ISSN E: 3006-1466
ISSN P: 3006-1458
CONTEMPORARY JOURNAL OF SOCIAL SCIENCE REVIEW
CJSSR
CONTEMPORARY JOURNAL OF SOCIAL SCIENCE REVIEW
Vol.04 No.01 (2026)

GENDER-BASED VIOLENCE AGAINST CHILDREN
A LITERATURE-BASED REVIEW OF PREVALENCE, CONSEQUENCES, AND PREVENTION

LABIQA KHALIL
Lecturer, Department of English, CIMS Nursing College (CNC), Multan, PAKISTAN. ***EMAIL:*** *misslabi296@gmail.com*
HAFSA SHAKOOR
BScN Student, Department of English, CIMS Nursing College CNC Multan, Pakistan. ***EMAIL:*** *hafsashakoor2003@gmail.com*
QANOOT ANWAR
BScN Student, Department of English, CIMS Nursing College CNC Multan, Pakistan. ***EMAIL:*** *qanootanwar564@gmail.com*
MAFAZIA HASSAN
BScN Student, Department of English, CIMS Nursing College CNC Multan, Pakistan. ***EMAIL:*** *mafaziahassan@gmail.com*

Abstract
Background. *Violence against children is a common, but frequently unacknowledged, issue and is gender-sensitive in its nature and impact. It is recognized as a public-health problem, not inevitable, and is understood as predictable and preventable.* ***Objective.*** *This article discusses gender-based violence against children as a public-health issue, its prevalence, particularly gendered forms, and its impact on health and development, as well as available evidence on prevention.* ***Methodology.*** *This study is a narrative review and a literature review. It brings together peer-reviewed research and reports and data from authoritative sources such as the World Health Organization (WHO) and UNICEF. No primary data were gathered, and the review remains clinical, without a focus on graphics, but on the evidence in the public health arena.* ***Major findings.*** *Hillis et al. (2016) reported that approximately one billion children between 2 and 17 years of age experience at least one form of violence annually. Gender is an important factor in exposure to violence, with girls experiencing a substantially higher risk of sexual abuse than boys (18 per cent versus 8 per cent in self-report data (Stoltenborgh et al., 2011)), and child marriage and other harmful practices are far more likely to impact them, whereas boys face significant levels of violence that is often overlooked (UNICEF, 2023). This violence is linked to long-term damage to physical, mental, and reproductive health throughout the lifespan (Felitti et al., 1998). It can be significantly reduced with evidence-based strategies (WHO, 2016).* ***Conclusion.*** *Violence against children that is associated with gender represents a significant public-health concern that can be prevented. It is possible to realise a realistic pathway to reduce it by coordinated action across the health, education, social and legal sectors, based on evidence-based frameworks.*
The words violence against children, gender based violence, child maltreatment, public health, prevention, and child protection are used interchangeably in this paper.

1. Introduction
1.1 What is GBViC?
Gender based violence is an act of violence against an individual, based on the person's sex or gender, or is linked to an imbalance in power relationships between the sexes. When directed toward children, such acts fall within the broader category of violence against children, encompassing physical, sexual, and emotional forms of abuse, neglect, and exploitation, but it has a specific focus on how gender norms and inequality contribute to the risk and type of violence.

ISSN E: 3006-1466
ISSN P: 3006-1458
CONTEMPORARY JOURNAL OF SOCIAL SCIENCE REVIEW
CJSSR
CONTEMPORARY JOURNAL OF SOCIAL SCIENCE REVIEW
Vol.04 No.01 (2026)

(WHO, 2024). This article refers to this type of violence, which involves children and where gender plays a prominent role, but it does not exclude the fact that all children, regardless of gender, have the right to protection.

1.2 A Public-Health Concern

An important shift involves framing violence against children as a public-health issue, as opposed to one that is in the realm of justice. By examining the distribution, cause, and consequences of violence at the population level, and working to prevent violence before it happens, the public-health approach is a distinctive way to look at the problem. This view has been firmly entrenched in international policy, and recent research indicates that both physical and sexual violence involving children can be systematically assessed and that effective measures can be taken to prevent such forms of harm (Hillis et al., 2016; WHO, 2016).

1.3 The Gender Dimension

Violence towards children is patterned by gender. Child marriage, as a well-recognized form of gender inequality, is disproportionately impacting girls, and sexual violence is also disproportionately affecting girls (UNICEF, 2023). On the other hand, boys may be more vulnerable to some types of physical abuse, and they may be less likely to be recognized as victims of physical abuse, leading to experiences being under-represented. Addressing the gender aspect helps to enhance understanding and response.

