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The United Nations (UN) Secretary General's report on violence to children highlights the UN Convention on the Rights of the Child (UNCRC) which requires all Member States to offer effective child protection services, giving paramount importance to the rights of the child (0-17 years) and their best interests. There has been a growing awareness among professionals that physical, sexual and emotional abuse and neglect of children does occur and its identification, assessment and management requires sensitive and careful handling by all involved. Any involvement of health professionals in child care and protection includes the broader context of multi-sector networking and referral processes, preferably organised through national and local child protection coordinating committees. The most important task of these committees is to prevent child maltreatment before it occurs. The aim of this policy briefing is to give an overview of what is known about child maltreatment in the family and how to prevent it using a public health approach.

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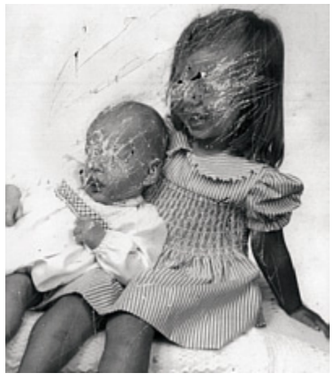

Preventing child maltreatment in Europe: a public health approach

Policy Briefing

THE UNIVERSITY OF BIRMINGHAM

gtz
Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH

WORLD HEALTH ORGANIZATION
EUROPE

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Policy briefing

Violence and Injury Prevention Programme
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ABSTRACT

The UN Secretary General's report on violence to children highlights the UN Convention on the Rights of the Child (UNCRC) which requires all member states to offer effective child protection services, giving paramount importance to the rights of the child (0-17 years) and their best interests. There has been a growing awareness among professionals that physical, sexual and emotional abuse and neglect of children does occur and its identification, assessment and management requires sensitive and careful handling by all involved. Any involvement of health professionals in child care and protection includes the broader context of multi-sector networking and referral processes, preferably organised through national and local child protection coordinating committees. The most important task of these committees is to prevent child maltreatment before it occurs. The aim of this policy briefing is to give an overview of what is known about child maltreatment in the family and how to prevent it using a public health approach.

Keywords:

CHILD ABUSE- prevention and control
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CONTENTS

Page

1. Introduction

The United Nations Secretary-General's report on violence against children (1) highlights the United Nations Convention on the Rights of the Child (2), which requires all Member States to offer effective child protection services, giving paramount importance to the rights and best interests of children up to the age of 17 years. There has been a growing awareness among professionals that physical, sexual and emotional abuse and neglect of children does occur, and its identification, assessment and management require sensitive and careful handling by all involved (3). Any involvement of health professionals in child care and protection includes the broader context of multisectoral networking and referral, preferably organized through national and local child protection coordinating committees (4,5). The most important task of these committees is to prevent child maltreatment before it occurs. The aim of this policy briefing is to give an overview of what is known about child maltreatment in the family and how to prevent it.

Interventions to prevent child maltreatment are typically classified on three levels (3,6–9):

- primary prevention (universal services aimed at the whole population);
- secondary prevention (targeted services for families with risk factors, identified as being in need of further support); and
- tertiary prevention (specialist services offered once child maltreatment has been detected, and aimed at preventing re-victimization).

