

# ADDRESSING VIOLENCE AGAINST CHILDREN THROUGH A SYSTEMS- STRENGTHENING APPROACH

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ONE WORLD  
OUR HEALTH

## AUTHORS

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- Mr. Abdulla Saeed Al-Mohannadi, Forums Manager, World Innovation Summit for Health, Qatar Foundation, Qatar
- Mr. Anthony MacDonald, Head of Office, UNICEF, Qatar

### In alphabetical order

- Ms. Sultana Afdhal, Chief Executive Officer, World Innovation Summit for Health, Qatar Foundation, Qatar
- Prof. Khalid Al Ansari, Department of Emergency Medicine, and Sidra Child Advocacy Program, Sidra Medicine, Qatar
- Ms. Dana Al Kahlout, Advocacy Manager, Doha International Institute of Family, Qatar Foundation, Qatar
- Dr. Sanaa Al-harabsheh, Senior associate of Research and Policy, World Innovation Summit for Health, Qatar Foundation, Qatar
- Dr. Sadriya Al-Kooheji, Children's and Adolescent Health Program, Primary Health Care Corporation, Qatar
- Ms. Hanadi Al-Shafei, Human Rights Department, Ministry of Foreign Affairs, Qatar
- Mr. Ahmed Aref, Planning and Institutional Development Manager, Doha International Institute of Family, Qatar Foundation, Qatar
- Ms. Sajeda Atari, Early Childhood Specialist, UNICEF
- Dr. Nadeem Jilani, Department of Emergency Medicine, and Sidra Child Advocacy Program, Sidra Medicine, Qatar

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# INTRODUCTION

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Violence against children is a public health problem that requires a concerted multi-sectoral effort to respond and prevent in order to mitigate its immediate consequences on children, as well as to break the cycle of violence from one generation to another. According to Article 19 of the UN CRC (WHO, 2005), violence against children encompasses “all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse”. A child who is abused, or experiences different types of violence, is also more likely to abuse or get abused by others as an adult leading to a vicious cycle of violence (WHO, 2007). Children who experience higher levels of exposure to adverse childhood events, such as emotional, sexual, psychological and physical abuse, neglect, parental conflict, divorce, parental alcoholism and substance abuse, are at higher risks of developmental problems, mental illnesses, cardiovascular diseases, behavioral problems, cognitive disorders and some types of cancers (WHO, 2020). Violence against children encompasses “all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse” (Article 19, United Nations Convention on the Rights of the Child [CRC]). Evidence shows a significant dose-response relationship between exposure to adverse childhood events and debilitating health outcomes that extend from childhood to early and late adulthood (Bucci, et al., 2016; Oh et al., 2018). Furthermore, violence against children and violence against women are interconnected and share causes, risks and consequences ([unicef-irc.org](https://www.unicef-irc.org), n.d).

## BACKGROUND

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This paper aims to stimulate discussion on how best we can address violence against children (VAC) in line with the Convention on the Rights of the Child (CRC 1989) and best practices that have evolved globally. The paper provides a brief overview of the global framework and evidence-based strategies aimed at eliminating violence against children in all settings. It also defines child protection systems as well as child abuse, exploitation and neglect, in line with the CRC and explores the impact of VAC on children and families in different settings. It then considers the example of Qatar and discusses the efforts made to put in place a system to prevent and respond to VAC, as well as some of the gaps and challenges faced in doing so. It is important to recognize that many of the challenges faced by Qatar are common in most if not all countries around the world. This paper recommends a systems-based approach to eliminating violence against children which encourages the establishment of multidisciplinary and multisectoral approaches to addressing the strengthening of systems and adopting a public health approach to addressing violence prevention. The paper then concludes with a set of recommendations of what could (or should) be undertaken in Qatar to address VAC by focusing on how the system can be strengthened and by highlighting the necessity of establishing a well-coordinated, cohesive framework for action with some suggested steps that could be taken to better address the evidentiary needs of Qatar in order to address violence prevention.

Importantly, this background paper is not representative of the position or policy of any organization or institution but rather attempts to provide some information and ideas to facilitate the discussions taking place in the panel sessions in this year's post-summit day focused on children.

# GLOBAL FRAMEWORK AND STRATEGIES FOR ENDING VIOLENCE AGAINST CHILDREN

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Under Article 19 **children** have the right to be protected from physical and mental violence, neglect, sexual **abuse** and exploitation, while they are in the care of parents or any other person. Article 3 para. 2 gives the **child** the right to such **protection** and care as is necessary for his or her well-being (UN, 2006).

The Convention on the Rights of the Child (CRC 1989) outlines the fundamental rights of children, including the right to be protected from economic exploitation and harmful work, from all forms of sexual exploitation and abuse, and from physical or mental violence, as well as ensuring that children will not be separated from their family against their will. These rights are further refined by two Optional Protocols, one on the sale of children, child prostitution and child pornography, and the other on the involvement of children in armed conflict.

The UNICEF Child Protection Strategy, adopted by the Executive Board in 2008 (UN, 2013), for the first time explicitly stressed the “development of appropriate child protection systems” as one of two key strategic objectives in this area of work. It also introduced a first definition of child protection (CP) systems. Refined in 2010 and 2012, the definition is as follows:

## **UNICEF Definition of Child Protection Systems**

“A CP system can be defined as: Certain formal and informal structures, functions and capacities that have been assembled to prevent and respond to violence, abuse, neglect and exploitation of children. A CP system is generally agreed to be comprised of the following components: human resources, finance, laws and policies, governance, monitoring and data collection as well as protection and response services and care management. It also includes different actors – children, families, communities, those working at subnational or national level and those working internationally. Most important are the relationships and interactions between and among these components and these actors within the system. It is the outcomes of these interactions that comprise the system.”

