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Protecting children from abuse: a neglected but crucial priority for the international child health agenda

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Introduction

As highlighted in this special issue, the global scale of the maltreatment of children through differing forms of abuse and neglect is staggering. Even to a hardened world well used to the misery of others, the statistics and individual stories detailing the widespread suffering of children are shocking. For the individual child in any setting, whether rich or poor, any form of abuse can occur and is always unacceptable.

Pervading every aspect of child and adolescent health, the protection of children should not be perceived as a task for the minority but rather as a top priority for the international community in the pre- and post-2015 agenda, not only to meet Millennium Development Goal targets, but to look beyond survival to improve the quality of life of millions of affected children and adolescents around the world, particularly in low-resource settings.

The sheer volume of patients presenting in resource-poor countries with serious illnesses overwhelms many health facilities and, without adequate systems in place to separate the diagnosis of abuse from medical or surgical illnesses, many children continue to suffer or die as a result of failed detection and management. Setting up such systems is an urgent priority.

Also of vital importance is the development of ways of preventing child abuse, for example, the work on highlighting the dangers of shaking infants described in this issue by Foley and colleagues.¹ Kadir and colleagues² also emphasise the importance of preventing neglect of children through reducing parental substance and alcohol abuse. By including the views of children, they describe and provide evidence for the importance of cohesive communities, strong social safety-nets and a sense of inclusion as key protectors against all forms of child maltreatment.

Every approach to prevention, diagnosis and treatment requires accepting that every child in the world is equally important, wherever and whatever the circumstances of their conception, birth and life. Of course, the reality is often starkly different and addressing these disparities is a huge challenge. But, as stated by Janssen and colleagues in this issue,³ abusing a child in any way, even if it accords with cultural beliefs, should not be tolerated.

Whatever the level of resources available in any country, it is essential that governments prioritise adequate funding of child and adolescent protection and support. For example, despite a massive burden of abuse, India spends only 0.034% of its GDP on child protection⁴ compared with 2.5% (46 billion USD in 2012) on military activity.⁵ Although many other competing and essential healthcare-related interventions are required in low-income countries, because of the inhumane nature of child abuse, its harmful effects on health and the great suffering and irreparable damage that ensue, tackling child maltreatment must be considered a top priority.

Definitions, Types of Abuse and Standards

The World Health Organization defines abuse follows: 'Child abuse or maltreatment constitutes all forms of physical and/or emotional ill treatment, sexual abuse, neglect or negligent treatment or 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.'⁶ Part of an Indian definition is also highly relevant and descriptive: 'any act, deed or word which debases, degrades or demeans the intrinsic worth and dignity of a child as a human being.'⁷

Although child abuse can be categorised in many ways, the kinds of harm perpetrated can be usefully used to influence immediate management and future protection. Firstly, the type of abuse can be defined similarly to other harmful effects on the health and well-being of children: physical, sexual, and emotional

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abuse and neglect (the last being either deliberate or through ignorance). Often there are combinations of these in an abused child.

A second category of abuse examines the motive of the perpetrator. By focusing on whether or not the abuse is deliberate and, therefore, perpetrated for personal gain, or because of overwhelming social or mental health pressures in the perpetrator can help in formulating a safe protection plan.⁸ It is important to differentiate between these types of abuse because the perpetrators in each category should be treated separately (see later).

The UN Convention on the Rights of the Child (UNCRC)⁹ and a proposed new convention^{10,11} on the rights of pregnant women and girls and their newborn infants provide standards against which to identify and document practices by commission or omission that are harmful to children. Article 19 of the UNCRC states that 'States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation including sexual abuse while in the care of parent(s), legal guardian(s) or any other person who has care of the child.' Many articles¹¹ within the proposed new convention on pregnancy relate to the abuse and exploitation of adolescent girls and their babies. Other important and relevant conventions include the African Charter on the Rights and Welfare of the Child.¹²

UNICEF is the lead agency working on protecting children from violence, exploitation and abuse in resource-poor settings.¹³

Conditions Promoting Widespread Abuse in Resource-Limited Settings

Although child abuse is a universal problem, as highlighted in the revealing papers in this issue by Olatunya and colleagues¹⁴ in Nigeria and Singhi *et al.*⁴ in India, a lack of governance and funding in poverty-stricken, fragile countries provides the setting for widespread and serious forms of abuse and exploitation, a situation comprehensively outlined in the UN Secretary General's report on violence against children.¹⁵

Poverty

Poverty and inequality of resources are two key underlying factors relating to child abuse and exploitation in resource-limited countries.⁶ Situations are widespread in which, for example, some families feel they have no choice but to sell their children to 'well-off' individuals for sexual and domestic work in exchange for desperately needed money or food.

