In 1999 the World Health Organisation recognised child abuse as a major public health problem. It is a deep-rooted cultural, economic and social problem and occurs in every EU Member State. Victims of child abuse can suffer serious health problems as a direct and indirect result of abuse. These range from physical injuries to serious emotional and psychiatric problems. Symptoms can occur at the time of abuse itself or may develop later in life. We should therefore consider child abuse a public health issue within the context of Article 152 of the Treaty of the European Union.

To tackle child abuse effectively, a co-ordinated approach across every sector of society is needed. The public health approach emphasises this need for collective action. Child maltreatment and abuse have many manifestations, which will be features of one or more of four types of maltreatment: physical abuse, emotional abuse, sexual abuse, and neglect.

All EU Member States have ratified the UN Convention on the Rights of the Child; developing a common public health approach to child abuse would assist Member States in meeting their obligations under Articles 19 (the right to freedom from abuse and neglect), 24 (the right to the highest attainable standards of health and ‘to facilities for the … rehabilitation of health’). Child abuse needs to be viewed within a children’s rights perspective as laid down in the UN Convention on the Rights of the Child.

Member State diversity on child abuse: the example of physical punishment
There are different standards, expectations, justice, legal and social systems across the EU, each of which deals with the issue of child abuse in very different ways. It is important to recognise that definitions of child abuse are culturally influenced, not least by the way in which societies view children. For example, in some countries parental use of physical punishment in disciplining their children is acceptable, whereas in others it is not. The current situation in the EU highlights the clear disparities between the level of protection that European children receive.

Several Member States and EU candidate countries have banned physical punishment including Sweden, Finland, Germany, Austria, Denmark and Cyprus. In Italy a landmark judgement in 1996 declared that parental use of physical punishment to educate or ‘correct’ their children was illegal. On the other end of the scale, parents in the United Kingdom have the right to ‘reasonably chastise’ their children. This means that parents are permitted to hit their children, although in Scotland this right has recently been partially limited so that it is now illegal to hit children on the head or to shake them. In 1998 the European Court of Human Rights deemed the treatment of a young boy who was beaten by his stepfather-to-be as ‘not reasonable’ but ‘inhuman or degrading’ however the Westminster Parliament has still not changed the law in this area.

A WHO Report from parents across the EU has confirmed that significant numbers physically punish their children. In Italy 8% of children reported receiving harsh
physical punishment from their parents. Public opinion is greatly divided across the EU on the issue of physical punishment. However in Sweden, the first Member State to ban physical punishment in 1979, public opinion is now almost completely opposed to such practice, particularly among the younger age groups. This illustrates the capacity of the law to set standards in child-rearing and influence attitudes towards children and how they should be treated.

What role for public health?
The public health sector is in a unique situation to meet the many challenges of child abuse. The familiarity that the public health sector has with child abuse gives it great knowledge, which is a powerful tool for advocacy and change. The Faculty of Public Health Medicine of the Royal Colleges of Physicians of the United Kingdom defines public health as ‘the science and art of preventing disease, prolonging life and promoting health through organised efforts of society’. It emphasises the collective responsibility for improvement in health and prevention of disease, the role of the state in affecting the underlying socio-economic and wider determinants of health, and the importance of partnerships with all those who contribute to the health of the population.1

Numerous studies have shown that ill health caused by child abuse forms a significant proportion of the burden of disease. The health consequences of child abuse can take many forms. Physical abuse, particularly of babies and toddlers, can cause brain injuries, disability, bruising and fractures. Sexual abuse can have an enormous effect on a child’s emotional and sexual development, and is associated with psychological problems, which may be manifested in self-harm or suicide, the sexual abuse of others and indiscriminate sexual activity, with long-lasting consequences. Any form of child maltreatment may lead to psychological and behavioural problems such as alcohol and drug dependency, suicidal behaviour and depression. These consequences vary depending on the child’s age, the stage of development when the abuse happened, the severity of the abuse, how disclosure of the abuse is handled, the presence of protective and supportive adults and the availability of appropriate therapeutic services. Many behavioural problems such as alcohol and drug dependency, as a consequence of childhood abuse, can also result in major adult illnesses such as heart disease, cancer, chronic lung disease and irritable bowel syndrome, and can also impair social and parental functioning.

Child Abuse: Prevention and Management
The majority of programmes in Member States focus on the victims and the perpetrators of child abuse. Very little emphasis is given to primary prevention and approaches aimed at preventing abuse from occurring. Although many public and private agencies are involved in preventing abuse and protecting children from abuse, those individuals involved in the public health sector are often the first points of contact for a child who has been abused. Theirs is a key role in preventing, identifying, treating and referring cases of abuse to the appropriate agencies or authorities. At an EU level, the European Commission’s Daphne programme has focused on some preventative measures however more research is needed in this area at a pan EU level.

1 http://www.fphm.org.uk/about_the_faculty/what_is_public_health_medicine/What_is_public_health_medicine.shtml
The EU as a tool to improve public health
Together with the Member States, the EU works to protect and promote the health of EU citizens. Article 152 of the Treaty of the European Union established that public health protection be ensured in the definition and implementation of all Community policies and activities and that the Community should encourage co-operation between the Member States in the area of public health. The EU must recognise that child abuse is a serious public health concern and must be addressed at both Member State and Community level.

Recommendation 1 – EU Studies and Research into child abuse
EU-wide research to be carried out on the life-long public health needs of child abuse victims in the European Union. Such research should be a priority of the DAPHNE II programme in the context of increasing understanding and prevention of violence against women and children.

Recommendation 2 – Exchange of information and practice
Effective exchange of best practice between Member States on prevention and management of child abuse. As outlined in this paper, Member States have diverse view and practices on the prevention and management of child abuse. Exchanging information and conducting research into public opinions across the EU has the potential to help develop more effective public health approaches. The findings of the Daphne I programme should be assessed in order to evaluate the areas that need to be addressed further.

Recommendation 3 - Education and Training
EU guidelines on education and training of health care providers. There have been moves in several European countries to increase training to understand the causes and the signs of abuse. This should be encouraged at an EU level in the context of the public health aspect of child abuse.

Bibliography

