



Intersectoral working to stop child maltreatment

High Level Meeting
Parliament of Latvia



**World Health
Organization**

REGIONAL OFFICE FOR

Europe



**Organisation
mondiale de la Santé**

BUREAU RÉGIONAL DE L'

Europe



Weltgesundheitsorganisation

REGIONALBÜRO FÜR

Europa



**Всемирная организация
здравоохранения**

Европейское региональное бюро

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Outline

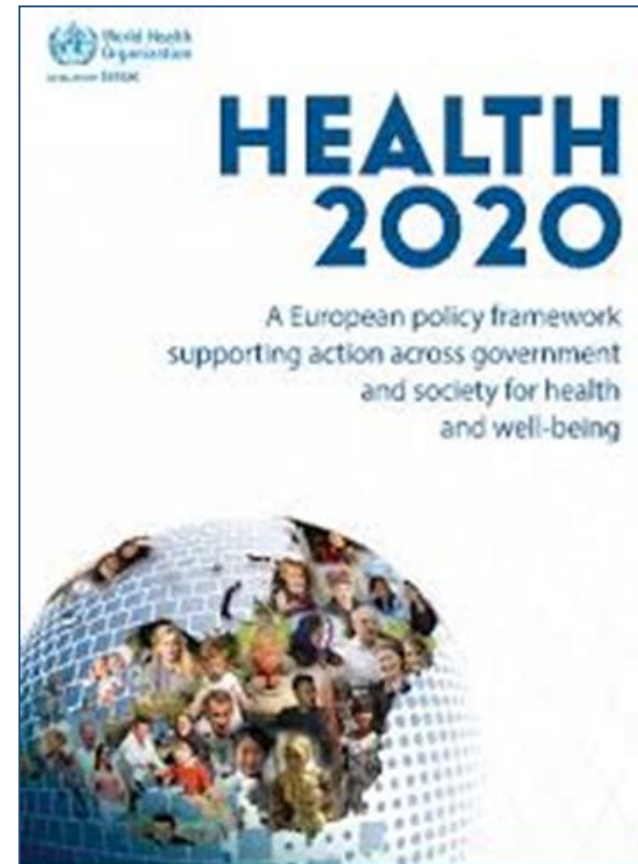
- Definition of violence in children
- Life course approach
- Child maltreatment in the WHO European region: Scale, burden and costs
- Importance and cost effectiveness of prevention
- Different types of prevention
- The European Child Maltreatment Prevention Action Plan and Sustainable Development Goals

Definition of violence

“The intentional use of physical force or power, threatened or actual, against children under 18 years that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.”

World Health Organization

The SDGs and Health 2020



The Minsk Declaration

Acting early

Acting in time

Acting together

Acting early: Why action needs to be focused on children?

- Childhood and adolescence are periods of vulnerability
- Childhood is a period of exploration with increased exposure to risks
- Neurodevelopmental, cognitive and behavioural changes are happening
- Exposure to adversity in childhood may result in mental trauma and health harming behaviour
- Physical, family and social environments need to be modified to ensure safety for children