Begging is another important issue. Poverty often leads to children being forced to beg on behalf of

their families and the use of children to beg has become a business often run by mafia-like gangs.¹⁶ Children may be disfigured, maimed or deliberately malnourished to make them more likely to receive alms for their masters.⁴

Poverty creates an environment in which children are more likely to be subjected to violent crime from outside the family, a situation that is less common in well resourced countries in which most crimes against children are committed by someone known to the child, usually family members. The murder and rape of children are more common in disadvantaged settings in which the perpetrators often remain undetected and so able to repeat their crimes.⁴

Poverty-stricken families often become homeless,¹⁶ creating an environment of 'life on the street'⁴ in which children are extremely vulnerable to abuse.

Poverty also has implications for access to health-care in a world in which, despite the recent surge of international interest, universal access to free or affordable health care remains a distant aspiration. The lack of universal healthcare coverage in the public health systems in the vast majority of low-resource countries means that ill or injured children often do not receive the treatment they need because families cannot afford care in the private sector.

Money, however, is not everything. A study by Bequele in 2010¹⁷ examined the 'child friendliness' of African governments and found that attitudes to child protection were not necessarily related to the size of the country's economy. In terms of budgets allocated for children's services, Malawi, one of the poorest countries in Africa, performed the best and interestingly also had minimal expenditure on military activities. The key indicators of a country's child-friendly status were the establishment of appropriate and effective legal provisions to protect children from abuse and exploitation, the allocation of a high share of their budgets for the basic needs of children, and the effective use of resources, placing child and adolescent services at the centre of public policy. Unsurprisingly, Bequele found that countries with failing governments were the least supportive and protective of children.

Families

As in high-income countries, abuse by family members is a major problem in resource-limited countries in which there is an inherent lack of effective systems for the prevention, diagnosis and effective management of abuse within families.

The links between child abuse within the family and later intimate partner violence are now well established in well-resourced countries but remain largely unrecognised and unaddressed in many poorly resourced settings.¹⁸⁻²¹

Culture and tradition

As highlighted in this issue, harmful practices in low-resource settings are widely prevalent and include early child marriage (obstetric complications such as obstructed labour are common in those under 16 years of age and can lead to fistulae and death), child prostitution, the provision of child pornography, selective abortion of female fetuses, infanticide, infant and child abandonment, inappropriate child labour (where the child's work is dangerous or interferes with schooling), child trafficking for sexual or other forms of slavery, and female genital cutting/mutilation.²²

Many abuses are also ingrained in national cultures and traditions and often form part of tribal, ethnic or religious activities. Traditional practices within a country or part of a country can cause widespread harm to children. Burns,²³ poisonous traditional medicines²⁴ and female genital mutilation/cutting are examples.²²

Armed conflict

The catastrophic effects of armed conflict and its far-reaching and long-lasting effects on mothers and children²⁵ are examples of gross child and adolescent abuse. The papers by de Silva²⁶ and Vindevogel and colleagues²⁷ illustrate the devastating consequences of child soldiers and internal or external displacement.

