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United Nations Office on Drugs and Crime



GLOBAL STUDY ON HOMICIDE

Killing of children and young adults

2019



UNITED NATIONS OFFICE ON DRUGS AND CRIME
Vienna

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Suggested citation: UNODC, Global Study on Homicide 2019 (Vienna, 2019)

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PREFACE

The *Global Study on Homicide* is a search for solutions. By bringing together the available data, the United Nations Office on Drugs and Crime seeks to shed light on different phenomena, from lethal gang violence and the role of firearms to links with inequalities and gender-related killings, and in this way support targeted action. I hope that the research and analysis contained in the study are used in this spirit – not to designate “murder capitals” but to learn, understand and strengthen prevention.

Criminal activity is responsible for many more deaths worldwide than armed conflict and terrorism combined. Unless the international community takes decisive steps, targets under Sustainable Development Goal 16 to significantly reduce all forms of violence and related death rates by 2030 will not be met.

The Americas continue to report high homicide rates. Young men are especially at risk, with a homicide rate for men aged 18 to 19 estimated at 46 per 100,000 – far higher than the risk faced by their peers in other regions. Firearms are also involved far more often in homicides in the Americas than in other parts of the world.

By contrast, Europe has seen a decline in the homicide rate by 63 per cent since 2002 and by 38 per cent since 1990. The rate in Asia has fallen by 36 per cent since 1990. Data collection overall has improved since the previous *Global Study on Homicide*, but there remain serious gaps in the availability of reliable data for African countries. There are also indications that homicide is underreported in the official statistics in Pacific countries.

This study offers particular insights into the gender-related killing of women and girls. “Femicide” represents just a small percentage of the overall number of homicides, but our analysis indicates that the drivers of this type of lethal violence require tailored responses. Killings carried out by intimate partners are rarely spontaneous or random, and should be examined as an extreme act on a continuum of gender-related violence that remains underreported and too often ignored.

The *Global Study on Homicide 2019* also documents successes in preventing and addressing lethal violence. In particular, the study offers examples of effective community-based interventions in settings afflicted by violence, gangs and organized crime. These accounts show that with targeted interventions backed by sustained engagement and trust between communities and law enforcement, bringing down homicide rates is possible.



Yury Fedotov

Executive Director, United Nations Office on Drugs and Crime

ACKNOWLEDGEMENTS

The *Global Study on Homicide 2019* was prepared by the Research and Trend Analysis Branch, Division for Policy Analysis and Public Affairs, United Nations Office on Drugs and Crime, under the supervision of Jean-Luc Lemahieu, Director of the Division, and Angela Me, Chief of the Research and Trend Analysis Branch.

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The *Global Study on Homicide 2019* benefited from the expertise of, and invaluable contributions from, UNODC colleagues in all divisions and field offices. Particular thanks are owed to Dayan Farias Picon, Anna Giudice and Alexandra Souza Martins of the Justice Section of the Division for Operations. The Research and Trend Analysis Branch also acknowledges the helpful feedback provided by Claudia Cappa and Mark Hereward of UNICEF and the expert contribution of Myrna Dawson.

Cover drawing © Yasser Rezahi.

The research for this booklet was made possible by the generous contribution of Sweden.

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SCOPE OF THE BOOKLET

This booklet provides an overview of the scope of killing of children, adolescents¹ and young adults. The analysis starts at the global level and then considers the main world regions where data are available. Subsequently, it covers various types of child killing within and outside the family, the latter category including the killing of children in the context of organized crime, particularly as a consequence of drug trafficking, community violence, gang-related violence and violent extremism. The focus then shifts to the link between lethal and non-lethal violence against children. Lastly, the criminal justice and policy responses used to combat various forms of serious violence against children are examined.²

Data on the killing of children, adolescents and young adults are quite scarce, and different age breakdowns are sometimes used by countries when collecting data on homicide victims. This makes it challenging to draw comparisons across countries. Since one of the aims of this booklet is to highlight how the rate of lethal victimization increases significantly with age, children, adolescents and young adults up to the age of 29 are considered. This broader framework of analysis is intended to capture the comparatively higher levels of lethal victimization that are encountered in the population groups spanning adolescence and early adulthood.

UNODC is mandated to improve the quality and availability of crime statistics to support policy development in the field of crime prevention and criminal justice. The killing of children and adolescents is an area that has been under-researched at the global level and sex-disaggregated data on the killing of children, adolescents and young adults are only available for a limited number of countries worldwide. Regional estimates of the number of victims in each specific population group could only be provided for Europe and the Americas, while the other regions provided insufficient or no data.

This study was undertaken in an effort to give an overview of the scale of this problem and shed light on the specific vulnerabilities faced by individuals affected by homicide from the first very hours of life up until early adulthood. A better understanding of the specific risks faced by those individuals will enable policymakers to devise more effective crime prevention interventions for tackling the homicide of children, adolescents and young adults, with the the last of those three subpopulations accounting for a significant share of all homicide victims recorded in certain countries.

Because of certain challenges related to the recording of age in homicide cases, the possibility of underreporting child homicide should be taken into consideration when interpreting the statistics presented in this study. In addition, killings of very young children perpetrated by parents or other family members can go undetected, as such cases lend themselves more easily to the reporting of a false cause of death.

This booklet presents national, regional and global estimates of the homicide rate among children, adolescents and young adults on the basis of the UNODC-collected data for the United Nations Survey of Crime Trends and Operations of Criminal Justice Systems (hereafter referred to as the “Crime Trends Survey”). Homicide trends are discussed for the period 2008–2017; however, owing to the fact that the only possible disaggregation from the 2017 data was for the age groups 0–14 and 15–29 years, 2016 was treated as the latest year with available data when presenting detailed analyses of annual homicide rates and counts.

¹ Although the Convention on the Rights of the Child (1990) clearly states who is to be considered a “child”, there is no equivalent international definition for “adolescent” or “young person”. For statistical purposes, the United Nations defines “adolescents” as people between the ages of 10 and 19 and “youth” as any person between the ages of 15 to 24. It is worth noting here that there are overlaps between the age groups covered by the three terms.

² Children, in the context of this study, are defined as individuals below the age of 18. This is in line with the definition provided by the Convention on the Rights of the Child.

INTRODUCTION TO THE CONCEPT OF CHILD HOMICIDE

Violence against children is a multidimensional phenomenon that is often underreported; it can take many forms and is influenced by a wide range of factors, such as the personal characteristics of the victim and perpetrator and their cultural and physical environments.³ Such violence remains hidden in many instances because children are often afraid to report acts of aggression, and also because reporting mechanisms tend to be inaccessible or even non-existent. Children may also keep silent about the violence they suffer when it is perpetrated by parents and other family members, or by another figure of authority such as an employer, community leader or police officer. Lethal violence against children can occur in a continuum of violence, representing the culmination of various forms of violence that children may be subjected to in different settings. One of the targets of Sustainable Development Goal 16 on peace, justice and strong institutions is to “end abuse, exploitation, trafficking and all forms of violence against and torture of children”.⁴

Children can be killed by family members or by non-family members. There are large differences in the dynamics of these two types of killing and they are, accordingly, referred to using different terminology.⁵ The killing of children by family members, such as parents, is referred to as intrafamilial child homicide. It includes cases where a child is killed by its mother or father as part of intimate partner violence. Such violence may be perpetrated over long periods of time, and the act of killing is usually the culmination of pre-existing forms of violence. Research indicates that women are disproportionately affected by intimate partner violence.⁶ In extreme situations, the male perpetrator chooses to take the lives of his children in order to inflict even more pain and suffering on an intimate partner. The killing of children outside the family is known as extrafamilial child homicide. Within intrafamilial settings, filicide is a term used to denote the killing of one’s own child. The subcategories of filicide include neonaticide, when the victim does not survive the first 24 hours of life, and infanticide, when the child victim is under one year of age. Filicide occurs most frequently in the first year of a child’s life.

Other contexts in which children may become victims of homicide include conflict⁷, violent extremism and organized crime, including drug trafficking. The dichotomy between abuse and lethal violence perpetrated against children inside the family, on the one hand, and in the context of organized crime, on the other, is not always clear-cut. As recognized by the United Nations General Assembly, this is because family members themselves can sometimes be part of criminal chains that expose children to drug trafficking, trafficking in persons and other forms of exploitation.⁸ Children living on the streets are also particularly vulnerable to neglect, exploitation and even homicidal violence.⁹

³ A/61/299.

⁴ E/CN.3/2016/2/Rev.1, Report of the Inter-Agency and Expert Group on Sustainable Development Goal Indicators.

⁵ Liem, M. and Koenraadt, F., *Domestic Homicide: Patterns and Dynamics* (Abingdon, United Kingdom, Routledge, 2018).

⁶ For further information about the killing of women by intimate partners, see booklet 5 of this study.

⁷ According to the framework provided by the ICCS, killings occurring in conflict areas include deaths from war operations (which constitute conflict deaths) and they may also include intentional homicides, if they meet the criteria from the ICCS. Children may also lose their lives in terrorist incidents, which are more likely to occur when there is political instability and civil strife. For further information see ICCS Briefing Note: Unlawful killings in conflict situations.

⁸ A/RES/57/190, sect. IV, para. 8.

⁹ A/RES/57/190, sect. III, paras. 1–5.

KEY FINDINGS

An estimated total of 205,153 children aged 0 to 14 years lost their lives worldwide as a result of homicide during the ten-year period 2008–2017. Of these, roughly six in ten were male (59 per cent) and four in ten were female (41 per cent). Over the same period, an estimated total of 1,691,869 adolescents and young adults between the ages of 15 and 29 were intentionally killed. Around 86 per cent of these were male and 14 per cent were female. The rate of lethal victimization as a whole rises with age, while gender disparities in homicide rates increase sharply after the age of 14.

Child homicide constitutes the lethal end of a long continuum of violence against children. Globally, it is estimated that up to 1 billion children aged 2–17 years experienced physical, sexual or emotional violence or neglect in 2017. Violence against children differs from other crimes because of the vulnerability of its victims.

Research suggests that killings of young children are perpetrated mainly by family members, and that, among other factors, they can be ascribed to gender stereotypes, family violence and mental health problems of the parents. By contrast, older children and young adults are more likely to fall victim to homicide outside the family, with young males being more vulnerable than females, as a result of organized crime and gang-related violence. Young women are more likely than young men to experience intimate partner violence, which can sometimes culminate in homicide. Such killings are rooted in gender inequality, discrimination and in the gender roles traditionally assigned to women.

The share of male homicide victims increases with age both globally and across all regions for which data are available. In the Americas, a preponderance of male victims first manifests itself at 10 to 14 years of age and this skew becomes substantially stronger in the older age groups, while for Europe the turning point is at 18–19 years. Among young males, the homicide risk starts to increase in adolescence from the age of 15 upwards. The increase is so pronounced that the global homicide rate for males aged 15 to 17 in 2016 was far higher than that of the preceding two age groups combined. Overall, male adolescents aged 18–19 years seem to be the population group at greatest risk of homicide, both in Europe and the Americas.

The presence of stepchildren in the home and the separation or estrangement of parents are known to be risk factors for family violence, particularly lethal violence. These factors appear to be playing a growing role in filicide. In terms of factors at the community level that contribute to child homicide, violence can occur in urban areas characterized by poverty, discrimination, overcrowding, lack of education and poor standards of housing. Estimates indicate that approximately 300 million children under the age of 5 years have been exposed to societal or community violence. Such exposure often leaves children trapped in a cycle of violence and aggressiveness, which can lead to future violent behaviour, including delinquency, violent crime, urban crime and affiliation to youth gangs.

Participation in organized crime and gang activities, or involuntary exposure to the violence associated with these, are important drivers of homicide affecting young people in various countries in Central and Latin America. Gang violence is intensifying in some European cities, and although the overall homicide rate in Europe remains much lower than that observed in the Americas, there are concentrated pockets of violence in urban areas in Europe that are significantly increasing the homicide risk among some groups of young people.

In the context of armed conflict, it is difficult to categorize killings according to homicide and conflict-related deaths, but conflict-related violence can lead to child casualties in various ways, whether during ground engagements, incidents involving improvised explosive devices, aerial operations, cross-border shelling and suicide attacks. The Convention on the Rights of the Child obliges States Parties to refrain from recruiting any person below the age of 15 into their armed forces and to ensure protection for children affected by armed conflict.

SCALE OF THE PROBLEM

Scale of the problem in numbers

Drawing on data collected as part of the UNODC Crime Trends Survey, UNODC estimates that a total of 205,153 children aged 0 to 14 years lost their lives worldwide as a result of homicide during the ten-year period 2008–2017. Of these, roughly six in ten were male (59 per cent) and four in ten were female (41 per cent). Over the same period, a total of 1,691,869 adolescents and young adults between the ages of 15 and 29 were intentionally killed. Around 86 per cent of these were male and 14 per cent were female.

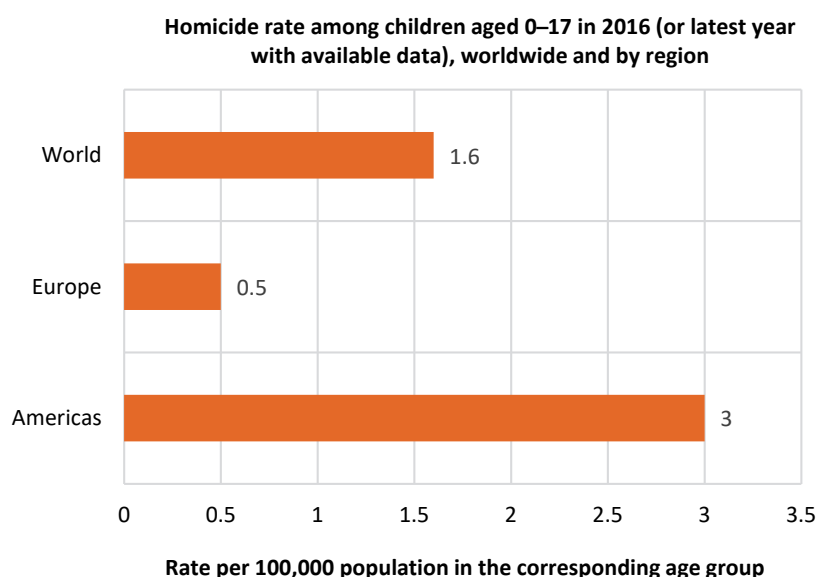
Considering child homicide alone, it is clear that boys continue to bear the greatest burden of victimization. Thus, of the 21,540 homicide victims aged 0 to 14 years recorded worldwide in 2017, roughly 58 per cent were male and 42 per cent were female. The data, moreover, indicate that the rate of lethal victimization as a whole rises with age, and that gender disparities in homicide rates increase sharply after the age of 14. 182,778 young people worldwide aged 15 to 29 fell victim to homicide in 2017, of which 87 per cent were male and 13 per cent female.

Scale of the problem in rates

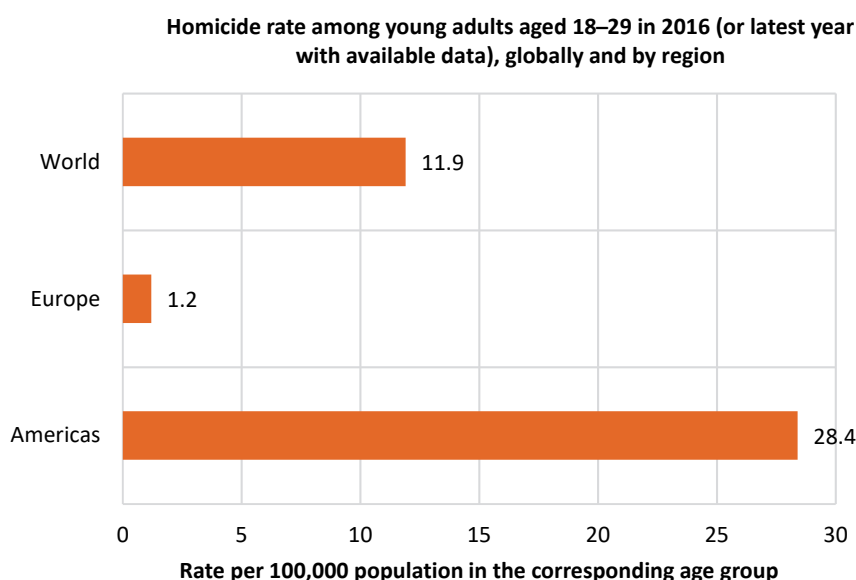
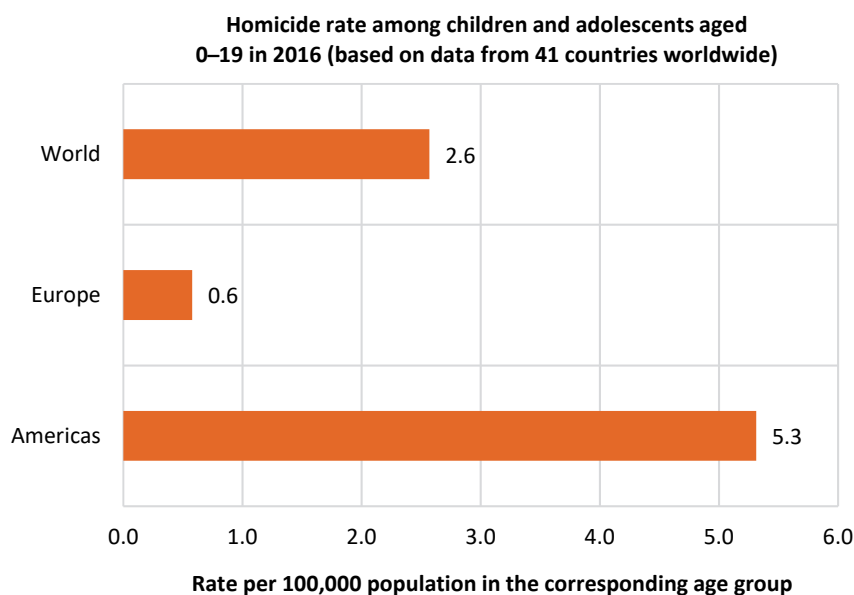
So as to provide a detailed age breakdown of the homicide rates in specific population groups relevant to the analysis of the homicide of children, adolescents and young adults, data obtained from 41 countries worldwide disaggregated by sex and by the following age ranges: 0–9, 10–14, 15–17, 18–19, 20–24 and 25–29 years were analysed.¹⁰

As can be seen from the charts in figure 1 below, global homicide rates for the age groups 0–17, 0–19, and 18–29 vary from 1.6 to 11.9 per 100,000 population in the corresponding age group, with the Americas displaying consistently higher rates and Europe consistently lower rates than the global average.

Figure 1: Homicide rate among children and adolescents aged 0–19, children aged 0–17, and young adults aged 18–29, worldwide and in regions for which data are available, 2016 (or latest year with available data)



¹⁰ Only 41 countries worldwide were able to submit data to UNODC on the number of homicide victims disaggregated by sex for these specific age ranges.

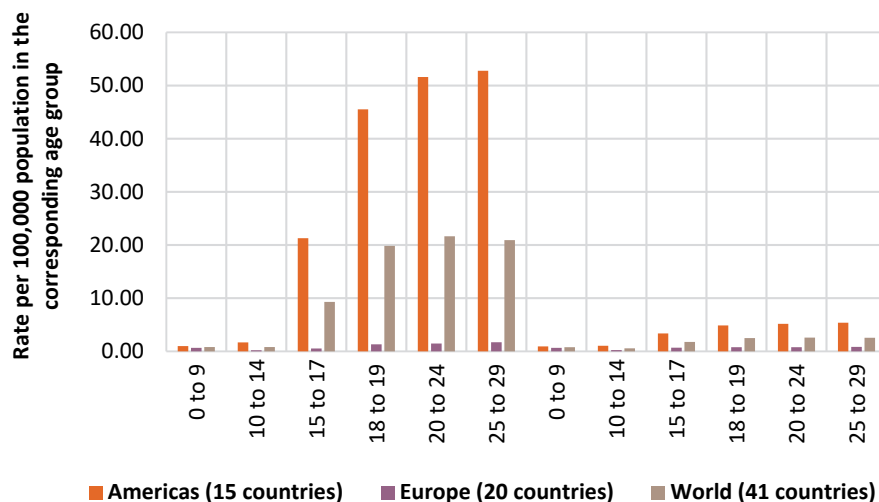


Source: UNODC homicide statistics.

Global homicide rates among children, adolescents and young adults disaggregated by age and sex

Because only limited data are available on homicides of children, adolescents and young adults, it is not possible to give a comprehensive picture of the regional distribution of homicide victims, disaggregated by age, that covers these three population groups (i.e. all victims of homicide under the age of 29). However, analysis of the homicide rates in the age ranges relevant to these groups reveals some pronounced differences. Disaggregation by sex for these age ranges uncovers further variations that may be indicative of specific vulnerabilities and risk factors for homicide associated with males and females.

Figure 2: Age- and sex-disaggregated homicide rates for children, adolescents and young adults (aged 0–29), worldwide and in regions for which data are available, 2016 (or latest year with available data)



Source: UNODC homicide statistics.

