

European report on preventing child maltreatment

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SUMMARY

Child maltreatment – the physical, sexual, mental abuse and/or neglect of children younger than 18 years – exists in every society. It is common in the WHO European Region and globally, often occurring with other negative experiences, such as having a carer with a mental illness, drug or alcohol problem or who is in prison, or witnessing intimate partner (domestic) violence, or living through parental separation.

While severe child maltreatment may come to the attention of child protection agencies, more hidden forms that progress over many years also exist. Concerns that traditional responses focusing on protecting children from harm are failing to stem the tide of child maltreatment in Europe are increasing, with calls for a greater focus on prevention. The *European report on preventing child maltreatment* written for policy-makers, practitioners and activists from across government sectors and nongovernmental organizations argues that much child maltreatment can be prevented through a public health approach.

Why is preventing child maltreatment a priority in the WHO European Region?

Child maltreatment leads to the premature death of at least 850 children under 15 years in the European Region every year. Not all deaths from maltreatment are properly recorded and this figure is likely to be an underestimate.

Data show inequalities in the Region with higher death rates in the east, though trends seem to be declining overall. Deaths, however, are only the tip of the iceberg: much abuse may not come to the attention of child protection services.

National policies and practices on maltreatment vary between countries, making it difficult to take a regional view. Vital registration and official statistics need to be improved to provide a better picture of the scale of the problem at country level. Multidisciplinary approaches to cases, with teams using reliable and valid investigative methods, and periodic surveys to detect hidden maltreatment in the community would contribute greatly to this.

Key facts about maltreatment in children in the WHO European Region

- At least 850 children aged under 15 year die from child maltreatment annually.
- Homicide rates are 2.4 times higher in low- and middle-income countries of eastern Europe.
- Maltreatment is common but not known to agencies:
 - sexual abuse affects 18 million children under 18 years
 - physical abuse affects 44 million children under 18 years
 - mental abuse affects 55 million children under 18 years.
- Maltreatment may exist alongside other adverse childhood experiences.
- It causes poor mental and physical health and social outcome.
- It results in poorer educational and employment prospects.
- Societal costs run into billions of Euros.
- Risk factors include:
 - young, single, parents with low education in deprived communities can be more likely to maltreat their children.
 - norms supporting physical punishment, high levels of inequality, economic stress, and weak legislation.
- Home visiting programmes and parenting programmes prevent maltreatment.
- These can generate significant cost savings:
 - 5.7 euro saved for every euro invested in home visitation
 - 17 euro for each euro invested in parenting and preschool education.
- The arguments for investing in prevention are compelling.

Analyses of community surveys from Europe and around the world have confirmed the extent of abuse in the community. They show a prevalence rate of 9.6% for sexual abuse (13.4% in girls and 5.7% in boys), 22.9% for physical and 29.1% for mental, with no real gender differences. Few studies have been done on neglect, but analyses of worldwide research shows that prevalence

is also high – 16.3% for physical neglect and 18.4% for emotional.

Applying these figures to the population of children in Europe suggests that 18 million children suffer from sexual abuse, 44 million from physical abuse and 55 million from mental abuse. More studies in European countries, undertaken periodically using the same methods, are

needed to better understand not only the scale of the problem, but also the risk factors and long-term outcomes.

Most maltreatment in the community is relatively mild, although it may persist for long periods. This type of abuse warrants parental supportive interventions by welfare and family support services, rather than investigation by child protection agencies.

What are the consequences and costs of child maltreatment?

Maltreatment may cause stress that affects children's brain development, especially in the early years but also into adolescence. This can lead to cognitive impairment and the development of health-risk behaviours, harming mental and physical health.

The evidence for development of mental ill health, such as depression, anxiety, eating disorders, behaviour problems, suicide attempts, self-harm and illicit drug use, is strong and indisputable. Post-traumatic stress disorder has been reported in as many as a quarter of abused children. Child maltreatment may be responsible for almost a quarter of the burden of mental disorders, especially in association with other adverse or negative experiences in childhood.