As the definition highlights, UNICEF’s systems approach stresses the need to address the whole of child protection in programming. Promoting a holistic view means taking a historical and contextualized approach and

engaging with the full range of actors involved in protecting children's rights in every given setting.<sup>1</sup> UNICEF recognizes that every child protection system manifests a combination of cultural norms, standards of behaviour, history, resources and external influences that over time reflect the choices participants have made regarding their systems. In principle, child protection systems seek to address the full spectrum of risk factors in the lives of all children and their families. They are a core foundation for building a protective environment to offset the multiple, and often interconnected, vulnerabilities faced by children.

Almost without exception, countries globally, including Qatar, have some form of legislation in place which includes explicit, or at times implicit, child protection provisions. As the boundaries of child protection systems may vary depending on country context, parts of a child protection system may appear in other sectors. As a result, child protection systems sometimes cut across part of the social welfare, education, health, justice, social protection and security sectors. However, they often fall short of international standards specific to the protection of children established by the Convention on the Rights of the Child and other international treaties. Also, the maturity of each element of a CP system – human resources, finances, standards, governance, monitoring and services – and the extent of their integration can vary. Several organizations, including UNICEF,<sup>2</sup> have devised methodologies for mapping and assessing child protection systems. These methodologies also support country teams to frame and cost a strategy to develop the CP system drawing on the results of the mapping process. CP system mapping has picked up particularly since 2012, and in 2015 alone, 37 countries were supported by UNICEF to map all or parts of their CP systems. As per the corporate website, the implicit theory of change underpinning this initiative is as follows: CP systems mapping and assessment (which is usually part of the mapping)

“helps build consensus among government and civil society on the goals and components of such systems, their strengths, weaknesses and priorities upon which to act. This then translates into improved laws, policies, regulations, standards and services protecting all

1 It should be noted that according to many observers, UNICEF's current definition does not adequately cover prevention and early intervention. Similarly, while it includes structures, functions and capacities, it overlooks that systems are created based on a set of principles and ideas.

2 For an overview, see United Nations Children's Fund (UNICEF) (2015). *How to Plan, Monitor and Evaluate Child Protection Programmes*. Child Protection Resource Pack. UNICEF: New York; P61.

children. It also leads to the strengthening of these systems with the financial and human resources necessary to deliver results for children.”<sup>3</sup>

In 2018, UNICEF undertook a global evaluation of its work on systems strengthening with governments, partners, families and communities.<sup>4</sup> The key focus of the evaluation looked at the national and sub-national models that are being implemented as part of a child protection system (covering both prevention and response aspects) and the role and contribution UNICEF is making to strengthen such systems in various contexts.

## Conceptual framework on child protection systems

Various conceptualizations of child protection systems co-exist within UNICEF and with its key strategic partners such as Save the Children, World Vision, UNHCR and others. A common denominator between those conceptualizations is that, at the minimum, the following six elements (the first three are seen as the core components of a child protection system and the rest are key requirements to their functioning) need to be present in a child protection system (UNICEF, 2015):

- 1. A robust legal and regulatory framework**, as well as specific policies related to child protection. This includes regulations and standards compliant with the Convention on the Rights of the Child, other international standards and good practices.
- 2. Effective governance structures, including coordination across government departments**, between levels of decentralization and between formal and informal actors. Mechanisms must be in place to actualize the relationships between system components and actors, which may include those within the child protection sector

<sup>3</sup> See [www.unicef.org/protection/57929\\_57990.html](http://www.unicef.org/protection/57929_57990.html), accessed 19 September 2016. Mapping refers to a process of identifying the main country child protection risks and reviewing the scope and capacity of the existing child protection system, including its accountability mechanisms and resources. This results in an holistic overview of the child protection system, rather than a more classic vertical approach that looks at parts of the system as explicitly pertaining to a specific issue. As a dynamic system, assessment is part of the mapping exercise as judgements are made about, for example the boundaries of the system and its capacity to respond. The result of the assessment is the identification of priority actions that will improve the child protection system and ultimately lead to better results for children, be that a better result in a particular area (like a reduction in child marriage), or broader (such as having prevention services in place). These actions should be few and be ‘linchpins’ that can reverberate throughout the system to respond to the challenges that the mappings highlight.

<sup>4</sup> UNICEF’s full report on its evaluation: [www.unicef.org/evaldatabase/files/2018-UNICEF\\_CPSS\\_Summary.pdf](http://www.unicef.org/evaldatabase/files/2018-UNICEF_CPSS_Summary.pdf).

and in different sectors at the same level or different levels working together to protect children. It is equally important to ensure that timely and adequate resources are available for the system actors to act responsively.

**3. A continuum of services (spanning prevention and response)**

A well-functioning system must have preventive, early intervention and responsive services (including integration with justice/legal sector, education, health, welfare) delivered by and involving formal and informal sectors, including a process of care which includes identification, referral, follow-up, response, etc.

**4. Minimum standards and oversight** (information, monitoring and accountability mechanisms). A child protection system must be accountable. Policy development, advocacy work and programming should be built on evidence-based information (research, data collection, etc.). Information systems that support case management, performance monitoring, and scale up.

**5. Human, financial and infrastructure resources.** Effective resource management must be in place, such as enough skilled workers in the right places, adequate budget allocations, effective training and appropriate infrastructure (from vehicles to meeting rooms). This includes ensuring there is a well-planned, trained and supported social service workforce.