The gender differences in the homicide rate among children and young people increase with age, as does the overall homicide rate. Although there was almost parity in the global homicide rates among male and female children aged 0–9 years in 2016 (0.80 versus 0.76 per 100,000 population in that age group), males become far more likely than females to fall victim to homicide after the age of 9.

Among young males, the homicide risk starts to increase in adolescence from the age of 15 upwards. The increase is so pronounced that the global homicide rate for males aged 15 to 17 in 2016 was far higher than that of the preceding two age groups combined. Indeed, if one considers only children, then boys aged 15 to 17 are those most affected by homicide globally. The homicide rate of male victims aged 15 to 17 in 2016 was around five times higher than the female homicide rate for the same age range (9.28 versus 1.78 per 100,000 population in that age group).

The homicide risk peaks for young males in the age group 20–24; in the two adjacent age groups (18–19 years and 25–29 years) the male homicide rates are almost the same. However, although adolescent girls (aged 15 and above) are at greater risk than younger girls, the homicide rates among adolescent and young adult females (up to 29 years) do not differ significantly, ranging from 1.8 per 100,000 population in the age group 15–17 to 2.6 per 100,000 population in the age group 25–29.

Research suggests that killings of young children are perpetrated mainly by family members¹¹ and that, among other factors, those killings can be ascribed to gender stereotypes that attribute more social value to boys than girls and that may compel a young mother to be ostracized by the community when bringing up an illegitimate child, family violence and mental health problems of the parents. By contrast, older children and young adults are more likely to fall victim to homicide outside the family, particularly with young males being more vulnerable than females, as a result of organized crime and gang-related violence. Involvement in gangs is a predominantly male activity.¹²

Young women are more likely than young men to experience intimate partner violence, which can sometimes culminate in homicide. Such killings are rooted in gender inequality, discrimination and in the gender roles traditionally assigned to women. The data indicate that the female homicide rate increases for victims aged 15 and older. Homicides among this older age group are likely to be the result of violence perpetrated by intimate partners and/or family members.

¹¹ Stöckl, H. et al., “Child homicide perpetrators worldwide: a systematic review”, *BMJ Paediatrics Open*, vol. 1, No. 1 (2017), pp. 1–7.

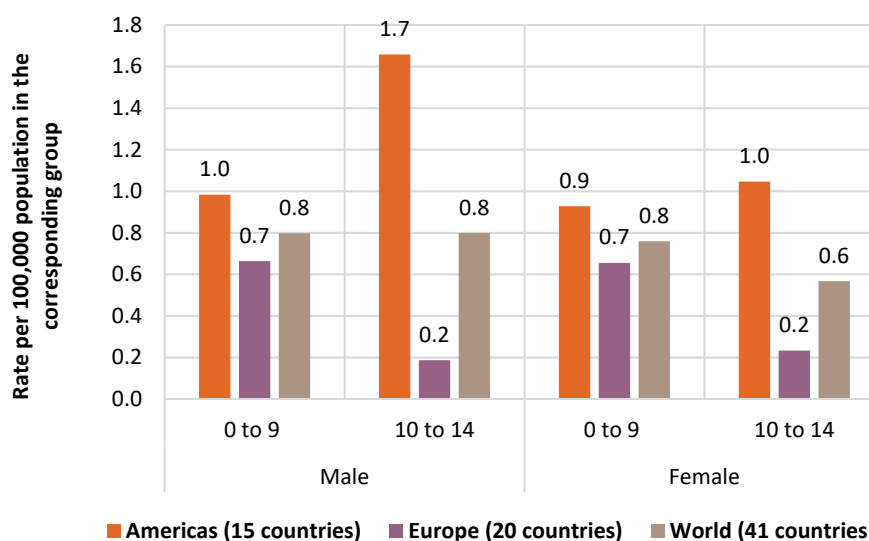
¹² Bjerregaard, B. and Smith, C., “Gender differences in gang participation, delinquency and substance use”, *Journal of Quantitative Criminology*, vol. 9, No. 4 (December 1993), pp. 329–355.

Regional homicide rates among children, adolescents and young adults disaggregated by age and sex

Looking at the data provided by 41 countries, one can see that the highest homicide rate among victims aged 0–9 years in 2016 was recorded by the Americas (15 countries). There is no significant difference between the male and female homicide rates in this specific age group: 0.98 per 100,000 population for males versus 0.93 per 100,000 population for females.

Although slightly lower, the homicide rate for the age group 0–9 years in Europe (20 countries) is similar: it was 0.66 per 100,000 population for both males and females in 2016.

Figure 3: Age- and sex-disaggregated homicide rates for children (aged 0–14), worldwide and in regions, 2016 (or latest year with available data)



Source: UNODC homicide statistics.

As shown in figure 3, the global homicide rate in the age group 10–14 in 2016 was 0.80 per 100,000 population for males and 0.57 per 100,000 population for females (based on the 41 countries that provided data). In terms of regional variation, the highest homicide rate was recorded in the Americas, with 1.66 per 100,000 population for male victims in that age group and 1.05 per 100,000 population for female victims. The homicide rate recorded in Europe for victims in the same age group was much lower, standing at 0.19 per 100,000 population for males and 0.23 per 100,000 population for females. Although the difference between the two values for Europe is minimal, the fact that the female rate was higher than the male rate in 2016 is noteworthy because male victimization is usually higher than female victimization. This exception may have to do with the tendency for most child killings to occur within the family, and also with the absence in most European countries of gang violence and organized crime, which tend to affect male children and adolescents disproportionately.¹³

As mentioned earlier, 15- to 17-year-olds were the age group among children (not if young people as a whole are considered) with by far the highest global homicide rate in 2016. At approximately 21 per 100,000 population, the male homicide rate in the Americas for this age group was more than six times higher than the female rate, which stood at around 3.3 per 100,000 population in that year. In Europe, there was no significant difference between male and female homicide rates in this age group (0.53 versus 0.66 per 100,000 population). In contrast to the victimization level recorded in the Americas and globally, female victimization is slightly higher than male victimization in this age group in Europe. As in the younger

¹³ Taylor, T. et. al., "Youth gang membership and serious violent victimization: the importance of lifestyles and routine activities", *Journal of Interpersonal Violence*, vol. 23, No. 10 (2008), pp. 1441-1464.

age group 10–14, this finding may reflect the fact that most homicidal violence in Europe is not related to gangs and organized crime, which take a greater toll on young males.¹⁴

The high homicide rates among young males recorded in the Americas should be interpreted in the light of gang violence and organized crime – two phenomena that are prevalent in that region, particularly in Central America.¹⁵ Youth gangs are not exclusive to Central America, though;¹⁶ they are also encountered in countries such as the United States of America. However, the proliferation of gang-related violence that disproportionately affects young people has become an increasing problem over the past two decades in the “Northern Triangle” countries of Central America (Honduras, Guatemala and El Salvador).¹⁷

Given that no marked discrepancies have been encountered between Europe and the Americas regarding the homicide rate among children aged 0–9 years, it is reasonable to conclude that the majority of homicide victims aged 10 to 14 in the Americas are killed by a perpetrator outside the family sphere. After all, the vulnerability of children to violence perpetrated by family members or caregivers decreases with age, as they become more independent and self-reliant. The homicide rate recorded in the Americas for 10- to 14-year-old boys is highly likely to be linked to gang violence, a phenomenon that has a disproportionate effect on young males.¹⁸

The importance of combating gang-related violence is borne out by a study in El Salvador, which showed that, in 2004, young men aged 20 to 25 were the group most affected by homicide, and that those aged 18 to 25 were the most likely to be victimized by various forms of criminal activity, including robbery, gang violence and physical assault.¹⁹

Scale of the problem in shares of young male and female homicide victims, by age group

Looking again at the data provided by 41 countries worldwide, it is observable that not only is there almost parity between the global homicide rates among male and female children in the younger age groups, but also between the shares of male and female victims in those age groups.

The share of male victims increases with age both globally and across all regions for which data are available. In the Americas, a preponderance of male victims first manifests itself at 10–14 years and this skew becomes substantially stronger in the older age groups, while for Europe the turning point is at 18–19 years.

¹⁴ Barker, G., *Dying to be men: youth, masculinity and social exclusion*, Routledge: London (2005).

¹⁵ Dammert, L., “Gang violence in Latin America”, in *The Wiley Handbook on Violence and Aggression* (New York, Wiley-Blackwell, 2017).

¹⁶ For further information about gang homicide, see booklet 3 of this study.

¹⁷ Ramírez, L., Cetina, G. and Avalos, M., “Violencia juvenil, maras y pandillas en Guatemala”, discussion paper prepared under the “Políticas Públicas para Prevenir la Violencia Juvenil” (POLJUVE) Guatemala (Public Policies for Juvenile Violence Prevention, Guatemala) programme, 2009.

¹⁸ Dammert, “Gang violence in Latin America”.

¹⁹ Cruz, J. M., “El Salvador: tatuados por la violencia”, in *La cara de la violencia urbana en América Central* (San José, Costa Rica, Fundación Arias, 2005).

Shares of male and female homicide victims aged 0–19 years, worldwide and in regions for which data are available, 2016 or latest year with available data

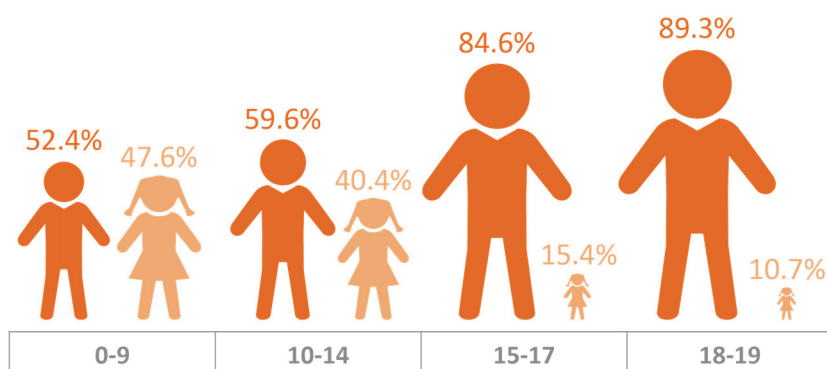
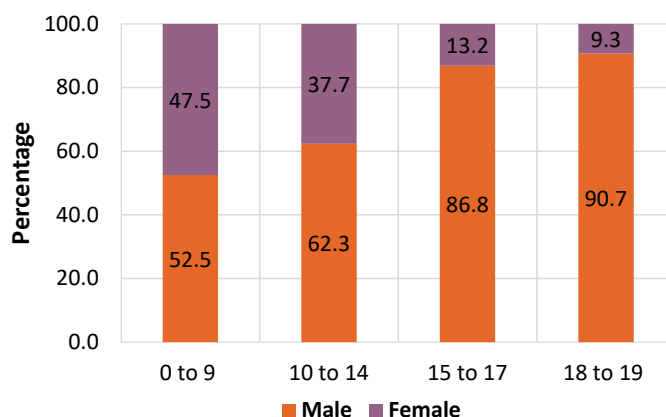


Figure 4: Shares of male and female victims of child and adolescent homicide in the Americas 2016 (or latest year with available data)



Source: UNODC homicide statistics

Figure 5: Shares of male and female victims of child and adolescent homicide in Europe 2016 (or latest year with available data)



Source: UNODC homicide statistics.

A higher proportion of female homicide victims in the youngest age groups can be observed in some developing countries. This likely reflects region-specific traditions that favour male offspring over female children. In some countries, such traditions include the burden of dowry: when parents marry off a daughter, they are expected to provide a payment of some sort to the groom's family.²⁰ A study carried out in South Africa indicated that the female age group at greatest risk of child homicide was 0–4 years.²¹ In this respect, the greater vulnerability of girls reflects the widely held perception that they are worth less than boys.²² Furthermore, the killing of female newborns and infants can be understood as the result of pressure on the mother to produce a boy, particularly when there are already female children in the family.²³ Reports from the Kenyan national police show variations in the number of infanticides recorded throughout the country: 35 in 2010, 45 in 2011, 33 in 2012, 45 in 2013, 33 in 2014, 51 in 2015, and 42 in 2016.²⁴

In developing countries, child mortality is related to disease, infections and poor nutrition to a much greater extent than in developed countries. In economically advanced countries, the filicide of both boys and girls is among the most prevalent causes of child mortality.²⁵ In the Member States of the European Union mortality among children aged 0–14 is related mainly to conditions originating in the perinatal period and congenital malformations.²⁶ As small children grow up they become less vulnerable to disease and infections and more vulnerable to external causes of mortality, therefore homicide becomes one of the most significant causes of death.

Boys in general run a higher risk of being killed than girls.²⁷ This may partly be a consequence of parental attitudes to infant behaviour: male infants are often perceived to be more aggressive and to require harsher discipline than female children.²⁸ In extreme cases, this may lead to child homicide.

Trends in the homicide rates for children and young people

Globally, the homicide rate among boys aged 0–14 years remained stable from 2008 to 2017, whereas the homicide rate among male adolescents and young adults aged 15–29 years showed a slight increase in 2017 compared with its 2008 level. Homicide trends in the male population aged 15 to 29 fluctuated slightly throughout this period, with a steady increase being noticeable from 2008. The female homicide rate in both age groups showed less variability over the same period than the male rate, although minor fluctuations in the female rate were observed for the older age group.

In Europe, the homicide rates among boys aged 0–14 years and among male adolescents and young adults aged 15–29 years had by 2017 decreased to roughly half their 2008 levels; the decline in the homicide rate for the older age group was steady, although there were some minor fluctuations between 2009 and 2013. The female homicide rate for the two aforementioned age groups also underwent a similar decrease over

²⁰ Allahbadia, G. N., "The 50 million missing women", *Journal of Assisted Reproduction and Genetics*, vol. 19, No. 9 (September 2002), pp. 411–416.

²¹ Mathews, S. et al., "Child homicide patterns in South Africa: is there a link to child abuse?", Research Brief (South African Medical Research Council, 2012).

²² Mathews S. et al., "The epidemiology of child homicides in South Africa", *Bulletin of the World Health Organization*, Vol. 91, No. 8 (August 2013), pp. 562–568.

²³ Gavin, H., "Reasons for female neonaticide in India", *Paediatrics and International Child Health*, vol. 34, No. 3 (August 2014), p. 153.

²⁴ National Police Service (Kenya), *Annual Crime Reports*. Available at <http://www.nationalpolice.go.ke/crime-statistics.html>.

²⁵ Stanton, J., Simpson, A. and Wouldes, T., "A qualitative study of filicide by mentally ill mothers", *Child Abuse and Neglect*, vol. 24, No. 11 (November 2000), pp. 1451–1460; Somander, L. K. H. and Rammer, L. M., "Intra- and extrafamilial child homicide in Sweden 1971–1980", *Child Abuse and Neglect*, vol. 15, Nos. 1–2 (1991), pp. 45–55.; Marks, M. N. and Kumar, R., "Infanticide in England and Wales", *Medicine, Science and the Law*, vol. 33, No. 4 (October 1993), pp. 329–339.

²⁶ EUROSTAT Database. Available at <https://ec.europa.eu/eurostat/data/database>

²⁷ Bourget, D. and Bradford, J. M. W., "Homicidal parents", *The Canadian Journal of Psychiatry*, vol. 35, No. 3 (April 1990), pp. 233–238; Cummings, P. et al., "Infant injury death in Washington State, 1981 through 1990", *Archives of Pediatrics and Adolescent Medicine*, vol. 148, No. 10 (1994), pp. 1021–1026; Lehti, M., Kääriäinen, J. and Kivivuori, J., "The declining number of child homicides in Finland, 1960–2009", *Homicide Studies*, vol. 16, No. 1 (February 2012), pp. 3–22; Marks, M. N., "Parents at risk of filicide", in *Clinical assessment of dangerousness* (Cambridge, Cambridge University Press, 2001); Makhoul, F. and Rambaud, C., "Child homicide and neglect in France: 1991–2008", *Child Abuse and Neglect*, vol. 38, No. 1 (January 2014), pp. 37–41; Mathews et al., "The epidemiology of child homicides in South Africa".

²⁸ Liem and Koenraad, *Domestic Homicide*.

the same period. However, some fluctuations occurred around the downward trend of the female homicide rate in the age group 15–29.

In the Americas, the homicide rates among both boys and girls aged 0–14 years remained remarkably stable from 2008 to 2017, while the homicide rate among male adolescents and young adults (aged 15–29 years) underwent an increase over the same period. This increase began in 2008 and was followed by a generally steady upward trend. The homicide rate among female adolescents and young adults (aged 15–29) saw a similar increase over this ten-year period, though at a much lower level. This increase also began in 2008, but it was followed by a slight decline between 2011 and 2015, after which another increase occurred.

Figure 6: Homicide rates among children, adolescents and young adults (aged 0–29), worldwide and in regions for which data are available, 2008–2017



Source: Estimate based on UNODC homicide statistics.

Male homicide victims, Americas, 2008–2017



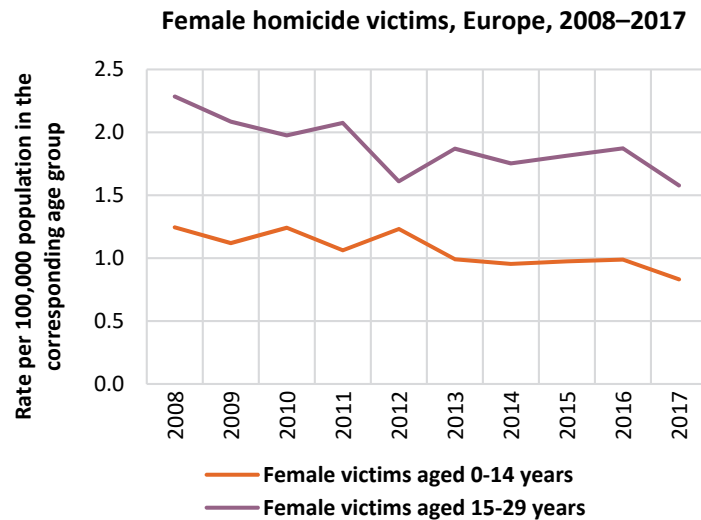
Female homicide victims, Americas, 2008–2017



Source: Estimate based on UNODC homicide statistics.

Male homicide victims, Europe, 2008–2017





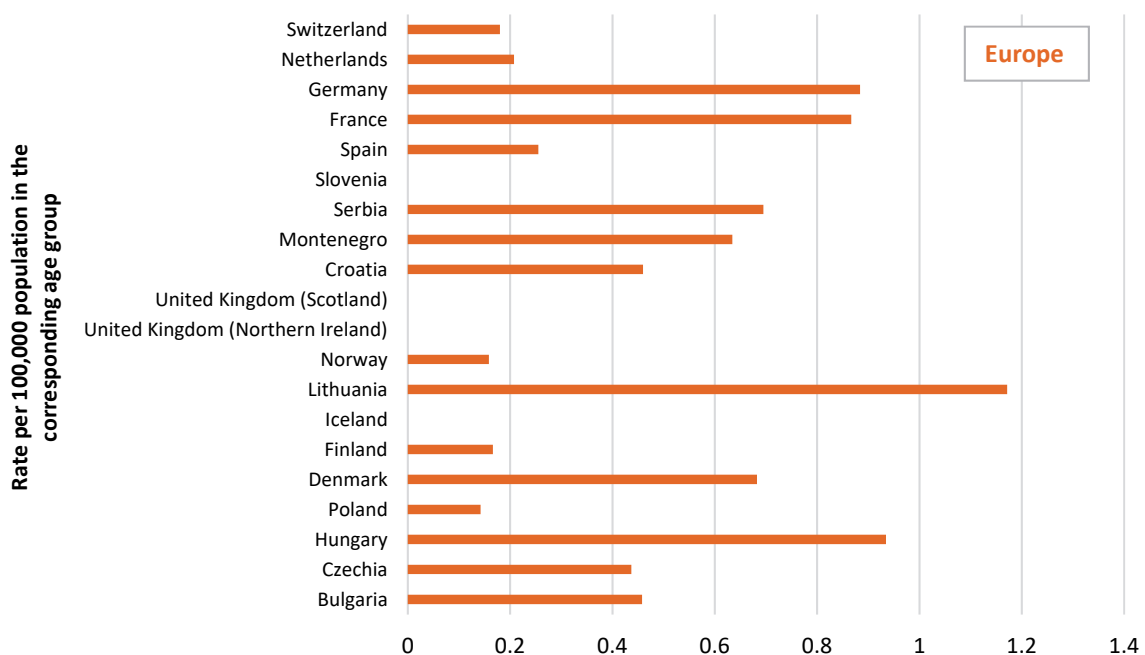
Source: Estimate based on UNODC homicide statistics.