There is also a strong association with risky sexual behaviour and sexually transmitted infections, and emerging evidence for the

development of obesity and other noncommunicable diseases. It affects schooling, leading to lower educational attainment and poorer employment prospects. The transmission of violence between generations, with violent behaviours passing from grandparents to parents to children – a phenomenon known as the “cycle of violence” – and the tendency for abuse victims to continue to suffer and inflict violence as they move through life are also long-term consequences of maltreatment in childhood.

Emerging evidence suggests the economic and social costs are very high with heavy health care, social welfare, justice and lost productivity costs, perhaps running into tens of billions of euros: that is on a par with expenditure on noncommunicable diseases.



The extent of maltreatment, its far-reaching health and social consequences and high economic costs emphasize the importance of its prevention. There is an urgent need not only for services to lessen its consequences, but also for better preventive services.

Inequalities in the Region

Death rates are higher in children under 5 years and in boys, who account for 61% of all deaths due to child maltreatment in the Region.

Child maltreatment is a leading cause of health inequality and social injustice, with poorer and disadvantaged populations being more at risk. Homicide rates in children below 15 years are more than twice as high in low- and middle-income countries in the Region than in high-income countries: 7 out of 10 child homicide deaths occur in these states.

Differences also exist within countries. Child death rates are several times higher in disadvantaged populations than wealthier communities. This is also true for hospital admissions, with children from deprived neighbourhoods more likely to be admitted for assaults. Deprivation exposes children to more risk factors for abuse: these can grow over time, increasing the likelihood of violence and neglect.

Child maltreatment is higher in countries in eastern Europe and in those with high

levels of inequality and where there are few social safeguards to buffer families from economic stress. The number of under-threes in institutional social or health care is also higher in these countries. These children may be at increased risk.

Maltreatment makes inequality worse because of its health and social impacts: it also affects social development. The recent economic crisis has led to high levels of unemployment and cutbacks in public health and welfare services. Reports show parents under increasing stress, with depression, anxiety and suicidal-thinking levels rising. These are all risk factors for child abuse and neglect and may jeopardize the gains countries have made in child well-being.

What are the risk and protective factors for child maltreatment?

Biological, social, cultural, economic and environmental factors interact to influence child maltreatment. Most individual-level factors relate to parents and other adults, rather than children, but children with behaviour problems, conduct disorders and disabilities can be at increased risk (Fig. 1).

Young, single and poor parents with low education levels may be more likely to maltreat their children. Parents' mental ill health is strongly associated, as is alcohol

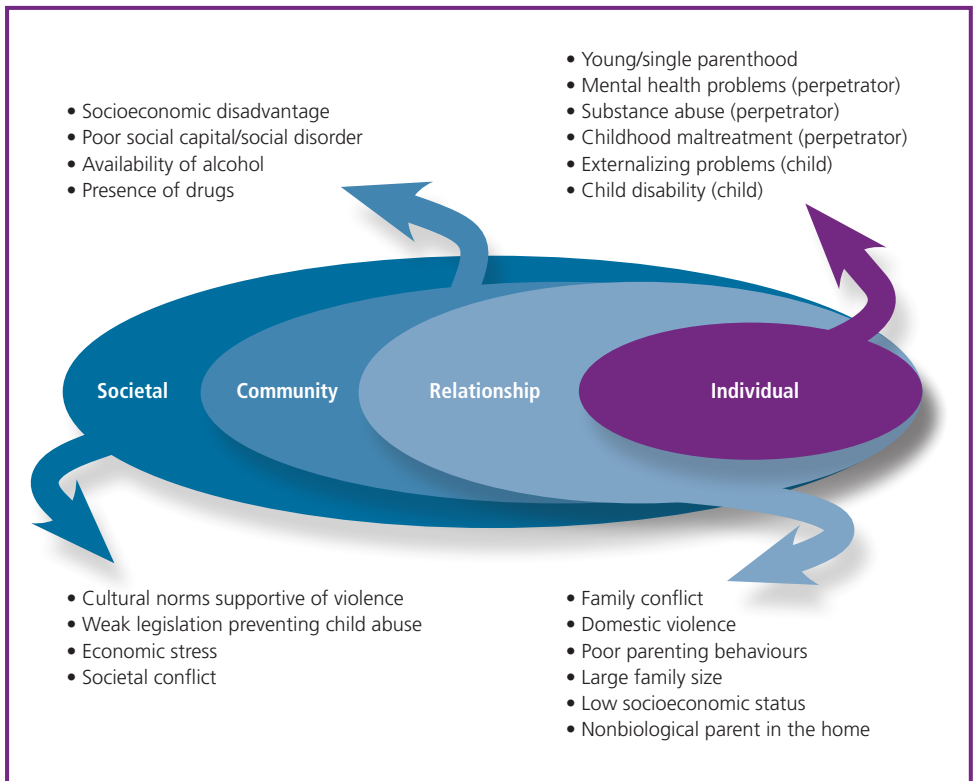
and drug abuse in the family, parenting stress and poor parenting practice. Intimate partner (domestic) violence, family conflict and poor family solidarity are also linked to child maltreatment.