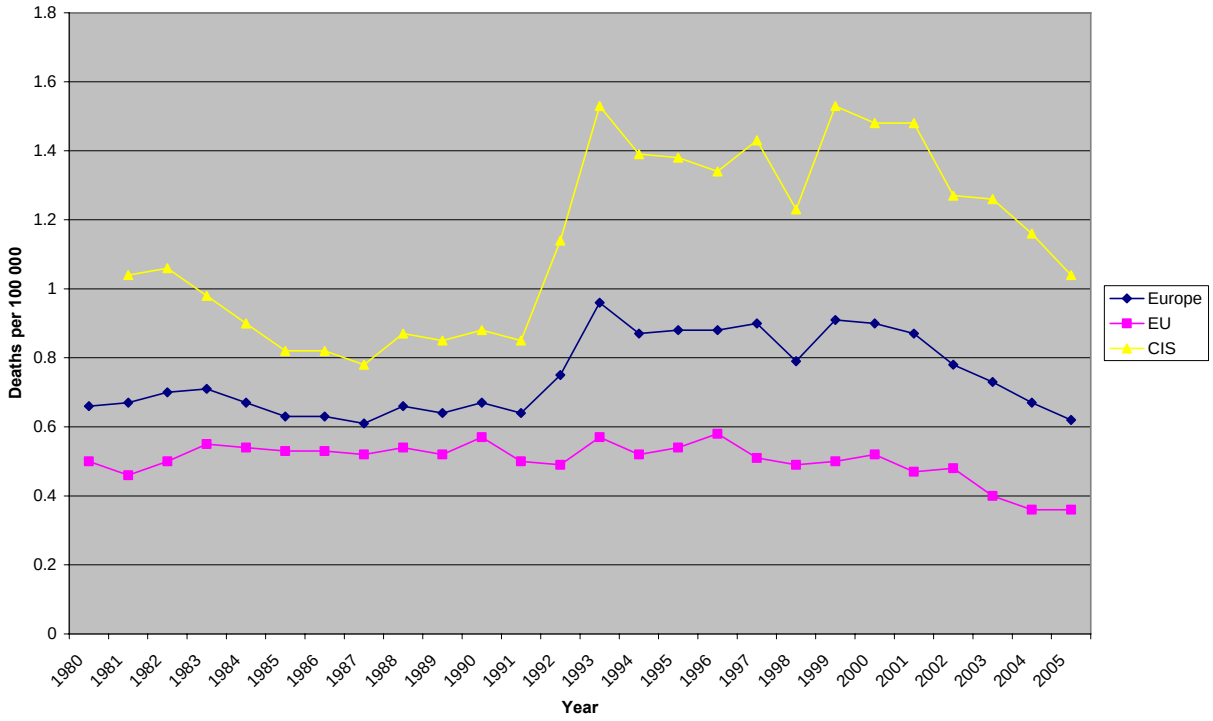
Early intervention

A consistent finding across Europe is that infants are more at risk of fatal injury, physical abuse and neglect than older children, indicating that it is essential to intervene early with health and social services to prevent child maltreatment, death and disability (3–10). Young children and their families are especially vulnerable in countries undergoing social and economic transition, where health and social services may be poorly resourced. Child protection has improved in many countries over the last 30 years but with little resulting decline in the rate of child death, which remains unacceptably high. Estimates show higher infant homicide rates (involving the murder and manslaughter of children aged less than 1 year) in central and eastern Europe and the Commonwealth of Independent States (CIS). Fig. 1 shows that homicide rates in children under 15 years of age are higher in the CIS than in the European Union (EU) and that there has been an increase since the early 1990s.

Deaths are only the tip of the clinical iceberg and for every child that dies there are many hundreds more who have experienced maltreatment, often with far-reaching psychological, behavioural, physical and reproductive ill effects. The true extent of child maltreatment and the harm done to health and development have only just begun to be mapped out.

Social and economic policies affect gender inequalities and levels of poverty, unemployment and urban overcrowding. Policies that are child- and family-friendly and combat negative societal influences act to universally prevent child maltreatment.

Fig. 1. Age-standardized homicide rates among children under 15 years of age in the WHO European Region, 1980–2005



Source: European Health for All Database, WHO Regional Office for Europe, January 2007.

The underlying causes of child maltreatment (risk factors) can also be identified within a population and high-risk families can be targeted for intervention before the violence occurs. Interventions should address factors such as poor parent–child attachment, family breakdown, alcohol or drug misuse, mental illness and the availability of weapons.

Efforts to protect children and prevent child maltreatment have been noted for the majority (73%) of countries in the WHO European Region. However, few Member States accurately record the number of infant deaths that result from maltreatment and there is no consistent approach to intervention. The lack of agreed definitions and poor data make it difficult to compare preventive strategies and child protection systems (5).

