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**ABSTRACT**

This document provides highlights and recommendations of a conference on battered children and child abuse sponsored by the Council for International Organizations of Medical Sciences (CIOMS) and the World Health Organization (WHO). In a discussion of the nature of the child abuse problem, the history of child maltreatment is briefly reviewed and the fact that it is a neglected policy area is discussed. The availability and accuracy of data on the magnitude of the problem in developed and developing countries is summarized. Difficulties in defining the problem of child abuse are discussed, noting that definitions vary between and within countries. The conference's definition of child abuse is stated: child abuse is defined as the intended or unintended act or omission by an adult, society or country, which adversely affects a child's health, physical growth, or psychosocial development. Definitions of child neglect, passive child abuse, and child exploitation are also discussed. Explanatory models of child abuse are described, focusing on a multivariate approach within a sociopolitical setting. Primary and secondary prevention activities are discussed; the need for greater public awareness of the different forms of child abuse, and the extent to which it occurs in different social circumstances is highlighted. Five recommendations of the conference are stated. The conference program is included. (ABL)

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# **BATTERED CHILDREN AND CHILD ABUSE**

Highlights and Recommendations  
of the  
CIOMS/WHO Conference

Berne, Switzerland  
December 1985

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## ACKNOWLEDGEMENTS

The Council for International Organizations of Medical Sciences (CIOMS) and the World Health Organization (WHO) wish to express their gratitude to all individuals, organizations and institutions for their help and contributions, which made this conference possible.

We are particularly grateful to Professor M.C. Bettex, President of the World Federation of Associations of Pediatric Surgeons and Director of the University Children's Clinic, Berne, upon whose initiative this conference became a reality. Special thanks are due to his colleagues in the clinic, who ensured that the conference was run smoothly and in a pleasant atmosphere.

### *PROGRAMME AND ORGANIZING COMMITTEE*

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## Introduction

Conferences of the Council for International Organizations of Medical Sciences (CIOMS) are interdisciplinary forums which enable scientists and lay people to express their views on topics of immediate concern, unhampered by administrative, political or other considerations. They are designed not only to present the scientific and technical basis of new developments in biology and medicine but also to explore their social, ethical, moral, administrative, economic and legal implications.

Participants in these conferences include prominent representatives of the fields of medicine and biology, philosophy and theology, sociology and law; it is felt that this multidisciplinary approach can best increase understanding of issues that are no longer exclusively the concern of any one profession and are sometimes the subject of wide public interest.

Child battering and child abuse in general is becoming more and more widespread, possibly differing in the forms it takes from one cultural setting to another but always with medical, social, legal and ethical implications. This conference was designed as an interdisciplinary international forum for discussion and reflection on how the problem should be taken up by national and international bodies.

The need for a conference on the subject reflects a growing public awareness and concern about the problem of child abuse in both developed and developing countries. This concern has been stimulated by the dramatic increase observed in recent years in the numbers of reported cases of child abuse, as well as by a better understanding among the public and professionals of the many different forms that child abuse takes in different social and economic settings. Although the reported increase has been particularly noticeable in the industrialized countries, it is believed that the problem is by no means restricted to these countries and that in what are predominantly traditional, rural and agricultural societies child abuse may be equally extensive, albeit not as well diagnosed or reported.

## **Nature of the Problem**

Like the realization that children have special needs and hence special rights, the discovery of child abuse as a global problem has had to await the second half of the twentieth century. The problem, however, is not new. There is considerable historical evidence that prior to the European industrial revolution, and certainly during it, systematic maltreatment of children for both economic and ideological reasons was common. At various times, growing awareness of the problem as it affected disadvantaged groups led to calls for social reform and policies designed to protect the health and well-being of children, especially during periods of social disruption. It was not until the second half of this century, however, that any widespread attempt was made to seek an explanation of the problem or, what is more important, ways of systematically controlling and preventing it as well as treating the victimized child.

Despite this attempt and the considerable attention the problem has received in recent years, child abuse remains a largely neglected policy area, one on which it has not been possible to obtain any widespread understanding or agreement as to the steps that can and should be taken to combat it. Few countries, for example, have seriously begun to monitor its incidence or to describe its magnitude. Even fewer have taken steps to formulate training programmes to train the different health and social staff who deal with abused children.

