either by consciously by parents or other caregivers, or by incarcerated parents who have no choice);

      1.2.2. Street children;

      1.2.3. Physically, sexually abused and/or otherwise exploited children;

      1.2.4. Children who are neglected or not taken care of “appropriately” by their family;

      1.2.5. Children from poor families who are unable to care for them;
1.2.6. Children who have behavioral problems and/or substance abuse issues, such as drug addiction, theft, or exhibit aggressive behaviour/tendencies; and,

1.2.7. Children living with HIV who have no means of support.

1.2.8. There are segregated shelters for boys, girls, men, women and families.

1.3. There are established Protocols for the acceptance and termination of children’s stay at the shelter as follows: For example, children are referred to shelters by the police, hospitals, relevant government ministries etc. In addition, so-called “reception homes” complete the screening process refer children to 1 of the 3 types of shelters: rehabilitation, protection and welfare promotion shelters. When their stay at the shelter is terminated, children may attend vocational training, live with a foster family, or are transferred to a homeless shelter if they require more custodial care.

1.4. Children’s background/etymology: By and large, all the children in shelters are traumatized by experiences of being abused and/or exploited.

Personnel:

1.5. The majority of personnel within these shelters do not have professional training. Most of them only have high school education. There are some shelters that have access to social workers and psychologists, the number of these professionals is very limited however, and they are often overwhelmed by cases. Thus, in addition to training more social workers and psychologists, there is also an urgent need to train qualified paraprofessionals to augment their work as well as an increased number of community volunteers.

Example Services Include:

1.6. Benefits of children in the shelters include;

1.6.1. Formal education

1.6.2. Vocational training

1.6.3. Opportunities for children’s cash saving through welfare schemes
2. Violence and Children

2.1. Prior to entering into the shelter, some children have suffered from multiple forms of violence (both physical and psychological) e.g. according to focus group data, some real life examples recounting to researchers include, e.g., being locked up in a dark room by their mother, being hit etc.

2.2. While in alternative care/shelters, children sometimes unfortunately experience violence such as:

2.2.1. Violence among children themselves - Children sometimes learn to deal with their issues using violence. For example, some of the older children in alternative care/shelters who were bullied in the past may later use violence against the younger ones to exercise control. This chain of violent behaviour is common within the alternative care/shelters.

2.2.2. Violence in schools - Some children in shelters study in schools located outside of the shelter setting. Some of these children face many forms of physical and psychological punishment by their teachers who may view these children as difficult to “handle and needing a firmer hand”. In turn, the shelter staff may be reluctant to interfere as the violence happens outside of their facility and thus their jurisdiction. This is particularly an issue for staff who are inadequately trained.

2.2.3. Self-harm is often observed in these children

2.2.4. Damaging property and belongings – Some behavioral issues e.g., vandalism are seen in children facing violence – including in shelters. They may lash-out by destroying random property, the belongings of others, or the shelter property. This behaviour is more often seen in boys but is not exclusively so.

2.2.5. Violence while on job training - Some children experience violence while they attend vocational training or while being trained on site in the alternative care/shelter itself. Unfortunately, lack of trained professionals may again be a factor here. In addition, facilities which cater to children with challenges such as learning disabilities may attract abusers who feel these children are easier targets because of their circumstances. Unfortunately, in unregistered
alternative care/shelters it is difficult to obtain information about the nature of violence in these shelters.

3. Current Management of Violence within the Alternative Care/Shelter Facility

3.1. Personnel may feel inadequate due to the fact that they do not have adequate knowledge and skills to help children in violent situations.

3.2. Even with the innovation of having a multi-disciplinary team in a few alternative care/shelters the vast majority of personnel working with children in the shelter often feel that they still require professionals in the field of counseling and/or in the field of positive disciplining, or a professional experienced in dealing with children’s misbehavior that they can consult when necessary.

3.3. Personnel working with children in these facilities often do not have enough skills to deal with violence. In addition, civil service pay scales provide for low salaries for such personnel, even though their jobs are often stressful and very important to the children’s overall well-being. In fact, in many cases, alternative care/shelter personnel are not even included in the official salary payroll. Other personnel issues within the shelters include employing staff on a contract basis; no provision of benefits; the length of shifts, especially long night shifts; the lack of career path; and high turnover rate due to these issues and the overall environment. Sadly, in the final analysis, children often do not receive adequate care, especially those children who have suffered multiple forms of violence.

4. Guidelines

The following are in addition to the guidelines which appear after chapter 7 and are specifically targeted for the alternative care/children shelters.

Prevention:

4.1. Provide more child-sensitive care of and a positive approach to nurture of children in these shelters, such as, respect for their rights, positive communication, and positive discipline.

4.2. As part of due diligence, set up and/or improve on a proper screening system for alternative care/children’s shelters
personnel who work with and for children; including, e.g., a criminal background check (to detect those who have historically abused children), assessment of mental health (to detect those who have untreated mental illnesses), and the use of a trial period (to observe their interactions with children). These processes should be periodically reviewed and monitored.

4.3. Establish a Code of Conduct, in line with international standards on child protection for child caregivers (all personnel in the shelters) in this setting as part of their employment contracts (http://www.unicef.org/protection/alternative_care_Guidelines-English.pdf, 2010).

4.4. Provide training on knowledge and skills to be used by those in working with and for children in the alternative care/shelters on: e.g., their own self-understanding, understanding of children’s rights, the stages of child development, and the use of positive communication and positive discipline.

4.5. Provide knowledge and skills for children themselves to increase their resilience and reduce their vulnerability to decrease their probability of becoming victims of violence. This should include for example, an understanding of their rights and an understanding of some of the challenges faced by children in their own peer groups or development stage.

4.6. Provide sufficient numbers of quality child caregivers/professionals in this setting, in relation to the number of children. Special attention needs to be taken into consideration in relation to children who may need more attention, e.g. those with special needs or learning disabilities.

Protection:

4.7. Coordinate between child caregivers and the members of the multi-disciplinary team, including counselors and psychologists, as well as experts on positive discipline and positive communication, in order to provide quality support services for children who suffer from violence.

4.8. Establish a safe and standardized mechanism for reporting from children and others who witness violent acts and/or children who experience violence within the alternative care/shelter.

4.9. Monitor all cases of violence against children who live in alternative care/shelters, including those that happen both in the facilities and in schools outside alternative care/shelter premises.
4.10. Wherever possible, work closely with parents/guardians, other caregivers, community leaders, law enforcers, medical personnel and other relevant persons to assist victimized children to achieve effective recovery and increase their resilience.

**Legal Framework/Regulations:**

4.11. Develop and/or improve child protection law/regulations to cover children in alternative care/shelters.

4.12. Establish and/or improve law/regulations prohibiting violence against children in alternative care/shelters, and ensure effective monitoring of its implementations.

4.13. As part of due diligence, develop or strengthen the legal framework whereby a registry of persons who have been convicted of child abuse are prohibited from working with or for children in these shelters.

**Data Collection/Research:**

4.14. Develop and/or improve database system(s) and analysis with respect to violence against children in these shelters, to be used for policy and strategies to enhance work in the shelters.

4.15. Develop studies on cases of violence against children which occur in these shelters, including method of redress and their results, identification of obstacles/problems and recommendations for improvement of the relevant work in the shelters.
1. **Situational Context**

   **Children:**

   1.1. There are a range of ECCDC, or Early Childhood Care and Development Centers e.g. Baby homes, for example, can be emergency child care, which serve children in infancy. Short-term full-day or part-day care may be provided to meet a range of family situations including when regular care is unavailable due to a family illness or other emergencies or situational factors. Nurseries and private child care facilities also vary in their mandates. Some of these facilities are public and some private, while some are licensed and some are not.

   1.2. There are a variety of children, who range in age from 3 months to 6 years old, in baby homes, nurseries and private day-care facilities.

   1.3. Parents pay for their children to attend private nurseries for a number of reasons, e.g., they need to send their children to these facilities because they are working during the day.

   1.4. These facilitates are pre-kindergarten institutions which must get permission from relevant government agency for their set-up.

   1.5. Their services are accessible in both rural areas and cities.

   **Personnel:**

   1.6. Staff includes both those who have relevant degrees and those who do not possess such degrees. In some cases, the only requirement is to complete the compulsory education curriculum. Some businesses do not hire “qualified” caregivers and find it difficult to recruit qualified staff. There are usually only a few
full-time positions. Most staff members are on contract, or are
government staff hired as caregivers. Their pay is usually low
with little or no benefits and there is not much opportunity for
advancement. Their training is not systematic and, particularly
within smaller nurseries. This is because training in smaller
nurseries for example, is even more difficult and scarce due to
a smaller pool of caregivers, thus, e.g. there may not be enough
personnel to provide proper cover when one or two care givers
are on training. Moreover, in many locations, staff turnover is high,
often due to the staff feeling there is no job security or possibility
for advancement.

Example Experiences Provided:

1.7. Informal and non-formal education. In some cases, there might be
curriculum designed for this group of children, but they mainly are
arranged by the institution so there are no standard requirements
or “standardized” curriculum.

1.8. Children’s activities mainly are playing, cleaning, developing social
skills, and other skills according to their age (e.g., toilet training,
using a cup, table manners etc.). In some countries, there is not
much focus on academics although children can learn valuable
life-skills and behaviour competencies which are age appropriate.
This varies however.

2. Violence against Children

2.1. Violence in the centres

2.1.1. Violence among children themselves: Forms of violence
among children especially younger children are usually
mainly physical in nature, e.g. bullying, biting, pushing,
pulling of hair, poking another child’s eyes, playing rough,
which at times results in broken limbs, hurling each other
perhaps in an attempt to imitate a popular TV show etc.
Mainly they fight over toys and other limited resources.
Physical violence is more prevalent among boys than girls,
however, girls also engage in other forms of violence, e.g.,
shunning or excluding behaviours, name calling, which
deal more with feelings and emotions.

2.1.2. Violence from personnel working with the children in the
centre: There are fewer reported incidents of caregivers
physically harming a child. This may be because a few centres are involved in the reporting system and/or a few nurseries use close circuit TV to monitor staff which helps to prevent violence against children in the centre by their staff.

In addition, a trial period for the newcomers is often used to observe the staff’s interactions with children at such centres. Moreover, the use of social media and other technologies, such as instant messenger, helps centres to remain connected with the parents during the day, as well as to monitor staff’s behaviour.

In some countries, there is an organized group of such centres, which might be called the association of childcare centres, or in other forms. The group usually establishes regulations, aiming to raise child care standards and prevent violence against children.

Although the incidents of violence against children in the centre are not frequent, some violence has been documented which may include the following: children getting pinched by caregivers; children drowning in a bathtub; staff squeezing a child’s mouth and causing bruises etc. In addition, there is some verbal abuse in the forms of rude or negative verbal comments designed to hurt the child and control him/her emotionally. Sometimes staff cannot control their own tempers and unfortunately take it out on children, which is another reason why caregivers of all levels need to know their own flashpoints, roles and functions.

2.2. Violence at Children’s Home

The incidents of abuse also occur at home and include children being hit at home (by various objects including clothes hangers); children are also affected by the witnessing of family conflicts (e.g., domestic violence, fighting among divorced parents, or parents using different parenting styles which confuse them), and domestic abuse rooted in substance abuse, alcoholism or money problems, to name a few. There are also documented reports of cases of emotional “neglect”, e.g., where parents only provide children with material possessions but no emotional attention, love, and no positive discipline designed to facilitate the child’s overall understanding or moral and behavioral development.
2.3. Violence against Children with Special Needs/Disabilities

Children who have special needs/disabilities occasionally are maltreated by caregivers, parents/guardians, and the children surrounding them in various settings. Often times, the conditions of these children are not well understood or are misunderstood by people around them. Their behaviour can have for example, a shorter span of attention, they can be a bit more aggressive, they can be disruptive to other people, more hyperactive, and sometimes cannot concentrate on the group’s activity, etc.

3. Current Management of Violence within the ECCDC

3.1. Most of these centres conduct a physical check-up of children in the morning to ensure they are not injured from home. If the children are found with bruises or injuries, the caregivers will take a photo and send it to the parents immediately to inform them. In addition, when they contact the parents, they try to find out what happened to the children.

3.2. If and when the child caregivers are suspected of performing violent act towards the children, the proprietors usually have a disciplinary process stated in the regulations of their centre, e.g., providing an initial written warning and escalation towards termination of employment if the problem persists. In cases where a child is injured or has suffered from caregivers’ actions, the caregiver(s) should be suspended immediately and an investigation launched.

3.3. In some areas, there is a network of professional such as pediatricians, psychologists/social workers, which the centre staff can get advice from on how to manage children with special needs.

4. Guidelines

The following are in addition to the guidelines which appear after chapter 7 and are specifically targeted for the early childhood care and development centres.

Prevention:

4.1. Enhance knowledge and skills of child caregivers on understanding children’s rights, children’s stages of development especially the
early childhood period, self-understanding, the use of positive communication techniques and positive discipline.

4.2. Develop and/or improve on child protection policy and strategies to be used in these centres including its effective implementation and a monitoring system.