**6. Social participation, including respect for children's own views**, and an awareness that supportive public communities, families and peers play a crucial role in promoting protective social practices and children's empowerment. Access to civic education and to mechanisms that give adolescents a voice in decision-making make them more resilient to violence, abuse, neglect and exploitation.

## A case for investing in social work force

A child protection system is as good as its social work force. Forming a key pillar within the systems approach, the social work force is at the forefront of both prevention and response to violence against children. They play a significant role in individual case management and in community engagement.

Globally, there is a growing focus on creating a social work force that is adequate in number, has the capacity and the necessary legitimacy,

and are empowered to intervene in highly complex child protection cases. A robust professional social work workforce for children is one that is trained and accredited, respected as a profession, well-paid, well-resourced, and monitored.

## **INSPIRE: Seven strategies for ending VAC<sup>5</sup>**

Globally, this framework of strategies has been developed to support countries to end VAC. The [Seven strategies for ending violence against children](#) recommended by INSPIRE has been developed as an evidence-based technical package to support countries in their efforts to prevent and respond to violence against children aged 0–17 years. The package includes the core document describing what the INSPIRE strategies and interventions are; an implementation handbook that provides details on how to implement the interventions, and a set of indicators to measure the uptake of INSPIRE and its impact on levels of violence against children. The strategies will advance efforts to achieve Sustainable Development Goal target 16.2 to end all forms of violence against children. They are based on the best available evidence of what works, and include:

- 1. Implementation and enforcement of laws:** such as those limiting access by young people to firearms and other weapons and those criminalizing the violent punishment of children by parents;
- 2. Norms and values:** by changing beliefs and behaviors around gender roles;
- 3. Safe environments:** by targeting violent ‘hotspots’ and enhancing the built environment, for example, by improving housing;
- 4. Parent and caregiver support:** such as the provision of training in parenting;
- 5. Income and economic strengthening:** including microfinance combined with training around gender norms;
- 6. Response and support services:** such as treatment programmes for juvenile offenders;
- 7. Education and life skills:** for example, establishing a safe school environment and improving children’s life and social skills.

<sup>5</sup> [www.end-violence.org/inspire](http://www.end-violence.org/inspire)

## Progress against global framework: MENA region

“Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power.” (WHO, 1999, P.15).

In the Middle East and North Africa, there have been varying degrees of progress on systems strengthening. Several typologies have been observed, with some countries more advanced than others.

The transition from issue-based approaches towards systems approaches for child protection has created both opportunities and challenges. UNICEF has adopted a systems approach in 2008 to replace issue-based approaches that targeted problems such as the use of child soldiers and female genital mutilation (Wulczyn et al., 2010). The systems approach seeks to provide a comprehensive solution that addresses the diverse protection needs of children, ensuring that failures emanating from the fragmentation of child protection efforts associated with issue-based approaches such as unmet needs are mitigated (Wulczyn et al., 2010). Issue-based approaches have their share of merits such as ensuring the understanding of unique experiences of children and cost-effectiveness in terms of human and financial resources needed to meet the costs and intricacies of setting up national systems (Forbes et al., 2011). Hence, there is a consensus on the need for issue-based approaches in low-income, fragile and humanitarian contexts, and in ensuring that partnerships that have been developed through issue-based approaches are maintained. However, a report by Save the Children (2009) explains that focusing solely on single issues may hamper the development of the more effective systems approaches. A systems approach takes a more holistic, sustainable and whole-encompassing approach that addresses the wider risks children are exposed to and their prevention (Forbes et al., 2011).

Violent discipline in the home is one of the most common forms of violence experienced by children in the Middle East and North Africa. A study on violent discipline in the region commissioned by UNICEF, and released in January 2019, found that approximately 106 million (more than 8 in 10) children aged 2 to 14 are regularly subject to violent discipline at home and that around 7 in 10 children (87 million) are punished by physical means (UNICEF, 2019). Some of the countries in the region, such as Egypt and Tunisia, have levels of violent discipline that are among the highest in

the world (Ibid.). In addition, school is not a safe place for many. Close to half of adolescents aged 13–15 in the region are bullied, with levels above 50 per cent in Egypt, the State of Palestine and Algeria (Ibid.).

There is no one single statement about the status of systems in the MENA region given that countries vary substantially across programming environments: the region includes countries in a state of conflict, countries at the nascent stage of systems development, countries that are hybrid development/humanitarian scenarios, and countries classified as high-income as well as highly stable. It is recognized that in order to address issues of violence, that violence needs to be addressed at home, in school, and within communities, and that in so doing in addition to ensuring there is an appropriate response (which is often the focus of programming), that prevention is addressed, specifically in relation to supporting parenting and caregivers with the skills they need to shift to positive and non-violent child discipline practices. Across the region there are now examples of programming of parenting in community group settings, home visiting programmes, and more comprehensive programmes part of social or educational programmes. More complicated is the issue of behavior change and addressing the underlying drivers of violence, ie changing perspective on child rearing practices, gender roles, and the acceptability of violence to promote positive norms and values and mitigate the impact of harmful practices (Ibid. P19).