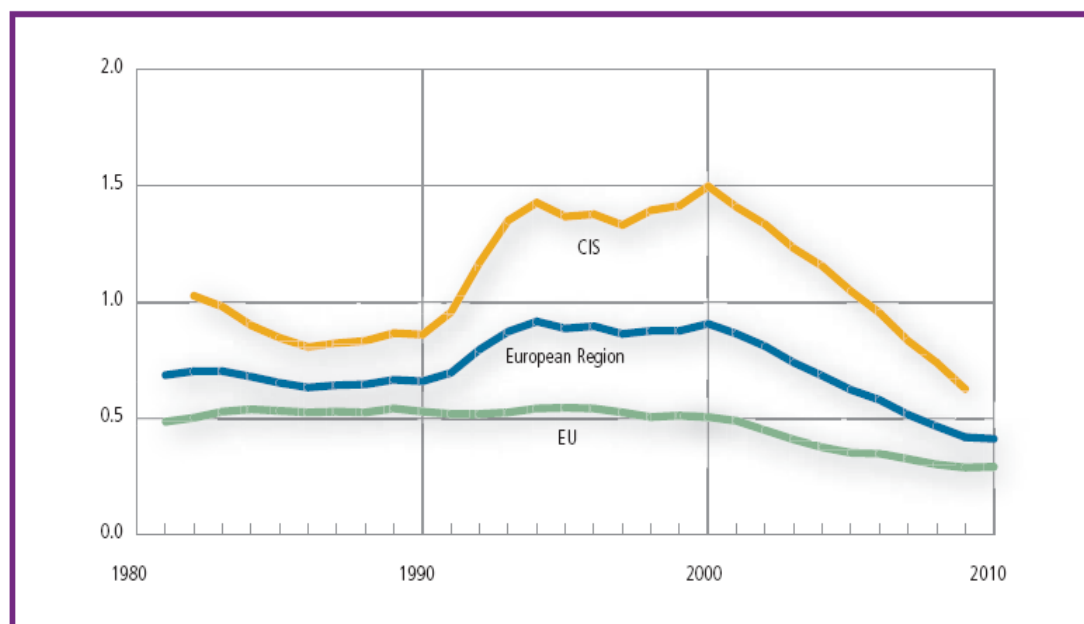


Photo: Bigstockphoto

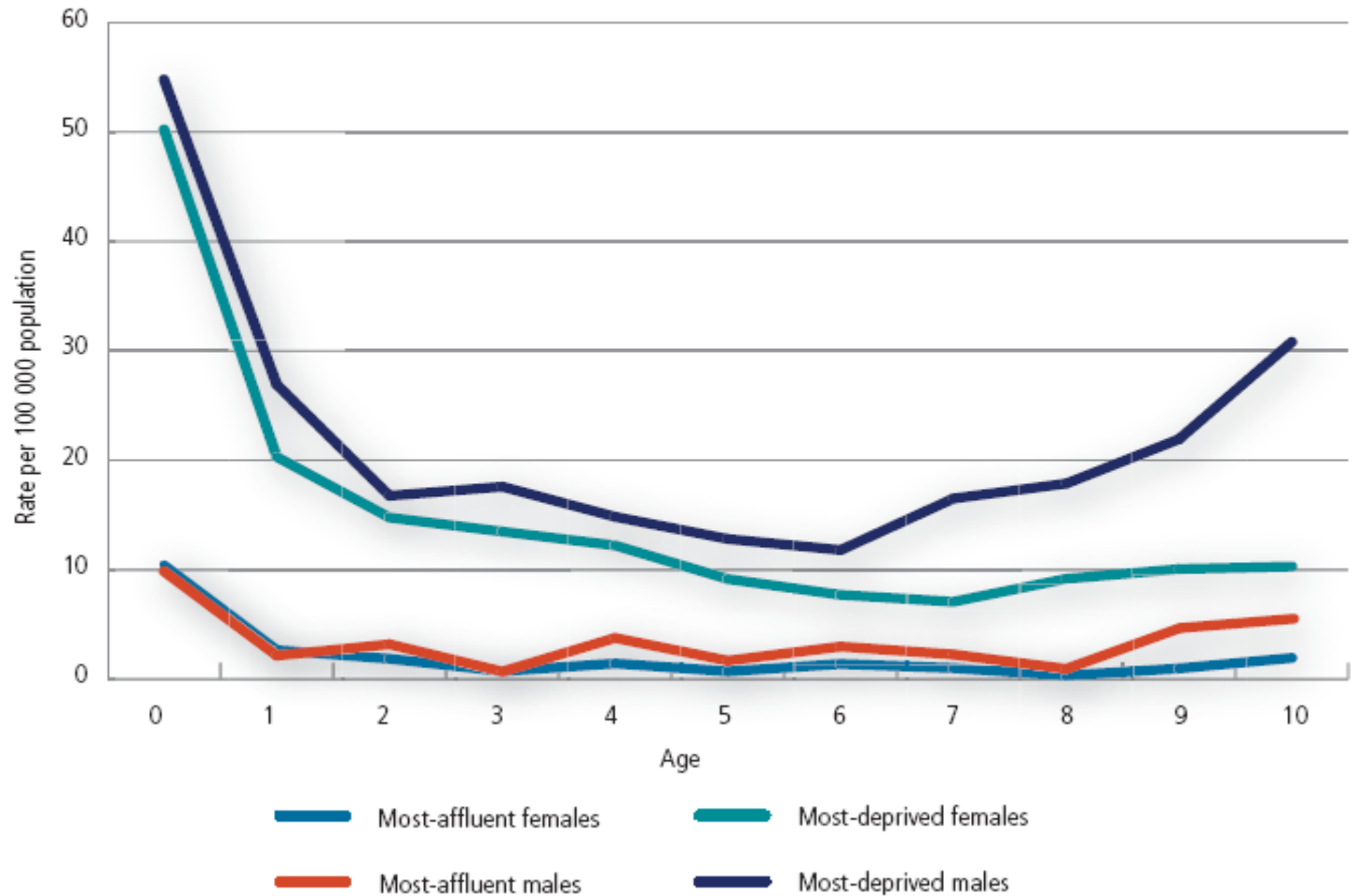
There is a mortality gap

- 850 deaths
- Peaked with economic and political transition in eastern Europe
- Declining but still higher
- 71% deaths in LMIC
- Deaths tip of iceberg