4.4. As part of due diligence, develop a screening tool(s) to assess the wellbeing (physical and mental) of individual caregivers prior to employment, which should be monitored on a regular basis to detect any changes in staff wellbeing.

4.5. Arrange among centres for caregivers to meet regularly to share experiences and techniques on how to support children.

4.6. Create and/or enhance the positive relationship between the personnel from the centres and parents so as to assist in monitoring the child’s behaviour and development, as well as non-violent approach to child care. The communication between the personnel from the centres and parents can include the use of social media and technology, e.g. instant messenger. (This should be done using various means to facilitate active participation of parents).

4.7. The relevant official authority or proprietors should provide more support to individual child caregivers e.g., on his or her psychological well-being and his/her state of mental health, so that child caregivers can establish a more positive response to the children in the centres.

4.8. As part of due diligence, develop a registry system to identify whether personnel dealing with children in baby homes, nurseries and day-care facilities have any history of violence or criminal behaviours.

4.9. Establish a monitoring system, including installing CCTV to ensure the proper conduct of personnel in the centres.

4.10. ECCD centres should have access to facilities and services such as services or the early detection of children with disabilities and/ or learning difficulties. This is so that personnel in these centres
are made aware of their situations and special needs, and adjust their care accordingly.

**Protection:**

4.11. Establish close links between ECCD centres and nearby medical and psychological facilities, including more specialized services provided by professionals such as, counselors, psychologists and/or pediatricians. A monitoring and follow-up system should be undertaken and information related to cases collected and analyzed for further improvement of these services.

4.12. Improve a relationship between the ECCD centres and parents. Staff members, relevant official authorities or proprietors should set aside time to discuss with parents what might be happening at home which might influence the child’s behaviour in the centre.

**Legal Framework/Regulations:**

4.13. To develop or strengthen a registry system to identify whether personnel dealing with children in early child care or development centres have any history of violence or criminal behaviours in order to prohibit them to work with or for children.

4.14. Improve law/regulations to grant permits to operate these ECCD centres, which should cover criteria for qualified/minimum qualifications of caregivers in these types of centres and their standards of operation, using international standards.

**Data Collection/Research:**

4.15. Collect and analyze data at the national and local levels on violence against children in ECCDC, (e.g., child victims of violence, perpetrators of violence etc.). This data, should disaggregated by sex, age, place of occurrence, types of violence, patterns of remedies, etc. to be used for planning and implementation.
1. **Situational Context**

**Children:**

1.1. Children at the Juvenile Justice centres are usually between the ages of 10-18 years old and include both boys and girls who have violated the law. Proportionately speaking, there are more boys than girls. In some countries, these children include those who are detained in juvenile centres during the pre-trial process, pending trial and those who are serving sentences in these institutions by court order. Hence children in every stage of the juvenile justice system must be protected from violence. The length of stay depends on the verdict. Children are not considered to be “in prison.” A stay beyond 18 years old is possible depending on each country’s laws relating to the provision of this type of centre.

1.2. Children’s behaviours, which are violations of the law, cover such behaviours as: stealing, selling and/or possession of drugs, physical assault, homicide, and other types of severe physical violence.

**Personnel:**

1.3. There are enforcement officers, legal representatives, judiciary officers, social workers, psychologists, child caregivers, other administrative staff, and staff who assist in vocational training to aid with rehabilitation.

1.4. In some countries, the non-professional staff members usually do not have bachelor’s degrees.

1.5. In general, there is no specific pre-service training related to knowledge and skills in assisting children in the juvenile justice centres. In-service training is not regularly offered.
1.6. Officers who look after the children in general work in shift. Social workers and psychologists usually work during the day but are on call at night in case of emergency.

1.7. Usually there are no nurses or medical officers on site. They are usually located in a nearby hospital.

**Activities:**

1.8. Some children have access to formal education.

1.9. Not all children have access to formal education and vocational training. Some centres have better facilities for vocational training than others and the quality differs. There is a possibility of taking standardized skill tests for levels of certification through the relevant agencies or ministries, e.g., Ministry of Labour.

1.10. The routine activities include physical exercise, sports, community service, and other leisure and entertainment activities within the centre.

1.11. There is a lack of special activities for children with special needs in these institutions.

2. **Violence against Children**

**Violence against Children in the Centre:**

2.1. Many children have experienced violence prior to entering these centres. For example, some have witnessed domestic violence. Some have suffered from physical, mental and sexual abuse. Parental neglect includes: e.g., parents not registering the birth of the child; children never having a chance to go to school; children being left alone all day long by themselves without any caregivers; children not receiving medical attention when needed; and children's basic needs not being taken care of, etc. Some children were exposed or involved in violent activities related to the parent’s occupation, e.g. killing animals as a part of food processing. Some children were encouraged by their parents to become violent, e.g. abuse other people as part of showing their power and influence. In other words, some children may be socialized into a culture of violence.

2.2. Violence among children in the centre may include a whole range of violent behaviours: from fighting and engaging in physical assault (e.g., between gangs or an organized group which represents a
sub-culture within the centre), same-sex sexual abuse, rape, and threatening to injure and/or to kill others, etc.

2.3. Children who engage in violence to themselves (self-harm): A few children attempt to hurt themselves or commit suicide as their violence is turned inward.

2.4. Displaying of aggressive behaviours: Some children destroy things, including the property of the centre when they become angry or display aggressive behaviours towards others. In some cases, children have been seen intentionally hurting animals in the centre.

2.5. Officers who take care of children have at times displayed violent behaviours towards the children in the centre. In a few cases, officers can lose their tempers and hit the children. In some cases, officers may use other forms of physical punishment.

3. **Current Management of Violence within the Centre**

3.1. Many countries have established laws/regulations prohibiting violence against children in every stage of the juvenile justice system such as inflicting harm on children when extracting confessions, threatening the children and their family members and beating them for their misbehaviors in these types of centres.

3.2. Some centres have established methods for “anger management,” which are designed to help children, enforcement officers and other personnel to learn to control their tempers.

3.3. There is a need to provide counseling services for children who come into contact with the formal justice system. In many of these centres, the counseling services involve the families of these children whenever possible.

3.4. Referrals to psychiatrists are occasionally available on a case by case basis. However, such services are not systematically arranged and therefore, are not treated as regular and sustainable services.

3.5. There is a lack of exit follow up of violence cases.
4. **Guidelines**

The following are in addition to the guidelines which appear after chapter 7 and are specifically targeted for the juvenile justice system.

**Prevention:**

4.1. Develop pre-service and/or in-service training, including handbook(s) or other materials, for all personnel work with and for children in the juvenile justice centres. These handbooks should cover the following topics: self-understanding, children’s rights, understanding the stages of child development, and using positive communication and positive discipline. In addition, special training on “anger management,” understanding conflict, management of conflicts and conflict resolution, would be useful for both personnel and staff to enhance the relationship among the staff themselves and with the children.

4.2. As part of due diligence, set up and/or improve on a proper screening system for personnel working in Juvenile justice centres; including, e.g., a criminal background check (to detect those who have historically abused children), assessment of mental health (to detect those who have untreated mental illnesses), and the use of a trial period (to observe their interactions with children). These processes should be periodically reviewed.

4.3. Establish and/or improve a Code of Conduct in line with international standards on child protection for all personnel and staff working with and for children in the juvenile justice centres (http://www.unicef.org/protection/alternative_care_Guidelines-English.pdf, 2010.)

4.4. Develop and/or improve child protection policy and strategies covering all groups of children in the juvenile justice centres, especially the vulnerable, to prevent and protect them from being violated of their rights and from maltreatment and all forms of violence.

4.5. Identify at risk areas within the centre in order to improve the physical arrangement and supervision in those areas to help prevent violence against children in these centres.

4.6. Provide a sufficient number of qualified officers/professionals who can deal with children in conflict with the law, including those with special needs who may need more attention, in order to protect
them from violence. The sufficient provision of resources should be essential in ensuring quality services for children in these centres.

4.7. Provide training for both officers and children in these centres to support them in managing their anger and stress e.g., internal and external triggers for anger. This training can also include the importance of empathy for both staff and children so as to increase the sensitivity to one another’s feelings which can contribute to the prevention of violence against children.

4.8. Provide knowledge and skills for children on the importance of self-protection against violence in these centres to empower these children and work towards their resilience.

**Protection:**

4.9. Strengthening the relationship between the family and the children, with the active participation of the staff in order to enhance the reintegration process of these children into their families and society.

4.10. Provide access for children themselves and personnel to communicate any complaints on violence perpetrated against the children and to ensure adequate remedies and sufficient resources.

4.11. Provide access to professional counseling services with the multi-disciplinary team and other support services, in order to find remedies for children who experience violence in these centres. Other referral services should be available where needed.

4.12. Provide pre-exit and post-exit integration programs for these children, through working closely with parents/guardians, community leaders, and other relevant people, to ensure effective and sustainable ongoing support for these children.

4.13. Establish support services for staff members who may suffer from work-related stress and strain, as these can potentially trigger further violence against children in these centres.

**Legal framework/Regulations:**

4.14. Develop and/or improve the law/regulations, on prohibiting physical punishment in these centres and observe strictly the enforcement and monitoring of the law/regulations.

4.15. Examine the UN Model Strategies and Practical Measures on the Elimination of Violence against Children in the Field of
Crime Prevention and Criminal Justice, (GA, 18/12/14) and other instruments and standards as a framework for implementation of VAC in the juvenile justice system.

**Data Collection/Research:**

4.16. Establish data collection and analysis on violence against children (including its causes and forms) in Juvenile Justice Centers, in order to improve relevant actions/programming which helps reduce that violence.

4.17. Establish data collation on violence against children in juvenile justice centre to improve the registry of data that keeps record of all cases in relation to violence perpetrated against children.
CHAPTER 15

Violence among Children Themselves

1. **Situational Context**

   1.1. Children are with other children everywhere in all 7 settings highlighted in this Guidelines. At home for example, they can be siblings. Children are also part of their neighborhoods. In early childhood, some children attend nurseries. Of course, children are with others in schools - throughout their school life. Today, they can also inter-relate by forming their own groups, even in virtual space, e.g., in the social media.

   1.2. Children are together in shelters, in their workplaces and in the juvenile justice centres.

   1.3. Children are with other children in public places, at public gathering, and in any community activities.

   1.4. Children today can even communicate with one another outside their own countries through various means, especially through electronic media.

   1.5. Today there are wider opportunities for children, both boys and girls, of different backgrounds, different ethnicities, different social and economic classes, cultural backgrounds, and religious groups, to be together in a variety of settings and for a variety of occasions. This can help foster positive interactions among children, especially if their society is sensitive to children’s needs and interests. In addition, cross-cultural activities are more common with children these days and children with special needs and disabilities are also able to mingle with other children, etc. All this can potentially contribute to more inclusiveness and tolerance if properly managed.
2. Violence among Children

Violence among children can occur in different settings. These include but are not necessarily limited to:

2.1. In the Home.

2.1.1. Bullying among siblings occurs in various forms of physical violence such as: hitting one another, pushing each other, fighting, pushing a younger sibling off the bed or chair, very young siblings often bite one another.

2.1.2. Verbal violence also exists in the home, such as: a child blaming another child (e.g., a sibling) for their own misbehavior, some children comparing themselves favorably at the expense of other children; some children making other children feel inferior, etc.

2.1.3. Various forms of sexual violence can occur among siblings, e.g. older siblings raping/molesting younger one, forcing other siblings (usually younger ones) to touch him/her, masturbating in front of other siblings or forcing him/her to watch pornography, inserting objects into another sibling’s genital organs, etc.

2.2. In Nurseries, Child Centres, Schools/Educational Institutions:

2.2.1. Physical violence can happen in various age groups and in varying degrees. For example, (according to focus group data) very young children biting each other, gangs fighting/ school rivalries between those from different classes or schools, slapping among girls (e.g., fighting over a love interest), initiation ceremonies that are harmful to children (e.g., older children forcing younger one to consume alcohol, drug, or smoke in large quantities), bullying in schools, using weapons to hurt each other etc.

2.2.2. Verbal abuse e.g. negative verbal comments from their friends and others in reference to e.g., their ancestors, family economic status, ethnic, and geographical background, social status, or physical appearance.

2.2.3. Sexual abuse e.g. raping, gang rape, same sex sexual activities including oral sex, molesting, recording of video clips of themselves and/or their friend dressing inappropriately or engaged in sexual activities and then
distributing these on social media, luring their friends to be involved in the sex trade, etc.

2.3. Violence and Children’s Shelters:

2.3.1. Physical violence e.g. bullying, hitting, slapping, and pushing each other.

2.3.2. Verbal abuse e.g. negative comments that lower children’s self-esteem, such as criticism about their appearances, insulting them, e.g., telling them that they would never be adopted, etc.