Although UN agencies, such as UNICEF, WHO and UNHCR are doing excellent work in providing child protection in such settings as camps for internally displaced and refugee families, the UN security system remains weak in terms of protection, as seen in the conflicts in Syria, Sri Lanka, Sudan and Rwanda. The UN is largely failing to protect children in armed conflicts because of the design and membership of the UN Security Council and the ability of vested interests to over-ride the abusive acts of some governments or rebel groups. Furthermore, as reported by Save The Children, humanitarian workers and peace-keepers in armed conflict settings sometimes themselves abuse children.^{28–30}

Institutional care

The high prevalence of institutional rather than family-based (foster or adoptive) care creates an environment in which institutionalised children are commonly abused by those responsible for their care. Perpetrators sometimes deliberately become carers in order to gain access to vulnerable children. The widespread institutionalised care of children continues, despite convincing global evidence that such care is dangerous.^{4,31}

Discipline

As outlined by Mudany and colleagues in Africa³³ and Singhi *et al.* in India,⁴ there is also a high prevalence of abusive and dangerous methods of

disciplining children in poorly resourced countries. Distinguishing between appropriate and inappropriate discipline requires community education as well as effective criminal justice systems for the most severe cases. In the study from Kenya,³² up to 20% of abusive corporal punishment included acts that led to loss of consciousness and life-threatening or permanently damaging complications. Such practices are violent crimes requiring proportionate punishment to help deter these cruel and inhumane acts. Although discipline is an important component of helping a child to grow into a well balanced and caring individual, as stated by Mudany,³² 'a culture of non-violence towards all children needs to be built into communities' so that violence must never be used to impose discipline.

Treatment of girls

A serious issue is the way in which many girls are targeted for abuse. In 2006, the comprehensive UN report on violence against children¹⁵ reported a multi-country survey showing that the prevalence of a forced sexual act on girls under 15 years of age ranged from 11 to 45%. In the report from India by Singhi and colleagues,⁴ this stark reality is further explored and shows that such shocking treatment of girls begins before birth with selective abortions of unwanted female babies, most of which are undertaken illegally and dangerously. Many baby girls are abandoned after birth or deprived of nutrition so that they die slowly. When girls become ill, they are not taken to health workers. Girls are forced to undertake heavy domestic work, sent out begging, physically and sexually abused, and deprived of education. This situation is not confined to India, but is also prevalent in other resource-poor settings, especially Africa and Central and South Asian countries.^{14,18,33} Not only is this detrimental to girls, but it harms the development of boys who are taught to perceive themselves as superior, leading to perpetuation of the harmful notion that females are the underclass. One important reason for abuse of girls relates to poverty as it is considered that only men can support families adequately. The finding that 90% of respondents in a community survey in India considered a girl a liability, with nearly all respondents citing dowry and poverty as the main reasons, is alarming.³⁴ The consequences of girl abuse are also extremely serious with regard to HIV.^{14,26,27,33} In certain African settings, some people still believe that sexual intercourse with a young girl (even a baby girl) can cure this infection.³⁵ However, a survey of Malawian men convicted of a sexual crime against children aged 2–17 years did not support their motivation as being a desire to be cured or 'cleansed' of HIV infection.³⁶

Systems Required to Prevent and Manage Child and Adolescent Abuse in Low-Resource Settings

To adequately prevent and manage child abuse, robust systems spanning several disciplines must be in place. Each system should not act alone but be integrated with the others to culminate in an effective over-arching child protection system.

For example, educating health workers to recognise child abuse is by itself of little value or even harmful if the system to protect the individual child or other family members at risk, is unavailable or ineffective. Laws without enforcement introduce complacency. In a report from South Africa, for example, only 63% of those alleged to have sexually abused children were brought to trial and only 7% received prison sentences.³⁷

It must also be recognised that undertaking child protection is risky for all professionals involved. Governments must have systems to protect the professionals engaged in this work from the abusers and/or their family members. The work also requires experienced and committed members of society to implement the protection system, and they should be adequately remunerated. Whistle-blowing and responsible media coverage of child protection issues are important mechanisms and should be encouraged and supported by all governments. The mandatory reporting of child abuse, legislated for by a number of countries, is an important way of supporting the professionals who are dedicated to protecting children.³⁸

Forms of abuse for gain which involve sadistic or sexual acts against children or acts involving financial gain for the abuser(s) are some of the most terrible perpetrated on and suffered by children and adolescents, e.g.³⁹ Tackling such abuse must be a priority within every country's child protection system. This will require well trained, well organised and forensically supported police 'victim support units'⁴⁰ who have been trained to identify false evidence by suspected abusers and are able to use forensic techniques to provide objective evidence. Such units will also be best placed to protect the abused individual, in addition to other family members and those in the community in which the perpetrator lives.³³

The harming and neglect of children by parents who are greatly stressed by their circumstances or by mental health problems requires a very different approach.⁸ In this situation, potential abuse can be prevented by robust, ideally integrated, social and medical care in the community. Once identified, well trained and resourced social welfare workers, rather than police officers, should lead the management of help and support for families at risk.