There is little dispute in the MENA region that the systems approach is not the correct approach, however, as expressed above countries are at various stages of development. The systems approach to child protection comprises four elements:

Firstly, a collection of components or all forms of activities directed towards a common goal of child protection. Secondly, a reflection of the nested social and ecological structures in which children live such as families, communities and societies and their crucial role in child protection. The notion of nested structure dovetails with the socio-ecological framework of violence protection that aims to stop violence before it begins. The four-level elements used by the CDC (2020a) considers the intricate interplay between individual, relationship, community and societal factors that place individuals at risk for violence or protect them from being victims or perpetrators of violence. The model shows the interrelationships between the four levels and gives an indication that it is essential to act across all levels to prevent violence. Coordination of these levels or subsystems to ensure synergy in achieving the child protection goal and the efficiency with which systems operations achieve this constitute the third and fourth elements of systems approach respectively. Multiple countries within the MENA region have prevention strategies aimed at promoting change in

attitudes, beliefs and behavior at individual levels to prevent violence. Interventions involving close relationships constitute family focused strategies that work through promoting parental skills, healthy relationships and peer mentoring. At the third level of communities, there are interventions that prevent violence against children through reducing social isolation, increasing social economic status, and enhancing the infrastructure within the social environments through policies. The latter, use of policies, has been instrumental in creating living or working environments that inhibit violence (CDC, 2020a).

## Progress in Qatar

### What is known about violence against children in the State of Qatar?

Qatar has adopted legislation specific to the protection of children, eg Law No. 11, Article 269 (Qatar Ministry of Justice, 2004; Almeezan Law, 2004) and Article 22 of the Permanent Constitution of the State, which states that “The State shall provide care for the young and protect them from corruption, exploitation, and the evils of physical, mental and spiritual neglect” (Almeezan Law, 2004; Ministry of Development Planning and Statistics, 2015). The human rights of children were also emphasized in Qatar National Vision 2030, the first Qatar National Development Strategy (QNDS) 2011–2016 and the second QNDS 2018–2022. That said, Qatar is still in the nascent stages of developing the systems needed to protect children from forms of abuse, neglect and violence in all settings: at home, schools and in the community. Notwithstanding, at the time of writing this paper and in line with Qatar’s National Development Plan, the Government of Qatar has committed to strengthening its laws and policies to address any gaps in this area and are making strong efforts to address this in line with the recommendations contained in the last report of the Committee on the Rights of the Child.<sup>6</sup>

6 OHCHR CRC report *Qatar*. In English: [www.ohchr.org/en/countries/menaregion/pages/qaindex.aspx](http://www.ohchr.org/en/countries/menaregion/pages/qaindex.aspx); in Arabic: [www.ohchr.org/AR/Countries/MENARegion/Pages/QAIndex.aspx](http://www.ohchr.org/AR/Countries/MENARegion/Pages/QAIndex.aspx)

As part of this process, Qatar is in the process of developing a national framework for child protection. There have also been efforts to realign multiple departments previously working independently in order to promote a more multi-sectoral and coordinated approach to addressing such issues.<sup>13</sup> Currently, there is a legislation on child protection that is at an advanced stage. The index released by UNICEF (2018) showed that Qatar had the lowest rate of severe physical punishment in the MENA region and performed relatively well among multiple countries under study. However, the systems approach is yet to attain optimal results. The absence of a national framework for child protection presents considerable challenges, which are compounded by the lack of a child-centered approach.

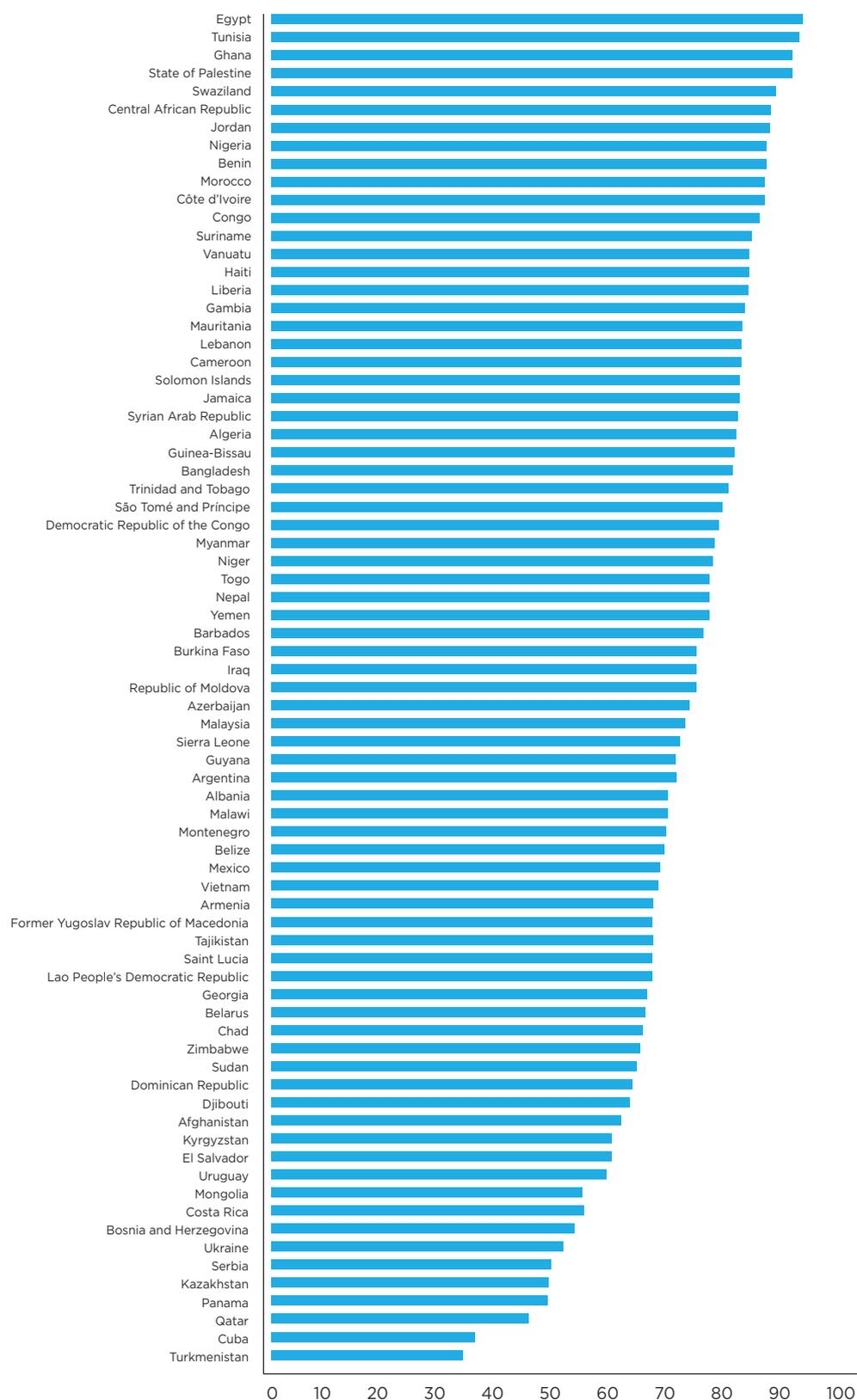
This is evident in the multiple policy documents that group women and children together. This joint classification can be argued to disenfranchise children who are made vulnerable by both age and social status.