2.3.3. Sexual abuse e.g. same sex sexual activities including oral sex, molesting, etc.

2.4. In the Juvenile Justice Centers:

2.4.1. Physical violence among children in Juvenile Protection and Observation Centers have a lot to do with their seniority/age and how long they have been in the centre, which group they belong to, and leadership. For example, children who have been in the centre for a long time and are leaders of the “majority” group get privileges in terms of their living arrangement, such as a bed close to the television, away from toilet, etc. Physical fighting and bullying also exist.

2.4.2. Verbal abuse, e.g. using abrasive and degrading language towards one another causing feelings of contempt and/or inferiority, using non-verbal body language (for example negative eye contact, etc.) to cause a fight.

2.4.3. Sexual abuse e.g. same sex sexual activities including oral sex, molesting, rape, etc.

2.5. In Cyberspace:

Although in cyber space children cannot physically perform violent acts directly on other children, cyberspace interactions with other children, adults and images can however stimulate them to do violence to other children in the real world, such as fighting, bullying (including cyber-bullying), sharing videos of physical violence among children on social media (e.g., Facebook, YouTube) etc. Verbal abuse e.g. spreading false rumors about their peers, using hate speech, etc. Sexual abuse in cyberspace can be in interactive form, such as children masturbating in front of one another through electronic media. This can also be non-
contact, such as children viewing pornography, sexting, receiving unwanted sexual comments from other children through other social media etc.

3. Current Management of Violence among Children

3.1. In the Home:

3.1.1. In many countries, there are no systematic and formal measures to prevent violence among children themselves in the home, or even protection of children from other children. Most parents do want to believe one of their children would act violently to another of their children, or with other children. In short, in general, parents simply do not want to believe that any of their children are harmful to other children and especially to their siblings.

In addition, parents and often treat these violent acts among children as piece meal. The reasons for this are varied. Most parents do not have so-called “parenting education”, they therefore do not thoroughly understand the nature of child development, the use of positive communications, or conflict resolution. In fact, many parents lack the skills to handle children’s violent acts non-violently.

3.1.2. Certain groups of parents are beginning to become more interested in positive approaches to parenting. In such instances, prevention, peace keeping and peace-building in the home become a better possibility.

3.1.3. There are laws to curb use of violence in the home, however, parents, children themselves, or children’s representatives, often do not want to criminalize members of their own family and/or have children removed from the home unless absolutely necessary.

3.2. In Schools:

3.2.1. An important responsibility of teachers/caregivers is to prevent violence amongst children in schools.

3.2.2. In most formal schooling environments, there are school regulations, prohibiting physical and sexual violence. Verbal violence however, is often not totally covered by school rules. With respect to verbal violence, some schools might have rules/regulations prohibiting the use of profane,
derogatory language and/or improper language used e.g., related to racism and/or ethnicity. Beyond this however, insulting language used by children is often dismissed as children simply lacking the proper manners acceptable in civilized society, instead of acts of violence.

3.2.3. In “modern” schools, “guidance” teachers are available to advise, assist, and/or receive complaints from students. Guidance teachers usually have a certain level of training in psychology, social work, or counseling psychology, and therefore are somewhat equipped to understand how to assist children when they face violent problems among themselves.

3.2.4. Some schools have the practice of sending the child who misbehaves to sit in a Principal’s office. Some Principals will take the time to converse with the child about the incident and try to help the child to understand why his/her own behaviour is not constructive. Unfortunately, however, some Principals just let the child sit alone by him/herself before simply sending him/her back to the classroom.

3.2.5. In some cases, when a child frequently acts violently against other children, parents may be invited to come to the school. In such circumstance, there are varieties of methods as to how the school deals with parents and children with respect to these matters, depending on the school’s philosophies or practices, as well as the level of understanding of children’s behaviour.

3.2.6. In circumstance such as e.g., gang violence between schools, in some schools, school administrators from rival schools have tried forming a joint-resolution group in order to handle the schools’ fighting and to help mediate the dispute.

3.2.7. In some countries, a mechanism is established at the national level, usually attached to the Ministry of Education, which is mandated to provide an appropriate response to severe cases of violence occurring in schools, and to train teachers to use non-violent approaches to child discipline. In many instances, handbooks and/or manuals for teachers have been developed on this topic.

3.2.8. In some countries, youth camps, which are supervised programs for children or teenagers, usually conducted
during the school vacation months, are organized. These youth camps are mainly so children to get acquainted and to develop their leadership skills. Not all youth camps focus on helping children to live together peacefully or to deal with one another in non-violent ways when dealing managing conflicts amongst themselves however.

4. **Guidelines**

The following are in addition to the guidelines which appear after chapter 7 and are specifically targeted prevention of violence among children themselves.

**Prevention:**

4.1. Promote the formation of children’s groups, student councils, children’s councils, youth councils, children’s forum etc., who advocate on the elimination of violence against children. Children should also be informed on how to keep themselves safe. In addition, they should be taught to have respect for other children’s rights and empathize for other children, possibly through peer-support and peer-education programs.

4.2. Provide children with knowledge, skills and understanding on topics such as, respecting human rights, individual differences, and handling of their feelings, emotions, attitudes, values, preferences, inter-relationships, and prejudices, etc.

4.3. Empower children and youth to organize peacekeeping/peace building activities among themselves, e.g., conflict resolution skills in schools. The focus should be on creating positive attitudes and interactions to help children learn to work as a team and develop life-skills.

4.4. Provide and/or improve on information given to parents and caregivers in all settings e.g., with respect to knowledge and skills on non-violently handling situations involving children, such as children in competition for attention and rivalry. Most importantly, parents and caregivers must understand the reasons behind violence which occurs among children and ensure they treat the children involved fairly. Moreover, parents and other caregivers working with and for children should accept the dynamics of children which are age-appropriate.
Protection:

4.5. Provide easy access for children and their representatives to report cases of violence among children themselves, e.g., help lines, emergency service numbers, etc. and ensure an effective and immediate response from these channels to better assist these complainants.

4.6. Establish and/or improve on a reporting system for filing complaints by children and/or their representatives. Consideration must be given in setting-up a reporting channel where children are comfortable talking, which is appropriate for their age (e.g., in the spirit of the “evolving capacities”), and also maintains their confidentiality.

4.7. Provide and/or improve counseling services for children in all settings, including volunteer and peer-counseling support services where appropriate, e.g., in community centres and in schools. These should be available locally, in their communities whenever possible.

4.8. Educate law enforcement about the dynamics of violence among children and, even when facing extreme cases of violence among children, criminalization should only be considered as a last resort.

Data Collection/Research:

4.9. Collect data/information on violent cases among children of different ages, genders and in different settings to be used for effective policy and implementation.

4.10. Conduct research on violence among children, e.g., in order to identify causes, factors influencing children’s behaviour, forms of violence committed etc. Also, the research such be, age specific, gender specific, culture specific, and environment specific in the AMS. This body of knowledge can be used as follows as the basis of comparative study, to better understand children and violence in this region, and to formulate evidence-based strategies for prevention, protection and remedies.
PART I
Section 2

(Summary of the Guidelines)
TABLE I
Guidelines Desegregated by Chapters and Measures

**A: Summary from Chapter 2-7 (Core Components)**

<table>
<thead>
<tr>
<th>MEASURES</th>
<th>PREVENTION</th>
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<tr>
<td><strong>1.1 Capacity-building</strong></td>
<td>1.1 Strengthening or development of a handbook/manual on the core components for the use of a non-violence approach to nurture, care and development of children in all settings. The core components consist of the rights of the child, child development (child developmental psychology), understanding self as parents or caregivers, positive communication, positive discipline and empowerment of children for their own self-protection.</td>
<td>2.1 Establish multidisciplinary child protection mechanisms at all levels, as well as child help lines to help children and/or their representatives in filling complaints related to violence against the children and provide them remedies, e.g., assistance for recovery and reintegration, punishment and identification of perpetrators etc.</td>
<td>3.1 Establish legislative framework to curtail digital messages that are harmful to children, and provide technical support to police authorities to be able to identify online risks on tracking of perpetrators. In addition, provisions should be undertaken to ensure that appropriate safeguards are integrated into software, devices and services.</td>
<td>Conduct research on priority areas within the core components to enhance understanding, and to advance knowledge, and to provide evidence for a non-violent approach to the nurture care and development of children.</td>
</tr>
<tr>
<td><strong>1.2 Capacity-building</strong></td>
<td>1.2 Develop schemes for training of trainers (TOT) to be able to assist parents and caregivers to utilize a non-violent approach to achieve a positive relationship between the adults and children in order to provide them with the tools to help eliminate violence against children.</td>
<td>2.2 Create or improve professional counseling services, using a multi-</td>
<td>3.2 Establish and/or strengthen legal framework prohibiting all form of physical humiliating, and degrading forms of punishment in all settings.</td>
<td>4.2 Develop and/or improve data collection and analysis related to selected areas within the core components to be utilized in the formulation policies and strategies concerned with the elimination of violence against children.</td>
</tr>
<tr>
<td><strong>2.1 Establish</strong></td>
<td><strong>multidisciplinary child protection mechanisms at all levels, as well as child help lines to help children and/or their representatives in filling complaints related to violence against the children and provide them remedies, e.g., assistance for recovery and reintegration, punishment and identification of perpetrators etc.</strong></td>
<td><strong>Conduct research on priority areas within the core components to enhance understanding, and to advance knowledge, and to provide evidence for a non-violent approach to the nurture care and development of children.</strong></td>
<td><strong>Conduct research on priority areas within the core components to enhance understanding, and to advance knowledge, and to provide evidence for a non-violent approach to the nurture care and development of children.</strong></td>
<td><strong>Conduct research on priority areas within the core components to enhance understanding, and to advance knowledge, and to provide evidence for a non-violent approach to the nurture care and development of children.</strong></td>
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<tr>
<td>MEASURES</td>
<td>PREVENTION</td>
<td>PROTECTION</td>
<td>LEGAL FRAMEWORK/ REGULATIONS</td>
<td>DATA COLLECTION/ RESEARCH</td>
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<tr>
<td>1.3 Make training on positive discipline widely accessible to parents, teachers, service providers, and other adults caring for children.</td>
<td>disciplinary approach to physical assist parents, caregivers and children, who are developmentally delayed and/or have learning difficulties, or in cases where there are mental health challenges or violence has occurs. Also, referral services should be provided where needed.</td>
<td>3.3 Wherever possible, adopt and/or revise criminal procedural law to include the use of video to record children’s as victim/witness testimony, which can be admissible in court. Children (especially younger children) should not repeat sensitive information given to professionals about violence against them in order to prevent their “re-victimization”. If such a law already exists, it should be strictly enforced.</td>
<td>analysis should be done in time series to capture any changes in time.</td>
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<tr>
<td>1.4 Monitor the practices after training e.g., in 7.1 in order to ensure the effectiveness in handling positive discipline with children. Identify the obstacles and/or problems related to the use of positive communication and positive discipline with a view to make adjustments so that a non-violent approach can be effectively achieved.</td>
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<tr>
<td>1.5 Develop or improve a handbook/manual specifically for parents and persons working with and for children with special needs and disabilities in institutions, on child development and child-learning related to these specific groups of children, in order to promote a non-violent approach to their care.</td>
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<tr>
<td>1.6 Develop and/or improve low cost or free documents, pamphlet, materials, website and videos using simple language to help parents, caregivers and children, who are developmentally delayed and/or have learning difficulties, or in cases where there are mental health challenges or violence has occurs. Also, referral services should be provided where needed.</td>
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<tr>
<td>4.3 Encourage research on the impact of various forms of violence on children, as well as the impact various forms of positive communication and positive discipline (either short term or long term) with the participation and approval of children themselves.</td>
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<tr>
<td>4.4 Conduct studies on topics such as, the way children acquire and then use information for their self-protection, and the impact this has on children’s resilience, according to their age or stages of development.</td>
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parents, caregivers and adults working with and for children to understand the principles within the core components. The purposes are: to better understand children and their behaviour, to help adults own understanding themselves in relation to their treatment of children, and change their attitudes towards the way they communicate and discipline the children.

1.7 Create networks in communities, and with interested groups, where people can exchange views with one another and where they can learn about self-understanding, their handling of mental health, and the handling of their own behaviour as related to handling children’s behaviour.

1.8 Provide learning experiences/trainings for parents, caregivers, and teachers who are all trying to learn to understand and apply conflict management skills, and anger and stress management skills.
1.9 Create national and local mechanisms to empower children to maximize the uses of cyber space while minimizing risks from exposure to cyber space as well as to ensure children's safety and protection from those risks.

1.10 Involve the private sector and other service providers to be more responsible in enhancing the rights of the children related to the use of cyber space and to help eliminate violence against children in cyber space.

1.11 Develop and/or improve curriculum and instruction on positive communication and positive discipline to be used by different groups which work for and with children of different ages and in different settings.

