

Violence Against Children Online

What health systems and health care providers can do.



More than half of the world's population have access to the internet. One in three internet users globally is a child¹. These numbers are further increasing.

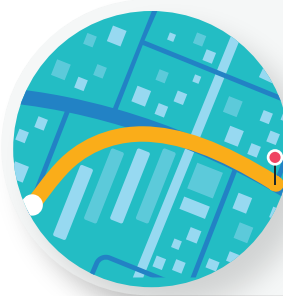
Access to the internet, however, varies considerably across the world. Compared to high-income countries, in most low-and middle-income countries fewer children have access to the internet, although detailed data on children's access remains scarce².

Internet access offers many possibilities for children and young people, including fostering learning, personal and professional skills development, creativity and participation in society. But forms of harm that exist in other settings such as schools, families and communities, have also migrated to the online world – including child sexual abuse and extortion, bullying and harassment. There are also new forms of harm that are enabled by technology itself – such as rapid and wide sharing of child sexual abuse imagery. In some cases, images may have been produced voluntarily and shared between consenting adolescents but then are subsequently distributed without consent. Both can lead to re-victimization. Governments need to find the right balance between fostering opportunities for young people through the digital environment and protecting them from harms.

Online violence encompasses a wide range of activities which can be perpetrated by adults or peers who can be family members, acquaintances or strangers. Adults can try, and sometimes succeed, to engage children and adolescents in sexual activities online. They can coerce children to abuse other children. Peers can bully or sexually harass schoolmates, extort images and spread false rumors, or digitally record sexual activity that occurs offline. A type of abuse that has been particularly exacerbated by technology is the making and distribution of images or videos depicting child sexual abuse or exploitation.

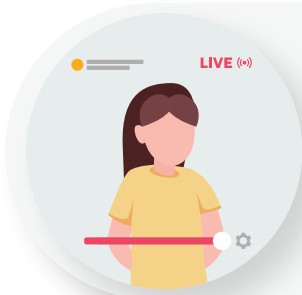
Research on online violence against children, and concerns about harms caused to children by new technology, has mostly proceeded without careful attention to clearly describing and defining the problem. Without careful definitions, we may confuse criminal and violent behavior with situations that merely pose risks for youth, and we may confound mild risks with serious harms.

Types of violence facilitated by technology, perpetrated by adults or children:



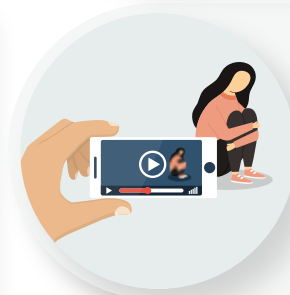
Online sexual solicitation and grooming

Using information and communication technology to build a relationship, trust and/or emotional connection with a child or young person in order to manipulate, exploit and sexually abuse them.



Live-streaming sexual abuse of children

Using online video applications to view or share live video of children being sexually abused.



Production or sharing of sexual abuse images of children

Producing and/or sharing content showing nude or partially clothed children, children sexually posing or images depicting children engaging in both penetrative and non-penetrative sexual activity.



Sharing of sexual images without consent and sexual extortion

Transmission or exchange of sexual content (i.e. images, videos or messages) obtained via coercion or pressure or used without consent, sometimes to extort money or sexual favours.



Cyber bullying

Repetitive aggression, hostility and other attempts to cause harm in online communications such as threats, distributing defamatory information, hate speech, including homophobic and sexist content mostly perpetrated by peers.

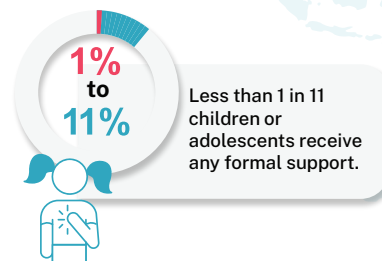
Categories and definitions related to online violence against children are still in flux and under development. It is important to note that most forms of violence online involve elements of face-to-face violence as well, such as online bullying that is an extension of an offline bullying dynamic, or sexual image production linked to in-person sexual abuse.

The Luxembourg Guidelines are an initiative by 18 international partners who developed terminology guidelines to harmonize terms and definitions related to child sexual exploitation and abuse. Such shared terminology can help to ensure stronger and more consistent advocacy, policy and laws across all regions of the world.

How many children are affected by online violence?