Definitions of child maltreatment

WHO defines child maltreatment as "all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power" (7). Child maltreatment is typically broken down into four different types (3,7,8).

- Physical abuse is any intentional use of physical action against a child that causes or is likely to cause harm to the child's health, survival, development or dignity, including beating, kicking, shaking, biting, strangulation, scalding, burning, deliberate poisoning and suffocation, or failure to prevent physical injury (or suffering).
- Sexual abuse is the involvement of a child in sexual activity, either by adults or by other children in a position of responsibility, trust or power over the child, that the child does not fully comprehend, is unable to give informed consent to or is not developmentally prepared for, or that violates the laws or social taboos of society.
- Emotional and psychological abuse is any isolated action or pattern of failure over time on the part of a parent or caregiver to provide a developmentally appropriate and supportive environment. Abuse of this type includes: restriction of movement; patterns of belittling, blaming, threatening, frightening, discriminating against or ridiculing; and other non-physical forms of rejection or hostile treatment that has the potential to damage the child's physical, mental, spiritual, moral or social development. All abuse involves some emotional maltreatment (including witnessing the abuse of others).
- Neglect is a failure on the part of a parent or other family member to meet the physical and/or psychological needs of the child through inadequate care or failure to protect the child from exposure to danger, either during isolated incidents or as a pattern of failure over time. Neglect can be associated with one or more of the following: health, education, emotional development, nutrition, and shelter and safe living conditions.

Many children suffer more than one type of maltreatment at the same time and/or over a period of time, and in a minority of cases the child is victimized in a ritualistic and terrorizing way.

The perpetrators of child maltreatment are most often immediate family members (parents, step-parents, older siblings and grandparents), although there is an equal probability of child maltreatment in foster families, adoptive families and families with same-sex parents (8). Extended family members (e.g. aunts, uncles and cousins) may also maltreat a child, and offenders are also found outside the family in community and institutional settings: schools, sport centres, hospitals, children's homes, and residential and secure institutions. Men who sexually assault children often select these workplaces in order to be close to their intended victims (11). The more the victim knows and trusts the abuser, the more difficult it is for the child to disclose and share experiences.

2. Magnitude of the problem

The incidence of child maltreatment reported to official agencies varies according to the reporting procedures and definitions used. The extent of documented child maltreatment therefore varies greatly across the European Region, and also reflects differences in social norms and values (5). These figures represent only those cases that are known to the authorities, and the true prevalence of abuse far exceeds this. Recent evidence from victim surveys and prevalence studies consistently indicates that the number of people abused in childhood is some ten times the reported incidence (12–14). For example, on 31 March 2006 in England, 24 in every 10 000 children aged 0–17 years were on child protection registers following reports of actual or highly suspected abuse and/or neglect (13,14). This needs to be contrasted with prevalence figures from victim surveys. A study of young English adults (18–24 years) who gave retrospective self-reports on their childhood showed that 7% had suffered physical abuse, 6% physical neglect, 5% psychological/ emotional neglect, 6% psychological/ emotional abuse and 16% sexual abuse (11% contact sexual abuse) (14). Young women reported more sexual and emotional abuse than young men.

By comparison, a WHO national prevalence study of child maltreatment in Romanian families (15) reported that of 714 female and 581 male adolescents aged 13–14 years, 84% had experienced corporal punishment and 24% physical abuse. Emotional abuse was reported by 21% and contact sexual abuse by 9%, while 8% claimed exploitation by family members. Neglect was far more prevalent than abuse, with physical neglect reported by 46%, emotional neglect by 44% and educational neglect by 34%. With the exception of educational neglect, no gender differences were found, but respondents from rural areas reported significantly higher rates of maltreatment. A national survey of child abuse in residential care institutions in Romania revealed that 37% of children aged 7–18 years reported being victims of severe physical punishment or beatings, 20% reported being coerced into sexual activity, and 4% claimed to have been forced to have sex (16).