1.12 Develop free materials, with easy access through electronic media, for children on ways to protect themselves from violence all forms. Those materials should be both age-appropriate, gender-sensitive and designed with special needs and all disabilities.
<table>
<thead>
<tr>
<th>PREVENTION</th>
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<tbody>
<tr>
<td>1.13 Upgrade training for adults who are in roles assisting children to learn to protect themselves. Additionally, children should be encouraged to become peer-educators in order to assist other children as well as to get the message out to others.</td>
</tr>
</tbody>
</table>

| PROTECTION |

| LEGAL FRAMEWORK/REGULATIONS |

| DATA COLLECTION/RESEARCH |
### B: Summary of Guidelines from Chapter 8-15 after core elements

The following are the summary of guidelines from Chapter 8-15 after core elements
(The numbering used follows those numbering after each chapter)

<table>
<thead>
<tr>
<th>Chapter 8 HOME</th>
<th>4.1 Build capacity for parents on effective/positive parenting, which should include topics such as understanding children’s rights, understanding the stages of child development, self-understanding, the use of positive communication and positive discipline in child nurture, care and development in the home environment in order to prevent violence against children.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4.2 Provide knowledge and skills for parents on children with learning difficulties, hyperactivity, children with autism, children with other special needs and disabilities, so that parents will be able to recognize the behaviour that these children might exhibit and will not mistreat them because of it (See also chapter 3 section 5.3).</td>
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<td></td>
<td>4.3 Create awareness among parents about the need to manage the physical environment in the home, for instance, the need to provide privacy for parents and children in terms of sleeping quarters, safety measures in the home environment, etc. Creating quality spaces in the home for all members of the family will help contribute to positive relationships among them.</td>
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<td></td>
<td>4.4 Develop and/or strengthen family/parent networks/support groups to assist parents/guardians who may need this moral, peer, or network support at all levels. This avenue can help parent acquire learning on such things as, problems-solving, “positive parenting” methods, etc.</td>
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<td></td>
<td>4.5 Create and/or improve professional counselling services with multi-disciplinary teams to assist, children, parents and family facing violence in the home, including the development of referral services.</td>
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<td></td>
<td>4.6 Provide parents who have issues with anger management and/or other related psychological issues with supportive therapy or assistance in order to help them overcome their own problems.</td>
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<td></td>
<td>4.7 Encouraged to propose and/or strengthen the law/regulations which prohibit corporal punishment in the home.</td>
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<td></td>
<td>4.8 Conduct research on violence in the family with special attention given to early childhood and preschool children, including the root causes of violence, factors that influence violence and methods of handling violence and their impact. The aim of this research, is to provide appropriate preventive and protective services on elimination of violence against children.</td>
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<td></td>
<td>4.9 Collect and analyse data on the prevalence of violence against children in the family and on both its short and long term effects on children.</td>
</tr>
<tr>
<td>Chapter 9 School</td>
<td>4.4 Develop and/or improve low cost or free handbook(s) and videos on positive discipline (on topics as described in section 4.1) for all parents to have easy access to.</td>
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</tbody>
</table>
---|---|
|  | 4.5 Provide information on 4.1 and 4.3 using the traditional media, electronic media, including websites of agencies, which could be easily accessed by most parents and other caregivers. |
|  | 4.1 Develop and/or improve the schoolchild protection policy and strategies, where appropriate in accordance with national policies and regulations, covering all groups of children in school especially the vulnerable, on prevention and protection of them from being violate of their rights and from maltreatment from all forms of violence. |
|  | 4.2 Develop and/or improve a handbook for teachers and personnel in schools on prevention of violence against children in school covering topics from the core components, which are, the understanding of children’s rights, the stages of child development, teachers’ self-understanding, positive communication and positive disciplining, empowering children for their own self-protection. This includes, understanding/handling children who have special needs and/or disabilities, as well as understanding the importance of a child’s school environment, and understanding the role of children’s peer groups. |
|  | 4.13 Set up and/or improve counseling services available to schools for children who experience violence and/or teachers who need to deal with these incidents. These services should include, wherever possible, a case management and referral system. |
|  | 4.14 Set up regular home visits by teachers so that they can learn about children’s situation at home and discuss with parents any behavioural problems or sign of abuse or other concerns at school, such as children frequently missing classes, obviously feeling depressed, or those who are bullied. It is desirable to cover all students in home visits however, wherever resources are limited, priority should be given to children who are having problems in school or at home. |
|  | 4.17 Develop and/or improve on laws/regulations, where appropriate for national policies and regulations, to prohibit violence against children in school, including the use of physical punishment. Clear steps and procedures should be taken for punitive action for perpetrators, including assistance for behavioural and attitudinal change as part of their rehabilitation. These procedures should be clearly identified and enforced. |
|  | 4.19 Develop and/or improve on systematic data and information collection on violence against children in schools and on any actions to redress the violence on part of the victims as well as the perpetrators. This information can be used for policy formulation, action planning, programming, strategic planning, and monitoring and evaluation. |
4.3 Develop and/or improve pre-service and in-service training for teachers and other educational personnel covering the topics as appeared in 4.2.

4.4 Establish and/or improve national and/or local structures and mechanisms, where relevant, to be responsible for overseeing, monitoring and providing advice/recommendations to schools in handling cases related to violence against children in school. Wherever possible, those structures and mechanisms should be supported with financial, human and technical resources to help prevent and protect children from violence in schools/educational institutions.

4.5 As part of due diligence, set up and/or improve on a proper screening system for teachers and personnel working with and for children in schools/educational settings; including, e.g., a criminal background check (to detect those who have historically abused children), assessment of mental health (to detect those who have untreated mental illnesses), and the use of a trial period (to observe their interactions with children). These processes should be periodically reviewed and monitored.

4.6 Establish and/or improve Code of Conduct in line with international standards on child protection for teachers and other educational personnel.

4.15 Develop or improve services dealing with remedial learning, such as in remedial learning of academic subjects in school, so that children would be less vulnerable to violence from their teachers and/or peers.

4.16 Provide and/or improve on professional counseling and referral services for students facing violent treatment in school.
| 4.7 Create and/or facilitate a positive relationship/collaborative network between parents/guardians and teachers to improve upon/create a set of common and agreed upon practices and principles on, e.g., positive communication and positive discipline with respect to children. This will give them the opportunity to learn from and support one another.  
4.8 Create a “safe and trusting environment” in school for children where they feel loved and respected enough to talk about their concerns or suspected/actual abuse incidents. Educational institutions can work to achieve this by ensuring a good relationship between children and significant adults (e.g., teachers and other school personnel).  
4.9 Set-up and/or improve on systems/experts/professionals available for early detection of children with disabilities and/or learning difficulties. This is so that teachers and parents are made aware of their situations and special needs, and provide the necessary services and support.  
4.10 Wherever available, guidance teachers or “home room” teachers should develop a network among themselves, so that they can share information which enhances their knowledge, skill and influence on positive communication and positive discipline and provide a “frontline responses” for children in their schools. |
| 4.11   | Create and/or improve networking among parents and teachers, e.g., parent/teacher associations, to prevent violence and promote, such practices as, positive communication, positive discipline, positive parenting, in order to help eliminate violence against children. |
| 4.12   | Create and/or strengthen networks for children in schools and among schools, e.g., children’s councils, student’s councils, student leaderships groups, children’s forums etc., in order to, encourage the children’s participation, in school discussions on, e.g., formulation of school rules and regulations, classroom management and the means to work towards the elimination of violence against children. This may be undertaken at the school level, local level and/or the national or regional levels. |

<table>
<thead>
<tr>
<th>Chapter 10 Community</th>
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<tbody>
<tr>
<td>4.1 Create awareness of city/town/village community administrators of the risk areas in the communities for children as identified in 2.1 of this chapter.</td>
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<tr>
<td>4.2 Identify risk areas and modify the physical areas accordingly in order to make them safer and more child-friendly, particularly in the urban settings. In this connection, children and community members can actively participate in those improvements.</td>
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<tr>
<td>4.3 Children should know about risk areas in the communities and should be informed to avoid them. Community organizations, community</td>
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<tr>
<td>4.7 Set up and/or strengthen a mechanism(s) for citizen reporting on cases violence against children to the appropriate authority, which is required to take immediate action.</td>
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<tr>
<td>4.8 Set up and/or strengthen community networks/organizations/ for effective, referral to professional support services, case management and accessibility for children</td>
</tr>
<tr>
<td>4.9 Support or advocate for effective law enforcement, related to children in entertainment places, e.g., bars, night clubs, karaoke places, and the Internet Cafes.</td>
</tr>
<tr>
<td>4.10 Monitor the implementation and enforcement of law/ regulations (including providing support for law enforcement) related to the above.</td>
</tr>
</tbody>
</table>
leaders, civil society and children themselves should be involved in making their community safer for children.

4.4 Train/empower children to learn to protect themselves in their communities and, as part of this training, inform children where to seek help if they need assistance (Please see chapter 7). Community networks/organizations, civil society etc. can promote and assist in the training of the community’s children.

4.5 Develop and/or improve capacity building for community leaders and community volunteers in a variety of thematic areas, e.g., health volunteers, on the topics related to self-understanding, understanding children’s rights, especially respecting children’s views, understanding the stages of child development, and on the use of positive communication and positive discipline.

4.6 Promote and/or create and/or improve community organizations/networks, and/or a group of community volunteers, to serve as a watch and/or pressure and/or advocacy group for their community in order to protect their children from violence. Children’s participation in these undertakings should be encouraged.

| Chapter 11 Workplace | 4.1 Organize classes and/or discussions in schools to disseminate knowledge (for children in and out of school) on the following: job seeking, child labor protection law, international | 4.6 Create and/or improve official mechanisms whereby citizens, child and their representatives can | 4.11 Improve the Child Labor Protection Law/Regulations to include violence against children | 4.13 Establish and/or improve data collection on violence against children |
| Instruments and standards related to child labor, understanding the rights of the child related to employment and how to seek help when faced with difficulties such as violence against children. | Report cases of violence against children in the workplace. |
| 4.2 Disseminate child protection policy/law and relevant labor protection law for children, as well as international standards on child labor to private sector and relevant workplaces in order to prevent violence against children. | 4.7 Provide and/or increase awareness of an emergency telephone number, e.g., child help lines, for children and/or their representatives to have easier access to seek help anonymously, particularly in cases of violence against children in the workplace. Relevant authorities should take action. |
| 4.3 Establish and/or increase the capacity of official mechanisms e.g., labor inspectors, to identify non-registered companies and/or establishments or employers in order to have better access to and assist any children working in these workplaces. | 4.8 Encourage and assist civil society to support children at risk in the workplace and NGOs (related to supporting them) on the provision of needed services, remedies, and in the creation of a non-violent environment for these children. |
| 4.4 Refer to section 2.4 of this chapter, e.g., families at risk should be identified. Local government authorities, relevant ministries/agencies, NGOs and community organizations should be involved in providing support to these families to help them learn a non-violent approach to nurture, care and development of children including positive communication and positive discipline. This is important since reducing violence at home is an important factor to preventing children from running away and becoming homeless and potentially vulnerable to further violence on the street. | 4.9 Provide access to professional counseling services with multi-disciplinary teams to assist children in the workplace. |
| 4.5 Develop and/or improve the occupational safety and health standards in the workplace to report cases of violence against children in the workplace. | 4.12 Enhance the regulations, mandating labor inspectors to include the monitoring of violence against children in the workplace as part of their responsibilities. |
| 4.6 Provide and/or increase awareness of an emergency telephone number, e.g., child help lines, for children and/or their representatives to have easier access to seek help anonymously, particularly in cases of violence against children in the workplace. Relevant authorities should take action. | The workplace by labor authorities to be utilized to improve policies and strategies to protect children in the workplace. |
prevent the occurrence of environmental hazards and accidents, which are harmful to children, and in themselves constitute a kind of violence against the children.

who face violence and to ensure effective remedies and recovery options for them and their families as needed.

4.10 Develop and/or improve a handbook and/or other materials to be used by labor inspectors to include knowledge and skills in identifying cases of violence against children, and to suggest preventive measures for proprietors and employers to remedy and assist child victims of violence.

<table>
<thead>
<tr>
<th>Chapter 12 Alternative Care/Shelter</th>
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<tbody>
<tr>
<td>4.1 Provide more child-sensitive care of and a positive approach to nurture of children in these shelters, such as, respect for their rights, positive communication, and positive discipline.</td>
</tr>
<tr>
<td>4.2 As part of due diligence, set up and/or improve on a proper screening system for alternative care/children’s shelters personnel who work with and for children; including, e.g., a criminal background check (to detect those who have historically abused children), assessment of mental health (to detect those who have untreated mental illnesses), and the use of a trial period (to observe their interactions)</td>
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</table>

4.7 Coordinate between child caregivers and the members of the multi-disciplinary team, including counselors and psychologists, as well as experts on positive discipline and positive communication, in order to provide quality support services for children who suffer from violence.

4.8 Establish a safe and

4.11 Develop and/or improve child protection law/regulations to cover children in alternative care/shelters.

4.12 Establish and/or improve law/regulations prohibiting violence against children in alternative care/shelters, and ensure effective monitoring of its implementations.

4.14 Develop and/or improve database system(s) and analysis with respect to violence against children in these shelters, to be used for policy and strategies to enhance work in the shelters.

4.15 Develop studies on cases of violence against children which occur in these shelters,
with children). These processes should be periodically reviewed and monitored.