## **Magnitude of the Problem**

It remains difficult to determine the true magnitude of the problem in most countries, developed or developing. The problem of inadequate data is not peculiar to any particular country or region, but, as with other health indicators, it is much more serious in developing than in developed countries, where health information systems lend themselves more readily to the reporting of child abuse. Even where routine reporting is common, however, the quality of the available information remains variable. Incidence rates currently in use are drawn from a variety of sources: in some instances, national surveys and central reporting registers constitute reasonably reliable sources; in others it is still necessary to rely on compilations of newspaper accounts, or to calculate estimates by extrapolating from case studies or small surveys.

What data do exist nevertheless suggest that, as the public and health and social workers have become more aware of the problem and as monitoring systems have improved, estimates of incidence rates have been consistently revised upwards. Rates of between 13 and 21 per 1,000 population have been reported in industrialized countries. Hospital data on so-called accidental injuries that are also attributable to wilful abuse indicate that the problem may be equally serious in developing countries. The continued lack of legal requirements to report cases in many countries, however, makes it difficult to analyse trends reliably or to formulate or evaluate programmes to prevent or treat child abuse.

Moreover, most published data refer to individual cases of child battering and sexual abuse that have been brought before the courts or to hospitals. These are an important segment of the problem and call for immediate and specific action. However, they involve relatively very few children compared with the very much greater numbers associated with societal faults. There are, for instance, according to conservative estimates, 145 million children between the ages of 10 and 14 years involved in child labour, and chronic severe poverty in some parts of the world contributes to infant and young child mortality rates of 160 per 1000 and of large-scale abandonment of children.

## **Definition**

A fundamental constraint to monitoring, better comparative analysis, and realistic estimates of the magnitude of the problem is that definitions of child abuse vary both within and between countries. Even within countries the health, social welfare and legal sectors perceive the problem differently.

This lack of unanimity reflects differences in the technical approaches developed by the different professions concerned with child abuse, and their tendency to use terms that express their own ideas about the nature of the problem and what they can contribute to diagnosis and treatment.

Internationally, there have been equally limiting differences with regard to attitudes and traditions in child rearing and child disciplining; families and communities may see children as economic



resources, and this complicates the difficulty of establishing definitions that are acceptable to different cultural groups.

Attempts to define and operationalize the concept, especially in the context of non-industrialized societies, have till recently also been hampered because much of the analytic work on child abuse has been based on studies from developed countries. Although child abuse has been shown to occur, in one form or another, in many non-industrialized, rural and traditional societies, most of them have not regarded it as a serious social problem, and consequently have taken no important social steps to deal with it or to establish a policy with regard to it.

With little agreement between the various disciplines and sectors concerned with the needs of children, and without a standardized international approach, it remains difficult not only to compare national trends and international rates, but also to develop feasible and problem-specific ways of responding to and preventing child abuse.

For the purposes of the conference, the generic term "child abuse" was employed to refer to any intended or unintended act or omission by an adult, society or country, which adversely affects a child's health, physical growth or psychosocial development. The term is also meant to cover acts and omissions which the child may not necessarily regard as abusive or neglectful, and, conversely, behaviour of adults which they may not recognize as abusive.

It was nevertheless recognized that various other terms are in common use and that, in different settings, they serve to distinguish between different forms of child abuse. These terms include "maltreatment", which is sometimes used in an all-embracing way to refer not only to parental behaviour but also to actions (as well as omissions) of other individuals, groups, organizations, institutions or society at large which "jeopardise the physical, social, mental, or moral development of the child to some degree"<sup>1</sup>. Used in this sense, the term covers behaviour patterns which, whether sanctioned by law and custom or not, are in some way injurious to the child's health or social, economic, emotional or moral well-being.

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<sup>1</sup>Veillard-Cybuiska, H. The legal welfare of children in a disturbed family situation. *International Child Welfare Review*, No. 27, December 1975.

Sometimes the term "child abuse" has been narrowly focused to refer only to parental acts that constitute a misuse or exploitation of the rights of parents and guardians with regard to the control and disciplining of the children under their care<sup>2</sup>. According to this usage, child abuse occurs when a parent or guardian knowingly misuses his privileged position *vis-à-vis* the child in order to commit acts which transgress societal norms and damage the child's development as a full and functioning member of society. It may be emotional or psychological abuse, harming the child's normal personality development; it is often characterized by "continual scapegoating, terrorizing and rejection"<sup>3</sup> of the child. "Sexual abuse" is usually defined as any sexual misuse of the child by a parent or guardian or other family-related adult. "Drug abuse" usually refers to deliberate drugging of children by adults with preparations intended for use by adults, or the sharing of narcotics and alcoholic drinks with them<sup>4</sup>. "Child battering", which differs from "physical abuse" only in degree or severity, is often used to describe acts that require medical attention and treatment, or that leave bruises on the child.

