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International Federation of
Medical Students' Associations

IFMSA Policy Document Children's Health and Rights

Proposed by Team of Officials

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Policy Statement

Introduction:

All children have the right to opportunities to survive, grow and develop with physical, emotional and social well-being. These rights are defined by the United Nations Universal Declaration of Human rights (UDHR), which applies equally to individuals of all age groups, and the Convention on the Rights of a Child (CRC), which extends special care and protection to address the unique needs of children. A child's right to health is an inclusive right, which extends not only to health care services, but to a child's physical, mental, emotional and social well-being ensuring children are fed, vaccinated, educated, nurtured and protected from all kinds of maltreatment.

IFMSA position:

The IFMSA recognizes the urgent need to protect the rights of children of all nationality, ethnicity, backgrounds and genders globally, without any discrimination and advocates actively to stakeholders to provide children with the opportunities to survive, grow and develop with the highest level of physical, mental, emotional and social well-being. The IFMSA affirms the need to extend special care and protection to address the unique needs of children, prevent maltreatment, and provide the highest quality, accessibility and availability to healthcare.

Call to Action:

Therefore, IFMSA calls on:

Governments to:

- Adopt and implement laws and policies in line with international declarations and conventions that promote and protect the rights of children.
- Provide equitable and accessible health services, promotion and prevention strategies to all children.
- Implement rigorous guidelines to ensure, protect and promote accurate birth registration.
- Invest in policies and programmes to document the epidemiology of children's health-related issues and rights violations to carry out interventions to address its underlying causes, including risk factors and protective factors.
- Create and implement an effective monitoring and reporting system towards the impact of interventions.
- Identify and address factors that disadvantage certain groups of children when developing laws, regulations, policies, programmes and services for children's health, to ensure health equity.

International institutions and Non-governmental organisations to:

- Make children's health and rights-related topics a priority in international health and development discussions.
- Address underlying factors which perpetuate violations of children's rights and cause health issues, which include, however, not limited to, poverty, societal/cultural norms and limited access to education.
- Use a multidisciplinary, systematic and evidence-based approach to ensure an integrated strategy to respond and prevent children's health-related issues and rights violations effectively and to make sure that this information is made accessible to all.



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- Use detailed good epidemiological data to see the location and source of the children health related issues and rights violations, and to be able to track, monitor and evaluate its response to efforts
- Create a platform to do the real-time report for any kind of children's rights and health violation
- raise awareness on topics relating to children's health and rights and ensure that campaigning efforts focus on the adoption of non-violent social and cultural norms
- Use the research result from the medical faculties as evidence-based campaign' resources.

Medical faculties and teaching institutions to:

- Conduct and publish some researches on the implication of the violation of children's rights to their health condition
- Incorporate education on topics relating to children's health and rights within the curriculum (e.g.: how to detect any children's rights and health-related issues in the clinical setting and what are the possible solutions to overcome the problems).
- Integrate teachings and elements of interprofessional education to highlight the necessity of an interdisciplinary, comprehensive and holistic approach to the complex health needs of children.
- Ensure that faculty development programs are instilled to support teachers in presenting topics relating to children's health and rights.

Healthcare sector to:

- Train all healthcare providers to carry out interventions to address children's health-related issues and its relation to children's rights, including ongoing professional development training.
- Standardized the knowledge and skills of the healthcare providers to give counselling for maltreated children.
- Promote a systematic, interdisciplinary approach to prevent children health-related issues and any breaches of children's right; to detect the problem and respond when it does occur, and to minimize its long-term negative impacts.
- To ensure that all children have the right to access safe medical, surgical, mental and reproductive health services, that are acceptable and of the highest attainable quality.

Medical Students & National Member Organisations (NMOs) to:

- Participate in and develop awareness and educational campaigns and activities on Children Health & Rights related topics, including the causes, implications, consequences and ways of prevention.
- Acquire evidence-based knowledge about children's health and rights.
- Identify stakeholders and work actively on advocating for topics relating to children's health and rights.



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Position Paper

Background information:

The United Nations adopted a common standard on human rights with the 30 articles of the Universal Declaration of Human Rights in 1948. These rights are universal, interdependent and nondiscriminatory to sex, caste, creed, nationality, colour, religion, language and age. The United Nations has also adopted the Convention on the Rights of the Child addressing the special needs of children globally.