## **Current evidence on violence against children**

Globally, 3 in 4 young children are regularly subjected to violent discipline by their caregivers (WHO, 2020).

Of the children who experience violent discipline, 63% experience physical discipline, 67% experience psychological aggression, while 75% experience both (WHO, 2020).

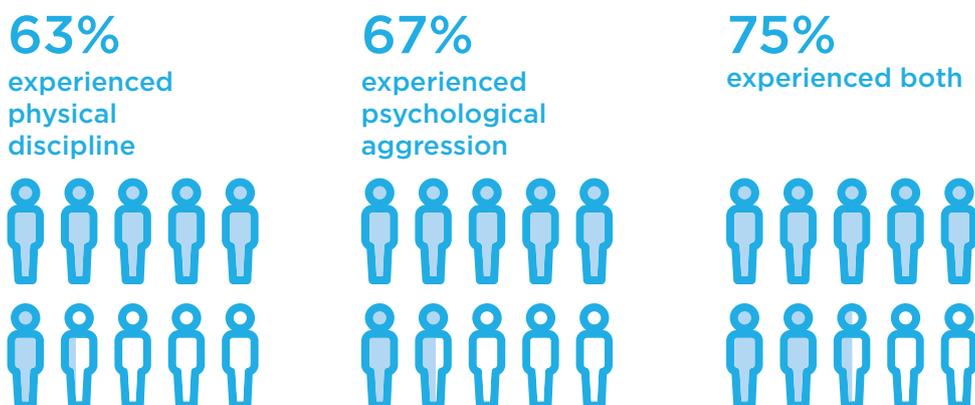
**Figure 1. Percentage of children between 2 and 4 years who experienced violent discipline in the past one month**



Source: UNICEF global databases, 2017, based on DHS, MICS and other nationally representative surveys, 2005–2016 (UNICEF, 2017)

**Figure 2. Percentage of children aged 2-4 who experienced any violent discipline in the past month, by type**

Of the children who experienced violent discipline:



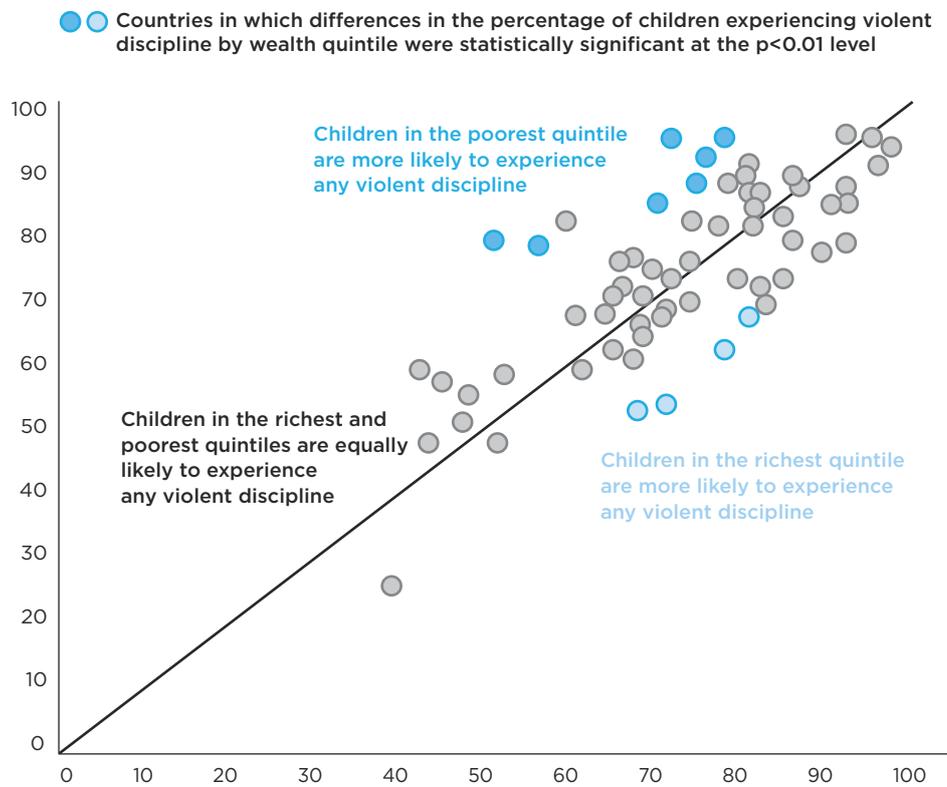
Source: UNICEF global databases, 2017, based on DHS, MICS and other nationally representative surveys, 2005-2016 (UNICEF 2017)

The UNICEF global data (2017) also indicate that the national wealth index of a country does not cause disparity in the risk of children experiencing violent discipline. Children from wealthy nations are at equal risk as their counterparts in developing nations.

