

## STANDARD 10: Recognising, protecting and supporting vulnerable or/and abused children

**‘Health care providers, organisations and individual health workers, share a responsibility to advocate for children and to reduce the fear, anxiety and suffering of children and their families by ensuring that they recognise, protect and support vulnerable and abused children’.**

### Supporting criteria

1. The following important primary, secondary and tertiary activities are aimed at preventing ill treatment and abuse:

- Giving advice on parenting and other related issues to pregnant women, carers, young people, children and others.
- Systems to identify vulnerable families in which abuse might occur:
- Referrals to systems in the community (if they exist) to support vulnerable families:
- The prompt but confidential sharing of information and concern with other relevant disciplines such as other health workers, social welfare services, police, schools, playgroups etc.
- A knowledge of the country’s legal framework for child protection
- Referral to a social welfare service (or similar support service-if it exists) that provides general and emotional support to vulnerable families, and to abused children and their families

2. For suspected abuse:

- A written statement (policy) to guide health workers which includes clearly defined procedures for managing children suspected of being abused
- Lead health workers (doctor and nurse) to coordinate activities with responsibility for policies, clinical guidelines for managing the child and family, monitoring the quality of the service and training
- Clinical guidelines to help with the recognition, diagnosis and investigation of child abuse that are available to all health workers
- Systems for protecting and supporting an abused child
- Systems for protecting and supporting the families of an abused child.

3. Keeping confidential written information about vulnerable families, abandoned children and abused children. Best possible practice is to have a confidential register of all abused children which can be accessed twenty-four hours a day:

### Discussion

Many health strategies and other primary, secondary and tertiary prevention activities can support vulnerable children and families and help prevent child abuse and ill treatment.

### Examples of activities aimed at preventing of child abuse include (WHO):

Primary prevention	Secondary prevention	Tertiary prevention activities
<ul style="list-style-type: none"> <li>• Pre-natal and perinatal health programs</li> <li>• Child health monitoring programs</li> <li>• Promotion of good parenting</li> <li>• Raising public awareness about child abuse</li> <li>• Raising community awareness about the UNCRC</li> <li>• A social welfare system</li> <li>• School activities re:</li> </ul>	<ul style="list-style-type: none"> <li>• A system for identifying vulnerable families</li> <li>• Family support systems eg home visits</li> <li>• Clear referral systems to support services for vulnerable families</li> <li>• Substance abuse treatment programs</li> <li>• Community based family centred support assistance and networks (social welfare system)</li> </ul>	<ul style="list-style-type: none"> <li>• Early diagnosis</li> <li>• The working together of all organisations involved with abused children to ensure:               <ul style="list-style-type: none"> <li>- medical treatment</li> <li>- healthcare</li> <li>- counselling</li> <li>- management and support of victims</li> <li>- management and support of families</li> <li>- re-integration into the community and schools</li> </ul> </li> <li>• Adequate child protection laws</li> <li>• Child Friendly criminal justice</li> </ul>

non-violence and the prevention of bullying	<ul style="list-style-type: none"> <li>• Accessible information about community services available for all families</li> <li>• Support services based in schools</li> </ul>	systems, including facilities for the court attendance and participation of potentially abused children
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Children are more likely to be vulnerable, abused and/or ill-treated when environmental factors are adverse, when parenting is not good enough or when they themselves have problems that make their families more stressed, or their care more difficult.