Children are neither the possessions of parents nor of the state, nor are they mere people-in-the-making; they are humans of their own right, having an equal status as members of the human family [2]. The Convention on the Rights of the Child sets out the rights that must be provided for children to develop to their full potential, treating them as equal members of the community with roles and responsibilities appropriate to his or her age and stage of development [2]. Since they are still developing, children make up the most vulnerable population. Social research findings report that children's earliest experiences significantly influence their future development [2].

In 2018, 6.2 million children and young adolescents died, mostly from preventable causes. Of these deaths, 5.3 million were children under the age of 5, including nearly half of those who were newborn babies [3]. Life-saving health services are often unavailable or inaccessible, making children and adolescents in emergency and humanitarian settings particularly vulnerable. Hence, it is extremely important to address the rights and health of children to provide them a safe, secure and protected environment to thrive and grow into respectable individuals of the society.

All children have the right to opportunities to survive, grow and develop with physical, emotional and social well-being, through access to the highest attainable standard of health, safe drinking water, nutritious food, a clean and safe environment, and information to help them stay healthy, in accordance to Article 1 of the United Nations Convention on the Rights of a Child (CRC). In the CRC 'child' refers to an individual below the age of 18 years old [4].

The primary instrument for protecting and fulfilling these rights is the CRC, a legally binding instrument that provides a platform for advocacy and the development and evaluation of practical support for children's health [5]. Many remarkable achievements have been made since the ratification of the CRC at local, national, regional and international levels, with the development of legislation, policy and local programs. Despite this, significant challenges remain as breaches of basic rights for children are still occurring globally, with children suffering from poverty, inequality, violence, neglect, lack of provisions for birth registration, unequal access to education, preventable and treatable diseases, lacking access to age-appropriate medication and healthcare [6].

Although it's been 30 years since the Convention on the Rights of the Child was adopted, the progress has been slow until now. The global number of deaths of children under 5 in 2018 was 5.3 million. Another surprising fact, in 2018 there were 150 million children suffering malnutrition that causes stunting. In 2016, 152 million children were involved in child labor. 37 million of girls aged 15-19 were married in 2017. In 2019, 13 million girls became mothers. 85.000 children were murdered each day in 2016. In 2017, 420 million children – roughly 1 in 5 children worldwide – were living within 50 kilometres of a conflict incident, more than double the number in 1995 [14].

Moreover, in 2018, nearly 20 million children were still at risk of contracting vaccine-preventable diseases. A survey in 72 countries between 2012 and 2017 showed that the rate of immunization coverage for children is uneven between those living in urban settings and those living in rural areas. The rate was 10 per cent higher in urban settings than the rate in rural areas. Not only that, but we also found another fact in some countries – the most extreme examples – children may even be at a somewhat higher risk of child marriage today than children were three decades ago [15].



Discussion:

Rights of the Child

Human Rights Approach

Human Rights are standards inherent to the human person, inalienable and universal, that allow people to live with dignity, freedom, equality, justice and peace. All human rights are also indivisible, interrelated and interdependent. The United Nations adopted the Universal Declaration of Human Rights (UDHR) in 1948. Although this Declaration is not part of binding international law, its acceptance by all countries around the world establishes a great moral weight to the fundamental principle that all human beings of all ages are to be treated equally and with respect [12].

Since the adoption of the UDHR in 1948, there are now many legally binding international human rights treaties and agreements, used as a framework for discussing and applying human rights. Through these instruments, the principles and rights they outline become legal obligations on those States choosing to be bound by them. In addition, the framework establishes legal, as well as other mechanisms to hold governments accountable in the event they violate human rights [16].

These legally binding instruments of the international human rights framework involve the Universal Declaration of Human Rights and other human rights treaties, including the CRC. All countries have ratified at least one of these treaties, and many have ratified most of them. These treaties are important tools to ensure governments are held accountable to respect and protect the realization of rights for individuals in their country [15].

The Convention on the Rights of the Child

The United Nations General Assembly unanimously adopted the CRC on 20 November 1989 [4]. Most countries ratified the Convention after it was adopted, making it the most widely ratified human rights treaty. Only Somalia and the United States have not yet ratified the Convention, but have signed it, indicating their support [7]. By ratifying the CRC, state parties are obligated to amend and create laws and policies to implement the Convention. This task, however, must not only engage the government of state members, but engage all members of society.

The global acceptance of the Convention shows a wide global commitment to advancing children's rights. The Convention changed the way children are viewed and treated, as human beings with a distinct set of rights as opposed to passive objects of care and charity [7].

