Child Maltreatment 4

Promotion of children's rights and prevention of child maltreatment

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In medical literature, child maltreatment is considered as a public-health problem or an issue of harm to individuals, but less frequently as a violation of children's human rights. Public-health approaches emphasise monitoring, prevention, cost-effectiveness, and population strategies; protective approaches concentrate on the legal and professional response to cases of maltreatment. Both approaches have been associated with improvement in outcomes for children, yet maltreatment remains a major global problem. We describe how children's rights provide a different perspective on child maltreatment, and contribute to both public-health and protective responses. Children's rights as laid out in the UN convention on the rights of the child (UNCRC) provide a framework for understanding child maltreatment as part of a range of violence, harm, and exploitation of children at the individual, institutional, and societal levels. Rights of participation and provision are as important as rights of protection. The principles embodied in the UNCRC are concordant with those of medical ethics. The greatest strength of an approach based on the UNCRC is that it provides a legal instrument for implementing policy, accountability, and social justice, all of which enhance public-health responses. Incorporation of the principles of the UNCRC into laws, research, public-health policy, and professional training and practice will result in further progress in the area of child maltreatment.

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This is the fourth in a Series of four papers about child maltreatment

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Introduction

Over the past half century since Kempe[1] described the battered child syndrome, the response of child-protection systems has been on the basis of identification, assessment, and intervention to treat and prevent further harm, similar to the conventional medical model of diagnosis and treatment. This approach has achieved considerable progress but inevitably does not prevent the occurrence of child maltreatment in the first place. The previous three papers in this Series, describing the burden,[2] recognition,[3] and effect of interventions[4] on child maltreatment, have argued that further progress requires increased emphasis on prevention and the underlying causes, in other words a public-health approach.[5,6] This paper describes how a consideration of children's rights strengthens both public-health and child-protective approaches.

Children's rights are delineated in the principles and articles of the UN convention on the rights of the child (UNCRC). Crucially, these include rights of provision of services and of participation in society, besides rights of protection and care. The articles of the UNCRC and the distinction between these different types of right are described in panel 1. The UN committee on the rights of the child argues that all three types of right are inseparable and should be implemented as a package rather than selectively.[9] The UNCRC obtains its power to influence policy and enforce accountability by being a legal instrument rather than a moral code, even though it is based on ethical and moral foundations. These are important principles that a rights-based approach brings to public-health and protective strategies to reduce the prevalence and consequences of child maltreatment.

In common with the other papers in this Series, much of the evidence and literature we rely on relates to high-income countries, although maltreatment of children takes place in all societies and most evidence suggests that it is more common in low-income and middle-income countries.[10–13] We have restricted most of our discussion to

Key messages

- Child maltreatment is both a human-rights violation and a global public-health problem, and incurs huge costs for both individuals and society
- Ambivalence in the public and professional responses to child maltreatment indicates the status of children in society
- An appropriate framework for consideration of child maltreatment is the UN convention on the rights of the child (UNCRC)
- A child-rights-based approach to maltreatment requires implementation of rights for provision and participation in society and the right of protection
- A rights-based approach is concordant with the core principles of medical ethics
- A rights-based approach enhances epidemiological and public-health responses and does not detract from consideration of the social determinants and population-based interventions for maltreatment
- The strength of a rights-based approach is that human rights are legal obligations that underpin mechanisms to hold governments accountable. Use of the UNCRC in this way would result in a more effective public-health response to child maltreatment

high-income countries, which we recognise is a limitation both of this paper and the Series. Concentration on high-income countries tends to focus attention on the types of maltreatment that are more prevalent in these countries and might not help poorer countries when they come to assess evidence for their own prevention and intervention programmes.[14,15] However, consideration of the obligations that the UNCRC imposes is necessary for the child-maltreatment policy of any country.

In this paper we begin by describing the social and legal contexts in which society responds to child maltreatment. We then describe what a rights-based approach to child maltreatment entails, and discuss its strengths and weaknesses. We explain how the UNCRC offers a framework for effective legislation and policy, and provides new insights for professional responsibilities, ethical codes, and training. The objectives and approach of rights-based and public-health approaches complement each other and, when combined, offer a legal and moral force to a coherent scientifically based strategy.