Homicide rates children under 15 years

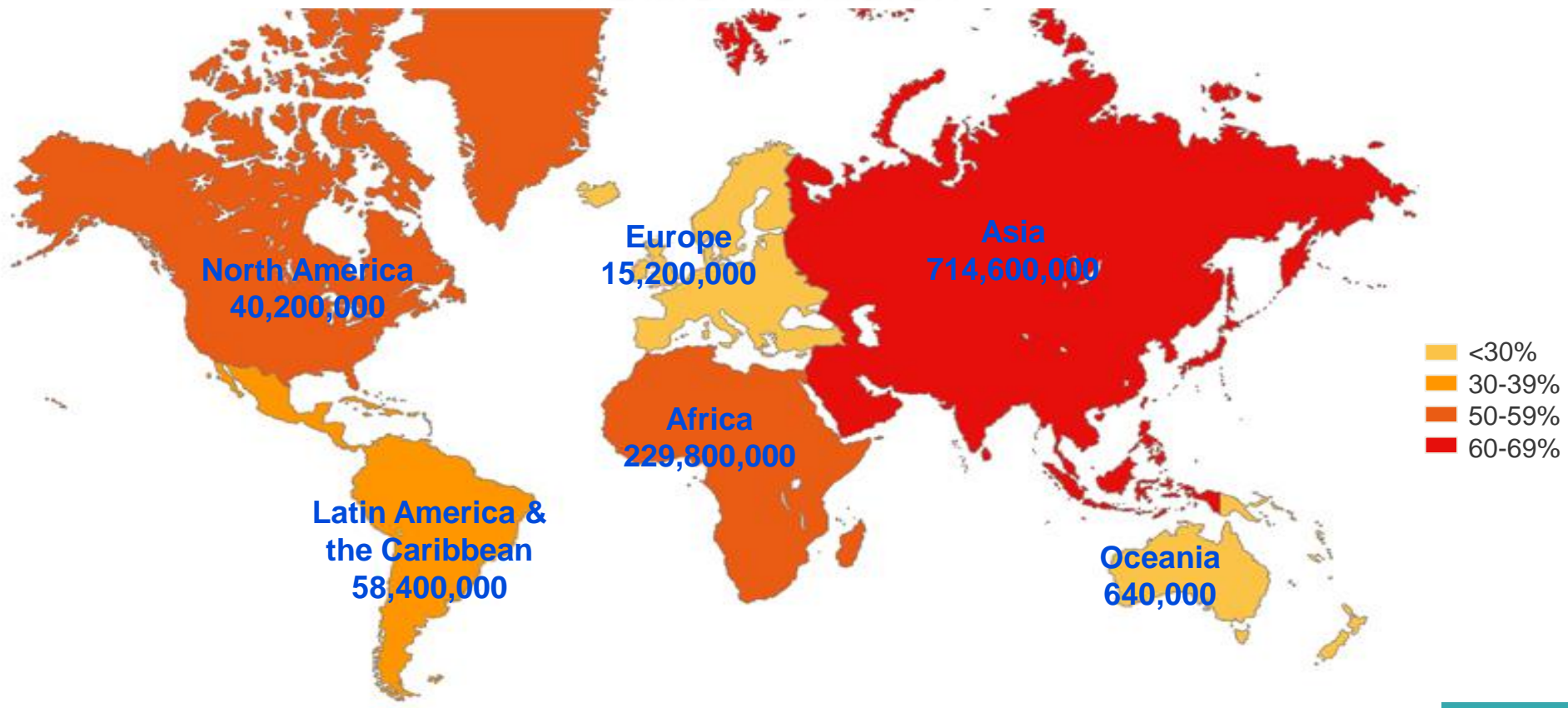


Socioeconomic divide within countries



Minimum Numbers of Children under 18 Years Experiencing Past-Year Sexual, Severe Physical, or Emotional Violence, 2014