Governments and governmental departments

The protection of children requires the combined and closely co-ordinated involvement of key players, with

national governments giving the most important lead. Although NGOs and UN agencies are vital in advocating protection, the prime responsibility lies with a country's government, working closely with appropriate advocacy groups. Government agencies must include the reproductive and child health departments of Ministries of Health, Ministries of Social Welfare, the police and other members of the criminal justice system (judges, magistrates, prosecuting and defence advocates), Ministries of Education, Ministries of Tourism or equivalent and Ministries of Border Controls or equivalent. In many countries, the lead is taken by the Ministry of Health and Social Welfare.

However, senior and influential members of governments and religious organisations are sometimes involved in the sexual and other abuse of children or groups of children.⁴¹ Systems must be in place to ensure that guilty officials are not immune from the criminal justice system and cannot harm those involved in exposing their abusive actions.

The UN and international organisations

To strengthen child protection systems and services, governments first need to identify the factors related to the abuse of children. UNICEF has published useful work on how to research and document these factors and has devised a check-list that can help in undertaking a 'scoping and mapping' exercise.⁴²

Clearly, international collaboration is key to addressing child trafficking.

Protection is the main issue regarding armed conflict, including measures to protect healthcare which is usually targeted early by factions involved in terrorising civilians. Actions to address these complex issues include the Healthcare in Danger Campaign of the International Committee of the Red Cross,⁴³ the International Health Protection Initiative of Maternal and Childhealth Advocacy International (MCAI)⁴⁴ and the Safeguarding Health in Conflict Coalition.⁴⁵

Criminal justice systems

Criminal justice systems that can effectively address allegations of abuse require careful design and adequate funding: such systems will always be expensive. The UK's approach, described by David Owen in this issue, is the gold standard with 'rigorous adherence to due process and thus its impartiality, treating any complainant or witness with respect and care, adult or child, is no more than a basic human right.'¹⁸ If such a system does not exist, children will withdraw their complaints or not complain at all.

Many low-income countries have laws to protect children from abuse but in many of them resources to implement these laws are inadequate, e.g.³⁹ Many crimes against children are undetected.⁴

An effective criminal justice system incorporating a well functioning police service, described below, is essential.

Police forces

Certain types of child abuse – murder, rape and abuse for gain – are serious crimes, and appropriately trained and equipped personnel within a designated section of the police force are essential and should probably lead the protective system in such cases.^{8,40}

A high level of competency in the professionals tasked by government to prevent and manage child abuse is essential. Poorly paid police or social welfare departments may be unable or unmotivated to adequately address and manage this vital work. Personnel in the child protection division of the police in particular must be carefully selected, well paid and respected in the community. This requires adequate education and resources, including access to advanced forensic investigation to enable the work to be effectively undertaken. Their identification of the perpetrators of crimes against children must be supported by a suitably trained and effective criminal justice system.

Communities

Community sensitisation and involvement are also essential elements of child protection. The involvement of leaders of community groups and faith-based organisations is vital, although care must be taken with regard to some of the ways in which the latter view the care of children, particularly when they are involved in out-of-family (institutional) care.

The use of radio and television to spread messages about child abuse issues can be powerful and have been successfully introduced by UNICEF in, for example, Tanzania.⁴⁶ High-profile posters concerning the importance of reporting and stopping child abuse displayed in the community are important and becoming more common in African countries such as Liberia, The Gambia and Malawi. Well respected figures, ideally leaders of countries, can promote protection and the prevention of abuse, as does, for example, President Joyce Banda of Malawi.³³

Annual events to promote knowledge of child abuse and the need for protection, as for example, in South Africa, are helpful community activities.⁴⁷

Call centres

Call centres (Childlines)⁴ as a component of systems to address abuse have been shown to be effective but rely on the ability of the child to access/afford a telephone call. Such centres must also be integrated into the child protection system so that immediate action can be taken when a child discloses abuse.