An international overview of child sexual abuse (17) exemplifies the variation in prevalence rates in those European countries that have conducted surveys: Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, the Netherlands, Norway, Spain, Sweden, Switzerland and the United Kingdom (Great Britain). In these countries, the prevalence of sexual abuse in female children varied from 7% to 36% and that for male children from 3% to 29% (17). These differences in prevalence can partly be explained by variations in the methods, samples used and response rates in the different surveys undertaken to obtain this information across Europe and other countries. It should be noted that there is no reliable evidence to suggest that some ethnic groups are more likely to maltreat their children than others, although children from ethnic minorities may be overrepresented in residential care owing to poverty and social neglect.

Consequences of child maltreatment

The negative impact of abuse and neglect on children and adolescents should not be underestimated, especially in relation to its burden on physical and mental health (18). Often, children suffer more than one form of maltreatment (19). A combination of emotional abuse and neglect, together with physical and/or sexual abuse over time, has a greater impact than being victimized by severe physical punishment or a single sexual assault (20). Furthermore, children who are maltreated by more than one person (e.g. both mother and father) consequently have more problems than those maltreated by one person (21).

Generally, maltreated children show less self-confidence, joie de vivre and hope for the future. These consequences may continue into adulthood and reduce the person's quality of life. Hence, there is an association between maltreatment in childhood and the risk of later victimization and becoming a perpetrator of violence or other antisocial behaviour as a teenager or adult (8,9,21).

Furthermore, childhood victimization has significant consequences on physical and mental health across the lifespan (22,23):

- death
- physical and mental disability
- stress and physical health problems
- low self-esteem and poor self-worth
- educational failure
- emotional and behavioural problems
- sleep disorders and post-traumatic stress disorder
- mental health problems
- eating disorders and self-injury
- alcohol and drug abuse
- increased risk of further victimization
- victims becoming offenders
- antisocial and criminal acts.

Costs of child maltreatment

Costs are both overt (e.g. medical care for victims, treatment of offenders and legal costs for public child care) and less obvious (e.g. criminal justice and prosecution costs, specialist education and mental health provision). In Europe, only the United Kingdom has calculated the total economic burden, estimated to be £735 million in 1996 (24).

Alongside the impact on children, families and society, the cost of child protection once maltreatment has occurred provides sufficient economic justification for more to be spent on preventative measures and services to support children and their families.

3. Prevention strategies

It has been argued that child maltreatment should be considered within the broader context of child health and social welfare, families and communities, with a focus on prevention. In this respect, children's developmental needs are assessed in general rather than specifically in relation to child protection. Consideration also is given to the capacity of the parent(s) to meet the needs of their child(ren), and to the impact of wider family and environmental factors on the capacity of the parent(s).

This approach moves the focus away from child protection teams intervening after child maltreatment has occurred; instead it highlights the role of the health and social services in primary prevention and in targeting services to children and families most in need of help and support before violence occurs (4,7,25,26). The public health approach has been proposed for violence prevention and involves the following four steps (3,6,7):

1. surveillance to define the magnitude of the problem;
2. analysis to highlight the risk factors and risk groups;
3. evaluative research to identify interventions which work; and
4. implementation of what works at a broader level.