The concept of "child neglect", or "passive child abuse", usually refers to the failure by parents or guardians to perform duties and obligations which are basic to the child's well-being, such as supervision, nurture, protection, and the provision of food, clothing, medical care and education. "Child exploitation" refers to forms of child abuse from which the perpetrator gains economic benefits, and generally refers to the compelling of children to engage in paid employment in work or environments that harm their general physical, psychosocial and moral development.

While these definitions are no doubt of analytic and reporting value, it was nevertheless felt that the more general term "child abuse" could adequately encompass these different variations and, at the same time, provide a sense of their impact on, and implications for, the victimized child. For the purpose of developing or promoting social policies, moreover, an all-inclusive term such as "child abuse" may have advantages.

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<sup>2</sup> Giovannoni, J.M. Parental mistreatment. Perpetrators and victims. *Journal of Marriage and Family*, Vol. 22, 1971.

<sup>3</sup> Schmitt, B.D. Battered child syndrome. *Current Pediatric Diagnosis and Treatment*, H.C. Kempe et al. (eds.) Los Altos, California, Lange Medical Publications, 1980.

<sup>4</sup> *ibid.*

## Explanatory Models

A number of psychiatric, sociological, and ecological frameworks have been proposed to help explain the etiology of child abuse, and to permit the determination of ways in which the problem might be controlled and prevented. For a variety of methodological reasons, some of which have been referred to above, definitive conclusions concerning causal or precipitating factors are difficult to draw on the basis of some of these models.

Theoretical approaches to the problem have, in general, built on specific linear models of behaviour such as concern the psychopathologic or special child. While not without their value, linear models are limited with respect to their ability to accommodate such intervening phenomena as rapid social change, family disorganization and the impact of these changes on interpersonal relationships and behaviour. There is a recent trend to use a multivariate approach, in which reciprocal relationships between children, those who are immediately responsible for their care, the family unit and society can be viewed in a dynamic fashion.

Socioecological multivariate models are of use also in that they set child abuse against a broad sociopolitical background; as a result, they indicate that the best way to understand and deal with child abuse may be by building a new socioecological system. In this regard, the framework outlined below, a modified version of the model presented by Obikeze at the conference<sup>5</sup>, helps in the understanding of societal forms of child abuse and their relationship to other forms and their origins.

The model encompasses the general definitions presented above as well as the conference use of the term "child abuse". In introducing societal abuse, it highlights a problem which is not usually referred to in the clinical literature and not often represented in the analytical or explanatory models that have been proposed but which nevertheless may be the most pervasive and affect the health and welfare of the most children, particularly in developing countries.

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<sup>5</sup> Obikeze, D.S. Child maltreatment in non industrialized countries. A framework for analysis. Presented at the CIOMS/WHO Conference on Battered Children and Child Abuse, Berne, Switzerland, 4-6 December 1985.