Health systems

Obviously, the health system is crucial in the treatment of abused children but also has an important function

in the protection system. All health workers, not just those specialising in paediatrics, have an important role to play. A strong health system is the foundation of child protection, and when health systems are stretched to the limit because of a lack of financial and human resources, the latter often resulting from unethical recruitment to high-income countries,⁴⁸ the private sector or non-governmental or research organizations,⁴⁹ it becomes difficult to implement protection systems.

Health workers must be vigilant to identify child abuse. Accurate recognition of its signs and symptoms, and its inclusion in the differential diagnosis of children presenting with medical illnesses, conditions and injuries, is essential and must be based on continuously updated evidence. Examples of such evidence include the information constantly debated and published by members of the Helfer Society in the USA⁵⁰ and by researchers such as those at Cardiff University in the UK.⁵¹ Ideally, the UN and WHO should provide regularly updated evidence for all resource-limited countries, similar to the Child Protection Companion available from the Royal College of Paediatrics and Child Health for practitioners in the UK.⁵² In all cases, it is vital that health workers listen to children, if the child is able to talk, and treat any disclosure of abuse seriously.

It is essential that in every country all health workers know how to differentiate abuse from other causes of medical signs or symptoms in children. Failure to recognise and correctly diagnose abuse can be disastrous. Lectures and courses in child protection including the latest education techniques, skill stations, workshops and scenarios are undertaken in a number of well- and low-resourced countries by the Advanced Life Support Group⁵³ and MCAI.⁵⁴

It is important that in every health facility or school there is a named person primarily responsible for child protection and fully supported by colleagues. Such a person should have direct links with a co-ordinated national team responsible for protecting the child, not only in the short term, but for the foreseeable future.

Although most abuse remains hidden within communities, especially in rural areas, when children are brought to hospital because the injuries have escalated, facilities to provide specialist child protection are urgently needed. Every regional and district hospital or clinic must have safeguarding systems, including designated staff and protocols to recognise and manage every child or adolescent who might have been abused. In hospitals, this work requires dedicated space and equipment, highly trained and motivated staff from different sectors (nurses and doctors, police, social workers and lawyers), properly documented medical examinations, and high-level

forensic services. These professionals must have the ability and authority to safely remove children from abusive settings and provide safe foster care, support for families under stress, and forensic investigation, including DNA analysis. The excellent 'one-stop centre' in Malawi, described in the paper by Molyneux and colleagues,³³ represents a pioneering example of how this approach can work in low-resource settings. The centre was funded by a grant from the British Government and is a much needed component of bilateral aid that could act as a potential model for other donors.

Similar systems, ideally within the public health system, to help girls who have been trafficked and sexually abused include the Girls Support Service in Tajikistan.¹⁸

To avoid additional suffering, the history and medical examination of potentially abused children, especially those who are suspected victims of sexual abuse, must be undertaken in a place of safety in a child-friendly environment and be of a high standard. In addition to standardised reporting of findings, aided by photography and performed under forensic conditions, specimens must be collected for the purposes of criminal justice and for testing for sexually transmitted infections such as HIV and hepatitis. When appropriate, emergency contraception should be provided.

However, child maltreatment can also be perpetrated by health systems using treatments which, through omission or commission, can cause great harm and suffering. Therefore, the prevention of maltreatment in healthcare facilities should be a priority.

The following are examples of abuse in health facilities, particularly but not exclusively in low-resource settings.

Firstly, there is great unwillingness in many hospitals to ensure adequate pain control for children in acute and palliative care. Morphine, an essential and powerful analgesic on the WHO essential drug list, is often not made available or not used when appropriate. Responsibility for the availability of morphine must lie with ministries of health, and health workers must advocate for its availability to children experiencing severe pain.

Secondly, individual health workers are sometimes abusive to children and adolescents, many of whom are not old enough, too frightened to complain or unaware of less painful alternatives. Widespread examples include punishing adolescent girls in labour who are crying by slapping them, tying children to beds to make it easier to nurse them, and not using analgesia when appropriate and available. Invasive procedures are often undertaken without adequate analgesia and unnecessary injections administered and intravenous cannula inserted when there are less painful and more effective alternatives.