A study supported by the former Supreme Council of Family Affairs shed light on how the children seek support when they face violence. The majority of children (87.6 per cent) seek support from another family member, and rarely report to any national authority or NGO. One of the other findings of this study was that the children are exposed to violence at the schools as well (Al-Muraikhi and Al-Muraikhi, 2013).

In a survey conducted by Qatar University on their female students in 2009, 57 per cent of the 2,787 female students surveyed reported having experienced violence in their childhood (Al-Ghanim, 2009). Physical beating was the most common type of violence (62 per cent), followed by humiliation, degradation, verbal abuse and finally, sexual harassment at 21 per cent. In a cross-sectional random household survey that was conducted in Qatar and Palestine (Qataris N = 697, Palestinians N = 2064) using ISPCAN Child Abuse Screening Tool-Retrospective (ICAST-R) for young adults (18-24 years), to investigate child discipline methods into the maltreatment range, Qatar reported lower physical and emotional abuse compared to their counterparts in Palestine, eg hit/punch, kick ( $p < 0.001$ ) and insult/criticize, threaten to be hurt/killed ( $p < 0.001$ ) (Eldeeb, 2016).

**Figure 3. Percentage of children between 2 and 4 years globally who experienced violent discipline in the past one month, by wealth quintile.**

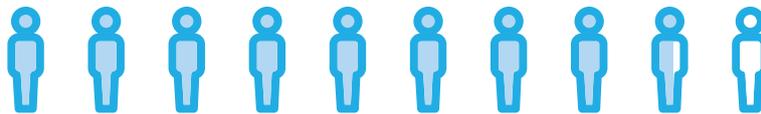


Source: UNICEF analysis based on DHS and MICS, 2005–2016 (UNICEF 2017)

Note: Each dot represents a country.

**Figure 4. Where do children turn for support when they face violence in Qatar?**

**The majority of children (87.6 percent) seek support from another family member,** and rarely report to any national authority or NGO. One of the other findings of this study is related to the violence that the children are exposed to in the schools as well.



Source: Al-Murakhi, N. & Al-Murakhi S. (2013) Abuse and Violence Against Children. Supreme Council of Family Affairs

Further gains to protecting children are hampered by the delay in enacting legislation and differences between national and global standards. For instance, Qatar is yet to promulgate the Children’s Rights Act and amend

local legislation in line with the provisions of the Convention on the Rights of the Child (UN, 2020). A study was conducted in Qatar in collaboration with other GCC countries in 2016 to assess Qatar's readiness to implement a large-scale child maltreatment prevention program (Al Ansari et al., 2020). It found that child maltreatment prevention readiness in Qatar was low, with a total score of 37.8 on a scale of 0-100, which was lowest among the six GCC countries that conducted the study.

Institutions that share in the responsibility of protecting children in Qatar include the National Human Rights Council, The Center for Protection and Social Rehabilitation (AMAN), civil society organizations such as the Family Consulting Center (Wifaq), health institutions such as Sidra Medicine and Hamad Medical Corporation (HMC), and respective government ministries such as the Ministry of Administrative Development, Labour and Social Affairs (the Family Affairs Department), the Ministry of Education and Higher Education, the Ministry of the Interior (the Juvenile Police and Community Police departments), the Supreme Judiciary Council (the Family and Juvenile courts) and the Public Prosecution Service (the Family and Juvenile Prosecution Service).

Attempts to establish an institutional Framework for Child Protection have been challenging. Nonetheless, there have been recent efforts to strengthen coordination as well as foster collaborative efforts towards addressing child protection in Qatar. For instance, the National Committee for the Affairs of Woman, Children, the Elderly and People with Disabilities was established in May 2019 to improve the process of protecting the priority care groups and defining the appropriate behavior to meet the health and social challenges that they may be exposed to. The development of the Sidra Child Advocacy Program (S-CAP) outlined a vision for a national child abuse prevention strategy and service network with health organizations at the forefront. The purpose of such prevention strategy is to have a rapid protection response for children against violence and neglect, qualifying and training multidisciplinary team members, and connect the health care system to governmental entities and civil society centers within the country. S-CAP started operations in January 2017 and has a dedicated team of trained professionals who work together to support children and families when there are concerns of child abuse or neglect. It works closely with other multidisciplinary team members within the country, including the police and public prosecution, Forensic medicine physicians employed by the Ministry of Interior, Protection and Social Rehabilitation Centre (AMAN), the Family Consulting Center (Wifaq), the Behavioral Healthcare Center, and Naufar Addiction Treatment Center.

## Identification of risks and protective factors in addressing abuse and violence against children and adolescents in Qatar

The table below provides an illustrative set of risk and protection factors for child abuse and neglect, gathered from multiple sources (CDC, 2020b; Almeezan Law, 2004; Ministry of Development Planning and Statistics, 2015; DIFI, 2020; Al Ansari et al., 2020; Al-Muraikhi and Al-Muraikhi, 2013; UN, 2020).