The CRC addresses several areas, including non-discrimination; protection of rights; survival and development; protection from all forms of violence; refugee children; social security; right to education; child labour; abduction, sale and trafficking and implementation measures [4].

One of these specific rights is to have a name and nationality. Yet the births of nearly one quarter of children under the age of five worldwide have never been recorded. This lack of formal recognition by the State can result in an infringement of other rights stated in the CRC, for instance denial of healthcare or education. Further, a lack of official identification documents and proof of age can mean that a child may enter marriage, the labour market, or be conscripted into the armed forces, before the identification is legal. Registering children at birth is the first step in securing their recognition before the law, safeguarding their rights, and ensuring that any violation of these rights does not go unnoticed [4] In addition to the CRC and the UDHR, there are many other universal instruments relating to children's rights, including, the

- Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (CRC-OPSC);
- Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict (CRC-OPAC);
- Minimum Age Convention, 1973 (No. 138);
- Worst Forms of Child Labour Convention, 1999 (No. 182);
- Committee on the Rights of the Child:



There is a body of 18 Independent experts that monitors implementation of the Convention on the Rights of the Child by its State parties, called the Committee on the Rights of the Child. All States parties are obliged to submit regular reports to the Committee on the implementation of the rights

The committee also monitors implementation of two Optional Protocols to the Convention, on involvement of children in armed conflict (OPAC) and on sale of children, child prostitution and child pornography (OPSC). Further, the commission receives complaints in accordance to the third Optional Protocol on a communications procedure (OPIC), which will allow individual children to submit complaints regarding specific violations of their rights under the Convention and its first two optional protocols [7].

Children's rights: rights adapted to children

The fragility, particularities and age-specific needs of children require human rights to be specifically adapted to them. Children's physical and intellectual development are necessary components of children's rights as they are paramount for a child to thrive. This development also implies essential needs such as access to an appropriate alimentation, education and care. Children also have an intrinsic vulnerability which requires an additional protection that is tailored to their age and degree of maturity. Threats such as labour exploitation, kidnapping and ill-treatment need to be addressed through increased protection, support and help for children [17].

Child Health

Despite the right to health for all children there is still a global mortality rate of 6.2 million for children under the age of five [8], and most of these deaths occur due to preventable and treatable illnesses. Half of the under-five mortality rate is accountable to five communicable diseases, which are pneumonia, diarrhoea, malaria, measles and AIDS and one third is attributed to malnutrition [9]. To fulfill the right to health for all children and reduce child morbidity and mortality, the implementation of locally developed evidence-based health policies and programs are needed. These should focus on providing ageappropriate, low-cost prevention, treatment and protective measures that encompass the localised determinants of health and educate and empower local children, parents, caregivers and communities to develop and advocate for their right to health [9].

The Determinants of Child Healthcare

A child's right to health is defined in article 24 of the CRC and refers to the appropriate and timely prevention, health promotion, curative, rehabilitative and palliative health care services. It also encompasses the right of a child to grow, play and develop to their full potential through the implementation of programmes that address the underlying determinants of health. A holistic approach to health is essential and places the right of children to health within the broader framework of international human rights obligations [6]. Additionally, an increase in understanding of the social and structural determinants of health including poverty, unemployment, financial, economic, migration, population displacement, war, civil unrest, discrimination, marginalisation and the impacts of climate change and urbanisation show that more than ever a combination of biomedical, behavioural, social, cultural and structural intersections are needed to address to protect and fulfil a child's right to health [6].

Primary Healthcare – Declaration of Alma Ata and Declaration of Astana

Article 24 directly mentions the right to primary health care, which is a term defined by the Declaration of Alma Ata. This Declaration was followed by the Declaration of Astana in 2018 which reaffirms its values and principles. The approach of Primary Health Care emphasizes the need to organise health care services around individuals' needs and expectations, remove exclusion to reduce social disparities, integrates health into all related sectors and pursues collaborative models of policy development and implementation [10][11].

United Nations Sustainable Development Goals

Further, the identification, protection and promotion of children's rights is fundamental to the achievement of all the United National Sustainable Development Goals (UN SDGs), including Goal 3,



to 'Ensure healthy lives and promote well-being for all at all ages' [9]. The UN SDGs were created after the completion of the UN Millennium Development Goals (MDGs), which were eight goals that aimed to end extreme poverty. The SDGs encompass 17 goals that aim to reduce inequity through sustainable development, focusing on a range of areas that contribute and are challenged by current inequalities; and social and structural determinants of health, some of these areas include, health, education, poverty, food distribution systems and the creation of sustainable cities, which are all essential for the fulfillment of the rights and the right to health for all children.