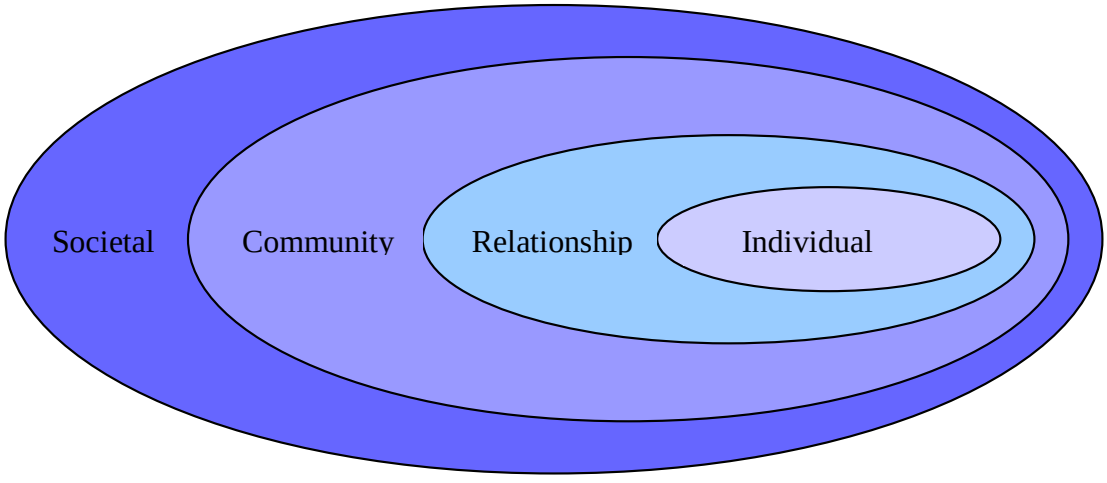
A multisectoral approach is the most effective way of working together to promote children's rights to grow and develop in a safe and caring family environment free from violence. It facilitates interventions at all levels of the child's environment: the parents, the family, the community and society in general. The ecological framework adopted by WHO (Fig. 2) (3,7) highlights the fact that different interventions come into play at different levels (6) to maximize prevention across the lifespan (see Table 1).

Table 1. Strategies for preventing child maltreatment by developmental stage and level of intervention

Level of intervention	Developmental stage			
	Infanthood (<3 years)	**Childhood (3–11 years)**	**Adolescence (12–17 years)**	**Adulthood (≥18 years)**
Societal and community	***Implementing legal reform and human rights***			
	Translating the Convention on the Rights of the Child into national law			
	Strengthening police and judicial systems			
	Promoting social, economic and cultural rights			
	Introducing beneficial social and economic policies			
	Providing education and care in early childhood			
	Investing in good social protection systems			
	Taking measures to reduce unemployment and mitigate its adverse consequences			
	Ensuring universal primary and secondary education			
	Changing cultural and social norms			
	Changing cultural and social norms that support violence against children and adults			
	Reducing economic inequalities			
	Tackling poverty			
	Reducing income and gender inequalities			
	Reducing environmental risk factors			
	Monitoring levels of lead and removing environmental toxins			Providing shelters and crisis centres for battered women and their children
	Reducing the availability of alcohol			Training health care professionals to identify and refer adult survivors of child maltreatment
Relationship	Providing home visiting programmes Training in parenting	Training in parenting		
Individual	Reducing unintended pregnancies Increasing access to prenatal and postnatal services	Training children to recognize and avoid potentially abusive situations		

Source: Butchart (7).

Fig. 2. Ecological framework describing the risk factors for child maltreatment



Primary prevention and the role of universal services

The importance of caregiver–child interaction early in life for children's survival and healthy development has been recognized by WHO (25). Therefore, families with infants and young children who routinely come in contact with the health and social services can be targeted in terms of need by:

- assessing the child's development needs in general;
- assessing the parent(s)' capacity to respond appropriately to their child's needs; and
- assessing the wider social and environmental factors that impact on the capacity to parent.

This framework for assessment (4) can be applied in a number of settings, such as: reproductive health and maternity services; home visitation and positive parenting programmes; school and prenatal classes on pregnancy, parenting and child development: and day care, family and community centres.

For parents identified as needing help and support, a positive parenting programme is one approach to avoiding poor outcomes for the child and family (see Table 2).

Table 2. The Triple P Positive Parenting Programme

The Triple P Positive Parenting Programme (27) was developed in Australia and involves prevention strategies at several levels. The programme shapes information and advice to match the needs of individual families.