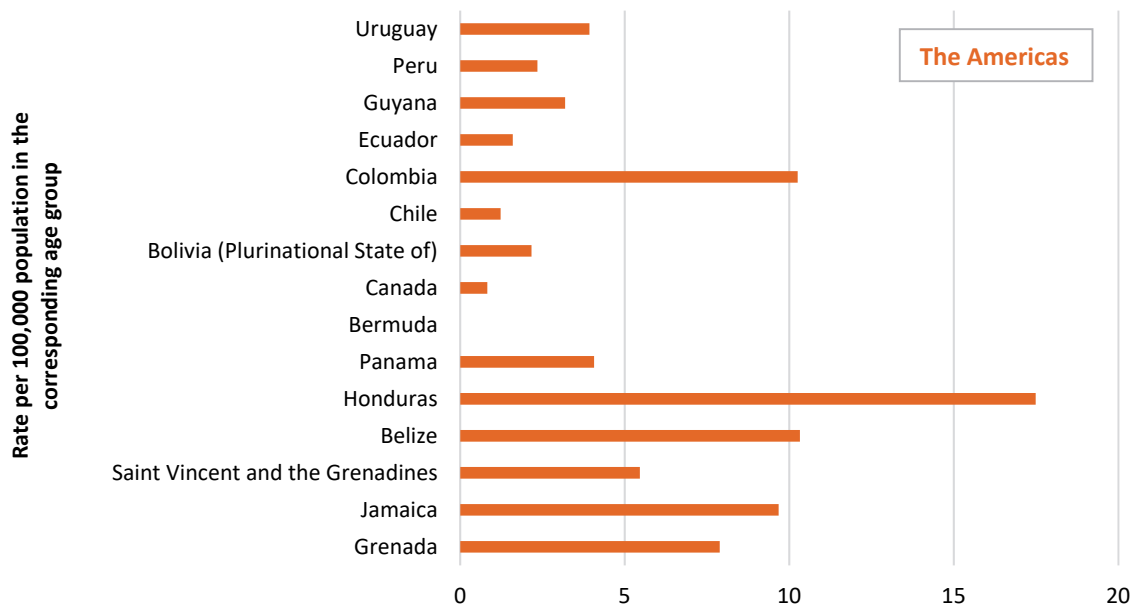
Child and adolescent homicide rates in countries with available data in Europe and the Americas

The following selection of national child and adolescent homicide rates in Europe and the Americas reveals significant variability across countries, particularly in the Americas. In that region, the risk of children and adolescents being killed differs significantly from country to country, depending on the broader context in which lethal violence is manifested.

Further disaggregation by age and sex of the data for the countries included in this selection shows considerable disparities between the male and female homicide rates. Overall, male adolescents aged 18–19 years seem to be the population group at greatest risk of homicide, both in Europe and the Americas. In the case of females, both adolescent girls (aged 15–17 and 18–19 years) and girls aged 0–9 years seem to be at a greater risk of homicide than those in other age groups. In European countries, this is particularly true of the younger of those two age groups.

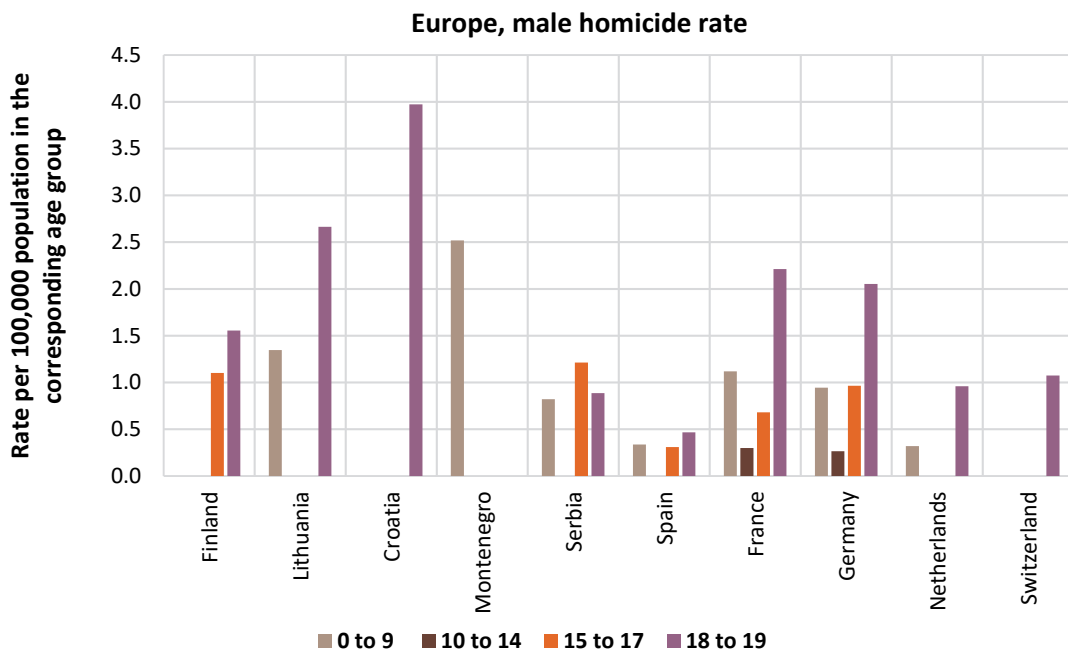
Figure 7: Homicide rates among children and adolescents (aged 0–19), countries in Europe and the Americas, 2016 or latest year with available data

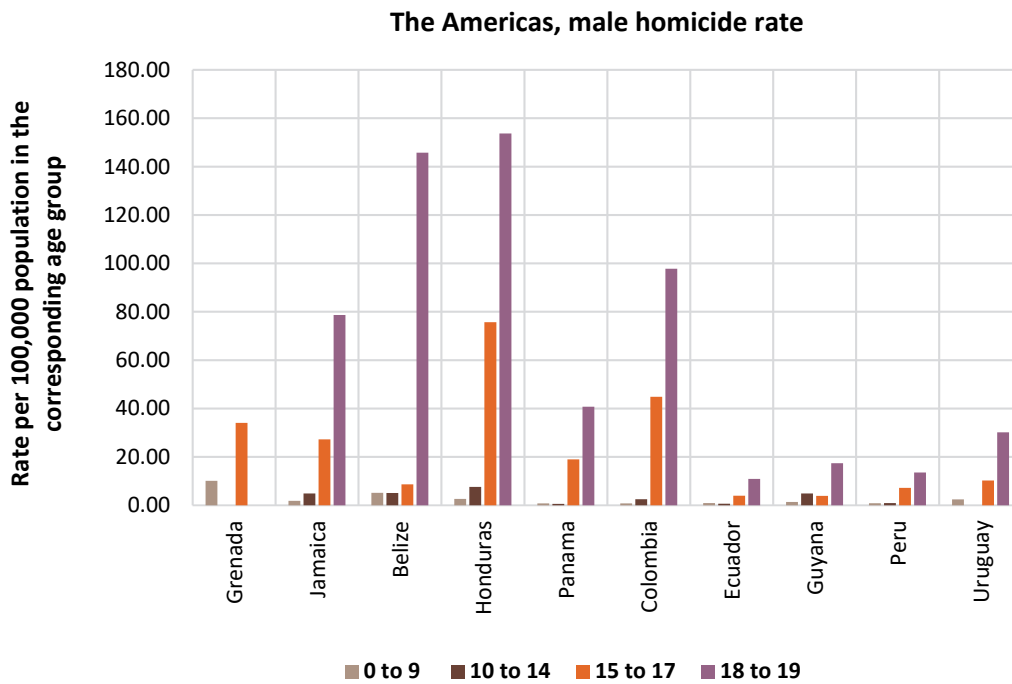
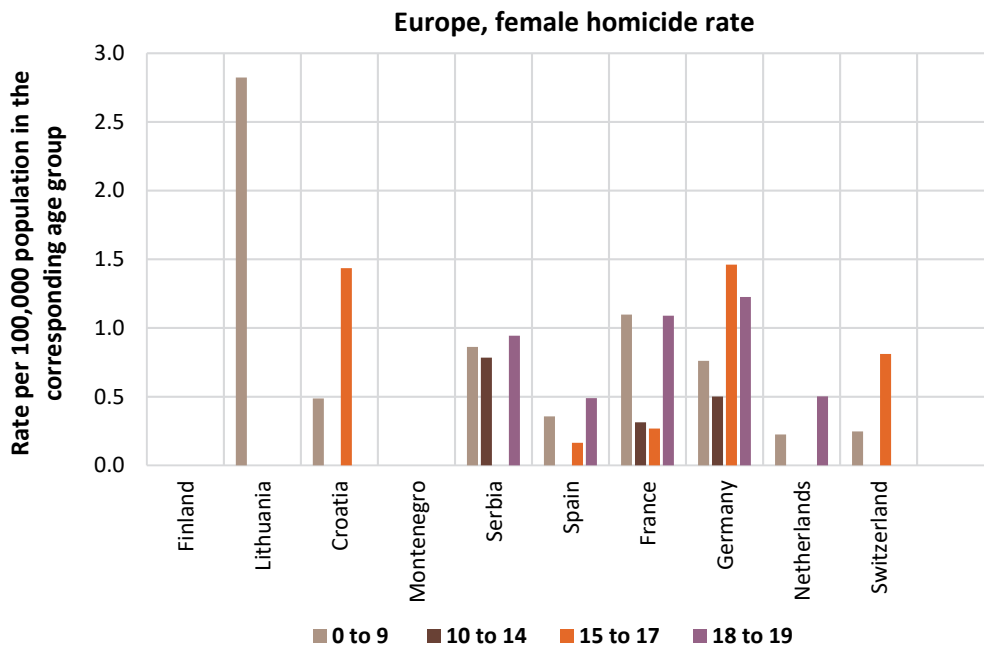




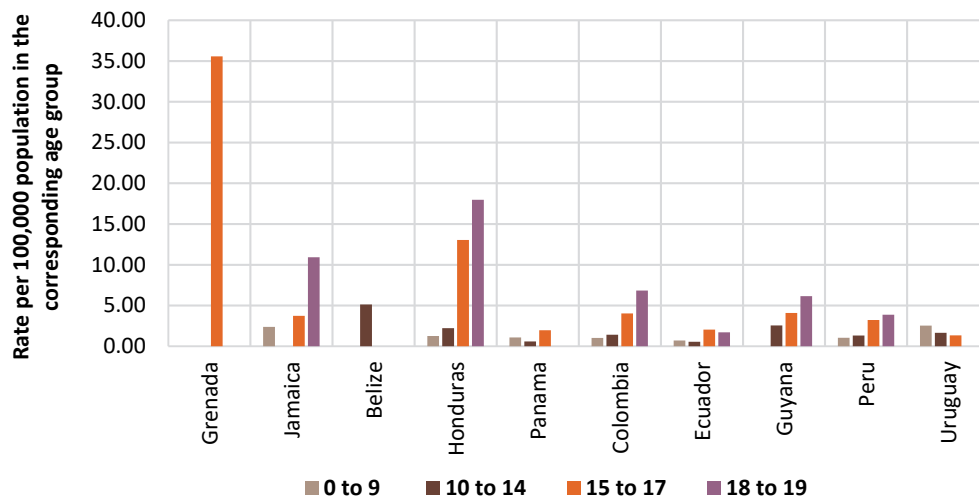
Source: UNODC homicide statistics.

Figure 8: Sex and age-disaggregated homicide rates among children and adolescents (aged 0–19), countries in Europe and the Americas, 2016 or latest year with available data





The Americas, female homicide rate

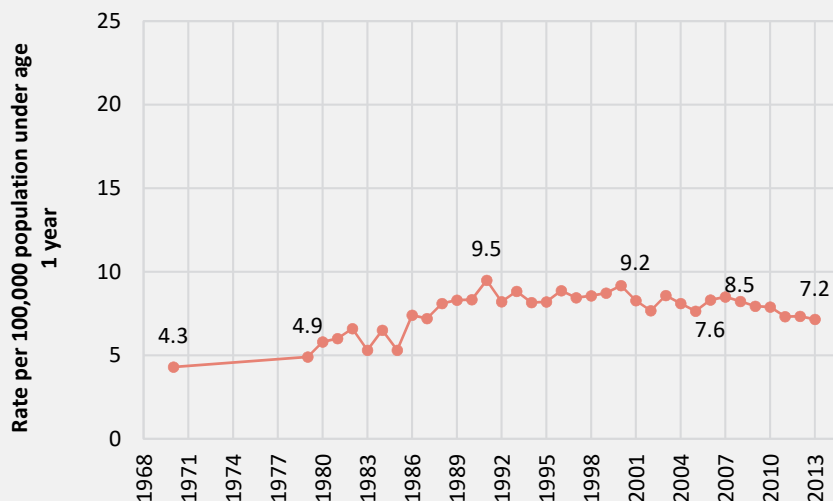


Source: UNODC homicide statistics.

BOX 1: Long-term trends in infanticide and in homicide among adolescents aged 15–19 years in the United States

Infants and adolescents face specific vulnerabilities that influence their risk of losing their lives as a result of homicide. Over the past half century, the rate of infanticide (the killing of infants under the age of 1 year) in the United States has increased. Starting at a rate of about 4.3 per 100,000 population in that age group in the early 1970s, it reached 7.2 per 100,000 population in 2013, with various peaks of over 9 per 100,000 population in the 1990s. Overall, the data show that male infants were at a relatively greater risk than female infants of becoming homicide victims, especially from 2005 onwards. During the period 2005–2013, male infanticide rates ranged from 8.1 to 9.7 per 100,000 population, compared with a range of 6.3 to 7.2 per 100,000 population for female infanticide rates.

Infanticide rate in the United States, selected years, 1970–2013

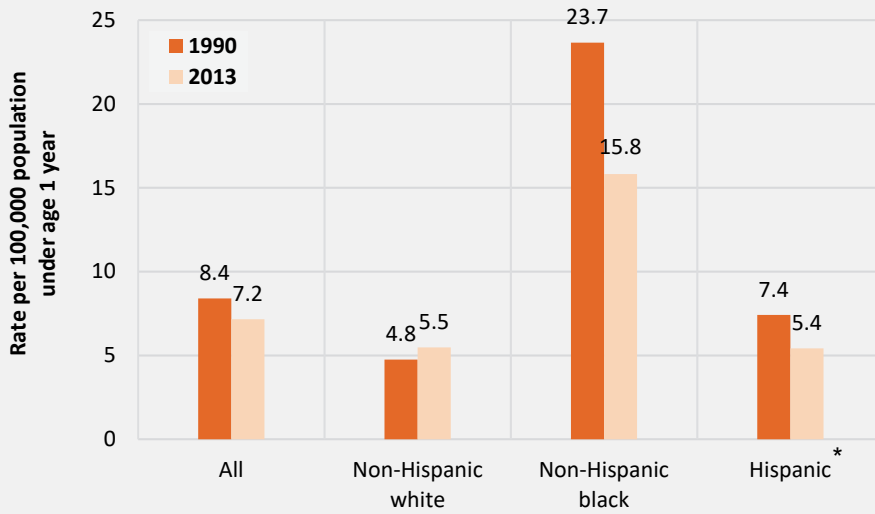


Source: Data for 1970, 1980, 1990 and 2000: *Health, United States, 2003* (Hyattsville, Maryland, National Center for Health Statistics, 2003), table 45; data for 1979–1989: Centers for Disease Control and Prevention, “Underlying Cause of Death 1979–1989”, CDC WONDER database. Available at <http://wonder.cdc.gov/ucd-icd10.html> (accessed on 23. 06. 2019); data for 1990–2013: Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System (WISQARS). Available at <https://www.cdc.gov/injury/wisqars/index.html>.

Note: Caution is strongly advised when comparing 2000, 2001 and 2002 rates with those of nearby years, since some of the difference is due to the slightly different estimation procedures used.

Infants who were of non-Hispanic black origin had a relatively high risk of falling victim to homicide compared with infants of other origins. Although the rate was considerably lower than in 1990, roughly 16 infants of non-Hispanic black origin per 100,000 population fell victim to child homicide in 2013.

Homicide rates among black and white infants of Hispanic and non-Hispanic origin, 1990 and 2013

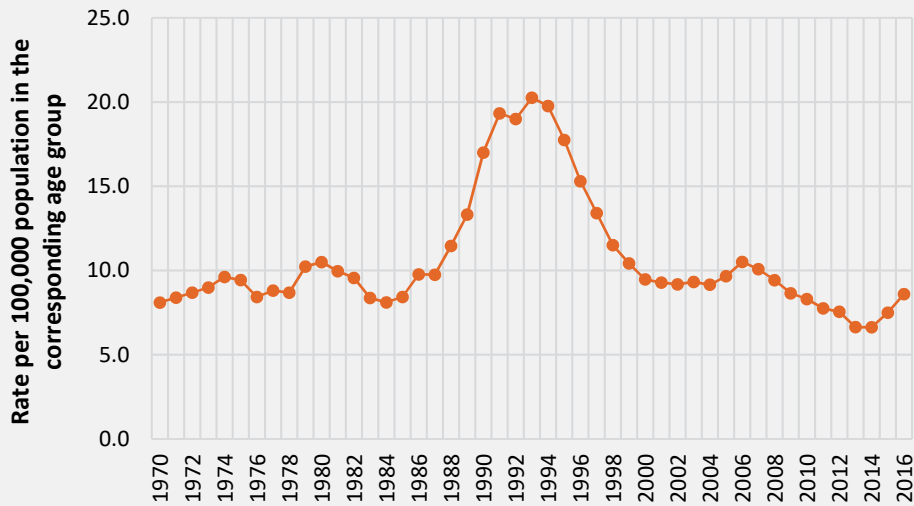


Source: Centers for Disease Control and Prevention, WISQARS database. Available at <http://www.cdc.gov/injury/wisqars/index.html> (accessed on 23. 06.2019).

Note: *Infants of Hispanic origin may be of any race.

The homicide rate among 15- to 19-year-olds peaked dramatically from the late 1980s to the mid-1990s, after which it declined briskly to reach the same levels as in the late 1970s.

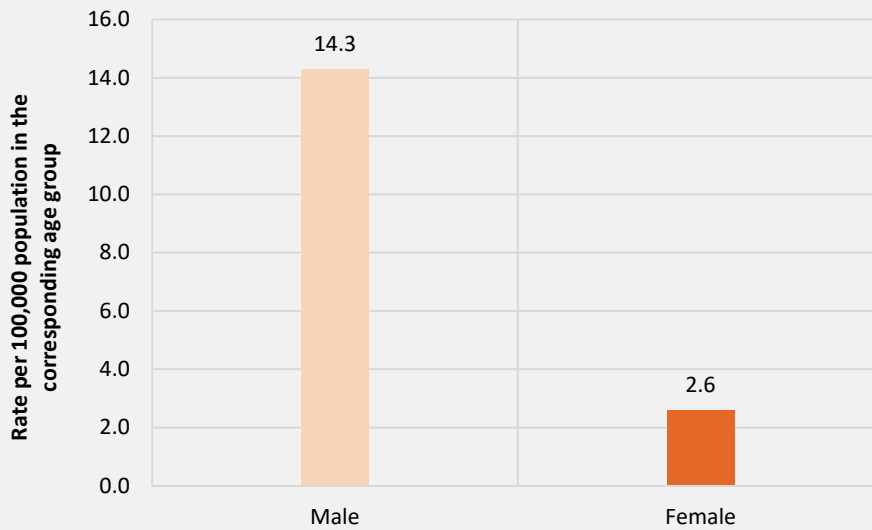
Homicide rate among young people aged 15–19, selected years, 1970–2016



Source: Data for 1970 and 1980: National Center for Health Statistics, Health United States (2002). Available at <http://www.census.gov/popest/data/national/asrh/pre-1980/PE-11.html>; Data for 1981-2016: Centers for Disease Control and Prevention.

Analysis of the data available for the year 2016 reveals that the homicide risk was far higher for young males aged 15–19 than for females in that age group (14.3 versus 2.6 per 100,000 population).

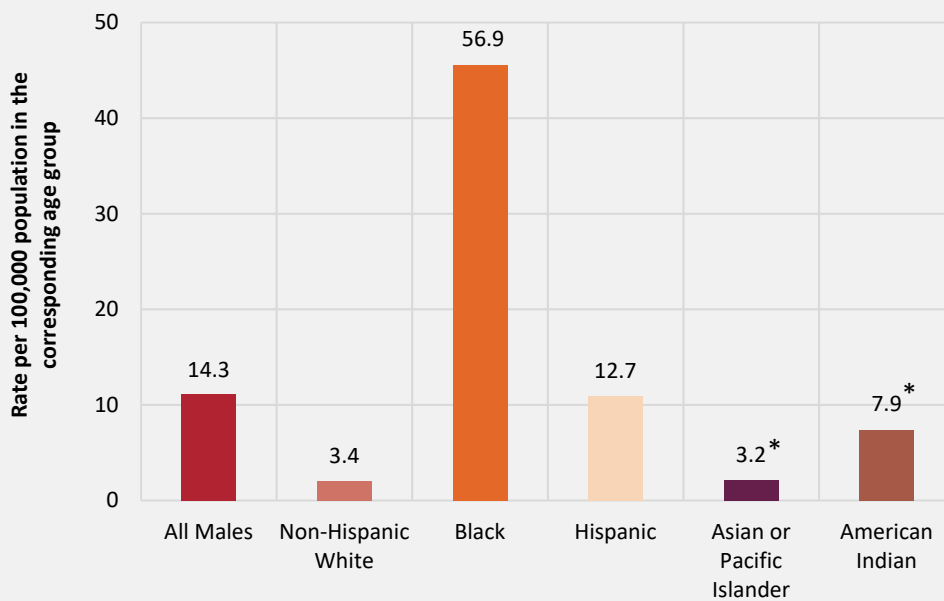
Sex-disaggregated homicide rates among young people aged 15–19, 2016



Source: Centers for Disease Control and Prevention, WISQARS database. Available at <http://www.cdc.gov/injury/wisqars/index.html>.