> 1 Billion Children



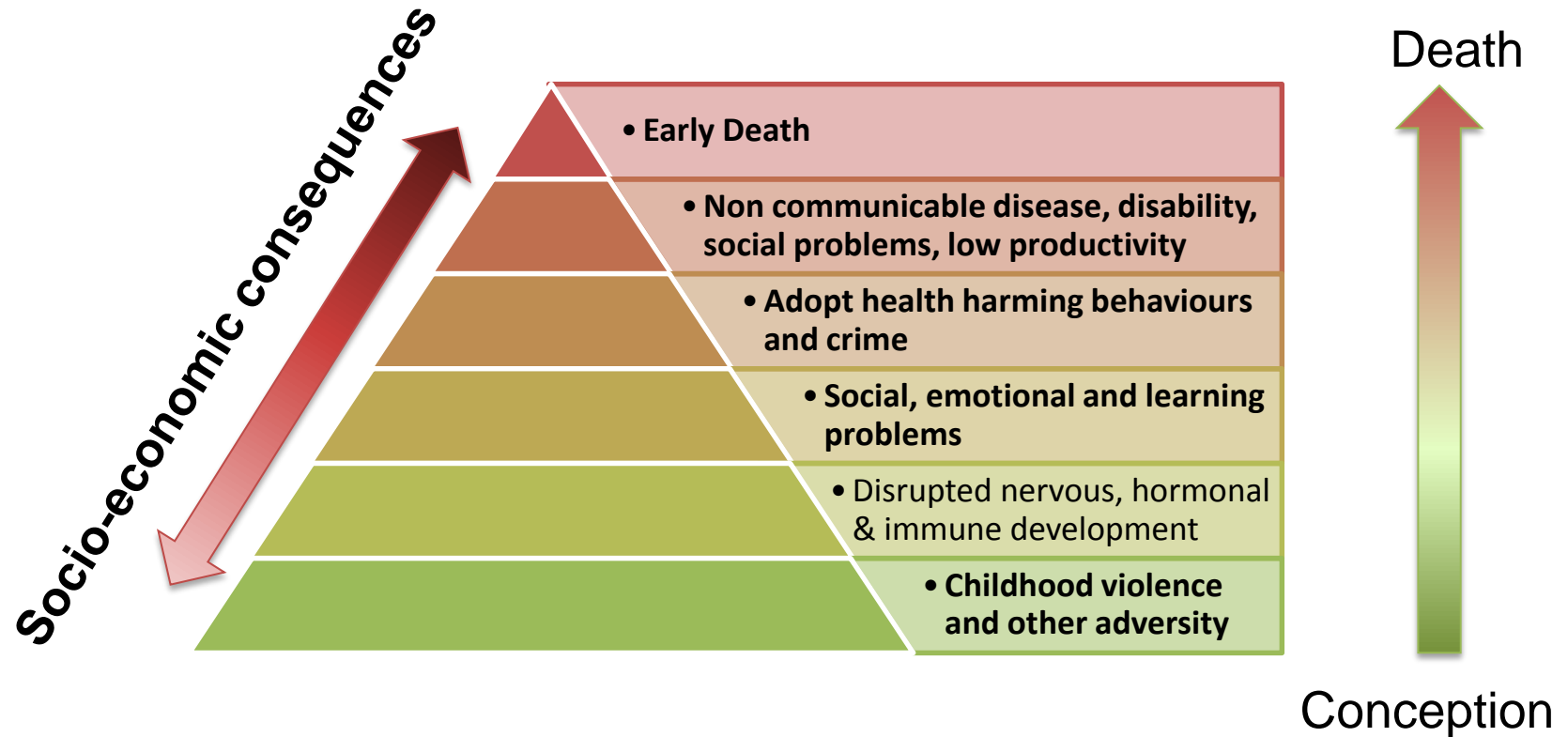
Child maltreatment is a common and leading public health problem throughout Europe

Types of abuse and neglect	Prevalence	Children maltreated
Sexual abuse	9.6%	18 million
Physical abuse	22.9%	44 million
Emotional abuse	29.1%	55 million
Physical neglect	16.3%	31 million
Emotional neglect	18.4%	35 million