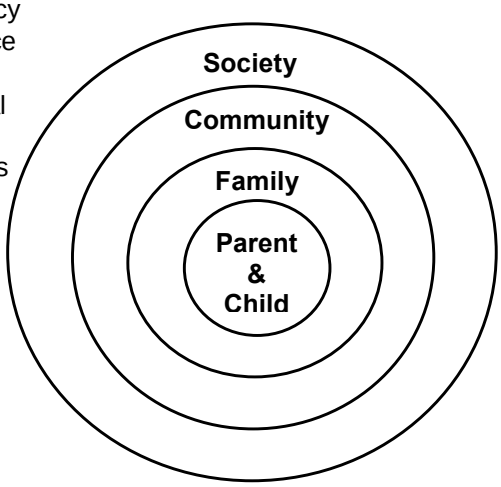
The different levels and interventions are typically as follows.

Level 1:	provision of media messages on positive parenting
Level 2:	information resources, such as advice sheets and videos
Level 3:	short, targeted interventions for specific behavioural problems, offered by primary care practitioners
Level 4:	a more intensive training programme for parents
Level 5:	the addressing of broader family issues, such as relationship conflict, parental depression, anger and stress.

Triple P has been shown to improve family management techniques, parental confidence, effective child rearing and behavioural outcomes (including conduct disorders). The programme has been successful in many parts of Europe, including Germany, Switzerland and the United Kingdom.

In addition, positive parenting can be universally promoted through public awareness campaigns (see Table 3), which may challenge misconceptions about the effectiveness of corporal punishment and increase the public's understanding of the extent and nature of emotional child maltreatment and how it is prevented.

Fig. 3. Risk factors for child violence and neglect



Parent
- Young age
- Single parent
- Unwanted pregnancy
- Exposure to violence
- Substance violence
- Inadequate prenatal care
- Poor parenting skills
- Physical or mental illness
- marital problems
- Depression

Child
- Premature
- Unwanted
- Disabled
- Young

Family
- Size
- Poverty
- Lack of social support
- Stress
- Domestic violence
- High residential mobility

Community/society
- Lack of child protection laws
- Decreased value of children (minority, disabled)
- Social inequalities, racial and religious discrimination
- High levels and tolerance of violence (media, crime, war)
- Cultural norms
- Absence of community services

Sources: United Nations *(2)* and World Health Organization *(6)*.

Table 3. Public awareness campaign for parents on sensitive parenting

Harsh words hurt	Kind words help
Shut up	Please
Stop it	Thank you
Go away	Well done
You're stupid	You're clever
You're bad	You're good
I wish you'd never been born	I love you

Source: Browne & Herbert (8).

The use of risk factors to target families in need

Where health and social services are limited and a universal approach is unable to be implemented, secondary prevention may be more realistic. Secondary prevention involves targeting resources to families regarded as a "high priority" for additional services. High priority is determined by the identification of known factors that place the child at high risk for maltreatment. However, it is important to note that not all families with these risk factors will go on to maltreat their child(ren). The risk approach can be seen as a managerial tool for the flexible and rational distribution of existing resources and their maximum utilization. Positive parenting programmes are therefore offered only to those most in need of them, to reduce the chances of child maltreatment in those families most at risk (6). Within the ecological framework, risk factors can be identified within the characteristics of the parent and child, the family and the wider social environment of the community and society as a whole (Fig. 3).

The number and characteristics of risk factors present in the family will indicate the level of support required in the parenting training programme.

In addition to risk factors, the quality of parenting (i.e. whether it is good enough) is important to assess. Poor parenting can be identified by negative parental perceptions and uncaring attitudes towards the child, together with insensitive and inconsistent caregiving.

Improving child health and development in Samara, Russian Federation

Evidence for the application of the risk approach was seen after training had been carried out on the prevention of child maltreatment.

There was an improvement in the identification of risk factors (e.g. a parent who was an alcoholic) and in communication between the medical and social services.