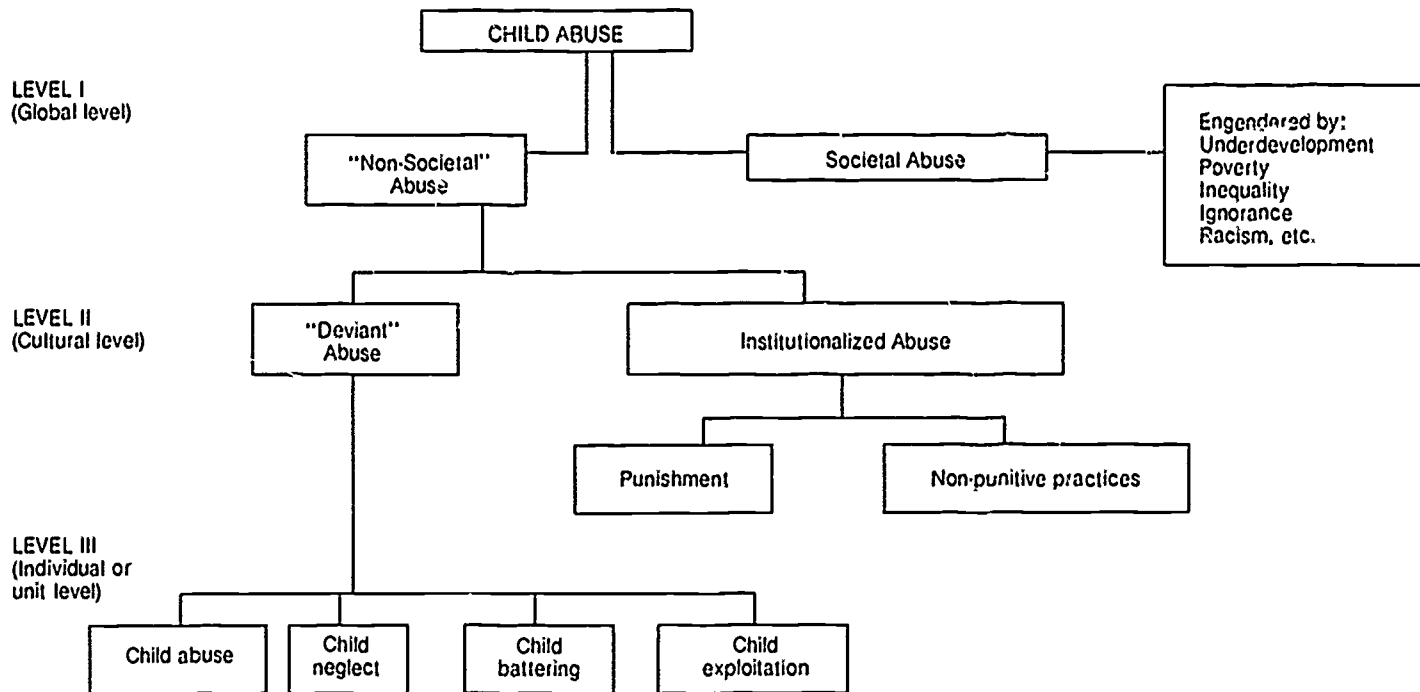


Fig. 1: Child Abuse: Analytical model

The concept of societal child abuse refers to a global condition in which the lack of social, economic and other development resources affects adversely the growth and development of children. It refers specifically to societies where poverty, hunger, poor sanitation, inadequate shelter and lack of health care contribute to infant mortality rates that are at times as high as 160 per 1000. In parts of Asia, Africa and Latin America, children under the age of six years account for half of all deaths, or up to 80% of all children may be underweight, or 20% of all children die before their fifth birthday. Such data draw attention to an abuse of children that is fundamentally societal.

This concept includes also the abuse of children that is associated with chronic war, into which children are being increasingly drawn and in which very many are killed or exposed over long periods to abusive psychological stress. Similarly it refers to the poor access to education and the limited possibilities that many children have of developing their potential, which are increasingly common in large population groups in developing countries.

Extra-familial child abuse of this type is far more widespread than the intra-familial form; it tends to be hidden except in crises, and has yet received neither adequate attention from the public nor the serious concern of decision-makers. Child labour, child prostitution, chronic malnutrition and economic insecurity, as well as the submitting of children to the numbing brutality of war, are issues that merit immediate action, both nationally and internationally.

Extra-familial and intra-familial child abuse appear to have certain common causes and associations, such as poverty, social inequity, ignorance, racism and unemployment. Conditions of social tension, inequity and economic crisis are known to contribute directly and indirectly to both forms; it seems likely therefore that, although the true magnitude of child abuse is unknown, its present incidence will continue and even increase unless there is a decisive social and political commitment to broad social and specific coordinated action to deal with it.

### **Action to Deal with Child Abuse**

Broad health and social strategies based on primary and secondary prevention of child abuse have recently been proposed. Primary

prevention emphasizes the stimulation of interest in, and a better understanding of, the health and social aspects of child abuse; more responsible and informed parenthood and, by extension, support for the family; and a better allocation of social and institutional resources likely to support healthy family functioning. These are, by their nature, long-term measures, but any action taken to achieve them is likely to draw attention to the nature of child abuse, its magnitude, and its biological and psychosocial effects on the individual child and on children in general.