Male adolescents of African American descent run the highest risk of falling victim to homicide, with a victimization rate of 56.9 per 100,000 population in that group. The ethnic group of young males with the second highest risk of homicide victimization comprises those of Hispanic origin, with a rate of 12.7 per 100,000.

Homicide rates among males aged 15–19, by ethnicity, 2016



Source: Centers for Disease Control and Prevention, WISQARS database. Available at <https://www.cdc.gov/injury/wisqars/index.html>.
 Note. *Should be interpreted with caution because the rate presented is based on 20 or fewer deaths and may be unstable.

INTRAFAMILIAL CHILD HOMICIDE

Intrafamilial child homicide refers to the killing of a child by one or several family members. Most commonly perpetrated by one or both parents, this type of homicide can be explained by a number of factors: violent parental attitude; clear or borderline mental health issues of one or both parents; marginalization; and the prescription of certain stereotypes by traditional cultures, which may be challenged by children. To take into account the heterogeneity of this phenomenon, researchers have defined five major categories of intrafamilial child homicide:²⁹

- neonaticide;
- pathological filicide (including the subcategories altruistic filicide, child homicide-suicide and psychotic filicide);
- retaliating filicide;
- fatal abuse (including Munchausen syndrome by proxy); and
- “other types of filicide”, including “honour” killings and the killing of older children.³⁰

Data on intrafamilial child homicide are scarcely available, therefore it is not possible to provide an analysis from a gender perspective. Data on the number of child homicide victims provided to UNODC by Member States do not capture the intrafamilial dimension, as information about the relationship between victims and perpetrators are not available by age.

Neonaticide

Neonaticide refers to the killing of a newborn. It is difficult to determine the neonaticide rate precisely, because the death of a newborn often goes unreported and small corpses can be easily disposed of.³¹ Few cases ever reach the courts and it often proves impossible to locate the birth mother; thus, it is likely that any figures on the prevalence rate are an underestimate. This type of homicide is primarily perpetrated by women.³² Fathers, who tend to be older than the mothers concerned,³³ do not have the same access to the newborn and, moreover, the unique stressors associated with this crime do not necessarily apply to men.³⁴

The first comprehensive study of neonaticide was carried out a few decades ago and identified certain differences between mothers who commit neonaticide and those who commit filicide.³⁵ The former are usually younger than the latter, for example. Mothers who commit neonaticide are also more frequently unmarried; on the other hand, they are less frequently suffering from a mental health condition. Most neonaticides occur because the child is unwanted, the reasons for this being linked to gender and cultural stereotypes which stigmatize extramarital parenthood and rape victims. A child may also be seen as an

²⁹ By including “psychotic filicide” to refer to those parents who were driven mainly by a psychotic motive when killing their child, a further subcategory has been added to the original classification scheme proposed in 1990 by Bourget and Bradford, “Homicidal parents”.

³⁰ Liem and Koenraadt, *Domestic Homicide*.

³¹ Alder, C. and Polk, K., *Child Victims of Homicide* (Cambridge, Cambridge University Press, 2001).

³² Bourget and Bradford, “Homicidal parents”; Putkonen, H. et al., “Child murder and gender differences: a nationwide register-based study of filicide offenders in two European countries”, *The Journal of Forensic Psychiatry and Psychology*, vol. 21, No. 5 (2010), pp. 637–648.

³³ Kaye, N. S., Borenstein, N. M. and Donnelly, S. M., “Families, murder and insanity. a psychiatric review of paternal neonaticide”, *Journal of Forensic Sciences*, vol. 35, No. 1 (January 1990), pp. 133–139.

³⁴ Koenen, M. A. and Thompson Jr, J. W., “Filicide: historical review and prevention of child death by parent”, *Infant Mental Health Journal*, vol. 29, No. 1 (January–February 2008), pp. 61–75; Shelton, J. L., Muirhead, Y. and Canning, K. E., “Ambivalence toward mothers who kill: an examination of 45 U.S. cases of maternal neonaticide”, *Behavioral Sciences and the Law*, vol. 28, No. 6 (November–December 2010), pp. 812–831.

³⁵ Resnick, P. J., “Murder of the newborn: a psychiatric review of neonaticide”, *American Journal of Psychiatry*, vol. 126, No. 10 (April 1970), pp. 1414–1420.

obstacle to parental ambition. However, illegitimacy of the neonate, together with the social stigma attached to this, has been identified as the most common motive.

More recent research based on a sample of filicidal mothers in Italy shows that women who commit neonaticide are often young, unmarried, primiparous and poorly educated.³⁶ In the majority of cases, the relationship with the father of the newborn has ended or is dissolving; most neonaticidal women live with their parents or other relatives at the time of the birth,³⁷ tend to keep the pregnancy concealed³⁸ and neglect prenatal care.³⁹ They also typically deny that they are pregnant and fear discovery of their pregnancy;⁴⁰ this denial is rooted in an intense fear of rejection, abandonment or a reaction of anger by their parents or boyfriend.⁴¹ In some cases, deeply held religious beliefs about abortion, or taboos associated with premarital sex, may lead mothers to feel ashamed of the unwanted newborn.⁴²

Most neonaticides involve unattended births,⁴³ and it is not uncommon for the mother to assume that the child is stillborn.⁴⁴ The clandestine delivery is followed almost immediately by killing of the newborn.⁴⁵ Newborns are either killed actively or passively: active neonaticide refers to a suffocation, strangulation or drowning, while passive neonaticide is characterized by neglectful killing resulting from abandonment and the absence of medical care.⁴⁶ When the corpse is discovered, perpetrators often attempt to obscure their culpability by attributing the death of the child to miscarriage, an accident or natural causes.⁴⁷

Pathological filicide

Pathological filicide is characterized by the major role played by severe psychopathology, such as depressive and psychotic disorders, in the parent. This category is described as a severe psychopathology to emphasize the powerful impact of mental illness on the homicidal act. Mental illness may also play a part in other categories of filicide, but not as distinctively as in this particular category, in which filicide is mainly driven by the mental state of the perpetrator.

Relevant studies have found that the majority of pathological filicides are committed by biological mothers,⁴⁸ the most common psychiatric diagnoses of whom appear to be schizophrenia, major depressive

³⁶ Ciani, A. S. C. and Fontanesi, L., "Mothers who kill their offspring: testing evolutionary hypothesis in a 110-case Italian sample", *Child Abuse and Neglect*, vol. 36, No. 6 (June 2012), pp. 519–527; Mendlowicz, M. V. et al., "A case-control study on the socio-demographic characteristics of 53 neonaticidal mothers", *International Journal of Law and Psychiatry*, vol. 21, No. 2 (Spring 1998), pp. 209–219.

³⁷ Shelton, Muirhead and Canning, "Ambivalence toward mothers who kill".

³⁸ Tanaka, C. T. et al., "The worldwide incidence of neonaticide: a systematic review", *Archives of Women's Mental Health*, vol. 20, No. 2 (April 2017), pp. 249–256.

³⁹ Beyer, K., Mack, S. M. and Shelton, J. L., "Investigative analysis of neonaticide: an exploratory study", *Criminal Justice and Behavior*, vol. 35, No. 4 (April 2008), pp. 522–535.

⁴⁰ Haapasalo, J. and Petäjä, S., "Mothers who killed or attempted to kill their child: life circumstances, childhood abuse and types of killing", *Violence and Victims*, vol. 14, No. 3 (Fall 1999), pp. 219–239; Spinelli, M. G., "A systematic investigation of 16 cases of neonaticide", *American Journal of Psychiatry*, vol. 158, No. 5 (May 2001), pp. 811–813.

⁴¹ Putkonen, H. et al., "Legal outcomes of all suspected neonaticides in Finland 1980–2000", *International Journal of Law and Psychiatry*, vol. 30, No. 3 (May–June 2007), pp. 248–254.

⁴² Liem and Koenraadt, *Domestic Homicide*.

⁴³ Overpeck, M., "Epidemiology of infanticide", in *Infanticide: Psychosocial and Legal Perspectives on Mothers Who Kill* (Washington, D.C., American Psychiatric Publishing, 2003); Porter, T. and Gavin, H., "Infanticide and neonaticide: a review of 40 years of research literature on incidence and causes", *Trauma, Violence and Abuse*, vol. 11, No. 3 (July 2010), pp. 99–112.

⁴⁴ Putkonen et al., "Legal outcomes of all suspected neonaticides in Finland 1980–2000".

⁴⁵ Tanaka et al., "The worldwide incidence of neonaticide".

⁴⁶ Liem and Koenraadt, *Domestic Homicide*.

⁴⁷ Stanton, J. and Simpson, A., "Filicide: a review", *International Journal of Law and Psychiatry*, vol. 25, No. 1 (January–February 2002), pp. 1–14.

⁴⁸ Liem and Koenraadt, *Domestic Homicide*; Bourget, D. and Gagné, P., "Maternal filicide in Québec", *Journal of the American Academy of Psychiatry and the Law*, vol. 30, No. 3 (2002), pp. 345–351; Bourget, D. and Gagné, P., "Paternal filicide in Québec", *Journal of the American Academy of Psychiatry and the Law*, vol. 33, No. 3, pp. 354–360; Friedman, S. H., Horwitz, S. M. and Resnick, P. J., "Child murder by mothers: a critical analysis of the current state of knowledge and a research agenda", *American Journal of Psychiatry*, vol. 162, No. 9 (September 2005), pp. 1578–1587.

disorder and personality disorder.⁴⁹ For example, psychotic individuals may act on paranoid delusions that make them believe their children are possessed or dangerous.⁵⁰

The fact that mental illness plays a major role in both paternal and maternal filicide, predominantly in pathological filicide, does not necessarily imply that perpetrators were under the care of mental health services before the offence was committed. Research suggests that even though filicidal parents may have experienced serious mental health problems, few actually sought help.⁵¹

Altruistic filicide

In altruistic filicide, altruism refers to the motive of seeking to relieve the real or imagined suffering of the child. This raises the question whether children with developmental disabilities are at greater risk of this type of filicide. Despite the absence of data on this specific type of homicide, American research based on newspaper reports of filicide-suicide suggests that this may indeed be the case, particularly with regard to boys with autism.⁵²

Psychotic filicide

Psychotic filicide involves psychotic or irrational motivations, such as “inner sounds”, that “require” the perpetrator to kill his or her child. Such psychotic episodes may take place in the context of schizophrenia, drug-induced psychosis or, not infrequently, mood disorders that include psychotic features.⁵³

Child homicide-suicide

In child homicide-suicide, the child is considered an extended part of the self that is to be taken along in death. A suicide or suicide attempt follows the filicide.

This type of filicide includes a significant number of cases involving domestic and intimate partner violence against women and their children that are commonly known as “murder-suicides” or “familicide”; the killings here have nothing to do with altruistic motives. Research carried out in the United States shows that the perpetrators of child homicide-suicide are usually male, with a history of intimate partner violence; such crimes are often committed using firearms.⁵⁴

Scholars have pointed out that a child may be in danger of becoming part of a child homicide-suicide when the perpetrator’s primary aggression is directed towards his or her spouse: children are killed in a deliberate attempt to make the spouse suffer.⁵⁵

Retaliating filicide

Retaliating filicide is committed out of the desire to seek revenge against a partner. The perpetrators of this type of filicide are sometimes described as suffering from a “Medea complex”, in allusion to the ancient Greek myth in which the sorceress Medea wrought vengeance on her unfaithful husband Jason by killing their children. Research does, however, indicate that fathers kill their children in retaliation more often than mothers do.^{56, 57} In such cases, children are treated as an instrument of retaliation (typically when an

⁴⁹ Debowska, A., Boduszek, D. and Dhingra, K., “Victim, perpetrator, and offense characteristics in filicide and filicide-suicide”, *Aggression and Violent Behavior*, vol. 21 (March–April 2015), pp. 113–124.

⁵⁰ Lewis, C. F. and Bunce, S. C., “Filicidal mothers and the impact of psychosis on maternal filicide”, *Journal of the American Academy of Psychiatry and the Law*, vol. 31, No. 4 (2003), pp. 459–470.

⁵¹ Flynn, S. M., Shaw, J. J. and Abel, K. M., “Filicide: mental illness in those who kill their children”, *PLoS ONE*, vol. 8, No. 4 (April 2013), pp. 1–8.

⁵² Coorg, R. and Tournay, A., “Filicide-suicide involving children with disabilities”, *Journal of Child Neurology*, vol. 28, No. 6 (June 2013), pp. 745–751.

⁵³ Liem and Koenraad, *Domestic Homicide*.

⁵⁴ Aucter, B., “Men who murder their families: what the research tells us”, *NIJ Journal*, No. 266 (June 2010), pp. 10–12.

⁵⁵ Holden, C. E., Burland, A. S. and Lemmen, C. A., “Insanity and filicide: women who murder their children”, *New Directions for Mental Health Services*, vol. 69 (Spring 1996), pp. 25–34; Wilson, M, Daly, M. and Daniele, A., “Familicide: the killing of spouse and children”, *Aggressive Behavior*, vol. 21, No. 4 (1995), pp. 275–291.

⁵⁶ Bourget and Bradford, “Homicidal parents”; Lewis and Bunce, “Filicidal mothers and the impact of psychosis on maternal filicide”.

⁵⁷ Liem and Koenraad, *Domestic Homicide*.

abused mother leaves the father) and are killed in a deliberate attempt to cause the partner to suffer.⁵⁸ This is a type of gender-based violence and can occur after a series of acts of abuse committed by the perpetrator (see booklet 5).

Fatal abuse

Sometimes referred to as “accidental filicide”, this category of filicide includes child homicide resulting from abuse. Here, the death of the child is not the intention of the perpetrator but is, rather, an unintended consequence of excessive physical maltreatment or neglect. An example is the case of “battered children”, who die as a result of repeated and/or prolonged serious assaults. Studies have shown that fathers kill their children more often than mothers do in fatal abuse cases, such as violent outbursts and the overzealous application of discipline.⁵⁹ A study carried out in Australia on a sample of male perpetrators of accidental filicide shows that these tend to have low levels of education and a previous history of juvenile delinquency. Furthermore, many have themselves been exposed to severe and frequent violence by their parents, be it in the form of physical abuse or observing their fathers’ abusive behaviour towards their mothers.⁶⁰

A rare subset of filicide resulting from abuse is committed in the context of Munchausen syndrome by proxy. In such cases, the perpetrator – often the mother – makes up or deliberately causes an illness in her child, with the primary motive of gaining attention or sympathy from others. The characteristics of Munchausen syndrome by proxy include the child’s prolonged illness, which is often associated with confusing physical symptoms that require repeated hospitalization. In such cases, the parent persistently requests medical assessment and treatment for the child, whose condition normally improves upon separation from the former (e.g. during hospitalization).⁶¹ The perpetrator is often trained in the medical field⁶² and displays an unusual degree of attentiveness and a highly supportive attitude. Not infrequently, these cases are characterized by a symbiotic bond between mother and child, and child homicide occurring in the context of this syndrome is not normally the intended outcome: mothers seek to cause an illness, not to kill their child. When the child dies, so does the attention the mother obtained when the child was ill yet still alive.⁶³

Other types of filicide

Other types of filicide comprise homicides that result from a range of motives, dynamics and cultural practices, among them “honour” killing. In an honour-related killing, the victim is usually a daughter or sister who is perceived by the perpetrator to have behaved in a culturally unacceptable manner that risks damaging the family’s reputation. Sexual violence and rigid and harmful stereotypes related to gender, morality, virginity and marriage are often the drivers of honour killings. When other means of restoring the family honour, such as asking for forgiveness or finding a suitable partner, fail, teenage girls may be killed by their father or mother, or both, or by brothers or other family members, in order to achieve that purpose.⁶⁴

The 2006 report of the independent expert for the United Nations study on violence against children emphasized that, since girls in certain parts of the world are valued to a lesser degree than boys, they are likely to receive less food, schooling, medical care and attention from their parents than their male

⁵⁸ Holden, Burland and Lemmen, “Insanity and filicide”; Wilson, Daly and Daniele, “Familicide”.

⁵⁹ Bourget and Gagné, “Paternal filicide in Québec”; Lewis and Bunce, “Filicidal mothers and the impact of psychosis on maternal filicide”; Liem, M. and Koenraadt, F., “Filicide: a comparative study of maternal versus paternal child homicide”, *Criminal Behaviour and Mental Health*, vol. 18, No. 3 (2008), pp. 166–176.

⁶⁰ Eriksson, L. et al., “Maternal and paternal filicide: case studies from the Australian Homicide Project”, *Child Abuse Review*, vol. 25, No. 1 (January–February 2016), pp. 17–30.

⁶¹ Liem and Koenraadt, *Domestic Homicide*.

⁶² Burton, M. C. et al., “Munchausen syndrome by adult proxy: a review of the literature”, *Journal of Hospital Medicine*, vol. 10, No. 1 (January 2015), pp. 32–35.

⁶³ Liem and Koenraadt, *Domestic Homicide*.

⁶⁴ For further information on honour killings, see booklet 5 of this study.

siblings.⁶⁵ The imbalance in the sex ratio between girls and boys in some regions suggests, therefore, that girls are at particular risk of neglect and violence.⁶⁶ Furthermore, according to the World Health Organization (WHO), girls in most developing countries are at greater risk than boys of being affected by infanticide, sexual abuse, educational and nutritional neglect.⁶⁷

A study by the United Nations Population Fund (UNFPA) that looked at how devaluation of and discrimination against girls manifest themselves in India found that son preference continues to be deeply embedded in Indian society,⁶⁸ despite legislation adopted by the Government to end discrimination against daughters and punish those who inflict violence on them.⁶⁹ The expectation that sons should provide support for their parents in old age remains widespread in India, a country where the majority of old people live together with the families of their married sons, especially in the absence of social welfare benefits and security.⁷⁰ This expectation can make parents more likely to neglect their female infants and children, and even to commit infanticide when these are seen to be too much of a burden on the family.

Other types of filicide that do not fit into any of the above categories include the killing of older children, usually male, by stepfathers. Such homicides very much resemble non-familial killings, in that the relationship between parent and child is of minor importance, and are the result of types of conflict also observed between friends and acquaintances. Alcohol and drug use by the parent-perpetrator can be a risk factor.⁷¹

Other forms of intrafamilial homicide

Other, rarer forms of intrafamilial homicide include siblicide, the killing of a brother or sister, which is an under researched form of family homicide.⁷² A study carried out in the United States has shown that siblicides accounted for approximately 1 per cent of all homicide arrests between 1984 and 1995.⁷³

In the context of siblicide, very little is known about children who have committed such offences. A more recent study on child perpetrators of fratricide (killing of a brother) and sororicide (killing of a sister) analysed homicide arrests in the United States over a 32-year period (1976–2007) and found that child sororicide offenders were significantly more likely to kill younger victims than child fratricide offenders.⁷⁴ To be more precise, the percentage of victims under the age of 5 years killed by sororicide offenders was three times the percentage killed by fratricide offenders.⁷⁵

⁶⁵ A/61/299, para. 43.

⁶⁶ Ibid.

⁶⁷ WHO, "Child abuse and neglect by parents and other caregivers", in *World Report on Violence and Health* (Geneva, WHO, 2002), pp. 57–86 (see p. 66).

⁶⁸ UNFPA, *Laws and Son Preference in India: A Reality Check* (New Delhi, 2013).

⁶⁹ These legislative measures include the prohibition of sex selection, the Dowry Prohibition Act (1961) and the Hindu Succession Act (1956), which gives daughters equal rights in inherited property.

⁷⁰ UNFPA, *Laws and Son Preference in India*, p. 57.

⁷¹ Flynn, Shaw and Abel, "Filicide: mental illness in those who kill their children".

⁷² Diem, C. and Pizarro, J. M., "Social structure and family homicides", *Journal of Family Violence*, vol. 25, No. 5 (July 2010), pp. 521–532.

⁷³ Underwood R. C. and Patch, P. C., "Siblicide: a descriptive analysis of sibling homicide", *Homicide Studies*, vol. 3, No. 4, pp. 333–348.

⁷⁴ Peck, J. H. and Heide, K. M., "Juvenile involvement in fratricide and sororicide: an empirical analysis of 32 years of U.S. arrest data", *Journal of Family Violence*, vol. 27, No. 8 (November 2012), pp. 749–760.