Social and legal context

Definitions of maltreatment

How child maltreatment is defined is central to how it is recognised, managed, and prevented. Definitions range from those that focus on the acts and harm caused to children by parents or carers, such as the definitions of the US Centers for Disease Control and Prevention,[2,16] to those that define abuse relative to the social and cultural environment, such as Kempe's: "parents unable to cope at a level assumed to be reasonable by the society in which they reside".[17] In both these definitions, maltreatment is defined mainly in terms of physical, emotional, and sexual violence, or neglect perpetrated by individual adults, usually parents or those close to the child. Professional and societal responses have been framed in terms of protection of the child from adult perpetrators. These approaches do not permit collective harm and exploitation, for instance that caused by institutions, harmful policies and laws, and avoidable war, conflict, failure of governance, or social disruption.[18]

An attempt at a more comprehensive definition was made by Gil[19] more than 30 years ago: "the inflicted gaps or deficits between circumstances of living which would facilitate the optimum development of children, to which they should be entitled, and to their actual circumstances, irrespective of the sources or agents of the deficit". Thus any act of commission or omission by individuals, institutions, government, or society, together with their resultant conditions, which "deprive children of equal rights and liberties, and/or interfere with their optimal development constitute, by definition, abusive or neglectful acts or conditions".[19] This type of definition would be the foundation for an approach that subsumed maltreatment as an aspect of overall child wellbeing. Its disadvantage is that it becomes too broad and encompassing, making epidemiological measurement impossible, blurring the focus of possible targets, and hence risking the success of any intervention based on the definition.

The definition chosen for the UN's study on violence against children[10] follows article 19 of the UNCRC that includes "all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse". It bases the understanding of physical violence on the definition in the world report on violence and health: "the intentional use of physical force or power, threatened or actual, against a child, by an individual or group, that either results in or has a high likelihood of resulting in actual or potential harm to the child's health, survival, development or dignity".[5] WHO pointed out that the inclusion of the abuse of power broadened the definition to include acts of commission or omission that resulted in emotional harm and allowed social, political, and economic violence to be incorporated;[5] the use of the term exploitation in the UNCRC broadens the scope of maltreatment from simply violence and yet still offers the possibility of operationalising the definition to enable epidemiological measurement and monitoring.

All such definitions include a compromise. On the one hand, a precise and limited definition, which focuses on intentional harm, is necessary for epidemiological and public-health monitoring and to engage constructively with governments and legislators over specific policy responses to maltreatment. On the other hand, a children's-rights-based definition will always push these boundaries to encompass social and environmental harm because from a child's perspective these can be indistinguishable. Kydd[18] has described maltreatment in terms of abandonment and argues that this definition includes societal, economic, and professional abandonment, besides the abandonment of nurture, protection, and care within families.

Attitudes to children's rights and maltreatment

Each country and region has tensions between children's rights and other competing values, all of which will have implications for the wellbeing of children. For example, the African charter on the rights and welfare of the child[20] states in article 31 that "children have a responsibility to work for the cohesion of the family, to respect parents and elders at all times, and to assist them in cases of need", indicating the survival needs of communities living in environmentally harsh conditions with scarce resources.[21] This cultural relativism has relevance for attitudes towards child maltreatment. Some countries might still be trying to understand what it means to value a child as an individual no matter what the sex is; others see aspects of physical discipline, such as shaking, to be acceptable.[22,23]

There are cogent arguments for any definition and response to child maltreatment to respect cultural values and attitudes,[24,25] yet these could classify female genital mutilation as non-abusive since, in the context of those

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cultures in which it is traditional, it is perceived as a responsible act by parents.[26] This example in which a relativistic approach is easily challenged is quite clear.[27] In less overt cases, such as the neglect of a profoundly disabled child in a culture perceived as having a less accepting attitude towards disability, the balance between respect for cultural values and protection of the child might be more equivocal.[28,29] The tension between absolute and relative values underlies one of the main ethical dilemmas in the specialty of child maltreatment. A relativistic approach is justified on the basis that what constitutes child abuse is socially and culturally determined. However, children have an absolute need for protection against harm. Put another way, a relativistic approach to child protection across cultural divides runs the risk of not protecting children, whereas an absolutist approach, which ignores the context in which abuse has occurred, might lead to inappropriate interventions that compound the harm a child has already suffered.