Only 10% comes to attention of protection agencies

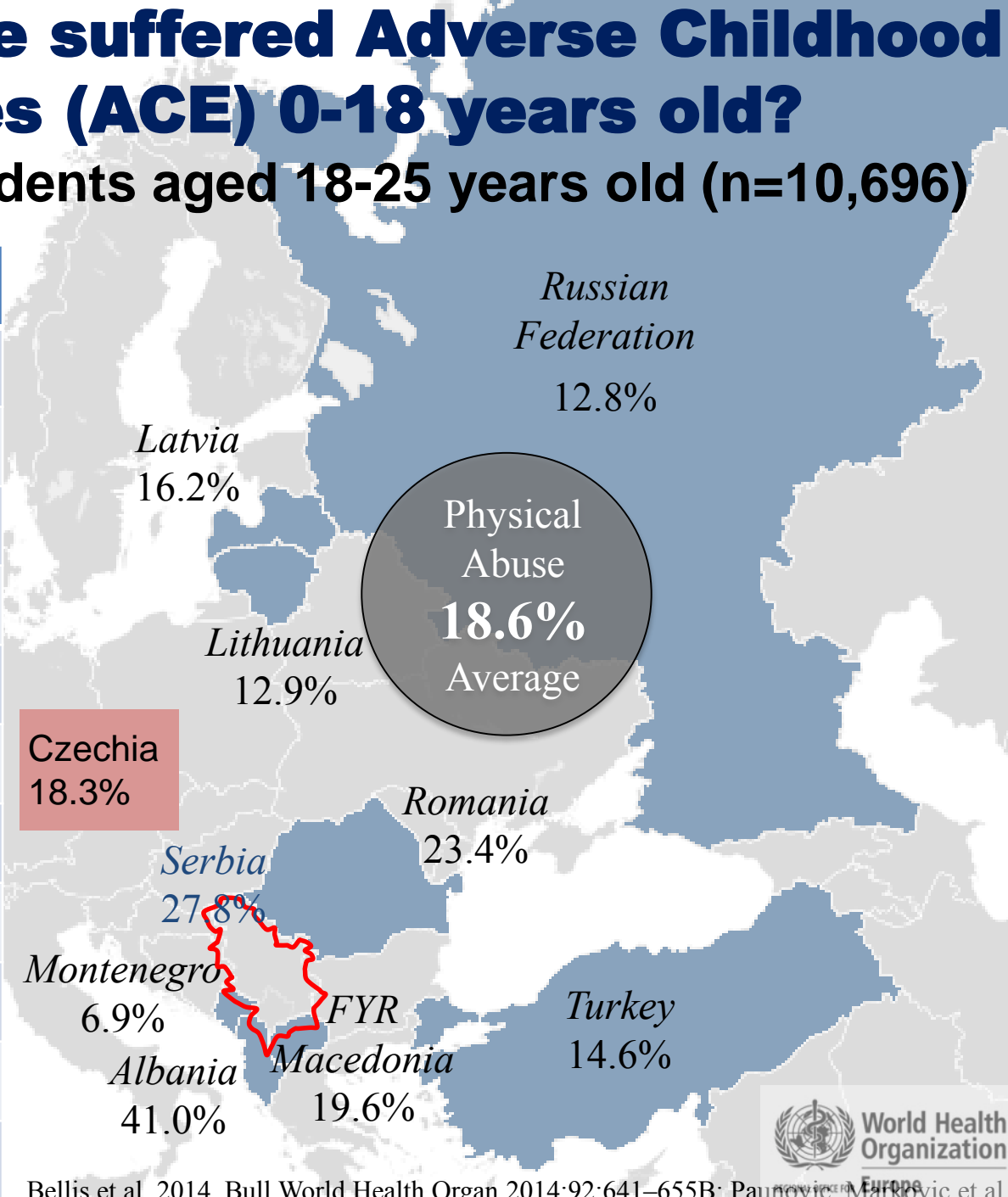
Consequences: Life-long & far reaching



How many people suffered Adverse Childhood Experiences (ACE) 0-18 years old?

European Survey students aged 18-25 years old (n=10,696)

ACE are:	Mean
Physical abuse	18.6%
Sexual abuse	7.5%
Domestic violence	14.6%
Parental separation	14.1%
Emotional neglect	11.8%
Emotional abuse	8.0%
Household member:	
Depressed/suicidal	10.0%
Alcoholic	16.4%
Incarcerated	5.3%
Street drug user	2.6%



Compared with no ACEs, those with 4+ ACEs were:

- 3x more likely to be a **current smoker**
- 3x more likely to have had **sex under 16 years**
- 6x more likely to have **used drugs**
- 10x more likely to be **problem drinkers**
- 49x more likely to have ever **attempted suicide**