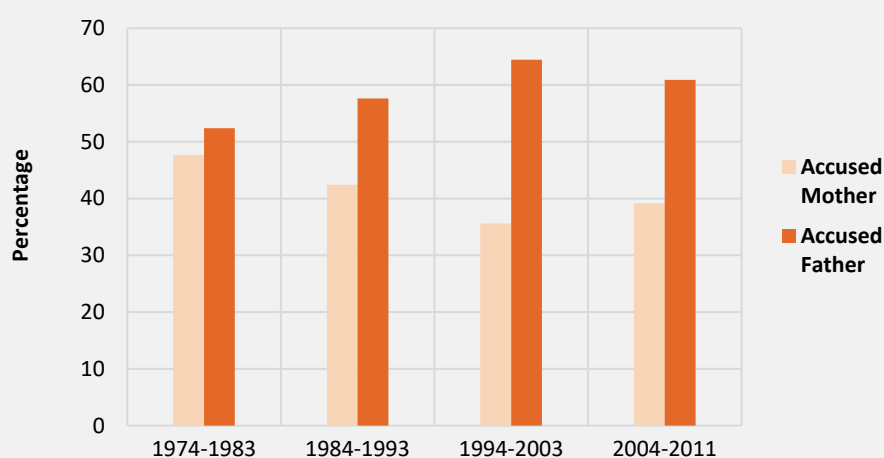
⁷⁵ Ibid.

BOX 2: Filicide trends in Canada, 1961–2011

National statistical systems rarely record sex-disaggregated data on the number of filicide victims. Canada is one of the few countries that collects more information on this specific type of homicide through its annual Homicide Survey. Studies of crime data in Canada have shown that although fathers commit filicide at a somewhat higher rate than mothers, this is one of the few crimes perpetrated at similar levels by women and men.⁷⁶ Although gender patterns may differ in other countries, the examination of such patterns over time in Canada can help to improve general understanding of the risk of maternal and paternal filicide.

A trend analysis of homicide data from the annual Homicide Survey conducted by Statistics Canada (total sample number: 1,612 cases) indicates that 57 per cent of those accused of filicide during the period 1961–2011 were males.⁷⁷ (Filicide was defined, for the purposes of the analysis, as the killing of a child under the age of 18 years by a biological parent or step-parent.)⁷⁸ Throughout the period analysed, paternal filicide consistently made up the greater proportion of such cases, but the gender gap increased with time.

Percentage of filicide victims, by gender of the accused, 1974–2011



Source: Statistics Canada, Canadian Centre for Justice Statistics, Homicide Survey.

In terms of victimization, slightly more males fell victim to filicide than females over the period 1974–2011; this small gender gap remained consistent over time. The most common filicidal events involved fathers killing sons (31 per cent), followed by fathers killing daughters (26 per cent). The difference between the proportions of cases involving mothers who killed sons (22 per cent) and those involving mothers who killed daughters (21 per cent) was smaller.

Children aged under 1 year were at greater risk from mothers than fathers (59 per cent versus 41 per cent), but fathers accounted for the largest share of those accused of filicide thereafter. The largest share of accused parents were those in the age group 25–34. Women were disproportionately represented among those under 18 years of age (92 per cent versus 8 per cent males), while men were more prevalent in the older age groups (35 years and above). These general patterns were consistent over time.

Relationship breakdown and filicide

Over the period of analysis there was an increase in the share of accused who were step-parents – one outcome of increasing marital breakdown – although the vast majority (92 per cent) were still biological parents.⁷⁹ The presence of stepchildren in the home and the separation or estrangement of parents are known to be risk factors

⁷⁶ Stöckl et al., “Child homicide perpetrators worldwide”.

⁷⁷ The period from 1961 to 1973 is considered separately from later years because data on manslaughter and infanticide were not yet being collected at the time.

⁷⁸ This is consistent with the approach taken in earlier studies, e.g. Dixon, S., Krienert, J. L. and Walsh, J., “Filicide: a gendered profile of offender, victim, and event characteristics in a national sample of reported incidents, 1995–2009”, *Journal of Crime and Justice*, vol. 37, No. 3 (2014); West, S. G., “An overview of filicide”, *Psychiatry*, vol. 4, No. 2 (2007).

⁷⁹ See also Daly, M. and Wilson, M., “Evolutionary social psychology and family homicide”, *Science*, vol. 242, No. 4878 (October 1988), pp. 519–524.

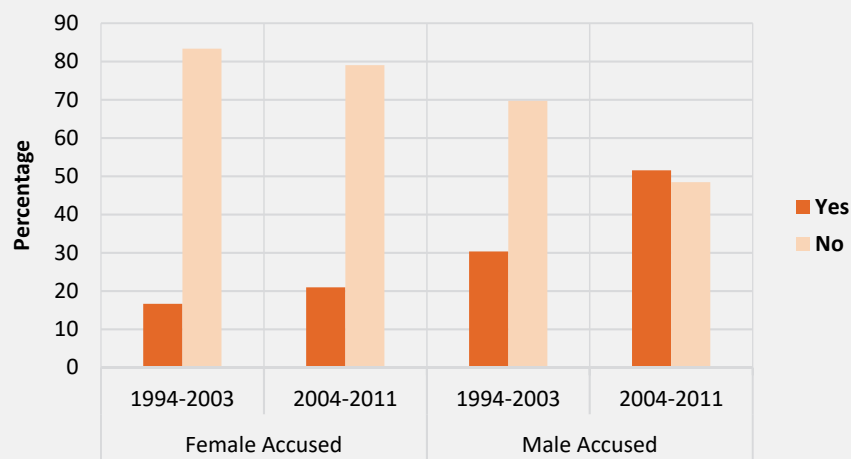
for family violence, particularly lethal violence. These factors appear to be playing a growing role in filicide, as discussed below.

Family violence and filicide

Focusing exclusively on the period 1994–2011, it can be seen that slightly more than one quarter of the total sample of cases involved a history of family violence (26 per cent). Fathers made up by far the largest share (79 per cent) of the accused, outnumbering mothers (21 per cent) by a ratio of almost 4:1 – a pattern that became more pronounced over the period in question. Revenge and/or jealousy rooted in a desire to exert power and control over women, which are also risk factors for family violence, were identified as motives for filicidal fathers more frequently than for filicidal mothers.

The criminal justice response to the filicides perpetrated in the period 1974–2011 resulted in the majority of cases being “cleared by charge”⁸⁰ (67 per cent), with almost equal proportions of male and female accused. Cases cleared by suicide (31 per cent) were significantly more likely to involve male accused (73 per cent) than female accused (27 per cent). However, the likelihood of suicide following a filicide has been decreasing in recent time periods for both male and female accused.

Percentage of filicide cases with a history of family violence, by gender of the accused, 1994–2011



Source: Statistics Canada, Canadian Centre for Justice Statistics, Homicide Survey.

This contribution was provided by Myrna Dawson, University of Guelph.

Perpetrators of child homicide within the family

In situations of intrafamilial child homicide, the perpetrators are overwhelmingly the parents. A study carried out in Sweden and covering the period 1971–1980 found that child homicide was the culmination of interpersonal conflicts, psychological stress or unhappiness, often in combination with an underlying mental health condition.⁸¹ Some perpetrators had consumed alcohol shortly before committing the crime, while nearly a quarter had a history of institutional psychiatric care.⁸² In cases of filicide-suicide, it was found that suicidal female perpetrators killed only their children, whereas male perpetrators sometimes

⁸⁰ In accordance with the definitions used by the Canadian Centre for Justice Statistics, filicide cases may be cleared by charge (i.e. when at least one accused has been identified and either a charge has been laid, or recommended to be laid, against that individual), cleared by suicide of the accused, or cleared otherwise. The category “cleared otherwise” refers to when a suspect has been identified, a record is created, and there is evidence to lay a charge, but the police proceed by other means. These include situations where police discretion, mental illness of the accused, or witness incapacity is invoked, where the accused dies before charges are laid or recommended, where the accused enjoys diplomatic immunity and/or cannot be extradited, and also situations where the accused is diverted to a community or alternative justice forum or process. Only a small proportion of the filicide cases in the sample (2 per cent, or 36 cases) were cleared otherwise, but these involved more female accused (61 per cent) than male accused (39 per cent).

⁸¹ Somander and Rammer, “Intra- and extrafamilial child homicide in Sweden 1971–1980”.

⁸² Ibid., p. 48.

also killed their wives. Male perpetrators of filicide-suicide may be driven by their incapacity to maintain a relationship with their partner, and the violent act often occurs after separation or accusations of infidelity.⁸³ Female perpetrators, by contrast, may commit such crimes after experiencing a sense of helplessness and feeling unable to endure further abuse and harassment from a partner.⁸⁴

Research conducted in France over the period 1991–2008 shows that mothers are frequently the perpetrators of neonaticide, but as children grow older fathers are more likely than mothers to commit child homicide.⁸⁵ In cases of neonaticide, an unwanted pregnancy was often found to be the motive for the crime. A positive correlation was identified between child homicide and fatal abuse, and killings in later childhood were correlated with multiple filicide, familicide and filicide-suicide.⁸⁶

Determinants of child homicide within the family

Very few studies have looked at the socioeconomic characteristics that may explain variations in child homicide rates across countries. A cross-national study on child homicide carried out three decades ago, which looked into societal characteristics linked to child abuse,⁸⁷ found that economic stress associated with the status of women in society could explain these variations.⁸⁸

Another study that looked at cross-national variations in child homicide over the period 1965–1980 came to the conclusion that lower welfare spending, a history of deadly wars, and the growing participation of women in the labour force were associated with higher infant and child homicide rates.⁸⁹ The variables that the study most consistently associated with child homicide rates were the percentage of births to teenage mothers, the prevalence of high-risk family structures, and the female labour force participation rate (especially in countries with comparatively limited expenditure on social welfare programmes).⁹⁰ In this context female labour force participation is an explanatory variable for higher infant victimization rates given the economic stress faced by mothers, and it is analysed in conjunction with the percentage of women in tertiary education.⁹¹ Infant victimization rates are thus influenced by the status of women in society and government spending on programmes that reduce economic stress faced by young mothers.

In terms of long-term trends in the child homicide rate, a study in Finland covering the years 1960 to 2009 found that a substantial decrease had taken place over that 50-year period. Thus, the infanticide rate decreased from 11.2 per 100,000 population in the corresponding age group in the 1960s to 1.4 per 100,000 population in the 2000s.⁹² Throughout the period surveyed, the typical perpetrator of an infanticide was a young mother whose main motive for committing the crime was an unwanted or unacknowledged pregnancy.⁹³ The decrease in the infanticide rate was attributed to a series of factors that have reduced the motivation and opportunities for committing child homicide in Finland. One of the most effective policies for reducing the rate of child homicide was found to be an increase in the medicalization of human reproduction, including birth – meaning that mothers were encouraged to give birth in hospital – and the establishment of a comprehensive child health-care system.⁹⁴

⁸³ Resnick, P. J., “Child murder by parents: a psychiatric review of filicide”, *American Journal of Psychiatry*, vol. 126, No. 3 (September 1969), pp. 325–334.

⁸⁴ Ibid.

⁸⁵ Makhlof and Rambaud, “Child homicide and neglect in France: 1991–2008”.

⁸⁶ Ibid., p. 40.

⁸⁷ Fiala, R. and LaFree, G., “Cross-national determinants of child homicide”, *American Sociological Review*, vol. 53, No. 3 (June 1988), pp. 432–445.

⁸⁸ Ibid., p. 432.

⁸⁹ Gartner, R., “Family structure, welfare spending, and child homicide in developed democracies”, *Journal of Marriage and Family*, vol. 53, No. 1 (February 1991), pp. 231–240.

⁹⁰ Ibid., p. 237.

⁹¹ Hunnicutt, G. and LaFree G., “Reassessing the structural covariates of cross-national infant homicide victimization”, *Homicide Studies*, vol. 12, No. 1 (February 2008), pp. 46–66.

⁹² Lehti, Kääriäinen and Kivivuori, “The declining number of child homicides in Finland, 1960–2009”.

⁹³ Ibid., p. 15.

⁹⁴ Ibid., p. 18.

Killing of children outside the family

Killing in the context of organized crime

In the context of organized crime, children face multiple forms of exploitation, abuse and violence that may result in death or inflict severe, chronic physical and psychological wounds. In many regions, children are subjected to serious forms of violence as a result of organized criminal activities. Children may be victimized in association with drug-use habits that lead them to be recruited by organized criminal groups and coerced into becoming involved in drug trafficking. In areas with a high presence of organized crime groups or gangs, children and young adults may easily become victims of their lethal violence. Specific vulnerabilities faced by children because of their socioeconomic background or level of education, or as a result of a disability, can make them more likely to become victims of homicide. In some instances, family members may be part of criminal networks subjecting children to exploitation and abuse that may ultimately lead to lethal victimization. For example, families in dire situations may coerce children into early and forced marriage, begging and child labour.⁹⁵

Gangs and the killing of young people

Gang violence is a specific type of violence which, though a global phenomenon, is particularly rife in the Americas.⁹⁶ According to data provided to UNODC by Member States, the homicide rate among adolescents and young adults aged 15 to 29 in 2016 was as high as 156 per 100,000 population in the corresponding age group in El Salvador, 93 per 100,000 in Honduras and 65 per 100,000 in Brazil.⁹⁷

In some countries, one of the leading causes of youth homicide is involvement in organized criminal groups and other criminal enterprises. Homicide in the context of gang violence is often perpetrated by young people. Countries in which organized criminal groups are known to be responsible for a large share of homicides, such as some Latin American countries, also report a large share of young men among the victims.

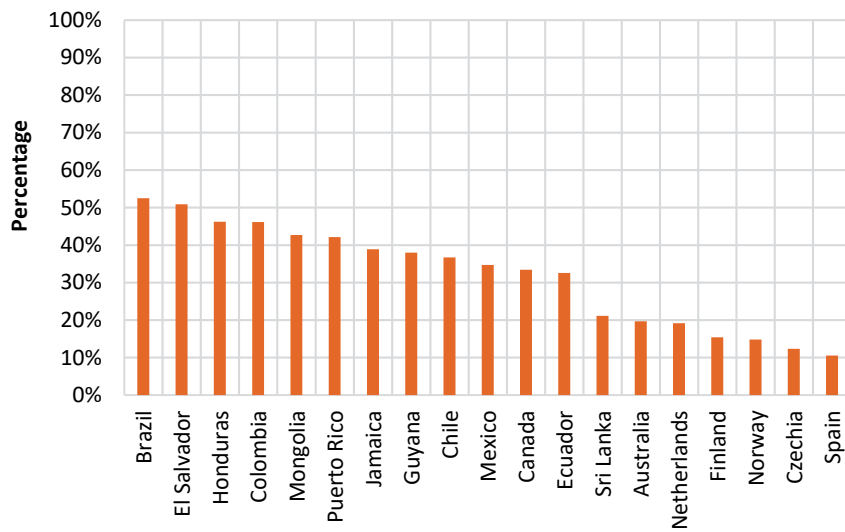
Analysis of the age- and sex-disaggregated data on homicide victims during the period 2010–2016 provided to UNODC by 98 Member States shows that the share of young male homicide victims (29 years and under) varied greatly across those countries. The 20 countries with the largest shares of young male homicide victims were all located in the western hemisphere. In countries with known youth gang or organized crime issues, almost half of the homicide victims were males under 30 years of age. The shares of young male homicide victims were much smaller in other parts of the world. Young men were also more likely to be arrested on suspicion of homicide in those 20 countries than in others.

⁹⁵ UNODC, *Countering Trafficking in Persons in Conflict Situations: Thematic Paper* (Vienna, 2018), p. 43

⁹⁶ WHO, *Preventing Youth Violence: An Overview of the Evidence* (Geneva, 2015).

⁹⁷ Further information about gang violence is available in booklet 3 of this study.

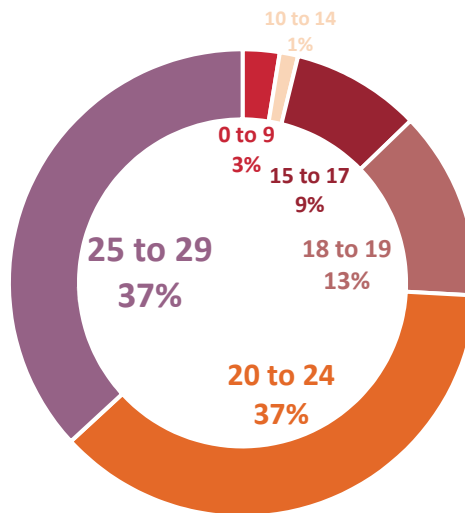
Figure 9: Share of homicide victims who were male and under 30 in 2016, selected countries



Source: UNODC homicide statistics.

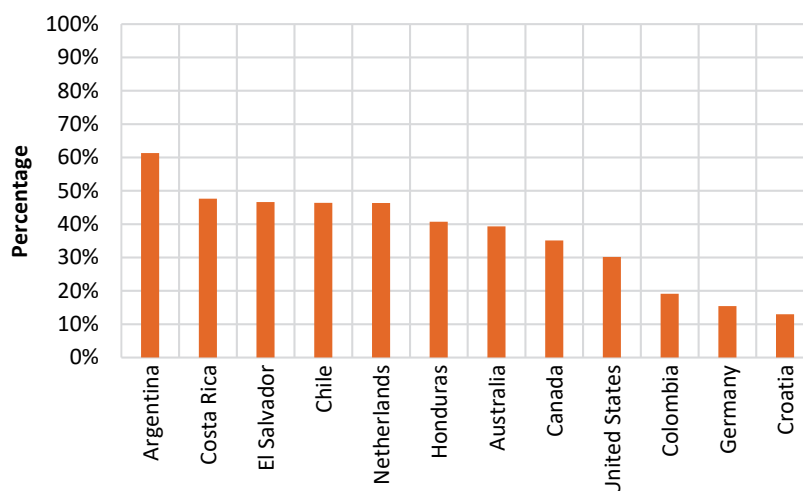
Among the 41 countries that submitted age- and sex-diaggregated data on male homicide victims in 2016, nearly three quarters of young victims were in their 20s, while only 4 per cent were under 15 years of age. The victimization rate increases dramatically after the age of 15, which is also the age when gang membership tends to begin.

Figure 10: Share of young male homicide victims by age group, 2016 or latest year with available data



Source: UNODC homicide statistics.

Figure 11: Share of individuals brought into formal contact with the law on charges of homicide who were male and under 30, selected countries, 2010–2016



Source: UNODC homicide statistics.

Drug trafficking

Young people may be victimized in the context of drug trafficking in various ways – for example, by being involved in the cultivation and production of drugs, or by being used as drug couriers. The extent to which young people are exposed to the risk of becoming entangled in the drug trafficking chain – in both local and international markets – depends on the area that they live in and their broader socioeconomic environment. Apart from being coerced and exploited, young people may participate in drug dealing and trafficking as an aspirational financial measure or as part of their family’s established economic activities.

In Estonia, evidence indicates that young people typically become involved in drug dealing as a result of peer pressure, a desire to get rich, the lack of an alternative source of income and the need to gain access to free drugs.⁹⁸

The number of children under the age of 16 years arrested in the United Kingdom on suspicion of supplying “crack” cocaine, heroin or cocaine has been on the rise in recent years.⁹⁹ The “county lines” offending model involving organized criminal groups and organized criminal networks that move drugs into one or several supply areas in the country has been identified as a form of organized criminal activity targeting vulnerable children in particular.¹⁰⁰ The exploitation of children in the context of the county lines model is treated as trafficking in persons by the British law enforcement authorities. Offenders use dedicated mobile phone lines (“deal lines”) to take orders and recruit vulnerable individuals such as children to carry out low-level criminal activities, which are essential to their drug dealing operations.¹⁰¹ The means they use to exploit children for the transport and storage of drugs and money include coercion, intimidation, violence (including sexual violence) and weapons.¹⁰²

Data collected by the National Crime Agency in the United Kingdom indicate that heroin and “crack” cocaine are the drugs most commonly supplied through county lines. Most of the children recruited for this type of criminal activity are aged 15–17 years.¹⁰³ They display a range of vulnerabilities, including

⁹⁸ Kalikova, N., Kurbatova, A. and Talu, A., *Estonian Children and Adolescents Involved in Drug Use and Trafficking: A Rapid Assessment* (International Labour Organization, Geneva, 2002).

⁹⁹ Lusher, A., “Gangs recruiting children as young as 12 as Class A drug dealers”, *The Independent*, 14 July 2017.

¹⁰⁰ United Kingdom, National Crime Agency, “County lines drug supply, vulnerability and harm 2018”, Intelligence Assessment (January 2019).

¹⁰¹ Ibid.