### Risk factors include:

Environment factors	Parent factors	Child factors
<ul style="list-style-type: none"> <li>• Absolute or relative poverty</li> <li>• War or other 'natural' disasters (eg famine, earthquake, flood etc.)</li> <li>• Family displacement or refugee status</li> <li>• Confinement to a prison or other institution</li> <li>• Excessive family mobility</li> </ul>	<ul style="list-style-type: none"> <li>• Absence of one or both birth parents</li> <li>• Substance (drugs, alcohol etc) abuse</li> <li>• Domestic violence and/or marital relationship/family problems</li> <li>• Poor experience of parenting by parent/s</li> <li>• Very young or immature parent/s</li> <li>• Physical or mental health problems/emotional disturbance in one or both parents</li> <li>• Family already known to social welfare system</li> <li>• Evidence of poor parenting of a sibling/s</li> </ul>	<ul style="list-style-type: none"> <li>• A disability or learning difficulties</li> <li>• Low birth weight/premature birth</li> <li>• Prolonged separation from a parent (such as admission to a hospital) especially in the neonatal period</li> <li>• Female sex (in some cultures females are at risk of infanticide and have limited opportunities for education.)</li> <li>• One of a multiple birth</li> <li>• A 'difficult baby or child' or one who cries incessantly</li> </ul>

### WHO multilevel risk factors for child abuse

PARENT	CHILD	FAMILY	COMMUNITY/SOCIETY
<ul style="list-style-type: none"> <li>• Young age</li> <li>• Single unsupported parent</li> <li>• Unwanted pregnancy</li> <li>• Poor parenting skills</li> <li>• Early exposure to violence or abuse themselves</li> <li>• Substance abuse</li> <li>• Inadequate pre-natal care</li> <li>• Physical or mental illness</li> <li>• Learning difficulties</li> <li>• Relationship problems</li> </ul>	<ul style="list-style-type: none"> <li>• Female Sex</li> <li>• Prematurity</li> <li>• Separation or poor bonding in neonatal period</li> <li>• Unwanted</li> <li>• Disabled physically or mentally</li> <li>• Delayed development, particularly soiling and wetting past developmental age</li> <li>• Difficult temperament (persistent screaming, attention deficit/hyperactivity disorder etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Size/density</li> <li>• Poor socio-economic status</li> <li>• Social isolation</li> <li>• High levels of stress</li> <li>• Family abuse/history of domestic violence</li> </ul>	<ul style="list-style-type: none"> <li>• Non-existent, non-enforced child protection laws</li> <li>• Decreased value of children (minority, gender, disabled)</li> <li>• Social inequalities</li> <li>• Organised violence (wars, small arms, high crime rates)</li> <li>• High social acceptability of violence</li> <li>• Media violence</li> <li>• Cultural norms</li> </ul>

The legal framework required to protect children varies in different countries. In some there may be no framework at all despite ratification of the UNCRC, and in others advanced laws especially for children, for example the 1989 'Children Act' in England and Wales. Some countries that do have legislation do not have any framework for enforcing this and others have minimal legislation. Child abuse is often interpreted very

differently and some countries do not have laws to protect children from enforced labour, recruitment as soldiers or to protect them if they are refugees.

Many disadvantaged countries place child protection programs low on their priority list, as they have so many other problems to solve such as border security, the provision of safe water and sanitation, affordable education and health systems, adequate employment prospects and securing their economy. However there is an obligation following ratification of the UNCRC for governments to move towards protecting children in a transparent way, whatever their problems. The International Community must continue to advocate for the global rights of children to be protected and the introduction of laws that will protect children where none exist.

#### **Abuse, neglect or exploitation is less likely to occur if a country:**

- Provides financial and other support for vulnerable children and families
- Ensures equal access to, and opportunities for, free healthcare and education for all children
- Supports educational programs that will improve parenting skills for the whole population
- Programs that identify and support vulnerable children and families (*see Standard 1*)
- Uses integrated, collaborative and standardised methods to diagnose, protect and support abused children.

Health care providers have a key role, together with other groups that work with children and families, in identifying, protecting and supporting vulnerable and abused children and their families. To do this effectively individual health workers have a responsibility to acquire the skills necessary to understand and use the preventive, diagnostic, protective and support systems that exist in their country, to advocate for these when they are absent and to collaborate with their colleagues in the other agencies and organisations that are involved with children.

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