4.3 Establish a Code of Conduct, in line with international standards on child protection for child caregivers in this setting as part of their employment contracts.

4.4 Provide training on knowledge and skills to be used by those in working with and for children in the alternative care/shelters on: e.g., their own self-understanding, understanding of children’s rights, the stages of child development, and the use of positive communication and positive discipline.

4.5 Provide knowledge and skills for children themselves to increase their resilience and reduce their vulnerability to decrease their probability of becoming victims of violence. This should include for example, an understanding of their rights and an understanding of some of the challenges faced by children in their own peer groups or development stage.

4.6 Provide sufficient numbers of quality child caregivers/professionals in this setting, in relation to the number of children. Special attention needs to be taken into consideration in relation to children who may need more attention, e.g. those with special needs or learning disabilities.

4.7 Establish a standardized mechanism for reporting from children and others who witness violent acts and/or children who experience violence within the alternative care/shelter.

4.9 Monitor all cases of violence against children who live in alternative care/shelters, including those that happen both in the facilities and in schools outside alternative care/shelter premises.

4.10 Wherever possible, work closely with parents/guardians, other caregivers, community leaders, law enforcers, medical personnel and other relevant persons to assist victimized children to achieve effective recovery and increase their resilience.

4.13 As part of due diligence, develop or strengthen the legal framework whereby a registry of persons who have been convicted of child abuse are prohibited from working with or for children in these shelters.

including method of redress and their results, identification of obstacles/problems and recommendations for improvement of the relevant work in the shelters.
<table>
<thead>
<tr>
<th>Chapter 13</th>
<th>Early Childhood Care and Development Centers</th>
</tr>
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<tbody>
<tr>
<td>4.1</td>
<td>Enhance knowledge and skills of child caregivers on understanding children's rights, children's stages of development especially the early childhood period, self-understanding, the use of positive communication techniques and positive discipline.</td>
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<tr>
<td>4.2</td>
<td>Develop and/or improve on child protection policy and strategies to be used in these centres including its effective implementation and a monitoring system.</td>
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<tr>
<td>4.3</td>
<td>Establish and/or improve Code of Conduct in line with international standards on child protection for personnel in these centres.</td>
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<tr>
<td>4.4</td>
<td>As part of due diligence, develop a screening tool(s) to assess the wellbeing (physical and mental) of individual caregivers prior to employment, which should be monitored on a regular basis to detect any changes in staff wellbeing.</td>
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<td>4.5</td>
<td>Arrange among centres for caregivers to meet regularly to share experiences and techniques on how to support children.</td>
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<tr>
<td>4.6</td>
<td>Create and/or enhance the positive relationship between the personnel from the centres and parents so as to assist in monitoring the child’s behaviour and development, as well as non-violent approach to child care. The communication between the personnel from the centres and parents can include the use of social</td>
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<tr>
<td>4.11</td>
<td>Establish close links between ECCD centres and nearby medical and psychological facilities, including more specialized services provided by professionals such as, counselors, psychologists and/or pediatricians. A monitoring and follow-up system should be undertaken and information related to cases collected and analyzed for further improvement of these services.</td>
</tr>
<tr>
<td>4.13</td>
<td>Develop or strengthen a registry system to identify whether personnel dealing with children in early child care of development centres have any history of violence or criminal behaviour in order to prohibit them to work with or for children.</td>
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<tr>
<td>4.14</td>
<td>Improve law/regulations to grant permits to operate these ECCD centres, which should cover criteria for qualified/minimum qualifications of caregivers in these types of centres and their standards of operation, using international standards.</td>
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<tr>
<td>4.15</td>
<td>Collect and analyze data at the national and local levels on violence against children in ECCD, (e.g., child victims of violence, perpetrators of violence etc.). This data, should disaggregated by sex, age, place of occurrence, types of violence, patterns of remedies, etc. to be used for planning and implementation.</td>
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<tr>
<td>Chapter 14</td>
<td>Children in Juvenile Justice Centres</td>
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<tr>
<td>4.1</td>
<td>Develop pre-service and/or in-service training, including handbook(s) or other materials, for all personnel work with and for children in the juvenile justice centres. These handbooks should cover the following topics: self-understanding, children’s rights, improvement of these services.</td>
</tr>
<tr>
<td>4.2</td>
<td>Develop a relationship between the ECCD centres and parents. Staff members, relevant official authorities or proprietors should set aside time to discuss with parents what might be happening at home which might influence the child’s behaviour in the centre.</td>
</tr>
<tr>
<td>4.3</td>
<td>As part of due diligence, develop a registry system to identify whether personnel dealing with children in baby homes, nurseries and day-care facilities have any history of violence or criminal behaviours.</td>
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<tr>
<td>4.4</td>
<td>Establishing a monitoring system, including installing CCTV to ensure the proper conduct of personnel in the centres.</td>
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<tr>
<td>4.5</td>
<td>Establishing a monitoring system, including installing CCTV to ensure the proper conduct of personnel in the centres.</td>
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<tr>
<td>4.6</td>
<td>Establishing a monitoring system, including installing CCTV to ensure the proper conduct of personnel in the centres.</td>
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<tr>
<td>4.7</td>
<td>The relevant official authority or proprietors should provide more support to individual child caregivers e.g., on his or her psychological well-being and his/her state of mental health, so that child caregivers can establish a more positive response to the children in the centres.</td>
</tr>
<tr>
<td>4.8</td>
<td>As part of due diligence, develop a registry system to identify whether personnel dealing with children in baby homes, nurseries and day-care facilities have any history of violence or criminal behaviours.</td>
</tr>
<tr>
<td>4.9</td>
<td>Establish a monitoring system, including installing CCTV to ensure the proper conduct of personnel in the centres.</td>
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<tr>
<td>4.10</td>
<td>ECCD centres should have access to facilities and services such as services or the early detection of children with disabilities and/or learning difficulties. This is so that personnel in these centres are made aware of their situations and special needs, and adjust their care accordingly.</td>
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<tr>
<td>4.11</td>
<td>Develop and/or improve the law/regulations, on prohibiting physical punishment in these centres and observe strictly the</td>
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<tr>
<td>4.12</td>
<td>Establish data collection and analysis on violence against children (including its causes and forms) in Juvenile Justice</td>
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<tr>
<td>4.13</td>
<td>Improve the relationship between the family and the children, with the active participation of the staff in order to enhance the reintegration process.</td>
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</tbody>
</table>
understanding the stages of child development, and using positive communication and positive discipline. In addition, special training on “anger management,” understanding conflict, management of conflicts and conflict resolution, would be useful for both personnel and staff to enhance the relationship among the staff themselves and with the children.

4.2 As part of due diligence, set up and/or improve on a proper screening system for personnel working in Juvenile justice centres; including, e.g., a criminal background check (to detect those who have historically abused children), assessment of mental health (to detect those who have untreated mental illnesses), and the use of a trial period (to observe their interactions with children). These processes should be periodically reviewed.

4.3 Establish and/or improve a Code of Conduct in line with international standards on child protection for all personnel and staff working with and for children in the juvenile justice centres.

4.4 Develop and/or improve child protection policy and strategies covering all groups of children in the juvenile justice centres, especially the vulnerable, to prevent and protect them from being violated of their rights and from maltreatment and all forms of violence.

4.5 Identify at risk areas within the centre in order to improve the physical arrangement of these children into their families and society.

4.10 Provide access for children themselves and personnel to communicate any complaints on violence perpetrated against the children and to ensure adequate remedies and sufficient resources.

4.11 Provide access to professional counseling services with the multidisciplinary team and other support services, in order to find remedies for children who experience violence in these centres. Other referral services should be available where needed.

4.12 Provide pre-exit and post-exit programs for these children, through working closely with parents/guardians, community leaders, and other relevant people, to ensure effective and sustainable on-going support for these children.

4.15 Examine the UN Model Strategies and Practical Measures on the Elimination of Violence against Children in the Field of Crime Prevention and Criminal Justice, (GA, 18/12/14) and other instruments and standards as a framework for implementation of VAC in the juvenile justice system.

4.17 Establishing data collation on violence against children in juvenile justice centres, in order to improve relevant actions/programming which helps reduce that violence.

4.18 Providing access for children themselves and personnel to communicate any complaints on violence perpetuated against the children and to ensure adequate remedies and sufficient resources.

4.19 Establishing a Code of Conduct in line with international standards on child protection for all personnel and staff working with and for children in the juvenile justice centres.

4.20 Developing and/or improving child protection policy and strategies covering all groups of children in the juvenile justice centres, especially the vulnerable, to prevent and protect them from being violated of their rights and from maltreatment and all forms of violence.

4.21 Identifying at risk areas within the centre in order to improve the physical arrangement of these children into their families and society.
and supervision in those areas to help prevent violence against children in these centres.

4.6 Provide a sufficient number of qualified officers/professionals who can deal with children in conflict with the law, including those with special needs who may need more attention, in order to protect them from violence. The sufficient provision of resources should be essential in ensuring quality services for children in these centres.

4.7 Provide training for both officers and children in these centres to support them in managing their anger and stress e.g., internal and external triggers for anger. This training can also include the importance of empathy for both staff and children so as to increase the sensitivity to one another's feelings which can contribute to the prevention of violence against children.

4.8 Provide knowledge and skills for children on the importance of self-protection against violence in these centres to empower these children and work towards their resilience.

4.13 Establish support services for staff members who may suffer from work-related stress and strain, as these can potentially trigger further violence against children in these centres.

<table>
<thead>
<tr>
<th>Chapter 15</th>
<th>Violence among Children Themselves</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Promote the formation of children's groups, student councils, children's councils, youth councils, children's forum etc., who advocate on the elimination of violence against children. Children should also be informed on how to keep themselves safe. In addition, they should be taught to have respect for other children's rights and empathize for other children, possibly</td>
<td>4.5 Provide easy access for children and their representatives to report cases of violence among children themselves, e.g., help lines, emergency service numbers, etc. and ensure an effective and</td>
</tr>
<tr>
<td>4.9 Collect data/information on violent cases among children of different ages, genders and in different settings to be used for effective policy and implementation.</td>
<td></td>
</tr>
</tbody>
</table>
4.1 Through peer-support and peer-education programs.

4.2 Provide children with knowledge, skills and understanding on topics such as, respecting human rights, individual differences, and handling of their feelings, emotions, attitudes, values, preferences, inter-relationships, and prejudices, etc.

4.3 Empower children and youth to organize peacekeeping/peace building activities among themselves, e.g., conflict resolution skills in schools. The focus should be on creating positive attitudes and interactions to help children learn to work as a team and develop life-skills.

4.4 Provide and/or improve on information given to parents and caregivers in all settings e.g., with respect to knowledge and skills on non-violently handling situations involving children, such as children in competition for attention and rivalry. Most importantly, parents and caregivers must understand the reasons behind violence which occurs among children and ensure they treat the children involved fairly. Moreover, parents and other caregivers working with and for children should accept the dynamics of children which are age-appropriate.

4.5 Immediate response from these channels to better assist these complainants.

4.6 Establish and/or improve on a reporting system for filing complaints by children and/or their representatives. Consideration must be given in setting-up a reporting channel where children are comfortable talking, which is appropriate for their age (e.g., in the spirit of the “evolving capacities”), and also maintains their confidentiality

4.7 Provide and/or improve counseling services for children in all settings, including volunteer and peer-counseling support services where appropriate, e.g., in community centres and in schools. These should be available locally, in their communities whenever possible.