Maltreatment tends to be more common in families in deprived communities. These areas can lack “social capital” – the institutions, relationships and norms that shape a society’s social interaction – and may have many alcohol outlets. Social and cultural acceptability of physical punishment of children, levels of

inequality, economic stress and legislation can all affect rates of child maltreatment.

Factors that protect against maltreatment include strong relationships between parents and children, parents having a good understanding of child development, parents’ ability to face and respond to challenges (resilience), strong social support and children’s emotional and social competence (Box 1). More research is needed to develop programmes that promote these “protective factors”.

Fig. 1. Ecological model showing examples of risk factors for child maltreatment



Box 1. Factors that can reduce the risks of child maltreatment

- Supportive family environment
- Strong social networks
- Strong parent-child relationships
- Strong parental relationships
- Nurturing parenting skills
- Parental employment
- Higher parental education
- Parental self-esteem
- Lack of parental support for corporal punishment
- Child social competence
- High levels of social capital

What can be done to prevent child maltreatment?

Society has a moral and legal obligation to protect children. Much attention has been paid to detecting abuse and protecting children from further harm, but this report argues that it is high time to focus on **prevention**. Prevention programmes need to be put in place and a public health, evidence-based approach adopted to meet the challenge.

Child maltreatment and its devastating impacts on young people's lives can be prevented. Prevention initiatives have been implemented in Europe, but only

some have been tested for effectiveness. Most research comes from the United States and focuses on risk factors. The evidence base now needs to be developed in Europe.

Existing studies provide a wealth of information on the types of interventions that show promise in preventing child maltreatment and its associated risks. Programmes that intervene early with at-risk families, providing parenting support throughout the first few years of children's lives, are strongly supported by scientific evidence. They can improve parenting, reduce stress and improve child outcomes; and some prevent maltreatment (Table 1).

Parenting programmes implemented and evaluated in European settings have shown success in addressing risk factors (although their impact on maltreatment has not yet been examined) and can generate significant cost savings. Some examples from Europe show that encouraging progress is being made (see Boxes 2 to 4). Experience from countries from the Region and worldwide shows that sustained and systematic approaches can address the underlying causes of violence and make children's lives safer.

Less research has looked at the effectiveness of universal approaches in preventing child maltreatment, even though "universalist" measures such as mass media campaigns, social norms programmes and measures to alleviate

Table 1. Effectiveness of universal and selective programmes

	Impact on	
	Child maltreatment	Risk factors
Universal programmes		
Sexual abuse prevention programmes	✧	◆
Media-based public awareness	✧	◆
Abusive head trauma prevention	◆	◆
Changing social norms	✧	✧
Reducing the availability of alcohol	✧	◆
Reducing poverty	✧	✧
Community interventions	✧	◆
Preventing exposure to intimate partner violence	✧	✧
Selective programmes		
Home visiting	◆	◆
Parenting programmes	◆	◆
Multi-component preschool programmes	◆	◆
Enhanced paediatric care	◆	◆
Support and mutual aid groups	✧	✧

- ◆ Judged to be effective or supported by at least two well-designed studies or a systematic review.
- ◆ Judged to be promising or supported by one well-designed study.
- ✧ Judged to have insufficient, weak, or mixed evidence supporting it.

poverty are widespread across Europe. Developing a better understanding of their impacts should be a priority in creating community- and society-based initiatives. Further research is also needed on how best to promote resilience in children who have been abused.