**Table 1. Risk and protective factors in protecting children and adolescents**

Level	Risk factors	Protective factors
<b>Individual*</b> 	<ul style="list-style-type: none"> <li>• Lack of awareness of existing services</li> <li>• Fear of reaching out</li> <li>• Unsafe spaces</li> <li>• Gender</li> <li>• Disability</li> </ul>	<ul style="list-style-type: none"> <li>• Academic achievements</li> <li>• Belief in gender equality</li> <li>• Knowledge of rights of children</li> <li>• Opening direct channels between children and authorities to seek help if they need</li> </ul>
<b>Family**</b> 	<ul style="list-style-type: none"> <li>• Reduced parent-child interactions</li> <li>• Abusive parents</li> <li>• Unhealthy family interactions</li> <li>• Low parental education</li> <li>• Social isolation</li> <li>• Unstructured social support system</li> </ul>	<ul style="list-style-type: none"> <li>• Parental involvement in child protection</li> <li>• Parental accountability</li> <li>• Parental education</li> <li>• Establishing child and adolescent safeguarding system aligned with child protection law</li> </ul>
<b>Health care and educational care givers</b> 	<ul style="list-style-type: none"> <li>• Lack of awareness towards child abuse and neglect of red flags</li> <li>• Lack of awareness towards notification system and concerned stakeholders</li> <li>• Being unsecure of legal protection after notifying an incidence</li> </ul>	<ul style="list-style-type: none"> <li>• Implementing child protection law</li> <li>• Continuous training for care providers on standard protocols and referral pathways</li> </ul>
<b>Community</b> 	<ul style="list-style-type: none"> <li>• Lack of community-based initiatives</li> <li>• View of children as passive members of community</li> <li>• Weak community action against VAC</li> <li>• Cultural norms</li> </ul>	<ul style="list-style-type: none"> <li>• Community engagement</li> <li>• Creating new constructive cultural norms suitable for Qatari community</li> <li>• Collaborations among community organizations</li> </ul>
<b>National</b> 	<ul style="list-style-type: none"> <li>• Cultural beliefs</li> <li>• Lack of empowerment for children and adolescents</li> <li>• Unenforced child protection law</li> </ul>	<ul style="list-style-type: none"> <li>• Accountability of government agencies</li> <li>• Championing child rights</li> <li>• Establishing a new National Committee for the Affairs of Woman, Children, the Elderly and People with Disabilities</li> </ul>

\* Refers to children and adolescents

\*\* Parents and immediate relations

## Public health model for services available in Qatar

Public health services in Qatar have developed considerably in recent years. There has been a significant increase in the infrastructure, matched with a highly skilled healthcare workforce. The National Health Strategy 2018–2022 prioritizes the health of children and adolescents among other groups of vulnerable individuals. The strategy aims to improve nutrition and healthy lifestyles, reduce dental caries and obesity, as well as facilitate high immunization coverage, increased rates of breastfeeding, and improved pediatric services. Multiple strategies have been initiated to meet the specific healthcare needs of the population, through working to develop an integrated model of care. Notably, healthcare providers and services are well positioned to identify and refer victims of violence and abuse, namely: HMC, Sidra Medicine, PHCC, the Psychiatric Hospital, the Behavioral Healthcare Center, the Naufar Addiction Treatment Center and through the school health system. A nationwide Child Protection from Abuse Committee under the aegis of Ministry of Public Health (MOPH) was formed in 2018. This committee is to develop collaborative methods and share best practices for agencies in Qatar. It has held National Workshops every year bringing all stakeholders involved in child protection in the State of Qatar under one roof to take stock of progress made and recommend a way forward.

The model acknowledges the vital role of the community and local partnerships. Parents, teachers and care givers are poised as individuals who should be involved in attempts to improve the children's health. Parents are involved in interventions to enhance parental skills and some employers have developed family-friendly human resource policies that ensure parents have time to spend with their children. Interventions within the community include those that prevent violence against children through reducing social isolation, supporting families of low socio-economic status, enhancing the physical environment through developing children-friendly facilities. Also, communities are being involved to enhance the acceptability and suitability of interventions, while encouraging use of community assets such as volunteers and social amenities to meet child protection needs. In addition to the social environment, the strategy evidences the role of the physical environment in determining health outcomes for children by addressing social determinants of health within environments in which children live, learn and play. Strong collaboration between communities and non-governmental and governmental bodies are increasingly seen as prerequisites to effective violence prevention and protection interventions.

## Family and social model for services available in Qatar

Qatar has generated a focus on social development at the public level and has placed children at the center of its policy agenda, the Qatar National Vision 2030 promotes the welfare of children and calls on the investment in all its people. Furthermore, the Permanent Constitution places the family at the heart of its society and stresses on its protection, support and strengthening with a focus on maternity, childhood and old age (The Permanent Constitution of the State of Qatar, 2003). The Qatar National Development Strategy 2018-2022 (QNDS 2018-22) highlights social development as one of its main pillars of social protection, security and public safety, while also noting the challenges faced by women and children as a result of domestic violence.

Several national governmental and non-governmental institutions have also been established to promote and protect family and children (UN, 2019), including the Family Affairs Department at the Ministry of ADLSA, which was established in 2014. The Ministry also examines and follows up on cases involving the rights of children, women, persons with disabilities and elderly.