4.8 Conduct research on violence among children, e.g., in order to identify causes, factors influencing children’s behaviour, forms of violence committed etc. Also, the research such be, age specific, gender specific, culture specific, and environment specific in the AMS. This body of knowledge can be used as follows as the basis of comparative study, to better understand children and violence in this region, and to formulate evidence-based strategies for prevention, protection and remedies.
|   |   | 4.8 Educate law enforcement about the dynamics of violence among children and, even when facing extreme cases of violence among children, criminalization should only be considered as a last resort. |   |
## TABLE II
Recommendation Classified Under the Measures

<table>
<thead>
<tr>
<th>Chapters</th>
<th>Prevention</th>
<th>Protection</th>
<th>Legal Framework/ Regulations</th>
<th>Data Collection/ Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core components from Chapter 2-7</td>
<td>14</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Chapter 8 Home</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Chapter 9 School</td>
<td>12</td>
<td>4</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Chapter 10 Community</td>
<td>6</td>
<td>2</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>Chapter 11 Workplace</td>
<td>5</td>
<td>5</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Chapter 12 Alternative Care</td>
<td>6</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Chapter 13 Early Childhood and Development Centres</td>
<td>10</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Chapter 14 Children in Juvenile Justice Centres</td>
<td>8</td>
<td>5</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Chapter 15 Violence among Children Themselves</td>
<td>4</td>
<td>4</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>70</td>
<td>31</td>
<td>17</td>
<td>15</td>
</tr>
<tr>
<td>Grand total</td>
<td></td>
<td></td>
<td></td>
<td>133</td>
</tr>
</tbody>
</table>
**TABLE III**

Positive and Negative Examples of Communications Between Parents and Children

Adapted from Coaching Conversations

<table>
<thead>
<tr>
<th>No.</th>
<th>Negative Communication</th>
<th>Positive Communication</th>
</tr>
</thead>
</table>
| 1.  | **Child:** I don’t want to do this anymore. I’m bored.  
**Mom:** You’ve only got a little bit done. Work on it some more. | **Child:** I don’t want to do this anymore. I’m bored.  
**Mom:** Are you getting frustrated? Maybe it takes a long time so you feel that way.  
**Child:** My friends don’t take as long (to complete a task)  
**Mom:** I see. Are you comparing yourself with your friends? |
| 2.  | **Child:** I can’t do math. It’s too hard.  
**Mom:** You’ve already learned that in school. You obviously didn’t pay attention to the teacher. | **Child:** I can’t do math. It’s too hard.  
**Mom:** (pauses and stays calm) What is hard about it? What did your teacher teach you? Why don’t you share the teaching with me? |
| 3.  | **Mom:** What’s the matter? Be quick. I’m busy.  
**Child:** Oh, it doesn’t matter. | **Mom:** (turns around and looks at the child in his/her eyes)  
What’s the matter, my son/daughter? Tell me about it? |
| 4.  | **Child:** I’m sick. I’m not going to school.  
**Dad:** Are you skipping school? The Exam is coming up soon. | **Child:** I’m sick. I’m not going to school.  
**Dad:** Do you have a fever? Do you want to go see a doctor?  
**Child:** I don’t have a fever but don’t want to go to school.  
**Dad:** So let’s talk about the reasons for why you don’t want to go to school, shall we? |
5. **Mom**: Today you had an exam. How was it?  
**Child**: Not good.  
**Mom**: You obviously didn’t pay attention in class and you did not study enough. You will need extra tutoring now.  
**Mom**: Today you had an exam. How was it?  
**Child**: Not good.  
**Mom**: Was it really bad? It's too bad that you could only do so much this time but next time you will definitely do better. We’ll get you some help.

6. **Child**: Tomorrow I will go to a mall with my friends.  
**Mom**: I won’t let you go. It’s too far.  
**Child**: Tomorrow I will go to a mall with my friends.  
**Mom**: What are you buying? It is far? I’m worried about you.  
**Child**: Don't worry about me. Many of us are going.  
**Mom**: What can we do so I’m not worried about you?  
**Child**: I can call you when I get there.  
**Mom**: That’s a good idea. So could you promise not to come back later than 5PM please so we can have dinner together?

7. **Mom**: (After a child falls)  
I told you so but you didn't believe me, now you’re hurt and it’s your own fault.  
**Child**: (hurting and crying)  
**Mom**: Get up quick. It’s not that big a deal.  
**Mom**: (After a child falls)  
Oh my son/daughter, did you fall and get hurt?  
**Child**: (hurting and crying)  
**Mom**: (pulls a child in and hugs him/her) Are you hurt? I am right here. You’ll be alright.
<table>
<thead>
<tr>
<th>No.</th>
<th>Negative Communication</th>
<th>Positive Communication</th>
</tr>
</thead>
</table>
| 8.  | **Mom**: Where did you get this thing?  
**Child**: Someone gave it to me.  
**Mom**: Who? Did you steal from someone? You don’t listen to me at all. | **Mom**: Where did you get this thing?  
**Child**: Someone gave it to me.  
**Mom**: Ok, look me in the eyes. If someone took your favorite toy away, how would you feel?  
**Child**: Very sad.  
**Mom**: That’s right, so if you want something you tell me, then we can talk about whether or not we should buy it. |
| 9.  | **Mom**: What is this? Why don’t you put things back in their place? It’s all messy.  
**Child**: I will clean it up. I know.  
**Mom**: Do it right now, I’ve told you many times. No excuses. | **Mom**: Are you studying? Your room looks a little out of place.  
**Child**: I will clean it up. I know.  
**Mom**: You don’t like organizing your room do you?  
**Child**: I don’t know where to start.  
**Mom**: It takes time to clean it all up, but maybe you can make a start by cleaning up a little every day?  
**Child**: I don’t want to take a long time to do it, only 10 minutes.  
**Mom**: Then where would you start today? Perhaps you can start with your desk? |
| 10. | **Mom**: Why don’t you bring in the laundry? I asked you to bring it in every evening.  
**Child**: I forgot  
**Mom**: I’ve told you many times but you never remember. | **Mom**: Why don’t you bring in the laundry? I asked you to bring it in every evening.  
**Child**: I forgot  
**Mom**: I guess you were enjoying playing so much that you forgot. It will be nice to have clean clothes to play in tomorrow. |
<table>
<thead>
<tr>
<th>No.</th>
<th>Negative Communication</th>
<th>Positive Communication</th>
</tr>
</thead>
</table>
| 11. | **Mom:** You got home a long time ago but are still playing. You should have showered and done your homework since by now so that you could wake up early in the morning. Otherwise you will be stupid in the morning from lack of sleep.  
**Child:** Just a minute, Mom.  
**Mom:** How many times do I tell you but you won’t listen? | **Mom:** When you get home, you play for hours (looks at the child). I know it’s fun, but if you play too much, you won’t get your homework done in time.  
**Child:** Just a minute, mom.  
**Mom:** I see you do this every day and I feel so bad about all the time wasted. How do you think we can solve this together? |
| 12. | **Child:** Dad, why do you use my comb? It is all dirty now.  
**Dad:** (angry) Are you saying I’m dirty? | **Child:** Dad, why do you use my comb? It is all dirty now.  
**Dad:** (calms down, stops) Dirty? Why do you think it’s dirty? I feel hurt, you know. |
13. **Younger sibling**: mom, big sister hit me again (crying)
   **Mom**: You hit your sibling again? How many times have I told you not to? You’re a big sister.
   **Older sibling**: I play fine on my own and then she came in and made me angry. No matter what I play with, she wants to play with it too. I’m frustrated. I don’t like that my sibling right now.
   **Mom**: Then you have to be patient with her. Tell her to wait and that’s that.

14. Mom and dad are fighting. A child sees this. Dad gets mad, so he walks out of the room.
   **Mom**: (hugs a child) why did dad say those bad things. He shouldn’t do that in front of you.
   **Child**: Does dad not love us anymore?
   **Mom**: That’s enough. This is an adult matter, it does not concern children.
   **Child**: (confused)
<table>
<thead>
<tr>
<th>No.</th>
<th>Negative Communication</th>
<th>Positive Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.</td>
<td><strong>Child</strong>: Wow, this singer is so cool. I like him.</td>
<td><strong>Child</strong>: Wow, this singer is so cool. I like him. <strong>Mom</strong>: You like this one? Why?</td>
</tr>
<tr>
<td></td>
<td><strong>Mom</strong>: (responds with disapproval) Why? He has messy long hair, and does look at all clean.</td>
<td><strong>Child</strong>: He sings well and is a good dancer. He also composes songs himself.</td>
</tr>
<tr>
<td></td>
<td><strong>Child</strong>: He sings well and is a good dancer. He also composes songs himself.</td>
<td><strong>Mom</strong>: I agree, but I want you to turn the TV volume down please.</td>
</tr>
<tr>
<td></td>
<td><strong>Mom</strong>: So, turn your TV volume down. It's too noisy.</td>
<td></td>
</tr>
</tbody>
</table>
PART II

Additional Information
1. Glossary

Blog: A website with entries, or “posts” including text and images, typically displayed in chronological order.

Chat room: A virtual “meeting room” where individuals communicate by typing messages (i.e., “chatting”) with one another in real time. Most chat rooms focus on a particular topic or theme.

Cyber-bullying: Any aggressive, intentional act carried out by a group or an individual, using electronic forms of contact against a victim who cannot easily defend himself or herself. Typically, cyber-bullying is carried out repeatedly and overtime, and is characterized by an imbalance of power.

Deep Web: Content on the World Wide Web that is not part of the “Surface Web”-i.e., not the part of the Web that can be accessed by search engines.

File sharing: The transmission of files – including computer programmes’ files, documents and multimedia material – from one computer to another, over the internet or a network.

Grooming: Online contact with children that includes: premeditated behavior to secure their trust and cooperation prior to engaging in sexual conduct with the children. Grooming is characterized by a clear power imbalance between the perpetrator and the victim or victims.

Spam: Indiscriminate, unsolicited electronic messaging sent in bulk especially advertising material.

Sexting: A form of messaging or texting in which people send self-generated pictures of a sexual nature or sexually explicit text

Social media (Facebook, Line, Twitter, YouTube, Instagram): Primarily internet-and mobile-based tools for sharing and discussing information. Social media most often refers to activities that integrate technology, telecommunications and social interaction. Social media is also used to share ideas, photos, videos and audio.

Social networking sites: Online utilities that enable users to create (public or private) profiles and form a network of friends or liked minded individuals. Social networking sites allow users to interact via public or private means including messaging and instant messaging, and post user-generated content.

Source: Marta Santos Pais. (2014) Releasing children’s potential and minimizing risks, ICTs, the Internet and Violence against Children. New York: Office of the Special Representative of the Secretary-General on Violence against Children.
2. References

The following are examples of references for some Chapters

Chapter 1


Chapter 2


Chapter 3


Chapter 4


Chapter 5


UN Convention on the Rights of the Child, General Comment 13, 2011 The Right of the Child from all forms of Violence, CRC, General Comment 13, p.12.

Chapter 6


Buffman, Ruth, [www.positivediscipline.ca](http://www.positivediscipline.ca)


**Chapter 7**

-N/A

**Chapter 8**


**Chapters 9 – 15**

-N/A
3. Bibliography


25. Davis, R. Neal, MD, MSc, Matthew M. Davis, MD, MAPP, Gary L. Freed, MD, MPH, Sarah J. Clark, and Roger Thompson. The scientific evidence against spanking, timeouts, and sleep training, December 18, 2014.


54. Hendricks, Charlene, Jennifer E. Lansford, Kirby Deater-Deckard, and Marc H. Bornstein, Associations Between Child Disabilities and Caregiver Discipline and Violence in Low- and Middle-Income Countries, Child Development, 2013, Volume 00, Number 0, pp. 1–19.


88. Office of the UN Special Representative of the Secretary-General on Violence against Children. Releasing children’s potential and minimizing risks. ICTs, the Internet and Violence against Children. Office of the Special Representative of the Secretary-General on Violence against Children, New York, 2014.


Documents in Thai Language:


4. Suggested Further Readings/Studies

Chapter 1
   This website contains detailed individual reports which deal with the legality and prevalence of violent punishment in each state and territory in the world as well as tables which demonstrate progress towards its prohibition in all settings. The site also contains information which looks at how human rights prohibit corporal punishment and also provides a summary of relevant research.
   This link takes you to a video clip where Dr. Nadine Harris emphasizes how early childhood traumas determine the child’s lifetime health through Adverse Childhood Experiences (ACE).

Chapter 2
   This chapter provides an overview of child well-being across the OECD, comparing policy-focused measures of child well-being in six dimensions, chosen to cover the major aspects of children’s lives: namely, material well-being; housing and environment; education; health and safety; risk behaviours; and quality of school
life.


9. www.endcorporalpunishment.org, info@endcorporalpunishment.org
These two sites examine why prohibition of all corporal punishment is essential in fulfilling children’s right to protection from violence: messages from research. Paper prepared for Save the Children by the Global Initiative to End All Corporal Punishment of Children.

Chapter 3


5. Piaget J., – Lecture on the Key terminology and Stages of Development on You tube: https://www.youtube.com/
6. Boeree, C. G., Personality Theories, e-book, first presented in 1997. Found at this link: http://webspace.ship.edu/cgboer/perscontents.html Dr. C. George Boeree is Professor Emeritus in the Psychology Department, Shippensburg University, first presented this e-book in 1997 for his students. It contains several well known personality theorists including: Erikson, Piaget and Maslow, as well as many others.


Chapter 4


5. Lansford, J.E., MPH, Fathers' Depression Related to Positive and


7. (Tomas-Kilmann Model of Conflict). This site describes the Thomas-Kilmann Model of Conflict and its types. https://www.youtube.com/watch?v=OAR4vbPQbng

Chapter 5

1. Elizabeth Jareg, Some Guidelines to Listening and Talking with Children Who are Psychologically Distressed, London, 1989

   The Child Protection Partnership (CPP) is a child-centred, multi-sector program, spearheaded by the International Institute for Child Rights and Development, IICRD, that began in 2008 supported by funding from the Canadian International Development Agency (CIDA) Its goal is to reduce child sexual exploitation enabled by information and communication technology (ICT). https://www.youtube.com/watch?v=WZzjwe5dtMc


Chapter 6


2. JoanDurrnat, PhD: https://www.youtube.com/watch?v=YxBxT8osiUU
   Keys to Positive Discipline (Video that describes in a nutshell her 4 keys to PD)

1. JoanDurrant, PhD: https://www.youtube.com/watch?v=2Fu7tMizaG4
   PART 1: What is positive discipline? (Video)
   PART 2: A typical start to the day. (Video)
   PART 3: The heart of the parenting challenge. (Video)
   PART 4: It starts with warmth. (Video)
   PART 5: The importance of structure. (Video)
PART 6: Understanding how children think and feel? (Video)


This study examined whether African American and European American mothers differ in their use of discipline when reasoning, denying privileges, yelling, and spanking are considered simultaneously and whether there are ethnic group differences in how these four forms of discipline are associated with children’s externalizing behaviour as reported by their teachers.