Thirdly, treatments that are not evidence-based and which sometimes cause more harm than good, such as intramuscular antibiotics for otitis media, are sometimes administered owing to lack of knowledge and education.

Standards of healthcare based on human rights, such as the manual of the Maternal and Child-Friendly Healthcare Initiative,⁵⁵ might help prevent such abusive behaviour.

Most Vulnerable Groups

While all children can be vulnerable to abuse, some groups need particular attention in any child protection system. Abandoned babies and children in low-income countries frequently languish for prolonged periods in hospitals and other institutions. They require urgent foster care and adoption but, meanwhile, each child must be supported by a consistently present and caring adult. All countries should develop and adopt policies to care for these most vulnerable children.

Finding safe and appropriate individuals to care for children in institutions that provide overnight care is challenging and sometimes, although less commonly, there are concerns about foster carers. The globally documented appalling abuse of children living in religious and secular institutions⁴ suggests that all such facilities should be closed and the funds used to build and maintain them transferred to supporting family-based foster care. In the meantime, mandatory inspection of institutions by forensically equipped, independent organisations employing highly trained and experienced child protection officers is essential. Techniques such as covert surveillance may help identify and stop institutional abuse.⁵⁶

The Way Forward: More than Just the Survival of Children

Given the global burden of child and adolescent abuse, which is difficult to quantify in the same way as other causes of child death and suffering such as infectious diseases, systems to prevent, detect and manage child and adolescent abuse must be a priority for the global community.

In this article, we have outlined the context of child abuse in low-income settings and the systems that need to be in place to implement child protection. We have also suggested several key recommendations (see Box 1). Moving forward requires political will at a national and international level and the commitment of major donors. There are many competing priorities, the task at hand is overwhelming, and it is easy to become discouraged and distracted, but the consequences of inaction are grave. A way forward might be to have interested and committed governments, organisations and individuals from around the world engage in initial discussions for a global plan of

Box 1: Pre-requisites and recommendation to prevent and address child abuse**Goal**

Protection must be a top priority for the international community, focused on the direct responsibility of every national government

Pre-requisites

- Universal healthcare is a vital way forward in preventing the abuse that results from inadequate care available to the poorest families.
- Actions to prevent abuse, including community involvement, safety nets and listening to children, are urgently required.
- Cultural and religious activities that abuse children must not be tolerated.
- Better systems are urgently required to protect children from the consequences of armed conflict, in particular a more effective United Nations Security Council and better arms control.
- The protection of female children and adolescents from abuse must be strengthened.
- The institutional care of children who have been orphaned or cannot adequately be cared for by their birth families must be prohibited and foster care with appropriate supervision substituted.
- Adequate funds are needed to provide child protection, including measures to protect children in the poorest and most stressed families from abuse and exploitation.

Recommendations

- Multi-disciplinary and integrated systems should be established in every country to ensure, not only that laws to protect children are in place, but are enforced by a suitably trained and supported criminal justice system.
- Education in the recognition of abuse must be evidenced based but also accompanied by an immediate and effective system available to protect that child or other members of the family as relevant.
- Certain kinds of abuse, which involves personal or financial gain must be addressed by adequately trained, funded and forensically supported victim support police unit.
- All health facilities must have staff and systems in place to recognise and manage abuse in any child presenting with symptoms and/or signs of this common cause of serious health problems.
- Those who work to protect children from abuse must be supported in this difficult work and when necessary also protected. Mandatory reporting of abuse may facilitate this process.
- Some aspects of healthcare are harmful and healthcare associated abuse to children must be addressed.

Action

A global plan of action for child protection is now urgently needed to address the underlying determinants of abuse and to take forward these recommendations.

action for child protection as part of the international child health agenda, perhaps with UNICEF taking the lead.

Time is of the essence: a safe and better future for the world requires urgent action to protect children and adolescents from abuse and cruelty in all its forms.

Acknowledgments

The papers in this special issue, on which this editorial is partially based, are all inspiring, enlightening and in some cases horrifying. We would like to thank all the authors for providing the insightful information that has helped to inform this article.

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