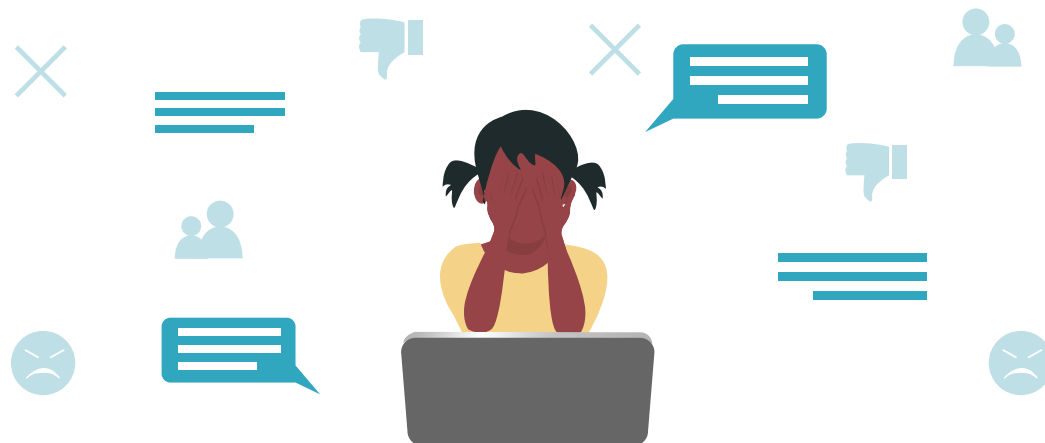
Violence against children, whether being facilitated by technology or not, remains largely hidden. Because of fear, stigma, shame, and lack of support services, children rarely disclose their exposure to violence. Based on data from 6 countries in Africa, Asia and Latin America, between 23 and 54% of children disclose exposure to violence (of any kind) to a friend or family member, between 1 to 25% seek help, and between 1 to 11% receive some form of formal support³.

Research into prevalence of various forms of online violence is still scarce and there is a particular dearth of research from low-and middle-income countries, with some emerging evidence forthcoming from the **Disrupting Harm project**.



Population-based surveys from high-income countries suggest around one in nine youth experience unwanted online sexual solicitation, although not all of these are threatening or from adults⁴. And across seven European countries, one in ten children report being cyberbullied⁵.

Other attempts to measure the burden of the problem refer to the number of reports of child sexual abuse materials to law enforcement or clearing houses. In 2020, United States-based technology companies reported 65 million online images, videos and other files containing suspected child sexual abuse material and other incident content from around the world⁶. In addition, a meta-analysis of 72 studies found 15% of youth reported cyberbullying victimization compared to 36% who reported face-to-face bullying⁷. And a meta-analysis of 39 studies found 8% had a sexually explicit image forwarded without consent⁸. While these numbers do not provide information about the true prevalence of the problem, as some of the content is previously known and some of the content might not fulfill the definitions of abuse, they provide an indication of the scale of the problem.



How do these figures compare with violence perpetrated offline?

A quarter of children globally suffer physical abuse⁹ and 18% of girls and 8% of boys experience sexual abuse¹⁰. One in three adolescents reports being bullied by peers (in the month prior to the survey)¹¹.

However, increased use of digital communication creates new ways for perpetrators to access children, poses new risks, and can aggravate some forms of violence that occur offline. Many instances of violence against children, including sexual abuse, already occur through a mix of online and offline communication and acts.

Research on bullying for example, finds that a majority of children who are bullied online are also bullied in face-to-face contexts¹². And some bullying in face-to-face contexts is recorded and later shared online.



Increased exposure to violence online in the context of the COVID-19 pandemic?

During the COVID-19 global pandemic many children went online—sometimes for the first time—to continue to attend school remotely or to maintain social interaction with their peers. As a result, children might also have experienced more periods of unsupervised time online, which can place some of them at higher risk for grooming by adults they meet online or bullying by peers.



Policies enforcing lockdowns and restricted movements have resulted in offenders using online means to perpetrate violence. Economic hardship due to effects on the economy of the pandemic can increase the likelihood that livestreaming of sexual content is used to generate income. Containment measures might have heightened the risk of child sexual abuse, since members of the household are notably represented among offenders. COVID-19 restrictions have increased social isolation and disrupted support services thereby limiting opportunities to seek help.

Similarly, population-based surveys have shown that other types of family violence, in particular violent discipline and intimate partner violence against women, increased during the pandemic, as populations spend more time at home and have fewer opportunities to engage with individuals outside their household or to seek help and levels of stress were increased¹³.