1.4 Research Gap

The literature on violence towards children and the literature on gender-based violence are quite large; however, they rarely intersect in a public health–focused, child-centered account. The findings of this gap mapping exercise can help shape more effective and equitable responses by synthesizing the evidence on the gender dimensions of child violence, its magnitude, its impact, and prevention. It is in this context that this article takes up the topic.

Objectives:

The article aims to achieve the following aims:

1. To establish a definition of gender-based violence against children and place it in the context of a public health issue;
2. To synthesize evidence for its magnitude and for the gendered expressions of this evidence;
3. To assess its potential effects on children's physical well-being, psychological health, and reproductive development;
4. To examine the factors that increase vulnerability as well as those that help protect children; and
5. To outline evidence-informed approaches for preventing violence and responding effectively when it occurs.

2. Literature Review

2.1 Human Rights and Social and Community Development

In the public-health literature, violence against children is understood as a continuum of interpersonal violence that can happen anywhere children live (at home, in school, and in the community). Gender exists on a continuum; social norms about masculinity and femininity influence who is at risk of experiencing which form of violence or how it is perceived, and whether it is reported (WHO, 2016). It is recognized that this violence is underreported, as a large amount of the incidents occur in private settings and are highly stigmatized (WHO, 2024).

ISSN E: 3006-1466
ISSN P: 3006-1458
CONTEMPORARY JOURNAL OF SOCIAL SCIENCE REVIEW
CJSSR
CONTEMPORARY JOURNAL OF SOCIAL SCIENCE REVIEW
Vol.04 No.01 (2026)

2.2 Prevalence and Scale

Violence towards children is a large problem. Evidence-based estimates suggest that approximately one billion children between 2 and 17 years of age were exposed to at least one form of violence over a one-year period (Hillis et al., 2016). In the case of sexual abuse, an overall prevalence of approximately 12.7 per cent was found in the global meta-analysis of self-report studies, with notable differences between genders, as approximately 18% of girls and 7.6% of boys were affected (Stoltenborgh et al., 2011). These are believed to be underreported because of disclosure problems.

2.3 Children's rights and sexual violence

In addition to variations in prevalence, certain types of violence are definitely gendered. Child and early marriage and forced marriage disproportionately impact girls – with approximately 640 million women and girls currently living worldwide having entered marriage at a young age – and are recognized as both a driver and a result of gender inequality (UNICEF, 2023). The same applies to female genital mutilation: It is a discriminatory practice, and it is a problem for girls. Violence and strict discipline have an impact on children of every gender, although the patterns of which may vary, and boys' victimization is frequently ignored (WHO, 2024).

2.4 Risk and Protective Factors

Violence towards children occurs due to interacting factors on several levels: individual, family, community, and society. The risk of violence against girls is higher in the context of poverty and social norms that allow or encourage violence, and is lower if the laws are weak and services are limited, or if the mother or family offers support, education, and a strong protective system for the girl. (WHO, 2016). Gender inequality is a cross-cutting driver that contributes to norms which can 'normalise' certain types of violence. These factors are a key element in prevention.

2.5 Children's Health and Developmental Consequences

Violence in childhood can have damaging and long-term repercussions. Such exposure may also adversely affect psychological well-being, contributing to conditions such as depression, anxiety, and post-traumatic stress, as well as negative sexual and reproductive-health consequences. This landmark Adverse Childhood Experiences (ACE) study has shown that the amount of childhood abuse and household adversity is clearly linked to the risk of many of the most common causes of poor health in adulthood (Felitti et al., 1998). Childhood violence is thus a factor in health in adulthood as well as in the present.

3. Methodology

The article is not a systematic review or a primary empirical study, but is a narrative literature-based review. No surveys, interviews, or first-hand data collection were done. It has two types of sources: The first is research that has been peer-reviewed that addresses the prevalence and impact of violence towards children. The second is the reports and data from official public-health and child-protection organisations such as the World Health Organization and UNICEF. Only those sources that have relevance, credibility of the publisher and—where applicable—relevancy and recency were chosen and preserved, while retaining basic studies that are still widely cited. The review consciously focuses on the clinical and not the graphic aspect, which is suitable for a public-health analysis. It is based on previously published information; thus it has limitations outlined in Section 8, and doesn't make causal claims.

ISSN E: 3006-1466
ISSN P: 3006-1458
CONTEMPORARY JOURNAL OF SOCIAL SCIENCE REVIEW
CJSSR
CONTEMPORARY JOURNAL OF SOCIAL SCIENCE REVIEW
Vol.04 No.01 (2026)

4. Existing Literature findings 2016-17

4.1 The Female and Male Paragraph Pattern

The data shows that not only was there violence on a large scale against children, but that it occurred in a gendered manner. One of the most obvious examples of the impact gender has on risk is in the differences in self-reported child sexual abuse between girls and boys as illustrated in Figure 1.