The principle characteristics of children's right to health

Health is the state of physical, mental and social well-being and does not only mean an absence of illness or disease. The right to health is closely linked to other fundamental human rights, most notably access to potable water and adequate hygiene.

Children's rights include timely access to health services. An adequate system must protect health and include access to essential medicine as one of its components. To achieve this right to health, health services in each country need to be available at all times, accessible to all, while being of good quality and satisfactory. Prevention and awareness campaigns are essential in realizing the right to health and promoting public health, especially children's health. For instance, The spread of infectious diseases can be prevented through health education and vaccinations. Vaccinations are an efficient strategy for children's health since they are fairly affordable and protect against risks of death and handicaps associated with common children's diseases, namely tuberculosis, diphtheria, tetanus, leprosy, polio, whooping cough and measles. They can eventually eradicate these diseases in some countries in the long term. Spreading basic information about hygiene and nutritional needs for instance can improve healthy behavior by informing the population of fundamental rules when it comes to protecting their health. Awareness campaigns can also be used to address threats to health faced by children, such as child marriage and female genital mutilation that both have harmful impacts [18].

Child Maltreatment

The abuse and neglect against children under 18 years of age is what defines child maltreatment. All types of physical and sexual abuse, exploitation, neglect, negligence, emotional ill treatment are included child maltreatment. They all result in potential or actual harm to the health, survival, development and dignity of children and occur in the context of a relationship of responsibility, trust or power [23]. The perpetrators of child maltreatment may be:

- parents and other family members;
- caregivers;
- friends;
- acquaintances;
- strangers;
- others in authority – such as teachers, soldiers, police officers and clergy;
- employers;
- health care workers;
- other children. [13]

Child maltreatment has a serious impact on children's well-being, development, physical and mental health. In addition, the social and occupational outcomes of child maltreatment can slow a country's economic and social development. The dynamics and factors that drive child maltreatment differ immensely depending on the context, which includes the setting, the victim's age, and the relationship between the victim and perpetrator [13].

Scope of the problem

There are several risk factors for child maltreatment that have been identified (not present in all social and cultural contexts), that provide an overview when attempting to understand the causes of child maltreatment [13]. These risk factors can occur on different levels: Individual (caregiver or child; age, sex, personal history, etc); Relationship (social relationships (isolation from the community, discrimination, gender roles, violence in the family, etc)); Community (neighbourhoods, schools, etc);



and Societal (norms, economic inequality). However, no single factor on its own can explain why some individuals behave violently towards children or why child maltreatment appears to be more prevalent in certain communities than in others. It is better understood by analysing the complex interaction of a number of factors at different levels. Further, the risk factors are not necessarily by themselves diagnostic of child maltreatment wherever they are detected. However, in places where resources are scarce, children and families that have several of these factors should have priority in receiving services [12].

Types of Child Maltreatment

1. Access to food and water

Water is one of life's basic necessities. It's a human right. Yet by 2040, one in four children will live in areas of extreme water stress [22]. At least 1 in 3 children under 5 today is undernourished or overweight and 1 in 2 suffers from hidden hunger, undermining the capacity of millions of children to grow and develop to their full potential [21]. Low income families tend to select low-quality food that costs less. However, these often lack the much needed nutrients and vitamins required for the child, often placing such children at the highest risk for malnutrition.

How developed are we when children today succumb to our inability to provide safe drinking water and nutritious food to them to grow and develop. Food systems are the key in providing children with diets that are nutritious, safe, affordable and sustainable. Hence we must address the existing food and sanitation environments of a child. The health, water and sanitation, education and social protection systems must all work together to provide children and their families with the knowledge, support and services they need to ensure that nutritious diets translate into better growth and development [21].

2. Child Trafficking

Child trafficking is the recruitment, transportation, transfer, harbouring or receipt of children for the purpose of exploitation. It is a violation of their rights, their well-being and denies them the opportunity to reach their full potential [31]. Children make up almost a third of all human trafficking victims worldwide with Refugee, migrant and displaced children being especially at risk [30]. They may be trafficked into labour exploitation in agriculture, manufacturing industries, mining or fishing industries or small craft workshops. Very often girls are trafficked into child domestic labour and providing sexual services to adults [29].