The way forward in the European Region

This report highlights the great public health and social problem child maltreatment presents. Child abuse and neglect has long been regarded as a criminal justice and social issue, but is now also recognized as a public health concern.

Box 2. Nurse Family Partnership programmes in Europe

The Nurse Family Partnerships programme conducts nurse-led home visits with low-income first-time mothers from early in pregnancy up to their child's second birthday, offering health and child/maternal development support. Randomized controlled trials are under way in the Netherlands and the United Kingdom. It has been culturally adapted in the Netherlands through the "VoorZorg" ["For care"] programme, which specifically aims to prevent child maltreatment. The programme delivers approximately 10 home visits during pregnancy and 20 per year during the first 2 years of life. Research is examining its impact on risk factors for, and actual reports of, child maltreatment.

The report supports the view that child maltreatment is not inevitable: it is preventable. It promotes a public health approach which argues that prevention is more cost-effective than dealing with the consequences. Organized responses by society can prevent child maltreatment and the report collates the rich evidence and experience from the Region and elsewhere.

Surveys show that the public and policy-makers are increasingly concerned about

Box 3. "Keiner fällt durchs Netz" [No-one falls through the net]

"Keiner fällt durchs Netz" is a psychosocial prevention programme in Germany for at-risk families with young children. It works with families in the first year of a child's life and includes parent education and training, outreach work by family midwives and a local coordination office to support referrals. A study evaluating the programme found that it had positive impacts on maternal-reported child social development, temperamental "difficulty" and mother-child interaction.

this problem. Child maltreatment affects future health, educational and social prospects, so will perpetuate the cycle of disadvantage and social injustice. Reducing it is among the mainstay of actions required to reduce inequity in Europe and achieve the goals of the new European policy framework for health and well-being, Health 2020. This calls for investment in programmes for the prevention of maltreatment and other adverse experiences in childhood, adopting a "whole-of-society" and multi-sectoral approach led and coordinated by the health sector.

The report proposes a set of actions for Member States, international agencies, nongovernmental organizations, researchers, practitioners and other

Box 4. “Sure start” children’s centres in United Kingdom (England)

“Sure start” children’s centres provide a broad range of services for children and families, including preschool education, child care services, parenting programmes, health services and parental support in accessing training, employment and education. Initially targeted at children from the most deprived communities, “Sure start” services are now provided across much of the country. Some are offered universally and others target disadvantaged families.

An evaluation found that parents of three-year-old children living in deprived areas served by the programme had less risk of negative parenting than those of children living in similarly disadvantaged areas without “Sure start”. Impacts on child maltreatment have not yet been measured.

stakeholders, reflecting European Region and other international policy initiatives.

1. Develop national policy for prevention based on multisectoral action

Health ministries need to take a leadership role in ensuring that national policies and plans for preventing child maltreatment



are developed. A national response should be multidisciplinary, involving sectors such as education, social welfare, justice and stakeholders representing local authorities, practitioners and nongovernmental organizations. Monitoring and evaluation should be embedded to assess progress towards objectives. Child maltreatment prevention needs to be mainstreamed into other areas of health and social policy.

2. Take action with evidence-based prevention

Prevention programmes that have been shown to be cost-effective should be implemented. Key approaches include reducing risk factors by providing parenting support through home-visitation and parenting programmes. More “upstream” activities focusing on deprivation, social and gender inequalities, social attitudes towards violence, beliefs in corporal punishment and access to alcohol are worthwhile investments in the long term. These universal population-level approaches require intersectoral action

and coordination for successful implementation.

3. Strengthen health systems' response for prevention and rehabilitation

Health systems should provide high-quality detection, recording, treatment, support and rehabilitation services in coordination with other sectors. Health workers can act as advocates for prevention, going beyond their traditional role of gathering, recording and presenting forensic evidence for child protection cases. Primary care teams, school health services and paediatricians are uniquely placed to assess and support children and families at risk and to refer for parenting support. Access to multidisciplinary support across sectors is essential to successfully mounting a preventive or protective response.