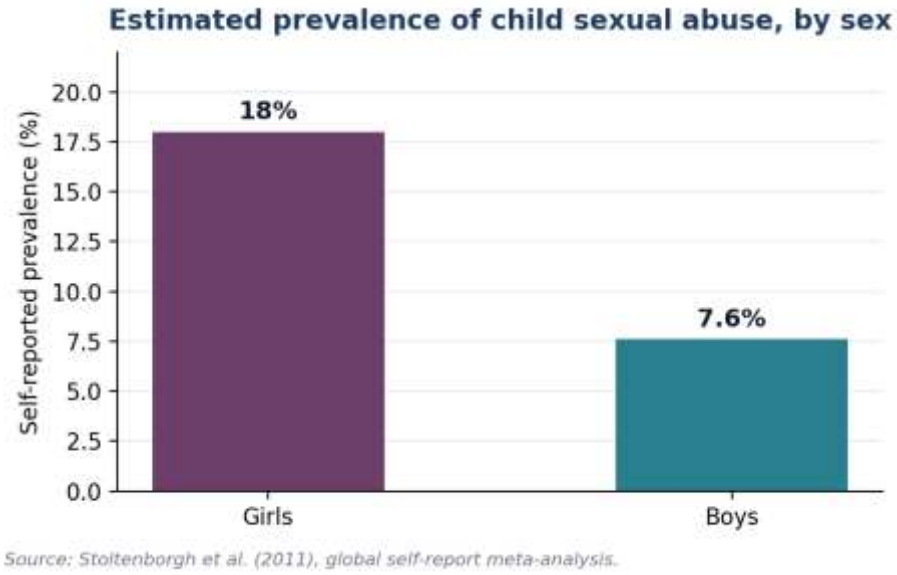


Figure 1. Estimated self-reported prevalence of CSA among boys and girls (based on Stoltenborgh et al., 2011).

4.2 Gendered Forms

The different types of gender-based violence that impact children are summarised in Table 1, with the gender dimension of each type of GBV indicated. Together, these illustrate how gender works, both in terms of different prevalence, and in terms of practices that specifically aim at girls.

Table 1. Child and Gender Based Violence (GBV)

Form of violence	Gender dimension	Source
Child sexual abuse (CSA)	More prevalent among girls; reported by more than 10% of children; girls are more likely to be involved.	Stoltenborgh et al. (2011)
Child, early & forced marriage	Almost exclusively girls.	UNICEF (2023)
Female genital mutilation (FGM)	Has a negative impact on girls; grounded in gender norms.	UNICEF (2023)
Physical violence & harsh discipline	Affects all children; boys are often under-recognized.	WHO (2024)
Emotional neglect & abuse	Affects all children; often hidden.	WHO (2024)

Note. Forms are often found in conjunction and are derived from the cited sources.

ISSN E: 3006-1466
ISSN P: 3006-1458
CONTEMPORARY JOURNAL OF SOCIAL SCIENCE REVIEW
CJSSR
CONTEMPORARY JOURNAL OF SOCIAL SCIENCE REVIEW
Vol.04 No.01 (2026)

The impact of the consequences on health and development is expressed in 4.3. The main consequences reported in the literature, ranging from physical, mental, reproductive, and long-term health, are summarized in Table 2. Evidence of the effects of childhood adversity on adult health outcomes is especially strong (Felitti et al., 1998).

Table 2. Recorded effects of violence towards children.

Domain	Documented outcomes	Key sources
Physical	Physical injury and (in extreme cases) death.	Hillis et al. (2016)
Mental health	Depressive and anxiety symptoms and PTSD.	Felitti et al. (1998)
Sexual & reproductive	Early pregnancy and associated risks.	UNICEF (2023)
Long-term health	Increased risk for many chronic health conditions later in life.	Felitti et al. (1998)
Social & educational	School closure or interruption and social isolation.	UNICEF (2023)

Note. Observational studies cannot make causal claims; many studies report associations.

4.3 Prevention

The INSPIRE Framework: One of the key messages from the recent research is that violence towards children can be avoided. The WHO-led INSPIRE package outlines seven evidence-based strategies (see Figure 2) and programmes that are well-designed have been known to reduce levels of violence by 20–50 per cent (WHO, 2016; WHO, 2020).



Figure 2. The seven WHO (2016) steps to stop violence against children

ISSN E: 3006-1466
ISSN P: 3006-1458
CONTEMPORARY JOURNAL OF SOCIAL SCIENCE REVIEW
CJSSR
CONTEMPORARY JOURNAL OF SOCIAL SCIENCE REVIEW
Vol.04 No.01 (2026)

4.4 Synthesis

Combined, the results highlight a problem on a large scale, with a gendered dimension, that impacts across the lifespan and yet is preventable. This combination is what makes it a central public-health concern, instead of simply one for individual families and/or the justice system.