The children are subjected to constant violence, sometimes beaten or burned and often denied access to healthcare. During a health crisis, they are left on the streets to fend for themselves. Being exposed to drugs and substance abuse, they become entirely dependent on their exploiter for their regular supplies. Isolation from friends and family leads to psychological risks for children pushing them into a life of hopelessness and depression, leading them to do harm to themselves or even attempt suicide. In the worst cases, trafficking and the exploitation it involves can cause a child's death, serious illness or permanent injury [29].

Hence, it is essential to strengthen our systems to prevent, identify, report, refer, and address cases of trafficking. It is also essential to conduct rehabilitation for the children. Moreover it lies upon us to create a community that protects the rights of children and creates a safe space for them to grow and thrive.

3. Child Labour

Child labour is defined as work for which the child is too young – i.e., work done below the required minimum age [19]. Child labour deprives children of their right to go to school, live a dignified and regular life exposing them to violence, reinforcing intergenerational cycles of poverty [19]. An estimated 246 million children are engaged in child labour with 70 per cent (171 million) of these children working in hazardous conditions- in mines, with chemicals and pesticides in agriculture or with dangerous machinery [20]. Hazardous unpaid domestic services, including household chores are performed for long undefined hours, dangerous environment, and involving unsafe equipment causing physical and mental torture.



Hence, it is important to introduce and implement laws that prohibit child labour and actively conduct rehabilitation activities for the children. The government must concentrate their efforts to monitor different stages of implementation and conduct assessment and evaluation for the same.

4. **Violence**

Every child deserves a home in which he receives a positive and nurturing environment. Unfortunately, innumerable children are exposed to myriad forms of violence causing trauma and anguish to them in their growth years. Violence could be physical punishment such as slapping, hitting, spanking or psychological aggression such as shouting, yelling or screaming. Violent discipline at home is the most common form of violence. About 300 Million (3 in 4) children aged between the age of 2 to 4 years of age experience violent discipline by their caregivers on a regular basis and a mighty 250 Million (around 6 in 10) are punished by physical means [25]. Violence affects a child's physical safety and emotional and cognitive well-being at every stage. Children who are subjected to physical punishment fall back at achieving their Social-emotional Development Milestones [25].

Until now only 60 countries have adopted legislation that fully prohibits the use of corporal punishment at home, leaving more than 600 million children under age 5 without full legal protection revealing that violent discipline remains a widely accepted form of upbringing and unacknowledged form of violence [25]. Unfortunately, schools normally perceived as an umbrella of protection and learning remains an equally unsafe environment for children to grow. About 732 million school-age children, half the global population aged 6 to 17, live in countries where they are not legally protected from corporal punishment at school [25]. This raises greater concerns on us as a society.

Here, we advocate for the governments to urgently strengthen the legal and policy frameworks that protect children from the various forms of violence, exploitation and abuse and ensure a solid monitoring and enforcement system in place. There is also a need to alter our deeply ingrained and centuries long social and cultural norms and behaviours, which reinforces the normalcy towards some forms violence.

5. **Family Environment:**

A family provides a protective cushion for the child ensuring he or she is not only protected from troubles but also attains the highest level of development in life. However, derangement in this environment results in psychological trauma for the child on multiple levels. Worldwide, 1 in 4 (176 million) children under age 5 live with a mother who is a victim of intimate partner violence [25].

Family violence especially when caregivers are subjected to intimate partner violence indirectly harms the child influencing their attitude about family and close relationships which could be passed down perpetuating generations of cycles of violence. Research has shown that children who witness violence at home or live with mothers who are victims of intimate partner violence are at a heightened risk of experiencing abuse within the home [25].

Unfavourable conditions at home further force children to break the shackles of their families and live on the streets, with acute vulnerability to exploitation, violence and trafficking is acute, left to fend for themselves with little or no means to support themselves.

6. **Child Sexual Abuse**

Sexual violence against children, a heart-wrenching global reality, is a gross violation of children's rights. It can perpetrate in the form of sexual abuse, harassment, rape or sexual exploitation in prostitution or pornography, occurring in homes, institutions, schools, workplaces, in travel and tourism facilities, within communities in developing and developed countries alike [26].



In one-third of countries, at least 5 per cent of young women reported experiences of sexual violence in childhood while levels are lower among men in those countries [24]. Although children of every age are susceptible, girls become a target of forced sex after age 10 especially during adolescence, a period of pronounced vulnerability. It has been reported that nearly 9 in 10 adolescent girls who have experienced forced sex highlighted its occurrence for the first time between the ages of 10 and 19 [25].