What are the consequences of online violence against children?

Overall, very little is known about the health and social consequences of online violence on children. Because violent acts offline and online often overlap, it is difficult to separate the health and social consequences of each. However, substantial evidence points to the long-term and multifaceted consequences of children's exposure to violence.

For example, childhood sexual abuse, whether facilitated through technology or not, poses a major risk factor for social, mental and physical health problems later in life. These include post-traumatic stress disorder, depression, suicide, anxiety, increased substance use, as well as other health risk behaviours, and relationship problems. For survivors of online child sexual exploitation, interviews with survivors and their mental health care providers highlight the aggravating feature of having to constantly worry about the use and resurfacing of images¹⁴.

Cyber-bullying as one form of online violence, is associated with physical health consequences, including somatic symptoms such as sleep disorders, gastrointestinal concerns, headaches, and chronic pain¹⁵. It is also associated with mental health problems, including depression, anxiety and aggression. Cyber-bullying has also been shown to increase health risk behaviours, such as substance use problems and behaviours that increase sexual risk, and has been associated with poor academic outcomes.

What can health systems and health care providers do to prevent and respond to online violence against children?

Online violence against children is often considered a child protection, educational or criminal justice problem, but it is also a significant public health issue. Although most efforts to address online violence have been initiated and directed by the criminal justice and education systems, the health sector can play an important role in increasing our understanding of and responding to online violence and exploitation.



Advocate

The health sector together with other sectors will be confronted with many of the consequences associated with violence against children, whether it occurs online or not. Children and adolescents exposed to violence are more likely to consult health services, including emergency departments and mental health care. The health sector plays an important role in raising awareness about the long-term negative health effects and social burden of violence against children—both online and traditional forms of violence—within the health sector and other sectors.



Collect data

The health sector plays an important role in generating data about health issues and risk factors through population-based surveys which measure exposure to violence. Existing large-scale surveys include, for example, the Global School-Based Student Health Survey (GSHS), Demographic Health Surveys (DHS), Multiple Indicator Cluster Survey (MICS) and other dedicated surveys such as the Violence Against Children Survey (VACS). The health sector also plays a role in disseminating this information to inform policy decisions for a multisectoral response.



Generate and use the best available evidence

The health sector is often at the forefront to foster research into the effectiveness of interventions to prevent violence against children, including technology-facilitated violence. The public health approach to violence prevention uses a systematic, scientific approach for understanding and preventing violence and answering the question of how violence can be prevented from occurring in the first place.



Respond

Health care providers often have a close relationship to the children and families they serve and therefore can be among the first points of contact for children who experience violence. As such, they should be alert to signs, symptoms and health conditions known to be associated with experiences of violence whether or not they are enabled or facilitated by technology. Health care providers play an important role in for example: the identification of children who are exposed to abuse or neglect; assessing and addressing the safety of the child; interacting with caregivers in suspected cases of violence; providing immediate medical and psychosocial support for children exposed to violence; collecting medical history; conducting physical exams; and appropriately documenting findings^{16,17}.

Some countries establish helplines and treatment programmes for potential offenders that offer free and anonymous phone or chat-based counselling and support for people who experience feelings or thoughts of sexual interest in children. Helping individuals with sexual interest in children change their behaviour can minimize the risk of acting on their interest or reoffending and protect children in the long term. It is important to support children and young people, who display sexually harmful behaviours or are at risk to do so and provide access to specialist assessment and a range of therapeutic interventions to be tailored to the child or young person's needs¹⁸.

Health providers need to be knowledgeable enough to follow up on topics that might lead to disclosure of situations of online violence.



Prevent

The health sector is increasingly contributing to violence prevention efforts, including parenting / caregiver support programmes, home visitation / early childhood development interventions or comprehensive sexuality education, which are delivered to improve healthy child development, prevent violence against children and develop respectful social and sexual relationships. Guidance for caregivers about how to broach online risks with children, and age-appropriate guidance for children and adolescents on how to develop respectful social and sexual relationships in a digital age can be systematically integrated into such programmes.



Collaborate

The health sector however, is not able to address any of the problems related to violence on its own. It requires a close collaboration with other sectors, including, in particular, child protection services, criminal justice, and the education sector. Collaborative efforts can include sharing of data, joint prevention programming and a multidisciplinary response to violence in all its forms.

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