If they had no ACEs problems could be reduced by



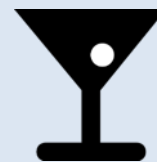
Smoking
22%



Early Sex
21%



Drug Use
36%



Problem Drinking
51%



Suicide
83%

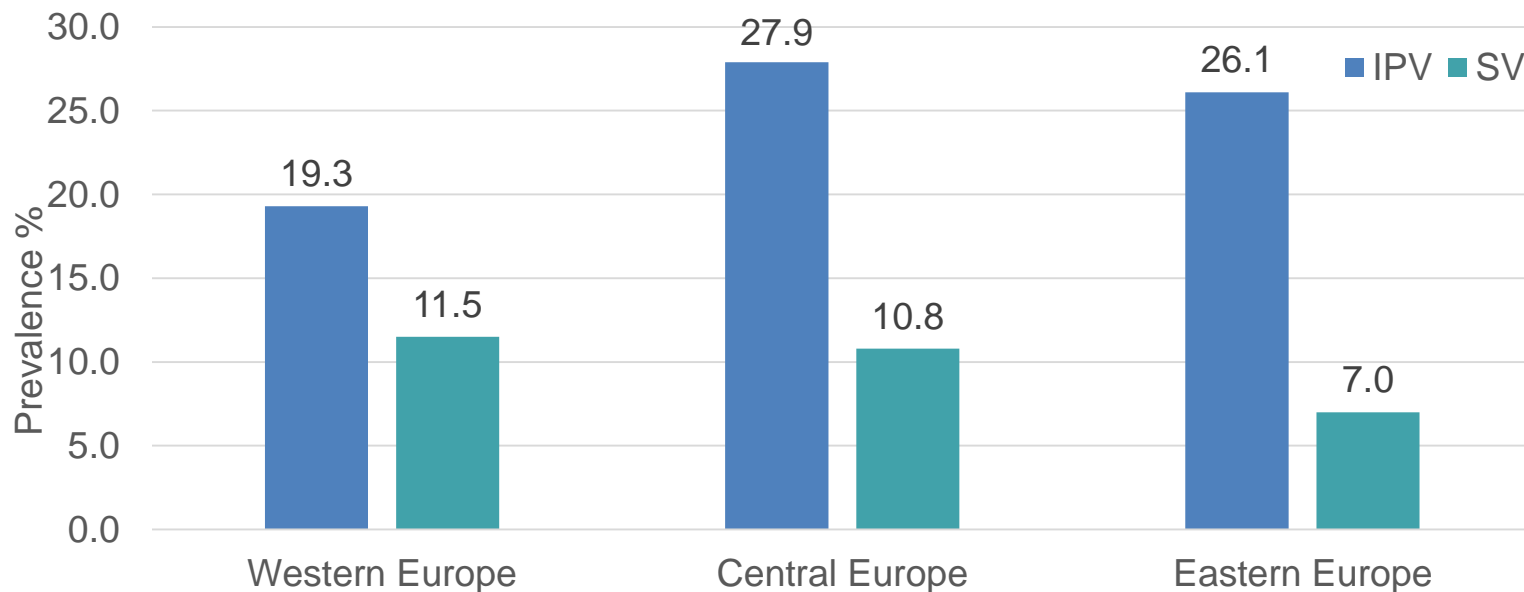
Costs of child maltreatment

- **United States**
 - -Average lifetime cost per victim of nonfatal child maltreatment \$210,000 in 2010 dollars
 - Total lifetime cost is \$124 billion, about 1% of the national GDP- more than stroke or diabetes
- **Germany** – Direct and indirect costs of child maltreatment (excluding justice) are €11.1 – €29.8 billion (0.4% - 1.2% of GDP)
- **Italy** – Child maltreatment costs €13.1 billion (0.84% of GDP).
- **China and South East Asia: 2% GDP**