Regardless of the age and type of sexual violence, the relation with perpetrators, or other circumstances surrounding it, most victims experience fear of retaliation, extreme guilt, shame, confusion, lack of confidence in the abilities or willingness of procuring help, or lack of knowledge of available support services and refrain from seeking help or reporting the crime [25]. Hence there is an urgent need to not only address to the cases of child sexual abuse by punishing the perpetrators but also take special interest in the reporting system by making it community based, easily available, anonymous and, finally, mandatory. It is important to strengthen our investigation, and tighten the judiciary systems. It is also essential to conduct training on prevention of sexual exploitation and abuse for all health workers and ensure availability and accessibility to good quality counselling services globally.

7. Child Soldiers

Any person below 18 years of age who is recruited or used, or has been in the past, by an armed force or group is considered a child soldier. Recruitment and use can take multiple forms, including but not limited to children who find themselves working as fighters, cooks, spies, porters or used for sexual purposes. Regardless of the roles of the children recruited, participation of child soldiers bear serious implications for their physical and emotional wellbeing. The children are constantly subject to physical, mental, emotional and psychosocial abuse making most of them witness death, killing, and sexual violence and many are themselves forced to commit violent inflicting serious long-term psychological consequences [27].

The reintegration of these children is extremely important to help them overcome the long-term effects of war. It is a moral and legal obligation to conduct reintegration procedures for these children. We must provide them with access to education, emphasising on vocational training to equip them with the skills they need to adapt to regular life. It not only helps children rebuild their lives and attain their maximum potential but also to break cycles of violence ensuring peace and security making them integral and valued members of the society. It is also our responsibility to provide these children with psychosocial support and mental health rehabilitation to protect them from the trauma and implications of violence and protect them from the stigma once reintegrated into the community [28].

8. Child Marriage

Child marriage refers to any formal marriage or informal union between a child under the age of 18 and an adult or another child. From one in four girls married a decade ago, the prevalence of child marriage has reduced to approximately one in five today. Although child marriage is an occurrence in males and females, UNICEF suggests the prevalence of child marriage among boys is just one sixth of the prevalence among girls. A mighty 650 million girls and women alive today were married as children [15,32,33].

Child marriage strips girls of their childhood, restricts their opportunity to live a dignified life, attain education and harms their health. Girls who marry before 18 are more likely to experience domestic violence. They are more likely to become pregnant during adolescence increasing the risks of complications during pregnancy and childbirth. The children born are also more likely to be stillborn or die in the first month of life. Hence we must promote the introduction of policies and legislations and ensure its implementation against child marriage and maintain records to address the problem. We must educate the community and address the issue of child marriage at its roots. [15,32,33]



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Consequences of Child Maltreatment

Over the course of a victim's life, child maltreatment involves a broad range of adverse mental and physical health outcomes that are costly, both to the child and to society. The health and social consequences of child maltreatment are wide-ranging and include major harm to the development of victims, as well as harm to their physical and mental health. Exposure to maltreatment and other forms of violence during childhood is associated with risk factors and risk-taking behaviours later in life. These include depression, smoking, obesity, alcohol and drug use, violent victimization and the perpetration of violence, high-risk sexual behaviours and unintended pregnancy, which can lead to death, disease and disability (such as heart disease, sexually transmitted infections, cancer and suicide). In addition, child maltreatment has a huge economic impact, including child welfare, costs of hospitalization, mental health treatment, and longer-term health costs [13].

Prevention of Child Maltreatment

There is sufficient evidence to state that child maltreatment can be prevented. Nevertheless, little attention has been given to prevention in terms of research and policy. A comprehensive strategy for the prevention of child maltreatment includes interventions at several levels, involving the individual level (biological variables, personal history), relationship level (an individual's close social relationships), community level (settings in which social relationships take place) and societal factors (underlying conditions) [13].

When addressing prevention of child maltreatment, it is important to ensure that scarce resources are sufficiently concentrated to sustain prevention activities at the required levels and for the time necessary to achieve a prevention effect, as indicated by scientific outcome studies of similar interventions.

Prevention strategies with the most evidence of effectiveness, hence providing a good starting point for preventing child maltreatment, are support for families by means of home visits and training programmes for parents. Further, prevention programmes should make a priority of working with subgroups of the population at the highest risk of maltreatment [13].

Services providing care and support to maltreated children and their families need to be strengthened and need a stronger evidence base than presently exists to show their effectiveness. To standardize care and improve its quality, protocols for the provision of services will be of use. Lastly, well-trained professionals who regularly work with children can be an invaluable asset in the detection of child maltreatment [13].



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