This study conducted in Colombo Sri Lanka, demonstrated that the greater the child’s experience of non–parent-to-child violence (e.g., from teachers etc.), the greater is his/her own level of hostility and aggression, especially if parents were using psychological aggression (e.g., belittling of children). In other words, even if they were not being physically punished they were reacting very negatively to psychological punishment. These findings show that, although many Sri Lankan parents use psychological aggression, it has negative consequences for their children.


Maternal warmth did not predict changes in children’s aggression between 3 and 5 years old. Furthermore, maternal warmth did not moderate the association between spanking and increased child aggression over time. Beginning as early as age 1, maternal spanking is predictive of child behavior problems, and maternal warmth does not counteract the negative consequences of the use of spanking. Indeed it may increase aggression, since the child is confused.

Chapter 7


The Child Protection Partnership (CPP), led by Dr. Philip Cook, applied a child rights approach known as the Circle of Rights to work in partnership with children.


Chapter 8

1. Preventing Punitive Violence: Preliminary Data on the Positive Discipline in Everyday Parenting (PDEP) Program Joan Durrant University of Manitoba et, al, 2014

2. Positive discipline in everyday parenting (PDEP) was developed to meet this need. Its short-term objectives are to: 1) reduce approval of physical punishment; 2) normalize parent-child conflict; and 3) strengthen parenting self-efficacy. PDEP is viewed as a promising approach to the prevention of punitive violence against children.


This study examined changes in authoritarian parenting practices and family roles in Sweden over the last 50 years, progressing towards the ban on corporal punishment in Sweden. Overall, the results suggest that authoritarian parenting practices have declined dramatically and moved toward more egalitarian family environments. The article outlines how social policies about families have changed and how these changes have led many to question their authoritarian parenting practices in favour of more egalitarian approaches.

Chapter 9


This document brings together current thinking and practice on human rights-based approaches in the education sector. It also presents some key issues and challenges in rights-based approaches and provides a framework for policy and programme development from the level of the school up to national and international levels.


This article reviews some of the challenges of implementation of prevention strategies that strengthen protective factors in three settings: families, schools, and communities.


Chapter 10


In 1979, a law went into effect in Sweden that outlawed all forms of physical punishment of children including that administered by parents. It is argued in this article that the abolition of corporal punishment in Sweden: 1) took place within a broader context supporting the legal recognition of children’s rights, 2) reflects a collectivist cultural ideology, and 3) is one component of a social policy framework emphasizing prevention over intervention.
Implications of the Swedish ban for legislative change in other countries are also discussed.


This article argues that the modern history of child protection in the global South starts only with the adoption of the CRC in 1989. States’ efforts to meet their obligations have given rise to an increased interest, both practical interventions and research, in child protection. However, the history of child protection in the global South remains under-researched. This article attempts to fill this gap by compiling the history of child protection in countries of the global South.

Chapter 11

1. http://www.ideacanada.ca/service/media/search.html

This is a link to a film which is focused on 6 countries in ASEAN plus East Timor, namely: Cambodia, Laos, Philippines, Thailand, Vietnam, Myanmar and East Timor. The CIDA project (2004-2010) described here is SEARCH, the SE Asia Regional Cooperation in Human Development. This project highlighted the rights of children, migrant workers and ethnic minorities (with a cross cutting theme of gender) in this region. The project included a migrant workers task force focused on all migrants including children. The project also worked with the ASEAN Secretariat in support of human rights.

Dr. Saisuree Chutikul was the senior advisor to this project on children’s rights and human trafficking. Michael Miner was the Regional Director and Dr. Melinda MacDonald was the Deputy Regional Director.

Chapter 12


Chapter 13


Chapter 14


Chapter 15


The research method used here was a representative sample of 400 fifth-grade primary school children and their mothers who were subjected to a cross-sectional survey. This article suggests that beyond aggression and other characteristics of children who are subjected to corporal punishment, such children also have challenges in relationships with others, including with other children. The mothers and children studied here lived in Alexandria Egypt.
The ASEAN Guidelines Project was supported, financially and technically, by the Royal Thai Government, UNICEF EAPRO, UNICEF Thailand, Save the Children, Plan International and World Vision Foundation of Thailand. Thailand’s ACWC Representative (on Children’s Rights) was the designated coordinator and Thailand was the coordinating country for this Project.

The drafting process for the Guidelines followed the step by step approach described below:

<table>
<thead>
<tr>
<th>STEPS</th>
<th>ACTIONS</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>Established the Joint ACWC – SOMSWD Working Group on Drafting ASEAN RPA on EVAC, consisting of ACWC and SOMSWD representatives of Malaysia, Philippines, Thailand and Viet Nam.</td>
<td>October 2014; the names of the members of SOMSWD were given on 17 March 2015.</td>
</tr>
<tr>
<td>Step 2</td>
<td>Established Thailand’s Sub-committee Working Group on Drafting RPA on EVAC (TWG) and the ASEAN Guidelines for a Non-Violent Approach by the appointment of the Deputy Prime Minister of Thailand, Mr. Yongyuth Yuthavong, and Royal Thai Government.</td>
<td>6 February 2015</td>
</tr>
<tr>
<td>Step 3</td>
<td>Appointed a lead consultant, researcher, and assistant researchers to contribute to drafting the Guidelines (Dr. Melinda MacDonald, Ms. Sujaree Soungtho and Ms. Sinart King).</td>
<td>May 2015</td>
</tr>
<tr>
<td>Step 4</td>
<td>Compiled documents/materials related to the topics on the use of the non-violent approach to nurture, care and development of children in all settings (109 primary documents). These documents were collected from various sources, including the UN agencies, various AMS, other regions, NGOs, INGOs, relevant experts/researchers and academic institutions/journals. An analysis of these documents was undertaken to identify the key issues, challenges and recommendations.</td>
<td>May – June 2015</td>
</tr>
<tr>
<td>STEPS</td>
<td>ACTIONS</td>
<td>DATE</td>
</tr>
<tr>
<td>-------</td>
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</tr>
<tr>
<td>Step 5</td>
<td>Continuation of compiling documents/materials related to the topics on the use of the non-violent approach to nurture, care and development of children in all settings.</td>
<td>July 2015</td>
</tr>
<tr>
<td>Step 6</td>
<td>The researchers/drafters compiled the recommendations from No. 4 and No. 5 and consolidated the information under 15 chapters as a minus one draft.</td>
<td>May – July 2015</td>
</tr>
<tr>
<td>Step 7</td>
<td>The researchers/drafters presented the 15 chapters to TWG who revised the minus one draft into the zero draft.</td>
<td>May – July 2015</td>
</tr>
<tr>
<td>Step 8</td>
<td>A two day consultative meeting was organized in Bangkok for relevant NGOs, government authorities, children, INGOs, international organizations and communities, to consider the zero draft of the Guidelines at the Sukosol Hotel.</td>
<td>2-3 July 2015</td>
</tr>
<tr>
<td>Step 9</td>
<td>Revised the zero draft according to suggestions/recommendations from No. 8 by the drafters to become the first draft.</td>
<td>July 2015</td>
</tr>
<tr>
<td>Step 10</td>
<td>The first draft was sent to 20 members of ACWC and 10 SOMSWD Focal Points for further suggestions/recommendations. This first draft was also sent to Save the Children, Plan International, and the UN Special Representative of the Secretary-General on Violence against Children, Marta Santos Pais, Dr. Joan Durrant and Dr. Arnon Bentovim, who are experts/authorities on this subject.</td>
<td>July 2015</td>
</tr>
<tr>
<td>Step 11</td>
<td>The first draft was presented to ACWC/SOMSWD Focal Points and the TWG which met on July 30, 2015 in Bangkok again at the Sukosol Hotel. They made initial comments and were requested to send further responses by August 20, 2015.</td>
<td>July – August 2015</td>
</tr>
<tr>
<td>Step 12</td>
<td>Comments were received from Dr. Chiam Heng Keng (Malaysia) on chapter 1 and chapter 3. Further comments were received from both Malaysia and Singapore and, in as much as possible, they were incorporated by TWG.</td>
<td>21 - 24 August 2015</td>
</tr>
<tr>
<td>Step 13</td>
<td>Then the second draft from the working groups were sent to the members of ACWC and SOMSWD Focal points for consideration in Jakarta.</td>
<td>27 August 2015</td>
</tr>
<tr>
<td>STEPS</td>
<td>ACTIONS</td>
<td>DATE</td>
</tr>
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</tr>
<tr>
<td>Step 14</td>
<td>The draft-guidelines was presented to the ACWC 11th Meeting in Manila after it was decided that more time was needed. Therefore, ACWC members were asked to study the document and send their comment to the ASEAN Secretariat by 10 January, 2016. The ASEAN Secretariat agreed to consolidate the comments for the ACWC 12th meeting.</td>
<td>17 – 21 October 2015</td>
</tr>
<tr>
<td>Step 15</td>
<td>Comments were received from Malaysia, the Philippines, Singapore and Thailand and were consolidated by the ASEAN Secretariat. The TWG considered all the comments and all these recommendations were presented to the ACWC 12th meeting in Jakarta on 16 February, 2016. The outcome at that meeting was the final version of the ASEAN Guidelines.</td>
<td>16 February 2016</td>
</tr>
<tr>
<td>Step 16</td>
<td>The ASEAN Secretariat informed the ACWC 12th meeting that the publication of the final version will be carried out in the following fiscal year.</td>
<td></td>
</tr>
</tbody>
</table>
6. List of Thailand Working Group (TWG) Members

The Ad Hoc Sub-Committee on Drafting Regional Plan of Action on Elimination of Violence against Children in ASEAN included:

<table>
<thead>
<tr>
<th>No.</th>
<th>Name and Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mrs. Rarinthip Sirorat, Director-General, Department of Children and Youth, Ministry of Social Development and Human Security</td>
<td>MSDHS</td>
</tr>
<tr>
<td>2</td>
<td>Mrs. Saisuree Chutikul</td>
<td>ACWC</td>
</tr>
<tr>
<td>3</td>
<td>Mrs. Kanda Vajrabhaya</td>
<td>ACWC</td>
</tr>
<tr>
<td>4</td>
<td>Ms. Usanee Kangwanjit, Deputy Director-General, Department of Children and Youth, Ministry of Social Development and Human Security</td>
<td>MSDHS</td>
</tr>
<tr>
<td>5</td>
<td>Mrs. Supatcha Suttipol, Director, Children and Youth Protection Division, Ministry of Social Development and Human Security</td>
<td>MSDHS</td>
</tr>
<tr>
<td>6</td>
<td>Mrs. Orapin Sak-Eiam, Director, Strategy and Planning Division, Ministry of Social Development and Human Security</td>
<td>MSDHS</td>
</tr>
<tr>
<td>7</td>
<td>Mrs. Teppawan Pornnawalai, Children Expert, Ministry of Social Development and Human Security</td>
<td>MSDHS</td>
</tr>
<tr>
<td>8</td>
<td>Ms. Wimolrat Ratchukool, Director, ASEAN Division, Office of the Permanent Secretary, Ministry of Social Development and Human Security</td>
<td>MSDHS</td>
</tr>
<tr>
<td></td>
<td>Name</td>
<td>Affiliation</td>
</tr>
<tr>
<td>---</td>
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<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>9</td>
<td>Mrs. Panpimol Wipulakorn</td>
<td>Deputy Director-General, Department of Mental Health, Ministry of Public Health</td>
</tr>
<tr>
<td>10</td>
<td>Dr. Chotisa Pavasuthipaisit</td>
<td>Department of Mental Health, Ministry of Public Health</td>
</tr>
<tr>
<td>11</td>
<td>Mr. Suriyadeo Tripathi</td>
<td>Director, National Institute for Child and Family Development, Mahidol University</td>
</tr>
<tr>
<td>12</td>
<td>Dr. Wimonthip Musikaphan</td>
<td>National Institute for Child and Family Development, Mahidol University</td>
</tr>
<tr>
<td>13</td>
<td>Emeritus Professor Dr. Pensri Pichaisanith</td>
<td>Independent Expert</td>
</tr>
<tr>
<td>14</td>
<td>Mrs. Sienoi Kashemsantana Ayuddhaya</td>
<td>Independent Expert</td>
</tr>
<tr>
<td>15</td>
<td>Mrs. Srisak Thaiarry</td>
<td>Executive Director, National Council for Child and Youth Development</td>
</tr>
<tr>
<td>16</td>
<td>Ms. Tatchamas Krairit</td>
<td>Save the Children Representative</td>
</tr>
<tr>
<td>17</td>
<td>Ms. Victoria Juat</td>
<td>Chef Child Protection, Child Protection Section, UNICEF Thailand</td>
</tr>
<tr>
<td>18</td>
<td>Ms. Grace C. Agcaoili</td>
<td>Regional Child Protection Specialist, UNICEF East Asia and the Pacific Regional Office</td>
</tr>
<tr>
<td>19</td>
<td>Mrs. Chitra Thumborisuth</td>
<td>National Director, World Vision Foundation for Thailand</td>
</tr>
<tr>
<td>20</td>
<td>Ms. Ticha Nopratkhet</td>
<td>National Advocacy Coordinator, World Vision Foundation for Thailand</td>
</tr>
<tr>
<td>21</td>
<td>Ms. Pusa Srivilas</td>
<td>Independent Expert</td>
</tr>
<tr>
<td></td>
<td>Name</td>
<td>Position and Organization</td>
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</tr>
<tr>
<td>22</td>
<td>Ms. Sudthida Keophaithool</td>
<td>Plan International Representative</td>
</tr>
<tr>
<td>23</td>
<td>Ms. Sangdao Aree</td>
<td>Director, International Cooperation Group,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Department of Children and Youth, Ministry of Social Development and Human Security</td>
</tr>
<tr>
<td>24</td>
<td>Ms. Ratchadaporn Songsuwon</td>
<td>Department of Children and Youth</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ministry of Social Development and Human Security</td>
</tr>
<tr>
<td>25</td>
<td>Mrs. Thienthong Prasanpanich</td>
<td>Department of Children and Youth</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ministry of Social Development and Human Security</td>
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<tr>
<td>26</td>
<td>Mr. Trin Sriwong</td>
<td>Department of Children and Youth</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ministry of Social Development and Human Security</td>
</tr>
<tr>
<td>27</td>
<td>Ms. Kamonchanok Saelao</td>
<td>Department of Children and Youth</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ministry of Social Development and Human Security</td>
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</table>
7. Lists of ACWC / SOMSWD Working Group (ASWG)