Secondary prevention, including the definition and recognition of individual, familial, and community risk characteristics and circumstances likely to be associated with, or to predispose to, child abuse, consists of direct short-term ways of reducing threats to children and improving conditions that place them at risk.

Prevention and therapy have focused on individual cases of battering and other forms of abuse. Given the reported incidence of child battering in certain highly industrialized countries, this is not surprising. As a result of the rediscovery in recent years of the battered child syndrome, and of improved guidelines for clinical diagnosis of child abuse, the numbers of reported cases have increased continuously. The publicity attached to these and other forms of intra-familial abuse, including sexual abuse, has increased awareness among health and social workers and led to more reporting by the public. Certainly in the United States, where the problem has received considerable attention from the media and in training programmes, recent data suggest that the incidence of some types of child abuse may have peaked and that preventive measures are beginning to reduce the number of new cases.

In general, action has been forthcoming from a variety of sectors including health, social welfare and the judiciary. Many organizations, both governmental and non-governmental, have by now accumulated experience and have perfected ways of dealing with specific aspects of the problem. What has been lacking, however, with the exception of a few countries and international efforts, has been the systematic compilation and analysis of these experiences so that they might be more widely disseminated and adapted to different cultural and social situations. Similarly, comprehensive national strategies or coordinated global efforts to mobilize technical and moral support for programmes in this area have largely been lacking.

In some countries, concern over the increase in abused and neglected children has led to an enactment of new laws. In some jurisdictions special laws have been introduced to deal with child abuse as part of criminal law; in others, meanwhile, the general criminal law applies and the legal protection of abused children is adequately covered by child protection acts and the civil courts. However, it cannot be too strongly emphasized that child abuse and neglect is not limited to intra-familial forms. In such forms as child prostitution, trafficking in children, forced marriage, exploitative and illegal labour, and generally degrading treatment it affects millions of children. New national legislation, and its enforcement, must take account of this. International Labour Organization (ILO) conventions have addressed many of these abuses and should be reflected more in domestic legislation. Education of the community with regard to the different forms that abuse takes, and to the existence and applicability of local laws, could result in better reporting and the early identification of children at risk.

Nevertheless, there is much more that non-governmental organizations, both professional and others, could do. Physicians, nurses, teachers, jurists and social workers, as well as religion-affiliated lay groups, trade unions, women and youth groups, and consumer and advocacy groups need to be encouraged to play a far more important role than they do at present, and more information will have to be made available to them. This could no doubt be accomplished more efficiently if there were specific and well-publicized national policies on the problem. At governmental level, ministries of health and social welfare, justice, labour, and education could also take on a more effective role if there were better coordinated policies on the prevention and treatment of child abuse. National research institutions and the media could equally, through ministerial programmes, contribute to educational activities designed to prevent and deal with the problem.

The management of "clinical" intra-familial child abuse has developed considerably in some countries but much remains to be done with regard to the early identification of high-risk circumstances, and the direct treatment and rehabilitation of the child, with the least disruption to the family, in which the child may have to continue to live. A managerial aspect often overlooked has been the counselling of families and providing them with the types of social support likely to improve parental functioning and child care in general.

As regards both intra-and extra-familial child abuse, political, legislative and regulatory action needs to be linked with improved monitoring systems; such linkage would, in turn, lead to situation-specific training programmes for health and social workers who are likely to be in a position to intervene.

In general, however, the principal need is for greater public awareness of the different forms of child abuse and the extent to which it occurs in different social circumstances. A variety of ways of informing and educating the public, and of training professional workers, are needed in order to ensure that child abuse receives adequate attention.

## Recommendations

1. Since no well organized services can be provided in the absence of explicit policies and an allocation and acceptance of responsibility, and since services for child abuse are lacking in many countries, and given that community organizations have a vital role to play in the early identification and prevention of child abuse, the Conference recommended that:

governments designate national focal points with the responsibility of gathering information on the incidence of child abuse, compiling and disseminating technical documentation on the problem, providing advice and training materials, and advising all other national authorities on the subject.

2. Given the role that international agencies and organizations have played in promoting and coordinating actions for health and social welfare, and given their mandate with regard to the development of international instruments and standards relating to the promotion and protection of rights, the Conference recommended that:

the World Health Organization and other agencies prepare a survey of policies, laws, and practices relating to the prevention and control of child abuse and neglect in selected developed and developing countries, in order to provide the type of evaluative framework that would permit other countries to develop or perfect approaches to the problem.