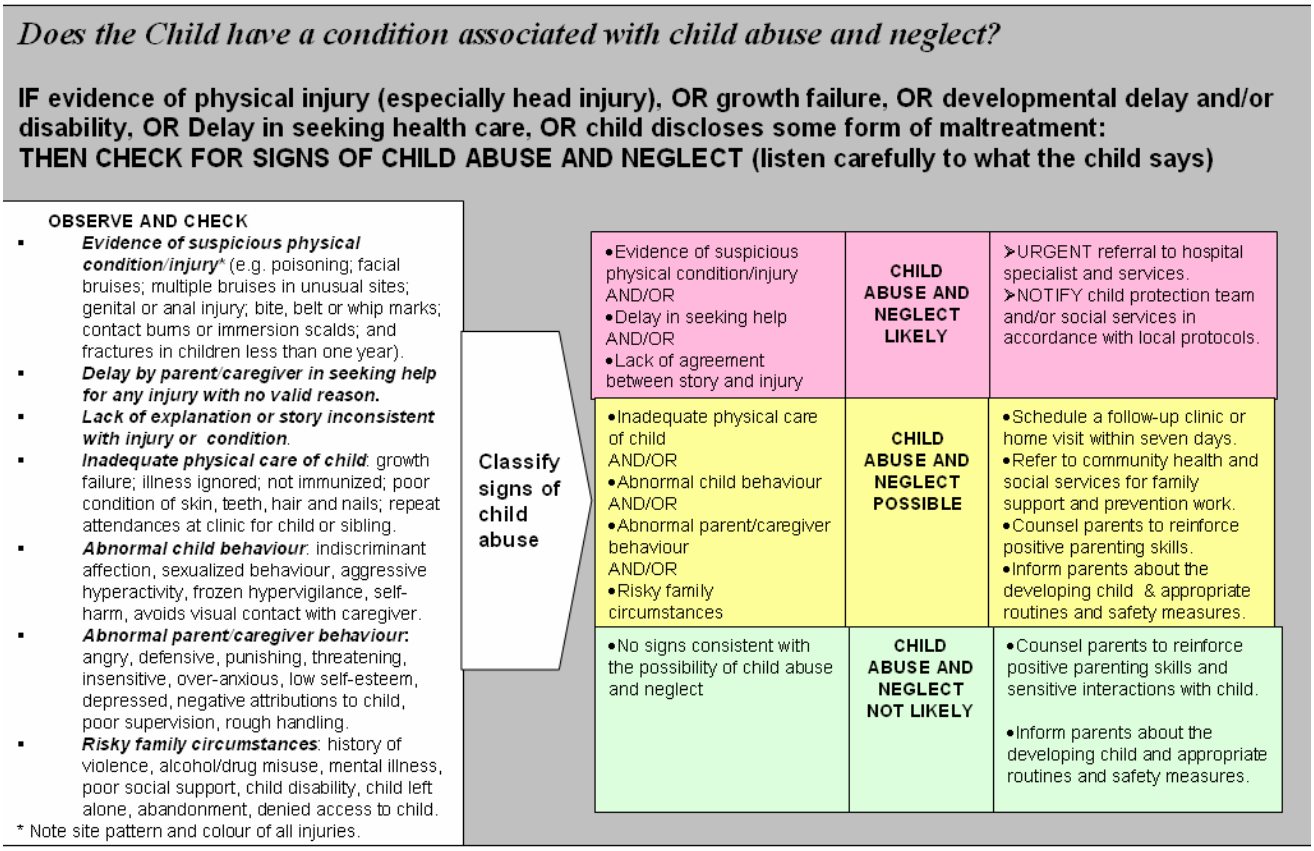
The number of referrals from the health sector received by family centres increased from 17% to 50% of all referrals. This resulted in more work with families in the home environment rather than the removal of children into residential care.

A comparison of the situation before and after training demonstrated a significant fall in the number of institutionalized children, with a corresponding increase in the number of foster families and rehabilitation of parents in crisis.

Thus the number of parents who lost legal responsibility for their child also decreased. For those who lost their parental rights in 2001, 39% had them restored and the child returned to the family within 12 months.

Source: World Health Organization *(28)*.

Fig. 4. Integrated management of child maltreatment



Source: Browne K et al. *(29)*.