ACTING IN TIME

Acting in time – for women and families

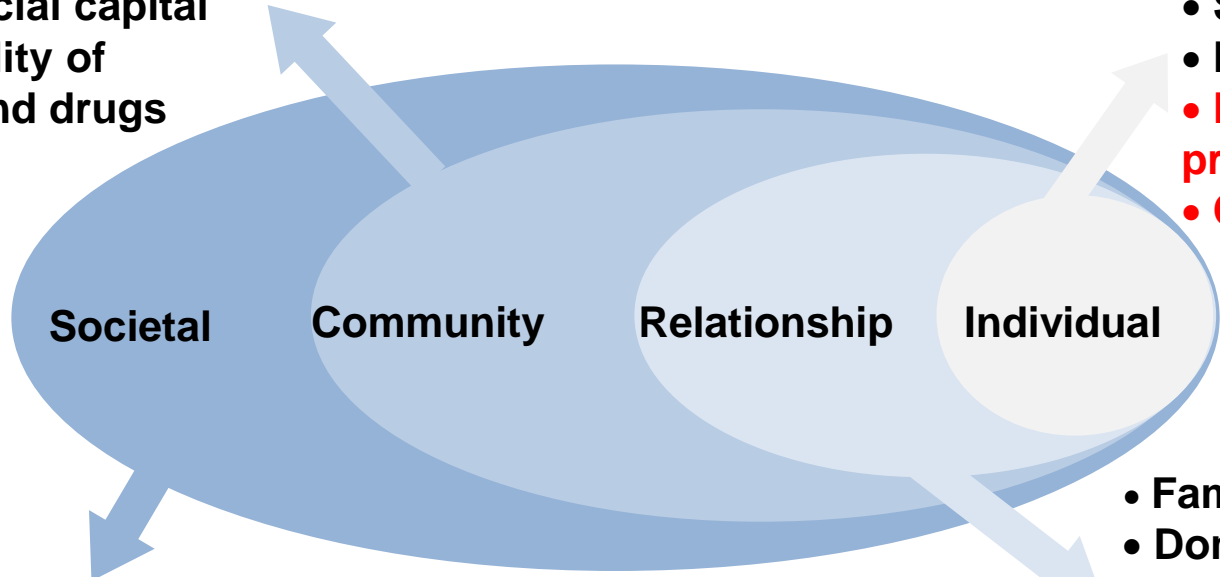
Violence against women from intimate partners (IPV) and non-partner sexual violence (SV) in WHO European Region



40% of children who live in households with IPV experience child maltreatment

Risk factors for child maltreatment

- Socioeconomic disadvantage
- Poor social capital
- Availability of alcohol and drugs

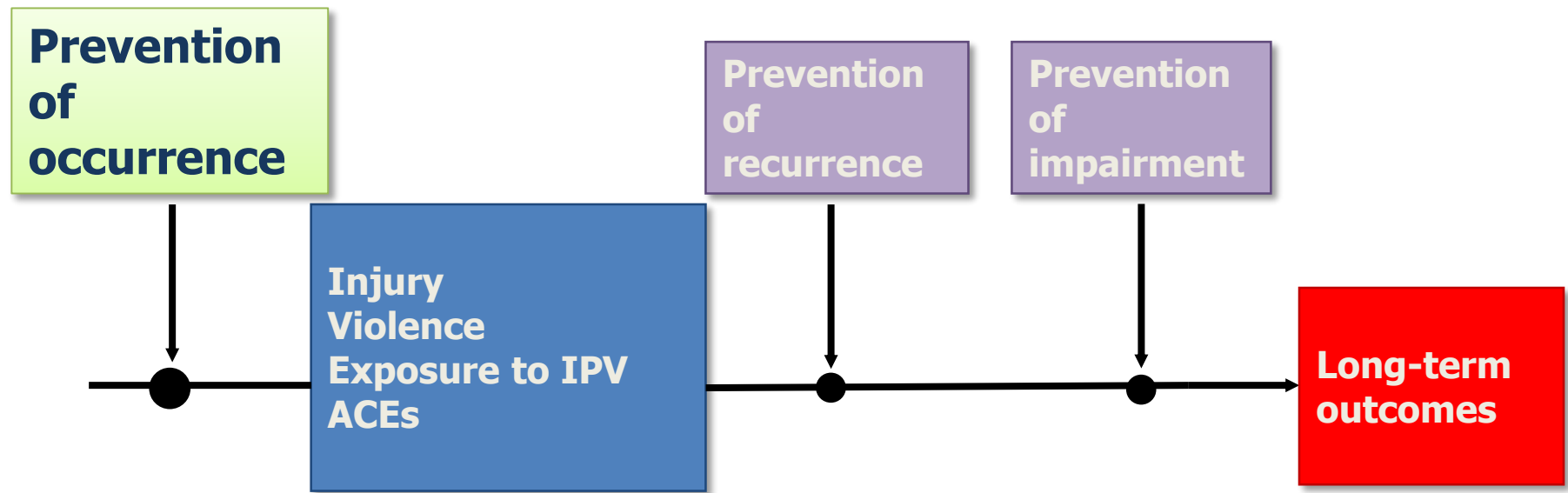


- Young/single parents
- Mental ill health
- Substance abuse
- Perpetrator abused
- Externalising problems
- Child disability

- Norms that support violence
- Weak legislation for abuse
- Economic stress
- Societal conflict

- Family conflict
- Domestic violence
- Poor parenting
- Large family size
- Low socioeconomic
- Non-biological parent