3. In view of the need for primary prevention of child abuse, including the sensitization of the public at large and the training of professional groups, and given the experience that has been gained in different countries, the Conference recommended that:

steps be taken to set up coordinating mechanisms at an international level in order to provide a channel for the exchange of information between governmental and non-governmental agencies with a view to creating a better awareness of the problem and fostering progress in ways of dealing with it, at both the community and the professional levels.

4. Noting that the magnitude, as well as the impact, of child abuse, both intra- and extra-familial, are insufficiently well-known, and given that it will be difficult to develop appropriate policies and action in the absence of better epidemiological descriptions of the problem, the Conference recommended that:

national and international groups and agencies carry out surveys of existing materials and reports, or undertake new surveys, in order to define the extent of the problem of child abuse, in its different forms, so as to provide a basis for policy and action.

5. Noting the close interrelationship between the social and the health aspects of child abuse, the need for promotional and technical activities designed to reach both the public and professional groups, and the need for coordination between international groups and agencies, the Conference recommended that:

the World Health Organization establish a task force, representing different countries and disciplines, which could respond to requests for technical cooperation from countries, and could assist in the development of new policies based on updated analyses of the global situation, paying special attention to the long-term implications of child abuse for healthy growth and development.

# CONFERENCE PROGRAMME

**Wednesday 4 December 1985**

**14:00 OPENING OF CONFERENCE**

M. Belchior, President  
Council for International Organizations of Medical Sciences

A. Gellhorn, Conference Chairman  
Immediate Past-President  
Council for International Organizations of Medical Sciences

A. Petros-Barvazian, Director  
Division of Family Health, World Health Organization

**WELCOME ADDRESS**

B. Roos, Director  
Federal Office of Public Health, Berne

M.C. Bettex, Chairman  
Conference Organizing Committee  
Director, University Children's Hospital, Berne

**KEYNOTE ADDRESS**

I. Dogramaci, Executive Director  
International Paediatric Association, Ankara-Paris

**16:00 Plenary Session I  
NATURE AND MAGNITUDE OF THE PROBLEM**

Chairman: I. Dogramaci

Medical and social definitions

General socio-economic, political and cultural characteristics

Presentation of the problem in different settings

Industrialized countries

R. Krugman

Non-industrialized countries

D.S. Obikeze

Discussion

**Thursday 5 December 1985**

**09:00 Plenary Session II  
SPECIFIC ASPECTS OF THE PROBLEM**

Chairman: F. Vilardell

Role and Impact of the Family B. Bell

Exploitative Child Labour U. Naidu

Vagrant Child Labour F. Reyes

The Child in War A. Shama'a

Sexual Abuse and Child Prostitution J. Ennew

Discussion

**11:30 Plenary Session III  
SOCIAL POLICY AND SERVICE ASPECTS OF THE PROBLEM**

Chairman: A. Gellhorn

Juridical aspects, including legislative approaches in selected countries to child abuse in and outside the family, child labour, sexual abuse and child prostitution, vagrant children M. Owen

Alternative (non-judicial) approaches to the problem, including social welfare, and informal inter-disciplinary ways of meeting child and family needs J. Doek

Discussion

**14:30 GROUP DISCUSSIONS**

Group A: Types of resources currently available in different countries and how they can be built upon for advocacy and action

Moderator: F. Reyes

Secretary: M. Carballo

Group B: Roles and responsibilities of governmental and non-governmental organizations and agencies, nationally and internationally

Moderator: P.E. Ferrier

Secretary: M.A. Belsey

Group C: Gaps in knowledge at the national and international levels with respect to identification and approach to the problem

Moderator: R. Krugman

Secretary: P.M. Shah

**Friday 6 December 1965**

09:00 GROUP DISCUSSIONS (continued)

Working Groups  
Preparation of Group Reports

14:30 Plenary Session IV  
Chairman: A. Gellhorn

Reports of the Working Groups:

Group A: Types of resources F. Reyes

Group B: Roles of governmental and non-governmental  
organizations P.E. Ferrier

Group C: Gaps in knowledge R. Krugman

General Discussion

Conclusions and Recommendations

17:00 CLOSING OF CONFERENCE M. Belchior

\* \* \*

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