The Community Police department of the Ministry of Interior, was established in 2010, and has been working since that time to meet the educational needs of the new generations through awareness programs and activities that deepen cultural awareness and reduce cultural disparity, and focus on family and child protection through (UN, 2020):

- Dealing with domestic violence cases that need to open official communications or deal with them in a friendly manner that enhances the chances of tolerance between the conflicting parties without violating the law.
- Early intervention to resolve minor disputes and quarrels and work to contain them and remove their causes as soon as they arise without violating the law.
- Providing mental and social support to victims of violence and crime, especially women, children, and the elderly, in various cases and accidents, and working to protect them and organize aftercare for them in cooperation with civil society institutions.
- Commitment of strict confidentiality in dealing with family social issues.
- Strengthening the partnership and integration of roles with civil society institutions concerned with the protection of the family, women and children.

The Social Protection and Rehabilitation Centre (Aman), which is under the umbrella of Qatar Social Work Foundation, works to protect the rights of women and children who are victims or at risk of violence and family breakdown (UN, 2020). The center provides legal consultations and support to victims of violence and others who are exposed to it. The center documents all data related to domestic violence and family rift cases with the utmost confidentiality and privacy.

However, although the State of Qatar promotes a family-centered approach to social development, the topic of child protection remains difficult. As is the case in many Arab countries, domestic violence in Qatar is considered taboo and more of a private family matter instead of a public one (DIFI, 2020). This sensitivity causes difficulties in relation to reporting of cases, especially noting that families in Qatar are interconnected, and there is a fear towards reporting domestic violence against a child since it may result in the removal of the child from that environment. However, it is also worth noting that some families are unaware of any reporting pathways, nor are they aware of the rights of the child, including that of protection (DIFI, 2020).

In its study on domestic violence against children, the Doha International Family Institute (DIFI) recommends enforcing a child law, and developing a comprehensive child strategy. It is also important to implement a holistic framework utilizing a multi-sectoral approach that includes all relevant stakeholders, both governmental and non-governmental, to promote child wellbeing in general and protection in specific (DIFI, 2018).

## Policy recommendations to end violence against children

This paper, although cursory, reveals some of the challenges and gaps in child protection programming in Qatar – first and foremost the absence of a national framework to coordinate the many interventions and actions that must be undertaken at both the national and sub-national level, to address the social and cultural norms that inhibit reporting and addressing child protection issues at the community level, as well as address effective measures to prevent violence against children.

In terms of creating a National Plan of Action, many countries the world over have used the INSPIRE Model highlighted in this paper as an evidence-based set of strategies and ‘framework’ shown to reduce, mitigate and end VAC. Against the international framework highlighted in this paper below are some of those evidence-based strategies.

The State of Qatar is finalizing its Child Law – aiming to launch it early in 2021. The new law will address some of the existing challenges and delineate better sectors and family roles and operational plan. In view of this, this paper outlines key policy recommendations and considerations for Qatar moving forward, in order to strengthen its systems to protect children from all forms of violence in all settings, in addition to advocating for adopting some prevention and response strategies to further eliminate VAC in Qatar in all settings:

- Gain/build stakeholders' consensus on the need to have one main national system with statutory responsibility to strengthen the Child Protection system in Qatar, linking policy and operational pillars and stakeholders, made up of the government as a regulator and civil society as part of the service provider within a nationally mandated/regulated system.
- Introduce a systems-strengthening approach to ongoing initiatives, with adequate focus on regulatory framework, governance structures, a continuum of services, oversight mechanisms, human resources and social participation.
- Prioritize social work force strengthening in the country through undertaking a mapping and profiling, financing for filling the gap in work force, licensing and accreditation.
- Undertake a national mapping of the child protection systems, which will assess the needs and gaps for related research and evaluate how it compares to established international frameworks.
- Develop a multi-year implementation plan to operationalize Qatar's Child Rights Law, including assigning roles and responsibilities among relevant ministries and agencies, in order to structure its implementation in the most effective and efficient manner in line with public financing rules and regulations in Qatar.
- Develop a communication plan to advocate for the implementation of the Child Rights Law. This is vital to ensure the details of the law are well communicated internally to all other Ministries and entities involved, as well as to the public.
- Develop a Child Protection Strategy and costed and budgeted Action Plan, which includes a clear Communication Strategy for Behavioral Change, which sets out the strategic vision of Qatar on child protection and qualifies the country to become a pathfinder within the Global Partnership to end violence against children.

- Increase knowledge and awareness on child safety and wellbeing among government institutions, civil society organizations and the public.
- Institute and implement parenting support interventions to promote positive parenting/caregiving practices and eliminate violent disciplining at home.
- Commission data landscape analysis to evaluate and define national child wellbeing domains and indicators through the eyes of children in Qatar and the mechanisms needed to monitor them effectively
- Establish a national detection/referral, case management, and tracking system to manage all child protection cases accompanied by relevant policies, procedures to monitor and evaluate such cases.
- Ensure effective community engagement for the development of contextualized interventions that are compatible with the social and religious norms of the Qatari society.
- Putting children at the center of child protection should include formulation of child-centered legislation that does not combine them with women.

## CONCLUSION

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This paper focuses on the global, regional and Qatari context and documents the current efforts to eliminate all forms of violence and abuse against children, with a special focus on Qatar. It highlights the risks and protective factors and calls for a national framework for protecting children in Qatar. Addressing violence against children and adolescents has far-reaching health and social impacts. This realization forms the rationale for the global, regional and national efforts aimed at protecting children from all types of abuse and violence. Despite the dearth in data and variations in information emanating from member countries, statistics show a high prevalence of child abuse and violence. The persistence of these rates indicates the need to evaluate the effectiveness and implementation of existing policies and interventions aimed at protecting children from violence. Moving forward, it is recommended that Qatar continue to develop its child protection system and look to the INSPIRE strategies as a guide as to how to address those components on prevention and responding to violence, while at the same time adopting a more purposeful public health approach to addressing violence prevention.

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