Tertiary prevention: interventions with maltreated children and their families

The focus of tertiary prevention is to prevent child violence recurring once maltreatment has been detected.

Even with effective universal and targeted services for families, it is essential for health care professionals to identify non-accidental harm to children to prevent disability, morbidity and mortality. Children coming to the attention of health services through hospital/clinic visits provide the opportunity to screen for maltreatment alongside standard procedures for dealing with developmental health checks, immunizations, and caring for physical injuries and illnesses. Good practice involves comprehensive history-taking by doctors and nurses, including the following components to enhance the identification of child maltreatment (8):

- history of family circumstances (e.g. presence of isolation, violence, addiction or mental illness);
- history of the child's condition (e.g. lack of explanation for the injury, or delay in seeking help);
- the child's physical condition when undressed (e.g. presence of disability, lesions, previous injuries or unusual marks);
- the child's physical care (e.g. cleanliness, hygiene and condition of teeth, hair and nails);
- the child's behaviour (e.g. episodes of depressive affect, hypervigilance or aggressive hyperactivity); and
- the parents'/caretaker's behaviour and demeanour (e.g. low self-esteem, depressed, over-anxious, insensitive, careless, punishing, defensive).

An algorithm piloted in the Russian Federation (see Fig. 4) is to be evaluated for inclusion in the Integrated Management of Childhood Illness (IMCI) Programme as an example of how child protection can be incorporated into health service provision for families and children.

Reactive surveillance and identification leads to intervention both to stop the current maltreatment and to prevent recurrent victimization. However, the poor cost–effectiveness of this approach is highlighted by the fact that at least a quarter of maltreated children in England are referred again to child protection professionals within two years (30).

4. The way forward

It is the child's right under international legislation (2) to grow up and develop in a family environment, preferably raised by the biological parents. Therefore, health and social services should be universally available to support those parents who are failing to cope with the demands of parenting. Where the child is in danger or its social, emotional and developmental needs are not being met, intervention is required through targeted or specialist services. Family rehabilitation can often be achieved by working with the family in the home, but specialist short-term foster care is sometimes necessary, whereby the foster carer acts as a role model to the parents. Contact with the biological parent(s) while in public care is essential, except in those cases where it is not in the best interest of the child (e.g. a violent parent). As a last resort, only when the parent is assessed as not responding to intervention, or is unable to change within the developmental time frame of the child, should long-term alternatives (i.e. long-term fostering or adoption) be considered (31).

As pointed out in the United Nations Secretary General's report on violence against children (1), appropriate legal frameworks are vital to ending such violence. Recognition and implementation of the Convention on the Rights of the Child (2) is just one step in the process of ending the violence. Another is the prohibition of all corporal punishment and other forms of cruel or degrading discipline that are still incorporated into the laws of many countries. These ineffective strategies for child care form the basis from which child maltreatment escalates in families in crisis. Sanctions that bring all perpetrators of violence against children to justice and hold them accountable for their actions through appropriate criminal, civil, administrative and professional proceedings are needed, as are child-sensitive procedures for investigating cases of violence when dealing with child victims or witnesses. In many countries, traditional attitudes and practices exist that inhibit the implementation of laws and sanctions for violence against children.

Priorities for action

There is a broad awareness of the scale of child maltreatment and an increasing awareness of the need for prevention and child protection. Nevertheless, countries that have a legal mandate to report child maltreatment may not necessarily implement and act upon the law. The threshold for intervention differs dramatically from country to country. Prevention services offered to children and families are often not universal or targeted to where they are needed most, but depend on available resources from region to region. Very often there is nothing between family care and the separation (and possible institutionalization) of children from families when parents fail to protect and provide for children (32,33). Furthermore, the treatment of sex offenders and violent offenders may comprise little more than provision of mental health care, if it exists at all. Child protection systems cannot be based on legislation alone; guidelines and legislation for working to prevent violence to children should develop in parallel with public awareness and service provision. Where these systems diverge, then problems emerge.

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