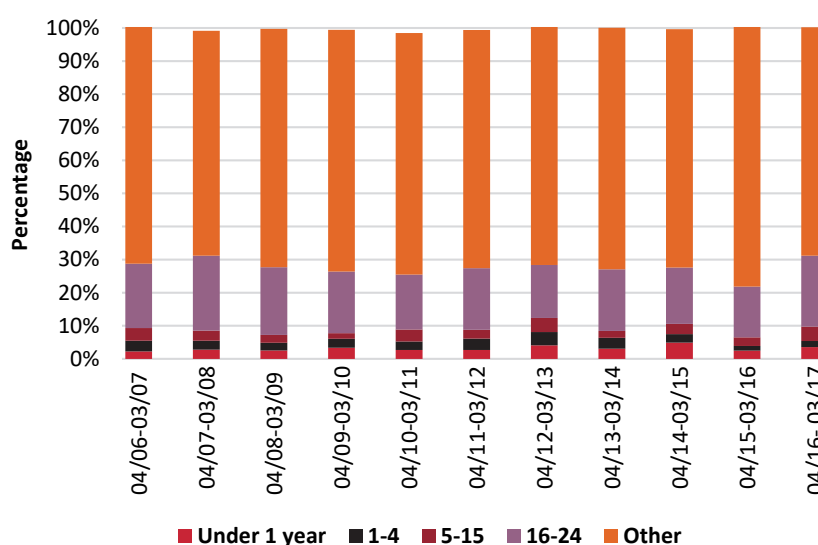
¹⁰² Ibid.

¹⁰³ Ibid.

poverty, family breakdown, intervention by social services, “looked-after” status,¹⁰⁴ frequent episodes of going missing from home or care, behavioural and developmental disorders, and exclusion from mainstream schooling.¹⁰⁵ Offenders also target children with no previous criminal footprint so as to avoid attracting the attention of law enforcement authorities. The recruitment is often done face-to-face and via social media.¹⁰⁶

There are no data on the number of homicides affecting children and young adults caused by county-lines criminal activities. Trend data from the United Kingdom show that, on average, a relatively small share of the homicides committed between 2006 and 2017 – ranging from 7 to 12 per cent in each distinct reporting period of one year – affected children under the age of 16. The share of young homicide victims aged 16 to 24 years was considerably larger, ranging from 15 to 22 per cent of all recorded homicides in any given one-year period. There was, however, a considerable increase in the share of homicides among the age group 16–24 in 2017.

Figure 12: Share of homicide victims by age group, England and Wales, 2006–2017



Source: Office for National Statistics, United Kingdom.

BOX 3: Scale of lethal victimization of children, adolescents and young people in Brazil

Homicidal violence in Brazil takes a disproportionate toll on young males. Data recorded over the 11-year period 2006–2016 reveal that males aged 15–29 years are the population group by far the most affected by homicidal violence, with a homicide rate almost double that of all male homicide victims during the period in question.

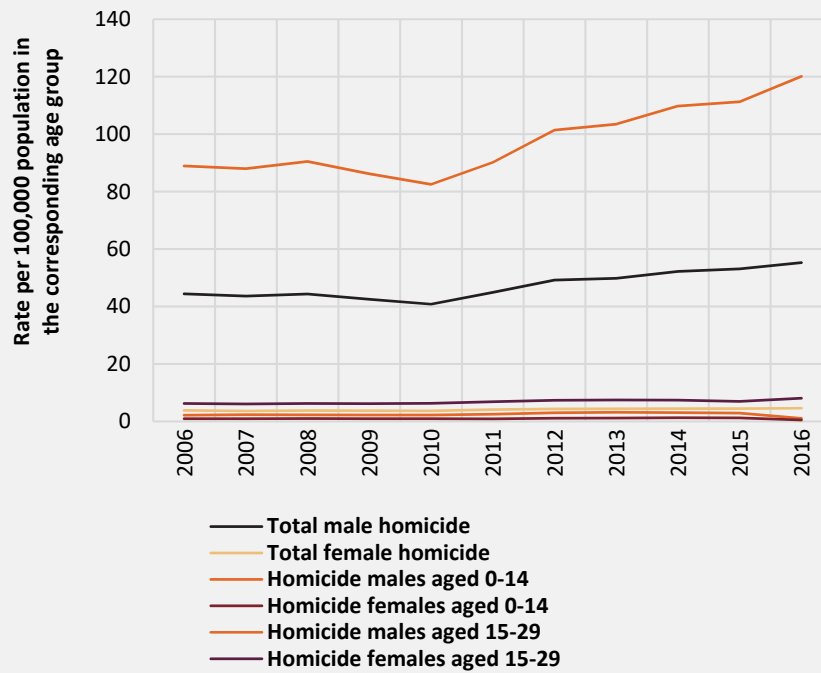
From 2006 to 2016, the share of male homicide victims out of the total number of homicide victims recorded in a given year was roughly 91–92 per cent, while the proportion of female homicide victims was around 8–9 per cent.

¹⁰⁴ A “looked-after” child is defined in the Children Act 1989 as a child looked after by a local authority if a court has granted a care order to place a child in care, or a council’s children’s service department has cared for the child for more than 24 hours.

¹⁰⁵ United Kingdom, National Crime Agency, “County lines drug supply, vulnerability and harm 2018”.

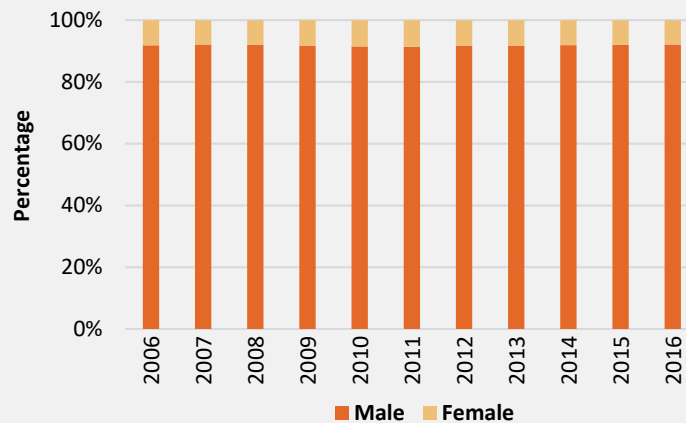
¹⁰⁶ Ibid.

Trends in homicide rates among children, adolescents and young people in Brazil, by age group and sex, 2006–2016



Source: UNODC homicide statistics.

Share of male and female victims out of total number of homicides in Brazil, 2006–2016



Source: UNODC homicide statistics.

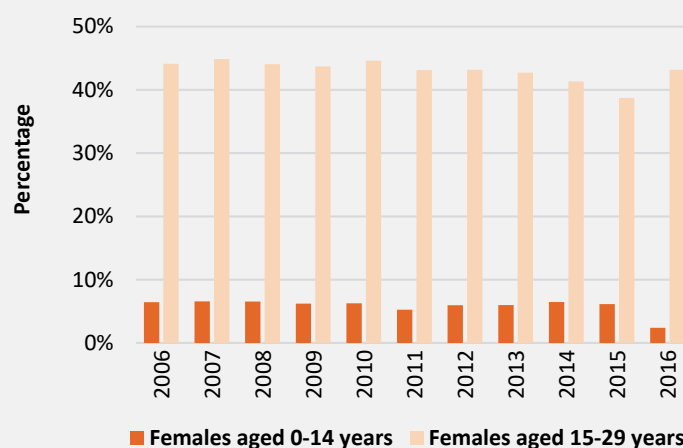
In terms of age groups, the main burden of lethal victimization was borne by males and females aged 15–29 years. The proportions of male and female homicide victims in that age group out of all recorded male and female homicides showed only very minor variations over the 11-year period of analysis.

Share of victims aged 0–14 and 15–29 years out of all male homicides in Brazil, 2006–2016



Source: UNODC homicide statistics.

Share of victims aged 0–14 and 15–29 years out of all female homicides in Brazil, 2006–2016



Source: UNODC homicide statistics.

BOX 4: Successful crime prevention interventions tackling gang-related violence among young people in Brazil: community policing under the “Fica Vivo!” programme

An example of an effective community-oriented policing initiative is the “Fica Vivo!” (“Stay Alive!”) programme, which was implemented in the early 2000s in the State of Minas Gerais, Brazil, with the aim of reducing the high rates of homicide there, particularly among gang-affiliated and at-risk young people. This homicide control programme was administered by the Social Defence Department of the State of Minas Gerais. The programme was first launched in 2002–2003 after a series of successful pilot projects and was scaled up in 2004 after receiving strong support from the State and metropolitan authorities. The programme involved setting up (a) a network of criminal justice institutions and other stakeholders, including the civil and military police forces, the Ministry of Justice and the judiciary, for the purpose of designing supplementary law enforcement actions; and (b) a social protection network comprising educational activities, professional training, campaigns in schools and support for local business ventures.¹⁰⁷ The intervention was based on a strategy developed in partnership with community members, and it combined community policing, community outreach and targeted social programmes for at-risk youth in order to reduce gang and criminal activity.

¹⁰⁷ Beato, C. and Silveira, A. M., “Effectiveness and evaluation of crime prevention programs in Minas Gerais”, *Stability: International Journal of Security and Development*, vol. 3, No. 1 (2014).

A key component of the programme was the establishment of targeted, community-oriented policing that also included the provision of social assistance to help reduce the dependence of young people on criminal groups. Central to the community consultation process in the “Fica Vivo!” programme was the presence of trained officers in the target community for eight hours a day in order to help establish ties within the community and develop in-depth local knowledge.

Various evaluations of the programme conducted in subsequent years have highlighted its positive achievements in preventing violence. For example, a quasi-experimental study from 2010 found a 69 per cent decrease in the homicide rate in the pilot area in the months following the programme’s implementation.¹⁰⁸ The “Fica Vivo!” programme is considered to be one of the most successful violence reduction efforts undertaken in Brazil. The success of the programme may be ascribed to its recognition of the pivotal importance of the local community in preventing crime through informal social control, social cohesion and trust among neighbours, and of the value of primary and secondary prevention activities targeting younger population groups.

Violence and the community

In terms of factors at the community level that contribute to child homicide, violence can occur in urban areas characterized by poverty, discrimination, overcrowding, lack of education and poor standards of housing.¹⁰⁹ Estimates indicate that approximately 300 million children under the age of 5 years have been exposed to societal or community violence.¹¹⁰ Such exposure often leaves children trapped in a cycle of violence and aggressiveness, which can lead to future violent behaviour, including delinquency, violent crime, urban crime and affiliation to youth gangs.¹¹¹ Research has shown that exposure to gun violence approximately doubles the probability of an adolescent perpetrating serious violence over the two subsequent years.¹¹² Studies in Brazil,¹¹³ Canada,¹¹⁴ South Africa,¹¹⁵ the United States¹¹⁶ and Europe¹¹⁷ demonstrate that youth violence often occurs in specific places (e.g. in certain streets, clubs and bars). Moreover, frequent use of alcohol and drugs by adolescents often leads them to become involved in violence.¹¹⁸

¹⁰⁸ Silveira, A. M. et al., “Impacto do Programa Fica Vivo na redução dos homicídios em comunidade de Belo Horizonte”, *Revista de Saúde Pública*, vol. 44, No. 3 (2010), pp. 496–502.

¹⁰⁹ *Protecting Children Affected by Armed Violence in the Community* (United Nations publication, Sales No. E.16.I.15).

¹¹⁰ Walker, S. P. et al. “Inequality in early childhood: risk and protective factors for early child development”, *The Lancet*, vol. 378, No. 9799 (October 2011), pp. 1325–1338.

¹¹¹ Maxfield, M. G and Widom, C. S., “The cycle of violence. Revisited 6 years later”, *Archives of Pediatrics and Adolescent Medicine*, vol. 150, No. 4 (April 1996) pp. 390–395.

¹¹² Bingenheimer, J. B., Brennan, R. T. and Earls, F. J., “Firearm exposure and serious violent behaviour”, *Science*, vol. 308, No. 5726, pp. 323–326. See also: Cunningham, R. M. et al., “Before and after the trauma bay: the prevention of violent injury among youth”, *Annals of Emergency Medicine*, vol. 53, No. 4 (April 2009), pp. 490–500; Goins, W. A., Thompson, J. and Simpkins, C., “Recurrent intentional injury”, *Journal of the National Medical Association*, vol. 84, No. 5 (May 1992), pp. 431–435.

¹¹³ Minamisava, R. et al., “Spatial clusters of violent deaths in a newly urbanized region of Brazil: highlighting the social disparities”, *International Journal of Health Geographics*, vol. 8, No. 66 (2009).

¹¹⁴ Bell, N., Schuurman, N. and Hameed, S. M., “A multilevel analysis of the socio-spatial pattern of assault injuries in Greater Vancouver, British Columbia”, *Canadian Journal of Public Health*, vol. 100, No. 1 (January–February 2009), pp. 73–77.

¹¹⁵ Nicol, A. et al., “Trauma surveillance in Cape Town, South Africa: an analysis of 9236 consecutive trauma center admissions”, *JAMA Surgery*, vol. 149, No. 6 (June 2014), pp. 549–556.

¹¹⁶ Wiebe, D. J. et al., “Mapping activity patterns to quantify risk of violent assault in urban environments”, *Epidemiology*, vol. 27, No. 1 (January 2016), pp. 32–41.

¹¹⁷ Smith, T. and Egan, D., *EU Gangs Programme: Summative Research Report of Transnational Partner Research Responses* (ABCD Community Services, 2014).

¹¹⁸ Resnick, M. D., Ireland, M. and Borowsky, I., “Youth violence perpetration: what protects? What predicts? Findings from the National Longitudinal Study of Adolescent Health”, *Journal of Adolescent Health*, vol. 35, No. 5 (November 2004), pp. 424.e1–424.e10.

Children recruited and exploited by armed groups, including terrorist and violent extremist groups

The recruitment of children by terrorist¹¹⁹ and violent extremist groups leads to their exploitation and victimization, irrespective of the conditions under which this takes place, and should be regarded as a serious form of violence.¹²⁰ The consequences of child recruitment and deployment during combat are numerous and tragic: children are brutalized and subjected to physical, psychological and sexual violence, they can be maimed and contract diseases such as HIV/AIDS, and they can ultimately be killed.

The recruitment of children and their participation in armed conflict takes place in many countries and does not represent a new phenomenon. The Secretary-General of the United Nations raised awareness of the harmful impact of armed conflict on children over twenty years ago;¹²¹ therefore, putting an end to this form of exploitation and victimization of children is not a new challenge for the international community. A recent report by the Secretary-General on children and armed conflict draws attention to the intensification of armed clashes directly affecting children; in some countries, it is possible to observe sustained reliance on children for combat and support duties.¹²² An increasing number of verified cases involving the recruitment and use of children in armed conflict were recorded in 2017 in countries such as the Democratic Republic of the Congo, Somalia, South Sudan and the Syrian Arab Republic. Thus, a total of 1,049 (Democratic Republic of the Congo), 2,127 (Somalia), 1,221 (South Sudan) and 961 (Syrian Arab Republic) children were recruited in that year – overwhelmingly boys.¹²³ During conflict and while under recruitment, boys and girls alike are at risk of being subjected to rape and other forms of sexual violence.

In the context of armed conflict, it is difficult to categorize killings according to homicide and conflict-related deaths (see booklet 3), but conflict-related violence can lead to child casualties in various ways, whether during ground engagements, incidents involving improvised explosive devices, aerial operations, cross-border shelling and suicide attacks. The United Nations reported 411 child casualties in Nigeria in 2017 resulting from suicide attacks perpetrated by Boko Haram; these attacks also included the use of children as carriers of person-borne improvised explosive devices.¹²⁴ The Convention on the Rights of the Child obliges States Parties to refrain from recruiting any person below the age of 15 into their armed forces and to ensure protection for children affected by armed conflict.¹²⁵

Newly emerging combat tactics and strategies adopted by terrorist and extremist groups, including recruitment methods involving propaganda disseminated via social media, pose additional challenges for the protection of children from abuse and killing. The recruitment of children occurs in different ways – mostly through coercion, kidnapping and occupation of territory – and children can never be considered to have joined such groups entirely of their own free will. In some instances, during conflict, children who are separated from their families and have no means of support may attach themselves to armed groups to improve their chances of survival.¹²⁶

¹¹⁹ There is currently no universally accepted definition of “terrorism” or “terrorist group”.

¹²⁰ UNODC, *Handbook on Children Recruited and Exploited by Terrorist and Violent Extremist Groups: The Role of the Justice System* (Vienna, 2017), p. 10.

¹²¹ A/51/306 and A/51/306/Add.1, Note by the Secretary-General transmitting the report on the impact of armed conflict on children (1996).

¹²² A/72/865-S/2018/465, Report of the Secretary-General on children and armed conflict (2018).

¹²³ Ibid. These figures include recruitment by terrorist and violent extremist groups and also by national security forces.

¹²⁴ A/72/865-S/2018/465, Report of the Secretary-General on children and armed conflict (2018), para. 225.

¹²⁵ Convention on the Rights of the Child, article 38.

¹²⁶ Bracken, P., Giller, J. E. and Ssekiwanuka, J. K., “The rehabilitation of child soldiers: defining needs and appropriate responses”, *Medicine, Conflict and Survival*, vol. 12, No. 2 (April–June 1996), pp. 114–125.

Sexual homicide of children

Sexual homicide largely refers to homicide that is committed as a result of an apparent or underlying sexual motive.¹²⁷ Commonly perceived to be one of the most extreme forms of violence, sexual homicide of children is often the subject of intense outrage and scrutiny by both the general public and the media.¹²⁸ Given the severity of the offence and the absence of a legal definition of sexual homicide in many jurisdictions,¹²⁹ law enforcement authorities devote considerable resources to cases of sexually-related child homicide. Furthermore, the investigation of such crimes is of the utmost importance for bereaved families and communities, which are left in shock after the sexual homicide of a child.¹³⁰ Although it is not possible to estimate the proportion of sexually related child homicides in the total number of child homicides worldwide, existing studies suggest that it is ultimately very small. The prevalence of sexual homicide of children is comparatively lower than that of other forms of homicide affecting children, such as infanticide and the victimization of children, particularly adolescents, in the context of gang-related violence.

The findings of a study carried out in Germany indicate that sexually motivated homicides of children decreased from 1970 to 2005, from roughly 10 per year in 1970 to an average of 3 per year from the 1990s to 2005.¹³¹ In the United States, sexual homicides are estimated to account for 1 per cent of all homicides.¹³² As documented in the literature, the perpetrators of child abuse have often been victims of sexual abuse themselves in childhood.¹³³

¹²⁷ Chan, H. C. and Heide, K. M., "Sexual homicide offenders distinguished from non-homicidal sexual offenders: a review of the literature", *Aggression and Violent Behaviour*, vol. 31 (2016), pp. 147–156.

¹²⁸ Spehr, A. et al., "Sexual murderers with adult or child victims: are they different?", *Sexual Abuse*, vol. 22, No. 3 (September 2010), pp. 290–314.

¹²⁹ Carter, A. J. et al., "The use of crime scene and demographic information in the identification of non-serial sexual homicide", *International Journal of Offender Therapy and Comparative Criminology*, vol. 61, No. 14 (October 2017), pp. 1554–1569.

¹³⁰ Spehr et al., "Sexual murderers with adult or child victims".

¹³¹ *Ibid.*, p. 291.

¹³² Meloy, J. R., "The nature and dynamics of sexual homicide: an integrative review", *Aggression and Violent Behaviour*, vol. 5, No. 1 (January–February 2000), pp. 1–22.

¹³³ Craissati, J. and Beech, A., "The characteristics of a geographical sample of convicted rapists: sexual victimization and compliance in comparison to child molesters", *Journal of Interpersonal Violence*, vol. 19, No. 4 (April 2004), pp. 371–388 (2004).

RISK FACTORS FOR CHILD HOMICIDE

The risk factors for child homicide vary depending on the context and on the age of the child. The risk of becoming a victim of filicide is high for children aged 1 to 5 years, but it decreases with age. Indeed, research has shown that the younger the child, the higher the risk of being lethally victimized by a parent. Moreover, the younger the child, the more likely it is to be killed by its mother, whereas fathers are more likely to kill older offspring.¹³⁴

In cases of neonatal homicide, where a mother suffering from a sense of isolation and emotional disturbance is often the perpetrator, a determining risk factor is unattended birth.¹³⁵ For this reason, the health-care system can play an important role in preventing such crimes by ensuring easy access to medical services that address the needs of both the mother and infant.

The fatal abuse of children mostly involves male perpetrators.¹³⁶ Risk factors for abuse by perpetrators, who in the majority of cases are the child's parent, include social isolation, economic stressors such as unemployment and low income, alcohol abuse, violence between intimate partners, and suffering from a mental health condition.¹³⁷ Having a functional disability was identified as a risk factor among child victims of abuse in a sample of schoolchildren in the United States; the study showed that children with disabilities were more than three times more likely to be abused than those without disabilities.¹³⁸

In countries where a large proportion of young victims are killed with firearms, the lack of or weak firearm control among young people is clearly a risk factor for homicide.¹³⁹ Research in the United States focusing on gun laws, for example, has found that gun-related violence and injuries pose a substantial threat to children and young people in the country.¹⁴⁰

Although research has also linked homicide to the availability of alcohol,¹⁴¹ only a limited number of studies have explored the relationship between alcohol and youth homicide. A study carried out in the United States, which drew on data collected over the period 1984–2006 in the country's 91 largest cities, found that the density of the distribution of alcohol outlets had a significant positive correlation with the youth homicide rate among those aged 13–17 and 18–24 years.¹⁴²

Participation in organized crime and gang activities, or involuntary exposure to the violence associated with these, are important drivers of homicide affecting young people in various countries in Central and Latin America. Gang violence is intensifying in some European cities (see booklet 3), and although the overall homicide rate in Europe remains much lower than that observed in the Americas, there are concentrated pockets of violence in urban areas in Europe that are significantly increasing the homicide risk among some groups of young people. Major risk factors associated with youth gang involvement include:¹⁴³

¹³⁴ Liem and Koenraadt, *Domestic Homicide*.