4. Build capacity and exchange good practice

Child maltreatment prevention needs to be mainstreamed into the curricula of health and other professionals. Exchange of best practice can be promoted through existing networks of, for example, focal persons, practitioners (including paediatricians, general practitioners, nurses, teachers, social workers, police personnel and lawyers), researchers and nongovernmental organizations.

5. Improve data collection for monitoring and evaluation

Prevention policies at local, national and regional levels need to be monitored and evaluated. Data on deaths, illness, social and economic factors, risk factors, outcomes and costs are incomplete or unreliable in many countries. There is an urgent need for reliable and valid data that can be exchanged across sectors. Community surveys using international standardized tools should be conducted regularly to identify trends in prevalence, risks and outcomes.

6. Define priorities for research

There is a need for more evidence from European countries and the testing, adaptation and transferral into European social and cultural contexts of programmes that are effective in other parts of the world. More research is needed to identify risk and protective factors and to evaluate preventive programmes. There is also a need for studies to identify types of abuse that require a swift and legalistic response and those that are better served by family-oriented welfare support.

7. Raise awareness and target investment in best buys

Good evidence exists for the cost-effectiveness of interventions for preventing child maltreatment: this can be used to advocate for preventive approaches. Broader government policy using a "whole-of-society" approach is needed to develop nurturing and safer

environments for children in families, communities and societies. The benefits of such policies far outweigh the costs and bring advantages to all sectors and society as a whole. Social marketing, mass media and education programmes should be used to raise awareness of the effects of child maltreatment and to promote positive parenting and nonviolent behaviour.

8. Address equity in child maltreatment in the Region

Equity needs to be incorporated at all levels of government policy to achieve greater social justice for children. The health sector should use the Health 2020 framework to fulfil its obligation to advocate across government for just action for children, promoting equity for

children's health in all government policies and raising awareness of child maltreatment as a consequence of economic and social activity. The health sector should ensure that prevention is universally incorporated within primary care and child health services, focusing particularly on the socially disadvantaged. Families at risk need to be supported through targeted primary care and community-based welfare support programmes.

Conclusions

Child maltreatment is a serious public health and societal problem in the European Region. It has far-reaching consequences for children's mental,



reproductive and physical health and societal development.

The full scale of the problem is coming to light. Conservative estimates suggest that it affects 18 million children and that tens of millions more will suffer from negative consequences that will affect them throughout their lives. Child maltreatment is a leading cause of health inequality, with the socioeconomically disadvantaged more at risk; it worsens inequity and perpetuates social injustice. It is a priority in most countries in the Region, but few have devoted adequate resources and attention to its prevention.

The *European report on preventing child maltreatment* outlines the high burden of child maltreatment, its causes and consequences and the cost–effectiveness of prevention programmes. It makes a compelling argument for increased investment in prevention and for mainstreaming prevention objectives into other areas of health and social policy. This complements the “whole-of society” approach promoted by Health 2020 and requires increased intersectoral working and coordination.

The report offers policy-makers a preventive approach based on strong evidence and shared experience to support them in responding to increased demands from the public to tackle child maltreatment. Prevention programmes that stop it from occurring in the first place and reduce children’s exposure

have wide-ranging public health and societal benefits. Child maltreatment is unacceptable – this report challenges policy-makers and practitioners to invest in prevention.

ANNEX

Editors, authors, contributors and reviewers

This summary is based on the *European report on preventing child maltreatment* (www.euro.who.int/child-maltreatment-report).

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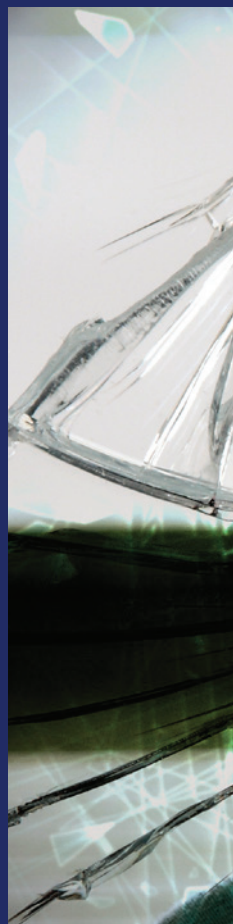
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