Where prevention can work



(Adapted from MacMillan et al., 2009)

ACTING TOGETHER

Acting together to reduce risks for child maltreatment and consequences

- Legislation and changing social norms and stop corporal punishment
- Positive parenting
- Nurse home visitation
- Hospital based training for abusive head trauma
- School based training to prevent sexual abuse
- Multi-component programmes
- Training health and other professionals to recognise abuse
- Rehabilitation for victims / Early detection and response
- Reduce availability of alcohol
- Reduced poverty
- Preventing exposure to domestic violence



Investing in children: the European child maltreatment prevention action plan 2015-2020

Reduce child maltreatment by 20% by 2020 with 3 objectives:

- 1. Make it more visible by strengthening data collection**
- 2. Develop comprehensive national action plans for prevention**
- 3. Strengthen implementation of evidence-informed programmes**

INSPIRE: seven strategies for ending violence against children

- Implementation and enforcement of laws
- **Norms and values**
- **Safe environments**
- **Parental and caregiver support**
- **Income and economic strengthening**
- **Response services**
- **Education and life skills**

INSPIRE

Seven Strategies for Ending Violence Against Children



Policies and programmes to achieve SDG targets which address causes and risk factors



SDGs show the way of achieving safe and equitable communities

Work together across sectors

Invest early to ensure safe physical and nurturing social environments

Invest in key stages of the life-course

Improve risk behaviours & environments

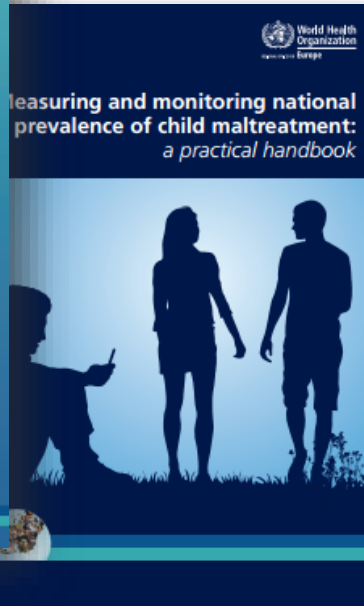
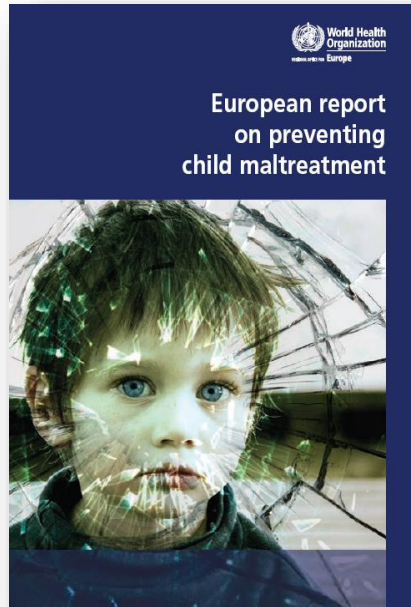
Sustainable health & social benefits



Conclusions

- **Violence to children a major cause of economic loss of 1-2% of GDP and a threat to development**
- **Major cause of the intergenerational transmission of violence, mental ill health and noncommunicable disease**
- **Collaborate: benefits to health, social, justice and education**
- **Value of good parenting has a measurable health and economic impact by preventing violence and results in resilience**
- **Tackling violence helps reduce inequalities in health and society**
- **Gain long-lasting intergenerational benefits**
- **Better to build stronger children than to mend broken adults.**

Thank you



<http://euro.who.int/child-maltreatment-report>

Benefit-cost results for early childhood programmes

Programme	Age at last follow up	Program cost US\$)	Total benefit to society (US\$)	Benefit-cost ratio
NFP (full sample): public health nurses provide home visits to low-income first-time mothers from prenatal period to age 2	15 years	9 118	26 298	2.88
NFP (lower-risk sample): public health nurses provide home visits to low income first-time mothers from prenatal period to age 2	15 years	7 271	9 151	1.26
Home visiting for at-risk mothers and children (meta-analysis): average effect across 13 home-visiting programmes	Varies	4 892	10 969	2.24
Perry preschool project: centre-based, one- or two-year, part-day academic-year preschool programme with home visiting	40 years	14 830	253 154	17.07
Early childhood education for low-income 3- and 4-year-olds (meta-analysis): average effect across 48 preschool programmes	Varies	6 681	9 061	2.36
Early childhood support to high-risk families during first 6 years of a child's life	6 years	34 105	1 125 190	33