¹³⁵ Crittenden, P. M. and Craig, S. E., "Developmental trends in the nature of child homicide", *Journal of Interpersonal Violence*, vol. 5, No. 2 (1990), pp. 202–216.

¹³⁶ Wallace A., "Homicide: the social reality", Research Study, No. 5 (New South Wales Bureau of Crime Statistics and Research, Attorney General's Department, Sydney, 1986).

¹³⁷ Annerbäck E.-M., Svedin C.-G. and Gustaffson, P. A., "Characteristic features of severe child physical abuse: a multi-informant approach", *Journal of Family Violence*, vol. 25, No. 2 (February 2010), pp. 165–172.

¹³⁸ Sullivan, P. M. and Knutson, J. F., "Maltreatment and disabilities: a population-based epidemiological study", *Child Abuse and Neglect*, vol. 24, No. 10 (October 2000), pp. 1257–1273.

¹³⁹ For further information on homicide committed using firearms, see booklet 3 of this study.

¹⁴⁰ Xuan, Z. and Hemenway, D., "State gun law environment and youth gun carrying in the United States", *JAMA Pediatrics*, vol. 169, No. 11 (November 2015).

¹⁴¹ Parker, R.N. and Rebhun, L.-A., *Alcohol and Homicide: A Deadly Combination of Two American Traditions* (Albany, New York, State University of New York Press, 1995).

¹⁴² Parker, R. N. et al., "Alcohol availability and youth homicide in the 91 largest US cities, 1984–2006", *Drug and Alcohol Review*, vol. 30, No. 5 (September 2011), pp. 505–514.

¹⁴³ Adapted from Howell, J. C. and Egle Jr., A., "Moving risk factors into developmental theories of gang membership", *Youth Violence and Juvenile Justice*, vol. 3, No. 4 (October 2005), pp. 334–354.

Individual

- Prior delinquency
- Illegal gun ownership
- Drug trafficking
- Desire for group rewards such as status, identity, self-esteem, companionship and protection
- Antisocial attitudes
- Aggression
- Alcohol and drug use
- Early or precocious sexual activity
- Violent victimization

Peer group

- High commitment to delinquent peers
- Street socialization
- Gang members in class
- Friends who use drugs or who are gang members
- Interaction with delinquent peers
- Pre-teen exposure to stress

School

- Poor school performance
- Low educational aspirations, especially among young females
- Negative labelling by teachers
- High levels of antisocial behaviour
- Lack of teacher role models
- Educational frustration
- Low attachment to school
- Learning difficulties

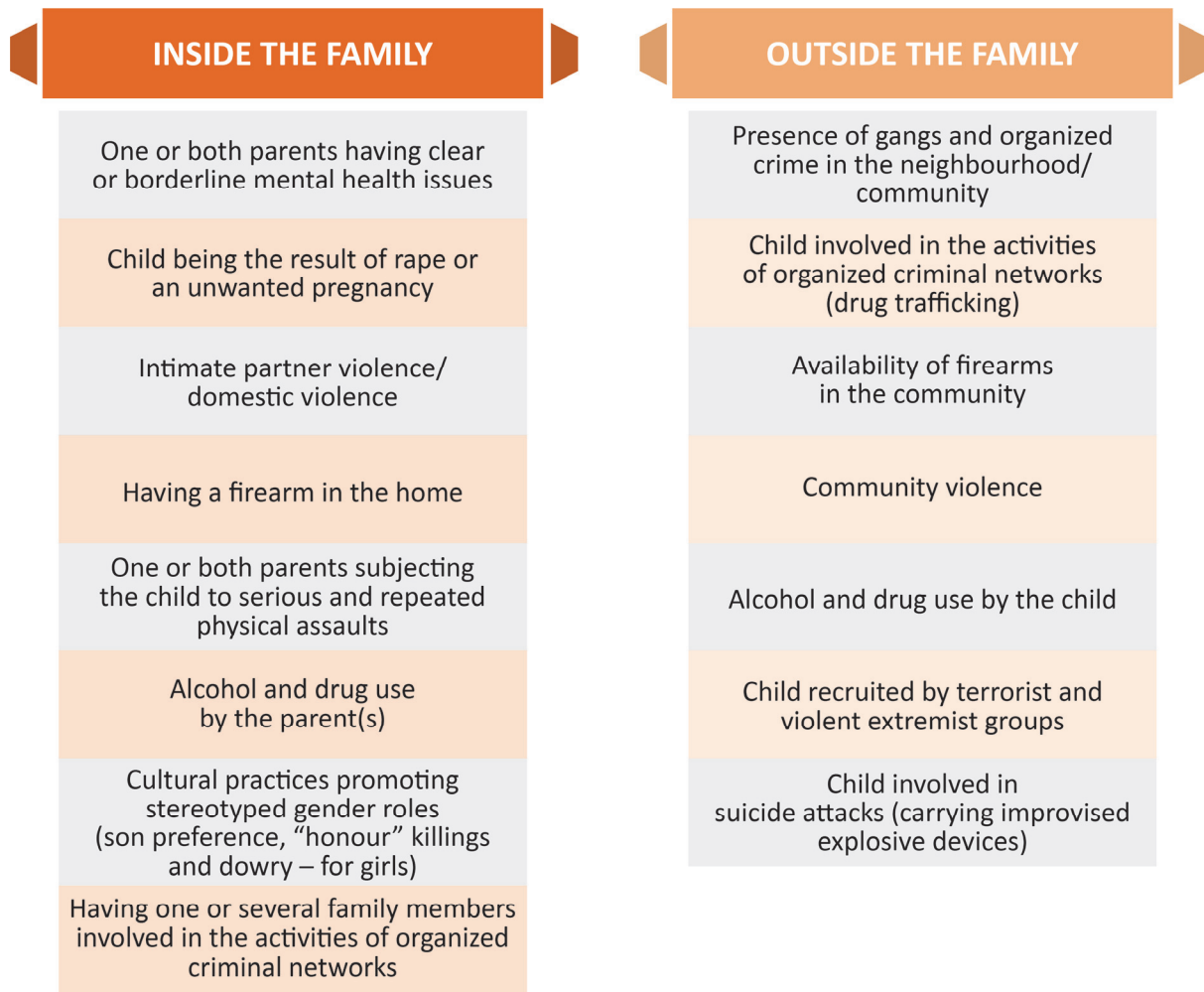
Family

- Family disorganization, including broken homes and parental drug and/or alcohol abuse
- Family violence, neglect and drug addiction
- Family members in a gang
- Lack of adult and parental role models, parental criminality, parents with violent attitudes, siblings with antisocial behaviour
- Extreme economic deprivation

Community

- Social disorganization, including high poverty and residential mobility
- High crime in the neighbourhood; neighbourhood youth in trouble
- Presence of gangs in the neighbourhood
- Availability of drugs in the neighbourhood
- Availability of firearms
- Cultural norms supporting gang behaviour
- Feeling unsafe in the neighbourhood

Risk Factors for child homicide



LINK BETWEEN LETHAL AND NON-LETHAL VIOLENCE AGAINST CHILDREN

Scale of non-lethal violence

Research in the United States has indicated that children who have been subjected to serious physical abuse (battered child syndrome) experience a greater risk of falling victim to homicide during childhood than those who have not. When parents resort to harsh methods of discipline and subject a child to repeated episodes of violent physical punishment, they are putting their child's life at risk.¹⁴⁴

The younger the child, the greater the risk of death occurring; children aged 3 years and under are more frequently affected by battered child syndrome than older children.¹⁴⁵ In many cases, the beaten infant is the product of an unwanted pregnancy; to a lesser extent, parents resorting to such harsh disciplinary measures have been subjected to similar abuse in childhood.¹⁴⁶

Child homicide can constitute the lethal end of a long continuum of violence against children. Globally, it is estimated that up to 1 billion children aged 2–17 years experienced physical, sexual or emotional violence or neglect in 2017.¹⁴⁷ Further estimates indicate that around 1.1 billion caregivers, or more than one in four, believe that physical punishment is a necessary form of discipline.¹⁴⁸ To date, only 54 countries have declared the use of corporal punishment in the home to be an offence.¹⁴⁹

Domestic violence is severely underreported, which makes data collection a challenge. Violence against children differs from other crimes because of the vulnerability of its victims. Children may not be able to fully comprehend the actions of adults and their consequences; they are prone to manipulation, and they may feel vulnerable owing to their personal circumstances.¹⁵⁰ Violence against children causes long-lasting physical, developmental, emotional, spiritual and mental harm that they can carry into adulthood. It occurs in every country, across different cultural, class, education, income and ethnic backgrounds, and also in different settings, including homes, schools, communities and work environments.¹⁵¹ Violence against children affects not only children but also families, communities and generations.¹⁵²

Data from household surveys across the world show that physical violence against children is extremely widespread; for example, half of the children in Cambodia,¹⁵³ Malawi¹⁵⁴ and Nigeria¹⁵⁵ have experienced physical violence before the age of 18. In Zimbabwe,¹⁵⁶ the prevalence is even higher, with almost two

¹⁴⁴ Kempe, C. H. et al., "The battered child syndrome", *Child Abuse and Neglect*, vol. 9, No. 2 (1985), pp. 143–154.

¹⁴⁵ Ibid.

¹⁴⁶ Ibid.

¹⁴⁷ WHO, "Violence against children", February 2018. Available at <https://www.who.int/news-room/fact-sheets/detail/violence-against-children>.

¹⁴⁸ United Nations Children's Fund (UNICEF), *A Familiar Face: Violence in the Lives of Children and Adolescents* (New York, 2017), pp. 7 and 19.

¹⁴⁹ Global Initiative to End All Corporal Punishment of Children, *Global Report 2018: Progress towards Ending Corporal Punishment of Children* (2019), p. 9.

¹⁵⁰ Child Rights International Network, "Children in vulnerable situations". Available at <https://archive.crin.org/en/home/rights/themes/children-vulnerable-situations.html>; Bright, C., "Defining child vulnerability: definitions, frameworks and groups", Technical Paper No. 2 in Children's Commissioner project on vulnerable children (Children's Commissioner's Office, July 2017).

¹⁵¹ SOS Children's Villages International, *The Right to Protection: Ending Violence against Children* (2017). See also Office of the Special Representative of the Secretary-General on Violence against Children, *Why Children's Protection from Violence Must Be at the Heart of the Post-2015 Development Agenda: A Review of Consultations with Children on the Post-2015 Development Agenda* (2014); Pinheiro, P. S., *World Report on Violence Against Children* (United Nations Secretary-General's Study on Violence against Children, 2006), p. 7.

¹⁵² A/61/299, Note by the Secretary-General on rights of the child (2006), para. 1.

¹⁵³ UNICEF, *Findings from Cambodia's Violence against Children Survey 2013* (Phnom Penh, UNICEF Cambodia, 2014).

¹⁵⁴ UNICEF, *Violence against Children and Young Women in Malawi* (2013).

¹⁵⁵ UNICEF, *Violence against Children in Nigeria: Findings from a National Survey 2014* (UNICEF Nigeria, 2015).

¹⁵⁶ Zimbabwe National Statistics Agency (ZIMSTAT), UNICEF and Collaborating Centre for Operational Research and Evaluation (CCORE), *National Baseline Survey on Life Experiences of Adolescents, 2011* (2013).

thirds of all girls and three quarters of all boys interviewed having experienced physical violence before reaching that age. Survey results¹⁵⁷ in Cambodia, Malawi, Nigeria and Zimbabwe indicated that parents were the relatives most likely to abuse children. Among figures of authority, teachers were reported to be the primary perpetrators of physical violence against children.

Household surveys have also shed light on the high prevalence of sexual violence, particularly against girls: ranging from 1 in 25 girls who reported having suffered sexual violence in Cambodia,¹⁵⁸ to 1 in 3 girls in Zimbabwe.¹⁵⁹ Survey results indicate that 1 in 20 boys in Cambodia and 1 in 7 boys in Malawi have experienced some form of sexual abuse before the age of 18.¹⁶⁰ Although sexual abuse often occurs in the home, a significant proportion of girls and boys report sexual abuse that took place in the street or at school; neighbours are often cited as perpetrators.¹⁶¹ In general, violence of this nature is rarely an isolated incident: the vast majority of children who experienced physical, sexual or emotional violence in childhood reported multiple incidents. Also, the perpetrators of violence are overwhelmingly people known to the victims, including parents, adult relatives and authority figures such as teachers.

A specific subset of violence against children involves domestic violence in which adolescent girls are victimized. There is a strong correlation between early marriage and domestic violence against adolescent girls.¹⁶² A recent report noted how the prevalence rate of intimate partner violence against ever-married adolescent girls ranged from 2 per cent in Ukraine to 73 per cent in Equatorial Guinea.¹⁶³ Rates of intimate partner violence are especially high in many parts of Africa, where more than one third of adolescent girls who have been married reported having suffered such violence.¹⁶⁴ A similar trend can be observed in South Asia, where at least one in five ever-married girls experienced partner violence, with particularly high rates in Bangladesh (47 per cent) and India (34 per cent).¹⁶⁵

¹⁵⁷ The results of the surveys carried out in Cambodia, Malawi, Nigeria and Zimbabwe are based on retrospective reports about childhood experiences of physical violence. The respondents from Cambodia were males and females aged between 13 and 24. The respondents from the other three countries were males and females aged between 18 and 24.

¹⁵⁸ UNICEF, *Findings from Cambodia's Violence against Children Survey 2013*.

¹⁵⁹ ZIMSTAT, UNICEF and CCORE, *National Baseline Survey on Life Experiences of Adolescents, 2011*.

¹⁶⁰ UNICEF, *Violence against Children and Young Women in Malawi*.

¹⁶¹ ZIMSTAT, UNICEF and CCORE, *National Baseline Survey on Life Experiences of Adolescents, 2011*; UNICEF, *Violence against Children and Young Women in Malawi*; UNICEF, *Violence against Children in Nigeria*.

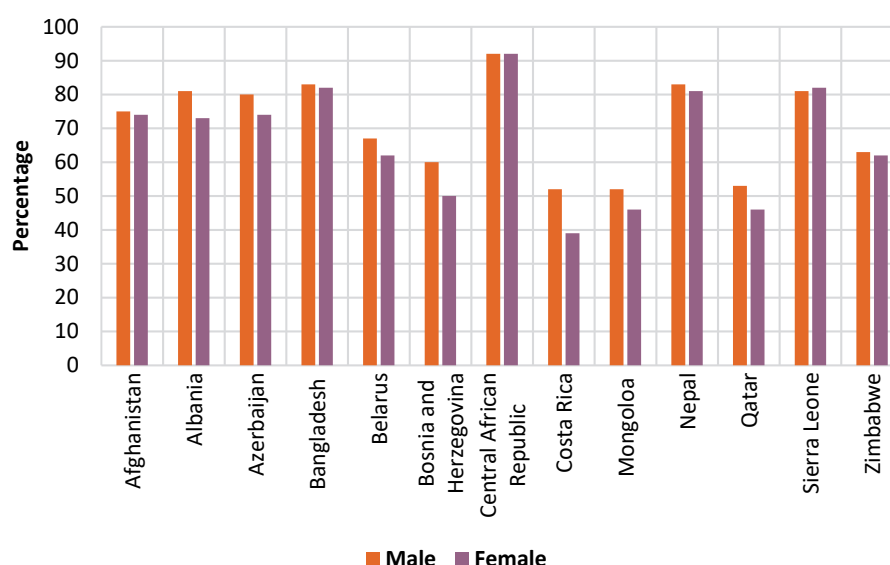
¹⁶² International Center for Research on Women, "Child marriage and domestic violence", 2006.

¹⁶³ UNICEF, *Hidden in Plain Sight: A Statistical Analysis of Violence against Children* (New York, 2014).

¹⁶⁴ *Ibid.* See also Stöckl et al., "Child homicide perpetrators worldwide" for Tanzania.

¹⁶⁵ Beckett, H. and Warrington, C., *Making Justice Work: Experiences of Criminal Justice for Children and Young People Affected by Sexual Exploitation as Victims and Witnesses* (University of Bedfordshire, 2015).

Figure 13: Percentage of children aged 1–14 years who experienced any violent discipline (psychological aggression and/or physical punishment), 2016 or latest year with available data (2010–2016).



Source: UNICEF database. Available at <https://data.unicef.org/resources/dataset/violence-data/>.

Consequences of non-lethal violence

In many societies, violence against children is tolerated and socially approved rather than criminalized. Children tend to lack the capacity to report violence owing to uncertainty about whom they should report it to, fear of reprisals by perpetrators, and sometimes also fear of involving the police, because they may feel ashamed and uncomfortable about disclosing their experiences.¹⁶⁶ Survey results indicate that the majority of children interviewed have never told anyone about incidents of sexual, physical or emotional abuse they may have suffered.¹⁶⁷ In general, children are inadequately aware of the people and services that can help them in such situations.

Physical, sexual or emotional violence is detrimental to children’s emotional, psychological, cognitive and social development.¹⁶⁸ Physical violence is associated with higher levels of mental distress, suicidal thoughts, self-harm, sexually transmitted infections and substance use.¹⁶⁹ Moreover, the effects of violent behaviour tend to stay with children and can lead to an increase in aggressive behaviour. In turn, its victims are more likely to become the perpetrators of violence against their siblings and peers or to perpetrate violence in adulthood.¹⁷⁰

Violence against children can also result in death, with homicide being one of the top three causes of death among adolescents globally.¹⁷¹ Homicide is often not only a consequence of pre-existing violence against children, but also shares a number of its characteristics, such as being widespread and underreported.¹⁷²

¹⁶⁶ Beckett and Warrington, *Making Justice Work*.

¹⁶⁷ ZIMSTAT, UNICEF and CCORE, *National Baseline Survey on Life Experiences of Adolescents*, 2011; UNICEF, *Violence against Children and Young Women in Malawi*; UNICEF, *Violence against Children in Nigeria*.

¹⁶⁸ UNICEF, *Hidden in Plain Sight*.

¹⁶⁹ UNICEF, *Violence against Children in Nigeria*; UNICEF, *Findings from Cambodia’s Violence against Children Survey 2013*.

¹⁷⁰ UNICEF, *Hidden in Plain Sight*.

¹⁷¹ WHO, “Violence against children”.

¹⁷² Devakumar, D. and Osrin, D., “Child homicide: a global public health concern”, *PLoS Medicine*, vol. 13, No. 4 (2016); Stöckl et al., “Child homicide perpetrators worldwide”.

CRIMINAL JUSTICE AND PUBLIC POLICY RESPONSES TO CHILD HOMICIDE

Criminal justice and public policy responses to violence against children can be divided into three (partly overlapping) broad categories: prevention of domestic violence (including violence against children); interventions in early and middle childhood that tackle violence against children; and interventions that prevent children and adolescents from becoming involved in crime. In countries or regions that have experienced or are experiencing armed conflict, programmes for the rehabilitation of children recruited by terrorist and violent extremist groups are also important.

BOX 5: Laws banning corporal punishment of children

One of the indicators of Sustainable Development Goal 16, which, under target 16.2, addresses violence against children, is the proportion of children aged 1–17 years who have experienced any physical punishment and/or psychological aggression by caregivers in the past month.¹⁷³ A study carried out in five European countries indicated that laws banning violent punishment of children could help reduce the use of violent disciplinary measures against children and raise awareness of the negative effects of corporal punishment.¹⁷⁴ A systematic assessment of laws banning corporal punishment implemented in 24 countries showed a decrease in public support for, and in the use of, corporal punishment as a method of disciplining children.¹⁷⁵ As of 2018, 54 States worldwide had prohibited all forms of corporal punishment against children and 131 States had prohibited corporal punishment in schools.¹⁷⁶ The first country to implement such a ban was Sweden in 1979, when the Swedish Parental Code was amended to prohibit all physical punishment of children.

BOX 6: INSPIRE: Seven strategies for ending violence against children

The INSPIRE package is a set of seven evidence-based strategies developed by 10 international agencies for ending violence against children. Each strategy is accompanied by a description of its key objective, the rationale for the strategy, the Sustainable Development Goal targets it contributes to, its potential impact on preventing violence against children, specific approaches that advance the strategy and evidence supporting these approaches. The seven INSPIRE strategies provide policymakers with the tools for tackling violence against children in a comprehensive manner.¹⁷⁷

- Implementation and enforcement of laws
- Norms and values
- Safe environments
- Parent and caregiver support
- Income and economic strengthening
- Response and support services
- Education and life skills

The INSPIRE strategies interact with and reinforce one another, and specific interventions can support more than one strategy. The implementation of the strategies requires that laws effectively protect all children and work in their best interest. Child-friendly justice is easily accessible and takes an approach that is sensitive to the age, gender and needs of the child, respecting the child's right to due process, privacy and confidentiality, integrity and dignity, and private and family life.