5. Discussion

The evidence shows that gender-based violence against children is not isolated acts, but a public health issue, which can be understood as a problem affecting the population and has discernible patterns and causes. These patterns are gendered: They affect children's vulnerability to different types of harm, the nature of the harm itself, and its disclosure. Acknowledging this enhances measurement and response, and prevents people from missing out on groups of people, including boy victims of sexual violence, that may have their experience overlooked. (WHO, 2024).

Clearly differentiate between known facts and uncertainties. The prevalence and adverse effects of violence on children and the associations of childhood adversity with poor adult health outcomes are well established (Hillis et al., 2016; Felitti et al., 1998). However, prevalence figures are considered underestimates due to under-reporting, and many of the pieces of evidence are observational; that is, associations are reported but not causes. (Stoltenborgh et al., 2011) These restrictions do not imply complacency, but caution in interpretation: directionality of evidence is consistent – there is potential for prevention.

6. Prevention and Response

The public-health approach is based on prevention as well as response, and the INSPIRE framework brings together the evidence on what can be done in practice (WHO, 2016). Implementing protective laws and ending harmful practices like child marriage tackle a structural and legal aspect of the violence; changing social norms challenge the gender inequalities which contribute to such violence; and providing safe spaces in the home, school, and community lessen opportunities for harm. Assisting parents and caregivers and supporting their household's economic security, developing children's education and life skills, and providing responsive health, social and protective services to children that have been impacted by violence reduces risk.

7. Recommendations

Based on the reviewed evidence, the following directions are suggested:

1. Improve legal protection and enforcement, such as the elimination of child marriage and other harmful practices (UNICEF, 2023).
2. Challenge gender norms that are conducive to violence and devalue girls, in community and school-based programmes (WHO, 2016).
3. Establish environments that are safe in home, school, and community, especially where there is the greatest risk.
4. Provide parents/caregivers with evidence-based positive parenting programmes (WHO, 2020).
5. Increase response and support services, including health, mental health and protective care, for survivors, both men and women (WHO, 2024).
6. Enhance data and monitoring to improve detection of hidden violence (including violence against boys).
7. Coordinate across sectors – health, education, social services and justice – as no one sector can stop violence on its own (WHO, 2016).

ISSN E: 3006-1466
ISSN P: 3006-1458
CONTEMPORARY JOURNAL OF SOCIAL SCIENCE REVIEW
CJSSR
CONTEMPORARY JOURNAL OF SOCIAL SCIENCE REVIEW
Vol.04 No.01 (2026)

8. Limitations

There are several caveats to be mentioned. The analysis is literature-based, relying on previous publication of research coverage and quality. Differences in definitions and methods, and widespread underreporting, will lead to underestimation of the prevalence estimates. The data are largely observational and thus only reveal associations and not necessarily causes. Lastly, there are differences in patterns of violence and norms across the different cultural and economic contexts, thus restricting the generalizability of findings to other contexts.

9. Conclusion

GBV against children is a serious, widespread, and largely preventable issue of public health. The evidence reveals that approximately one billion children are affected by violence in their lives every year, that the nature of violence is gendered with different forms and different distribution by gender, and that the impacts of violence may extend across the life course. But there is reason for hope, too, from the same body of evidence: coordinated, well-designed interventions can significantly decrease violence against children. A public health approach with measurable, understandable, and preventable goals is the most effective way to keep children safe and protect their long-term health and wellbeing by addressing the problem through health, education, social, and legal sectors.

10. References

1. Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). The Adverse Childhood Experiences (ACE) Study and the relationship between childhood abuse, household dysfunction and many of the top causes of death in adults. American Journal of Preventive Medicine, 14(4), 245–258. https://doi.org/10.1016/S0749-3797(98)00017-8
2. Hillis, S., Mercy, J., Amobi, A., & Kress, H. (2016). Prevalence of childhood violence in the last 12 months: A systematic review and minimum estimates. Pediatrics, 137(3), e20154079. https://doi.org/10.1542/peds.2015-4079
3. Stoltenborgh, M., et al. (2011). Child sexual abuse: Global review – prevalence and a meta-analysis. Child Maltreatment, 16(2), 79–101. https://doi.org/10.1177/1077559511403920
4. UNICEF. (2023). Can the end of child marriage be achieved? Latest trends and future prospects. The United Nations Children's Fund (UNICEF).
5. World Health Organization. (2016). INSPIRE: Seven strategies for ending violence against children. World Health Organization.
6. World Health Organization. (2020). Global status report on preventing violence against children 2020. World Health Organization.
7. World Health Organization. (2024). Child maltreatment [Fact sheet]. World Health Organization.