**Malaysia**

<table>
<thead>
<tr>
<th>(1)</th>
<th>Prof Dr Nafsiah Mohamed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Secretary, Ministry of Women, Family and Community Development</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>(2)</th>
<th>Ms. Umi Fadhilah Hamzah</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Assistance Secretary, Policy Division, Ministry of Women, Family and Community Development</td>
</tr>
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</table>

**Philippines**

<table>
<thead>
<tr>
<th>(1)</th>
<th>Ms. Lina B. Laigo</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Managing Director, Guidance &amp; Counseling Center and Constant, Director of PWU-Institute of Family Life &amp; Children Studies, Philippine Women’s University</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(2)</th>
<th>Ms. Florita Rubiano Villar</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Undersecretary, Policy and plans group, Department of Social Welfare and Development</td>
</tr>
</tbody>
</table>

**Viet Nam**

<table>
<thead>
<tr>
<th>(1)</th>
<th>Ms. Vu Thi Kim Hoa</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Deputy Director General, Department of Child Protection and Care, Ministry of Labour, Invalids and Social Affair</td>
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<tr>
<th>(2)</th>
<th>Ms. Ha Thi Minh Duc</th>
</tr>
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<tr>
<td></td>
<td>Deputy Director General, International Cooperation Department, Ministry of Labour, Invalids and Social Affair</td>
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### Thailand

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Position/Role</th>
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<tbody>
<tr>
<td>(1)</td>
<td>Mrs. Saisuree Chutikul</td>
<td>ACWC (children’s rights)</td>
</tr>
<tr>
<td>(2)</td>
<td>Mrs. Kanda Vajrabhaya</td>
<td>ACWC (women’s rights)</td>
</tr>
</tbody>
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### Secretariat

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
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<tbody>
<tr>
<td>(1)</td>
<td>Mr. Trin Sriwong</td>
<td>MSDHS</td>
</tr>
<tr>
<td></td>
<td>Department of Children and Youth Development, MSDHS, Thailand</td>
<td></td>
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<tr>
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<td>Ms. Kamonchanok Saelao</td>
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<td></td>
<td>Department of Children and Youth Development, MSDHS, Thailand</td>
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</tr>
<tr>
<td>(3)</td>
<td>Ms. Ajeng Purnama</td>
<td>ASEC</td>
</tr>
<tr>
<td></td>
<td>Technical officer, ASEAN Socio-Cultural Community, ASEAN Secretariat</td>
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### Brunei

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<tr>
<th></th>
<th>Name</th>
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<tr>
<td>(1)</td>
<td>Datin Paduka Hajah Intan bte Haji Mohd Kassim</td>
<td>ACWC</td>
</tr>
<tr>
<td></td>
<td>Chairperson of ACWC (Special Adviser to the Guidelines drafters)</td>
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### Malaysia

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>(1)</td>
<td>Dr. Chiam Heng Keng</td>
<td>ACWC</td>
</tr>
<tr>
<td>(2)</td>
<td>Ms. Laila Khalidah Ismail</td>
<td>SOMSWD</td>
</tr>
<tr>
<td></td>
<td>Principle Assistance Secretary, Policy Division, the Ministry of Women, Family and Community Development</td>
<td></td>
</tr>
</tbody>
</table>
(3) Ms. Suzliyana Hanan Zanudin  
Principle Assistance Secretary, International Relations Division, the Ministry of Women, Family and Community Development

Philippines

(1) Ms. Lina B. Laigo  
Managing Director, Guidance & Counseling Center and Constant, Director of PWU-Institute of Family Life & Children Studies, Philippine Women’s University

(2) Ms. Florita Rubiano Villar  
Undersecretary, Policy and plans group, Department of Social Welfare and Development

Viet Nam

(1) Ms. Vu Thi Kim Hoa  
Deputy Director General, Department of Child Protection and Care, Ministry of Labour, Invalids and Social Affair

(2) Ms. Ha Thi Minh Duc  
Deputy Director General, International Cooperation Department, Ministry of Labour, Invalids and Social Affairs

Thailand

(1) Mrs. Saisuree Chutikul  
ACWC (children’s rights)

(2) Mrs. Kanda Vajrabhaya  
ACWC (women’s rights)

Secretariat

(1) Ms. Sangdao Aree  
Department of Children and Youth Development, MSDHS, Thailand

ACWC

SOMSWD

MSDHS
(2) Mr. Trin Sriwong
Department of Children and Youth Development,
MSDHS, Thailand

(3) Mr. Krissada Promvek
Department of Children and Youth Development,
MSDHS, Thailand

(4) Ms. Kamonchanok Saelao
Department of Children and Youth Development,
MSDHS, Thailand

(5) Ms. Patamaporn Ho-uaychai
Department of Children and Youth Development,
MSDHS, Thailand

(6) Ms. Ajeng Purnama
Technical officer, ASEAN Socio-Cultural
Community,
ASEAN Secretariat

(7) Ms. Ratha Chhy
Attachment officer, ASEAN Socio-Cultural
Community,
ASEAN Secretariat
### 8. ACWC Members

<table>
<thead>
<tr>
<th>No</th>
<th>Country</th>
<th>Representative on Women’s Rights</th>
<th>Representative on Children’s Rights</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Brunei Darussalam</td>
<td>Dayang Hajah Mordiah bte Haji Jackia</td>
<td>Datin Paduka Hajah Intan bte Haji Mohd Kassim (Chair)</td>
</tr>
<tr>
<td>2</td>
<td>Cambodia</td>
<td>Mrs. Long Sophally (Vice Chair)</td>
<td>Mrs. Khiev Bory</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ministry of Women’s Affairs</td>
<td>Secretary-General of the Cambodia National Council for Children (CNCC)</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Ministry of Social Affairs, Veteran and Youth Rehabilitation</td>
</tr>
<tr>
<td>3</td>
<td>Indonesia</td>
<td>Ms. Lily Purba</td>
<td>Mr. Ahmad Taufan Damanik</td>
</tr>
<tr>
<td>4</td>
<td>Lao PDR</td>
<td>Ms. Soukphaphone Phanit</td>
<td>Ms. Chongchith Chantharanonh</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Director of International Relations Division</td>
<td>Acting Secretary-General</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lao Women’s Union</td>
<td>National Commission for Mothers and Children Secretariat</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Office of the Government</td>
</tr>
<tr>
<td>5</td>
<td>Malaysia</td>
<td>Dato’ Sabariah Hassan</td>
<td>Prof. Datuk Dr. Chiam Heng Keng</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Secretary-General</td>
<td>President</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ministry of Women, Family and Community Development</td>
<td>Early Childhood Care and Education Council Malaysia</td>
</tr>
<tr>
<td>No</td>
<td>Country</td>
<td>Representative on Women’s Rights</td>
<td>Representative on Children’s Rights</td>
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<tr>
<td>6</td>
<td>Myanmar</td>
<td>Dr Khin Mar Tun (Chair)</td>
<td>Ms. Rupar Mya</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Myanmar Women’s Affairs Federation</td>
<td>Director Department of Social Welfare</td>
</tr>
<tr>
<td>7</td>
<td>Philippines</td>
<td>Prof. Aurora Javate-De Dios</td>
<td>Mdm. Lina B. Laigo (Waiting for an Appointment from the Government)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Executive Director Women and Gender Institute, Miriam College</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Singapore</td>
<td>Ms. Laura Hwang Cheng Lin</td>
<td>Mr. Koh Choon Hui</td>
</tr>
<tr>
<td>9</td>
<td>Thailand</td>
<td>Ms. Kanda Vajrabhaya</td>
<td>Dr. Saisuree Chutikul</td>
</tr>
<tr>
<td>10</td>
<td>Viet Nam</td>
<td>Ms. Cao Thi Thanh Thuy</td>
<td>Mr. Dang Hoa Nam</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Deputy Director General International Cooperation Department Ministry of Labour, Invalids and Social Affairs (MOLISA)</td>
<td>Deputy Director General, Child Protection and Care Department Ministry of Labour, Invalids and Social Affairs (MOLISA)</td>
</tr>
</tbody>
</table>
9. Senior Officials Meeting on Social Welfare and Development (SOMSWD) Focal Points

**Brunei Darussalam**
- Ministry of Culture, Youth & Sports
- Acting Director
- Department of Community Development

**Cambodia**
- Ministry of Social Affairs, Veterans and Youth Rehabilitation
- H.E Mr. TOCH Channy
- Director General of Technical Affairs

**Indonesia**
- Ministry of Social Affairs
- Mr. Mu’man Nuryana, M.Sc., Ph.D
- Head
- Board of Education and Research on Social Welfare

**Lao PDR**
- Ministry of Labour and Social Welfare
- Mr. Chomyaeng PHENGTHAONGSAWAT
- Deputy Director General of Planning and Cooperation
- Department

**Malaysia**
- Ministry of Women, Family and Community Development
- Dato' Sabariah Hassan
- Secretary General

**Myanmar**
- Ministry of Social Welfare, Relief and Resettlement
- U Soe Kyi
- Director General
- Department of Social Welfare
Philippines
Department of Social Welfare and Development
Ms. Florita Villar
Undersecretary for Policy and Plans Group
Department of Social Welfare and Development
Batasan Pambansa Complex, Constitution Hills
Quezon City, Philippines

Singapore
Ministry of Social and Family Development (MSF)
Mr. Chan Heng Kee
Permanent Secretary

Thailand
Ministry of Social Development and Human Security (MSDHS), ASEAN Division, Office of the Permanent Secretary
Ms. Wimolrat Ratchukool
Director of ASEAN Division

Vietnam
Ministry of Labor, Invalids and Social Affairs
Ms. Le Kim Dung
Director General
International Cooperation Department
10. Drafting/Research Team

1. Dr. Saisuree Chutikul, ACWC (Thailand’s Representative on Children’s Rights)
2. Dr. Melinda MacDonald, International Consultant/Researcher
3. Ms. Sujaree Soungtho, Thai Consultant/Researcher
4. Ms. Sinart King, Thai Consultant/Researcher

11. Editorial Team

1. Ms. Grace C. Agcaoili, Regional Child Protection Specialist, UNICEF East Asia and the Pacific Regional Office
2. Mr. Michael Miner, Freelance Consultant
3. Ms. Wimolrat Ratchukool, Director of ASEAN Division, Ministry of Social Development and Human Security
4. Mr. Siripong Suriarkha, ASEAN Division, Ministry of Social Development and Human Security
5. Ms. Piyanart Sangiamsak, ASEAN Division, Ministry of Social Development and Human Security
6. Mr. Trin Sriwong, Department of Children and Youth, Ministry of Social Development and Human Security (MSDHS)
7. Ms. Sirinan Asingsamanan, ASEAN Division, Ministry of Social Development and Human Security
8. ASEAN Secretariat Team

12. Contribution

This project has received financial and/or technical contributions from:
1. UNICEF EAPRO, UNICEF Thailand
2. Save the Children
3. Plan International
4. World Vision Foundation of Thailand
5. The Royal Thai Government, through the Ministry of Social Development and Human Security, Department of Children and Youth; and ASEAN Division, Office of Permanent Secretary