¹⁷³ A/RES/71/313.

¹⁷⁴ Bussmann, K. D., Erthal, C. and Schroth, A., "Effects of banning corporal punishment in Europe: a five-nation comparison", in *Global Pathways to Abolishing Physical Punishment: Realizing Children's Rights* (New York, Routledge, 2011), pp. 299–322.

¹⁷⁵ Zolotor, A. J. and Puzia, M. E., "Bans against corporal punishment: a systematic review of the laws, changes in attitudes and behaviours", *Child Abuse Review*, vol. 19, No. 4 (July–August 2010), pp. 229–247.

¹⁷⁶ Global Initiative to End All Corporal Punishment of Children, *Global Report 2018*.

¹⁷⁷ WHO, *INSPIRE: Seven Strategies for Ending Violence against Children* (2016). The ten international agencies that developed the INSPIRE package are: WHO, United States Centers for Disease Control and Prevention (CDC), End Violence Against Children: The Global Partnership, Pan American Health Organization (PAHO), President's Emergency Program for AIDS Relief (PEPFAR), Together for Girls, UNICEF, UNODC, United States Agency for International Development (USAID), and World Bank.

Helplines have played a key role in assisting victims of domestic violence by empowering them and making them aware of the options available to them. In Ireland, for example, the non-governmental organization Women's Aid has established a helpline for victims through which women and children can obtain legal protection. In 2016, Women's Aid reported 3,823 disclosures of child abuse in the context of domestic violence and assisted 263 women with children through its "One to One" support service.¹⁷⁸ Child Helpline International offers helplines in 27 European Union Member States; a report by the organization has highlighted the benefits of using several means of communication, of keeping the use of such helplines free of charge, and of integrating the helplines into national child protection systems.¹⁷⁹

Criminal justice responses

Criminal justice responses to violence against children, adolescents and young adults are effective when they take into consideration the specific needs of children and the fact that they tend to be susceptible to particular forms of violence.

Laws banning violent punishment help tackle not just violence perpetrated against children inside the home by parents or caregivers, but also violence in schools and in other institutions. In Albania, for example, Law No. 18/2017 on the Rights and Protection of the Child has established child protection units and children's rights units to provide case management services at the local level.¹⁸⁰ Similar legislation introduced in Brazil prohibiting the violent punishment of children has established mechanisms for referrals to family protection and guidance programmes. Laws prohibiting violent discipline can be more effective if complemented by interventions that build up parenting skills and promote non-violent discipline.

Laws that prohibit the possession, carrying and use of firearms and other weapons among young people can reduce firearm-related injuries and lethal victimization. A study from South Africa found that stricter licensing and reduced circulation of firearms brought down the homicide rate in five major cities between 2001 and 2005.¹⁸¹

There is a clearly established link between frequent alcohol consumption and violence against children (including child maltreatment by parents and caregivers), physical and sexual violence among male and female adolescents, and intimate partner violence.¹⁸² Laws preventing and reducing alcohol misuse can therefore help to reduce the victimization of children and adolescents in such contexts.¹⁸³

Countries that reported to UNODC on their initiatives to combat violence against children include the Russian Federation, which established a National Monitoring and Assistance Centre for Missing Children and Child Victims in order to increase the effectiveness of investigations of criminal offences against children. This initiative was part of the Russian National Children's Strategy for 2012–2017, which, inter alia, sought to establish a system for protecting and ensuring the rights and interests of children, and to promote child-friendly justice. A series of legal mechanisms were also created to prevent violence against minors.

Interventions in early and middle childhood to tackle violence against children

Early interventions to tackle violence against children include a range of targeted services provided by health-care professionals such as nurses in the first months and years of a child's life. In early childhood, child homicide is typically a consequence of abuse¹⁸⁴ that has occurred over a long period of time or in

¹⁷⁸ Women's Aid, *Impact Report 2016* (2016), p. 9.

¹⁷⁹ Child Helpline International, *The Importance of Child Helplines for Child Protection in Europe* (2017).

¹⁸⁰ WHO, *INSPIRE: Seven Strategies for Ending Violence against Children*.

¹⁸¹ Matzopoulos, R. G., Thompson, M. L. and Myers, J. E., "Firearm and nonfirearm homicide in five South African cities: a retrospective population-based study", *American Journal of Public Health*, vol. 104, No. 3 (March 2014), pp. 455–460.

¹⁸² WHO and International Society for Prevention of Child Abuse and Neglect, *Preventing Child Maltreatment: A Guide to Taking Action and Generating Evidence* (WHO, 2016).

¹⁸³ WHO, *INSPIRE: Seven Strategies for Ending Violence against Children*, p. 39.

¹⁸⁴ Crittenden and Craig, "Developmental trends in the nature of child homicide", p. 213.

several episodes. Interventions that mitigate harsh parenting practices and foster positive parent-child relationships help create safe environments for children at home. Promoting positive or nurturing parenting is a core element of providing support to parents and caregivers in managing children's behaviour.¹⁸⁵ The approach involves introducing non-violent responses to misbehaviour that are adapted to the child's cognitive and emotional development.

There are several approaches aimed at supporting parents and caregivers in improving parental health and parenting skills so as to reduce the incidence of child injuries. These include home visits, group-based training and support in community settings.¹⁸⁶

For example, home visiting programmes like the Nurse-Family Partnership, which was first launched in the United States in 1977,¹⁸⁷ have been shown to substantially reduce child maltreatment by helping parents to become competent caregivers and connecting them to health and social services. Central to such programmes are visits, during the first two years of a child's life, by registered nurses to the homes of young, first-time mothers with a low income. A 15-year follow-up study found a 48 per cent decrease in child abuse and neglect among families that received such home visits compared with those that did not.¹⁸⁸

The Philani Mentor Mother Programme implemented in South Africa and Ethiopia involves home visits during the first five years of an infant's life to promote family health and improve child nutrition.¹⁸⁹

Interventions aimed at fathers include the REAL (Responsible, Engaged and Loving) Fathers Initiative, a 12-session mentoring programme and community poster campaign that promotes good parenting practices among young fathers (aged 16 to 25). This initiative was launched in northern Uganda in 2013 in order to reduce the incidence of intimate partner violence and violent punishment of children by encouraging alternative conflict resolution strategies and self-reflection about gender roles.¹⁹⁰

Interventions that prevent children and adolescents from becoming involved in crime

Some early intervention programmes seek to equip children and their families with skills that can help them to develop resilience against crime.¹⁹¹ These programmes are part of what is often referred to as developmental crime prevention.

The Venezuelan National System of Youth and Children's Orchestras ("El Sistema") is an example of early intervention. It was first launched in 1975, with the aim of promoting children's development and social inclusion through music education. This comprehensive educational model subsequently achieved international recognition and was implemented in about 60 other countries, which have adapted it to their cultural and social realities.¹⁹² According to an evaluation report on "El Sistema", the programme established a "culture of peace" by instilling a sense of identity and belonging, and by promoting profound transformational change through inclusive and supportive human development.¹⁹³ The report found that participation in orchestras and choruses has cognitive, emotional and social benefits for children's development. In particular, it fosters self-control and reduces behaviour problems.

¹⁸⁵ WHO, *INSPIRE Handbook: Action for Implementing the Seven Strategies for Ending Violence against Children* (2018), p. 124.

¹⁸⁶ WHO, *INSPIRE: Seven Strategies for Ending Violence against Children*, p. 50.

¹⁸⁷ The programme was subsequently implemented in Australia, Canada, the Netherlands, the United Kingdom and South Africa.

¹⁸⁸ WHO, *INSPIRE: Seven Strategies for Ending Violence against Children*; O'Connor, R. M. and Waddell, S., *What Works to Prevent Gang Involvement, Youth Violence and Crime: A Rapid Review of Interventions Delivered in the UK and Abroad* (Early Intervention Foundation, 2015).

¹⁸⁹ WHO, *INSPIRE: Seven Strategies for Ending Violence against Children*, p. 144.

¹⁹⁰ *Ibid.*, p. 149.

¹⁹¹ UNODC, *Handbook on the Crime Prevention Guidelines: Making Them Work* (United Nations publication, Sales No. E.10.IV.9).

¹⁹² United Nations Development Programme (UNDP), *Prácticas ejemplares en inclusión social y cultura de paz: Sistema Nacional de Orquestas y Coros Juveniles e Infantiles de Venezuela* (Caracas, 2015).

¹⁹³ *Ibid.*, p. 22.

Stimulating a child's development through structured extracurricular activities is a protective factor against violence.¹⁹⁴ Such activities provide opportunities for children to interact with their peers and learn skills; they strengthen children's cognitive and behavioural capacities, increase their self-esteem and motivation, and decrease their likelihood of succumbing to drug use and delinquency.¹⁹⁵

The approach taken in Brazil by a non-governmental organization, Fight for Peace (Luta pela Paz), is a notable example of how to help children who have been or are in danger of being recruited by youth gangs. Founded in the favelas of Rio de Janeiro in 2000, Fight for Peace is based on five pillars: boxing and martial arts; education; employability; social support; and youth leadership. The organization, which has also opened centres in the United Kingdom, focuses on the personal development of young people to ensure that they build resilience and are able to create a positive future for themselves. Since 2012, 148 community-based organizations from 25 countries have taken part in Fight for Peace's Global Alumni Programme, which provides training on the development of community-based programmes to support children affected by crime and violence in their communities.¹⁹⁶ As a result, over 240,000 young people have benefited worldwide. Fight for Peace's approach has been recognized as a best practice "sport for development" model by the International Olympic Committee, by the organizations Beyond Sport and Laureus, and by the United Nations Office on Sport for Development and Peace.¹⁹⁷ A total of 2,041 young people took part in the programme in Rio de Janeiro in 2016: 92 per cent of those participants who provided feedback said that they had grown in self-confidence, and 78 per cent said that they felt more engaged in their studies.¹⁹⁸

In Peru, a campaign was launched in 2015 to raise awareness among children and adolescents, and also among their parents, of the risks and dangers associated with firearms. Seeking to promote the resolution of conflict in a non-violent manner, the campaign gave children the opportunity to hand in their toy guns in exchange for more appropriate toys.

In the Bahamas, primary and secondary school curricula include compulsory programmes that seek to enable children and adolescents to combat negative influences on their health and well-being. The themes addressed by these programmes include child abuse, sexuality, crime and violence, and gender equality. Students are taught various life skills, including skills for group facilitation, peer pressure management and effective communication.

The Citizen Security Programme in Trinidad and Tobago, a community-based crime and violence prevention initiative aimed at building social cohesion, is another successful example. In order to tackle social exclusion and alienation among young people, both of which were identified as root causes of violent youth crimes, police youth clubs and youth-friendly spaces were established. Community action officers cooperated directly with youth officers in the establishment of these spaces. The programme also provided incentives for the development of youth groups and youth focused projects.¹⁹⁹

Prevention and rehabilitation of children's recruitment by terrorist and violent extremist groups

The United Nations Model Strategies and Practical Measures on the Elimination of Violence against Children in the Field of Crime Prevention and Criminal Justice stress the need for targeted initiatives to reduce the risk of children being recruited and victimized by criminal groups, terrorist entities or violent extremist groups.²⁰⁰ Such initiatives are effective if adapted to national and local contexts, since a one-size-fits-all solution does not exist. The UNODC *Handbook on Children Recruited and Exploited by Terrorist and*

¹⁹⁴ WHO, *Preventing Youth Violence*.

¹⁹⁵ Charmaraman, L. and Hall, G., "School dropout prevention: what arts-based community and out-of-school-time programs can contribute", *New Directions for Youth Development*, vol. 2011, No. S1 (2011), pp. 9–27.

¹⁹⁶ Fight for Peace, *2016 Annual Report* (2016), p. 4.

¹⁹⁷ *Protecting Children Affected by Armed Violence in the Community*, p. 21.

¹⁹⁸ Fight for Peace, *2016 Annual Report* (2016), p. 2.

¹⁹⁹ UNDP, *Peer-Review of the Methodology of the Citizen Security Programme in Trinidad and Tobago* (2015).

²⁰⁰ UNODC, *Introducing the United Nations Model Strategies and Practical Measures on the Elimination of Violence against Children in the Field of Crime Prevention and Criminal Justice: A New Tool for Policymakers, Criminal Justice Officials and Practitioners* (2015), p. 8.

Violent Extremist Groups: The Role of the Justice System (2017) provides guidance on the international legal framework applicable to such children, and draws on international human rights law, humanitarian law and criminal law.

Adopted in February 2007, the Paris Principles²⁰¹ seek to protect children from recruitment by armed groups and armed forces,²⁰² and to provide assistance to children who are already involved in such groups. They complement political and legal mechanisms already established by the United Nations Security Council, the International Criminal Court and other entities to protect children from exploitation and violence, and call upon States to investigate and prosecute those who have unlawfully recruited or used children in armed conflict.

²⁰¹ Their full title is: Principles and Guidelines on Children Associated with Armed Forces or Armed Groups. Available at <https://www.unicef.org/emerg/files/ParisPrinciples310107English.pdf>.

²⁰² The definition of “armed forces” contained in Protocol I additional to the Geneva Conventions of 1949 does not distinguish between the regular armed forces and other armed groups or units; rather, all armed forces, groups and units which are under a command responsible to a party for the conduct of its subordinates are defined as armed forces of that party. The underlying idea is that all persons who fight in the name of a party to a conflict – who “belong to” a party in the words of article 4 of the Third Geneva Convention – are combatants.

CONCLUSIONS AND POLICY IMPLICATIONS

Ending violence against children is key to promoting just, peaceful and inclusive societies, and a prerequisite for the achievement of the Sustainable Development Goals. It is the responsibility of the global community as a whole to make this a reality.

This booklet has shown that children, adolescents and young people constitute a significant share of homicide victims. Child and youth homicide can take different forms and be driven by different contexts and risk factors, all of which require specific programmatic and policy responses. Combating violence against children calls for a comprehensive approach that covers such aspects as: the prohibition of all forms of violence, including corporal punishment; evidence-based prevention strategies and programmes that seek to change norms and values through awareness-raising and training; guaranteeing effective criminal justice responses; and ensuring the effective rehabilitation of child victims of violence.

Very young children are typically killed within the family: here the perpetrators are those who should be protecting them, i.e. their parents. The available data suggest that filicide (the killing of a child by a parent) represents a small share of total homicide, but in terms of causes of death in certain age groups it can be an important factor in developed countries. Risk factors for filicide include the mental health status of the parents (particularly in cases where very young children are killed); filicide may also be the result of long-term abuse and violent discipline. It is essential to recognize that intimate partner violence directed at women (mothers) and violence against children in the home are related phenomena. Both children and women who are victims of domestic violence are at high risk of homicide. Policy measures to prevent filicide should focus on the protection of children and on providing health and social support to parents. Thus, making medical assistance available to mothers throughout pregnancy, during childbirth and in the first months of an infant's life helps reduce the prevalence of infanticide and other forms of violence against children. Furthermore, policies that promote women's participation in tertiary education to enhance their employability and advance their societal status, on the one hand, and State welfare policies, on the other, can help relieve the economic stress faced by families and single mothers. Improvements to the health-care system in general also reduce the risk of child homicide.

As they grow up, the risk of children becoming victims of homicide outside the family increases; the increase is more rapid for boys than for girls. Participation in organized criminal groups and organized crime activities can in some countries lead to very high rates of homicide among youngsters. New ways of perpetrating violence against children are also emerging: these rely in particular on the Internet as a means of recruitment, organization and indoctrination, and take advantage of its anonymity. Tackling youth homicide related to organized criminal groups and organized crime calls for dedicated community-based programmes that seek not just to limit the availability of firearms, but also to promote child development, education and mental health support and to improve the educational, training and employment prospects of children. Professionals from different areas, including the judiciary, social services, and the health-care and education systems, should be involved in a comprehensive approach that takes into account the specific needs of children.

Policies addressing other risk factors for child homicide in the community also play an important part in preventing such killings. For example, setting a minimum age for alcohol purchase and restricting the number of shops that are licensed to sell alcohol near schools can help prevent violence against children and adolescents.

Initiatives to prevent the recruitment of children by terrorist and violent extremist groups, and also programmes for the reintegration of children who have already suffered such recruitment, are outlined in the UNODC *Handbook on Children Recruited and Exploited by Terrorist and Violent Extremist Groups: The Role of the Justice System* (2017) and in forthcoming UNODC training manuals. Children recruited and exploited by terrorist groups are at a high risk of being killed, especially when they are given active roles. It is essential that non-stigmatizing and protective programmes be implemented by countries facing this phenomenon in order to prevent such recruitment; at the same time, recruiters should be criminalized and prosecuted.

The ability of law enforcement personnel to treat child victims of violence in a sensitive manner is important in ensuring effective reporting. The criminal justice system and other support and response services must be able to follow up appropriately on any reports of such violence. The United Nations Guidelines on Justice in Matters involving Child Victims and Witnesses of Crime emphasize a rights-based approach to the treatment of child victims by the criminal justice system.²⁰³ A number of tools have been developed by UNODC to help Member States in this area, specifically with the application of the United Nations Model Strategies and Practical Measures on the Elimination of Violence against Children in the Field of Crime Prevention and Criminal Justice. The purpose of the Model Strategies and Practical Measures is to ensure that the criminal justice system respects, protects and fulfils the rights and needs of child victims, and to prevent secondary victimization.²⁰⁴

Relevant laws should be enacted and enforced to ensure that assistance is provided to child victims during judicial proceedings.²⁰⁵ The specific needs of child victims should be taken into account at the investigation stage and when they are called upon to testify in court. Thus, during the trial phase it is important that proper weight be given to the testimony of child victims²⁰⁶ and that they receive support.²⁰⁷ In order to protect children's identity, the right to privacy should always be respected.²⁰⁸ Above all, upholding the best interests of the child remains the surest guiding principle for the justice system.²⁰⁹ To that end, the appointment of a legal guardian²¹⁰ may be necessary, also for the provision of legal assistance. Appropriate procedures and training are also essential to ensure that child victims do not experience secondary victimization in their contact with the justice system.

It is difficult to assess the full scale of violence against children and its impact on homicide rates, partly because of the hidden nature of such violence. The regional and global estimates presented in this booklet are based on a limited number of countries – namely, those for which data disaggregated by age are available – and a certain degree of caution must be applied when interpreting these estimates. More contextual information that could help improve understanding of the nature of homicide affecting children is hard to come by. Efforts to improve national data on homicide in line with the *International Classification of Crime for Statistical Purposes* would help identify the groups of children and young people that are most exposed to homicidal violence and also the underlying factors. Additionally, conducting dedicated surveys would help in the design of national policies and strategies to prevent violence against children.

²⁰³ The Guidelines were adopted by the Economic and Social Council on 22 July 2005 (E/RES/2005/20).

²⁰⁴ The Model Strategies and Practical Measures were adopted by the General Assembly on 18 December 2014 (A/RES/69/194).

²⁰⁵ UNODC, *Justice in Matters Involving Child Victims and Witnesses of Crime: Model Law and Related Commentary* (2009).

²⁰⁶ *Ibid.*, article 20 of the model law.

²⁰⁷ *Ibid.*, article 23.

²⁰⁸ *Ibid.*, article 28 and commentary.

²⁰⁹ Article 3(1) of the Convention on the Rights of the Child.

²¹⁰ As mentioned in para. 25(c) of the Guidelines on Justice in Matters involving Child Victims and Witnesses of Crime.



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Since the publication of the previous edition in 2014, the *Global Study on Homicide* has been expanded into a special six-booklet format, five of which are dedicated to thematic areas relevant to the study of the ultimate crime.

Booklet 1 of the *Global Study on Homicide 2019* summarizes the content of the five subsequent substantive booklets by reviewing their key findings and highlighting a set of policy implications derived from the analyses presented in them. Booklet 2 provides an overview of international homicide counts, rates, trends and patterns, and of criminal justice responses to homicide. Booklet 3 examines drivers and mechanisms of, and contributors to, homicide, and looks at the different homicide typologies. The latter is done in an effort to improve understanding of the contexts in which homicide is perpetrated, as this can inform more effective policymaking. Booklet 4 analyses the relationship between homicide and development with reference to the Sustainable Development Goals by looking in detail at the main pillars of development and their reciprocal relationship with homicide and violence. Booklet 5 gives an overview of the scope of gender-related killings of women and girls. It contains an in-depth analysis of killings perpetrated within the family sphere and also examines forms of gender-related killings perpetrated outside the family sphere. Booklet 6 deals with the homicide of children, adolescents and young adults, and covers different types of child killings within and outside the family.

As in previous years, the *Global Study on Homicide 2019* is aimed at improving understanding of this complex phenomenon and at providing policymakers with an updated dataset of cross-national data that evaluates the scale of homicide globally.

The statistical annex is published on the UNODC website: <https://www.unodc.org/gsh/>