Clashes between absolute and relative responses to child maltreatment go well beyond issues of cultural difference. They throw up barriers between professionals for management of individual cases of maltreatment, underlie differences in approach between professional groups, lead to disagreement between countries about what to define as maltreatment and how to implement international goals into national policy, and result in clear failures of child-protection systems that have been identified in many countries. Thus the tricky balance between absolute and relative standpoints operates at all levels. Consideration of children's rights within the social, cultural, and historical contexts in different countries is an important aspect of resolving these dilemmas.

Panel 1: UN convention on the rights of the child

The convention on the rights of the child was adopted by the UN in 1989 and was rapidly ratified by most countries in the world.[7] Ratification requires countries to report every 5 years to the UN committee on the rights of the child, which monitors implementation of the convention.

The convention sets out rights for the survival, development, wellbeing, and participation of children up to the age of 18 years. The committee has divided the provisions of the convention into clusters as follows:[8]

- General principles such as non-discrimination, the best interests of the child being the main consideration, and respect for the views of the child
- Civil rights and freedoms, such as a right to an identity, freedom of expression, and protection of privacy
- Family environment and alternative care such as the right to be cared for by parents, and to an alternative secure form of care such as adoption if deprived of a family environment
- Basic health and welfare such as the right to health care and to an adequate standard of living
- Education, leisure, and cultural activities, such as the right to leisure and play
- Special protection measures, such as for refugee children, those in the juvenile justice system, and those belonging to a minority group

Rights can more conveniently be divided into those of protection, participation, and provision:

- Rights of protection include the right to be protected from any form of maltreatment or exploitation
- Rights of participation enable children to be involved in decisions and actions that affect them and allow them to participate actively in society. They include the right for children to express and have due weight given to views about decisions affecting them
- Rights of provision include the right to education, and the obligation of the state to support parents and families

The UN convention places the interests of the child first. However, in prioritisation of the rights of children, the UN does not truncate the rights of parents. The convention obliges states to provide parents with the capacity to fulfil their children's rights, and three of its articles (5, 9, and 18) deal explicitly with the rights of parents.

Poverty, discrimination, and child maltreatment

Since the UNCRC was ratified by most countries in the early 1990s, the status of children has improved in many ways, yet policy is still being implemented that is not in the best interests of children.[30] In the UK until recently, laws to discourage asylum seeking and force those denied asylum to leave included withholding basic benefits and services from their children. Meanwhile in the USA, the marginalisation of Latino families and the disproportionate effect of welfare policy has resulted in their children being more likely to live in poverty, being over-represented in the child-protection system, and receiving fewer services.[31] So in the UK and the USA at least, the situation for some children seems to have worsened.[32–34] As an aside, the failure to ratify the UNCRC should not be taken to indicate that the USA disregards children's rights, as it has been a perverse incentive to policy makers and academics to pay greater attention than in many other high-income countries that take their obligations less seriously.

Published work provides strong evidence for the harm to children associated with poverty, including high overall mortality, teenage pregnancy, disorganised parenting, risk of offending, drug and alcohol abuse, and sexually transmitted diseases;[35–37] besides the increased risk of neglect and physical and emotional maltreatment discussed in the first paper of this Series.[2] In most countries, at whatever stage of development, child poverty and inequalities (ie, the gap between rich and poor) disproportionately affect families with children.[38] During the 1980s, much of the west moved towards increased free-market economies; some countries, most notably the Scandinavian nations, took steps to protect children from these developments whereas others did not.[38] Thus a more radical interpretation is that child poverty is a policy choice harmful to children.[30] The UK has been consistently criticised by the UNCRC committee for the magnitude of health and education inequalities among children, and the failure to commit an adequate share of its resources to children despite the government commitment to end child poverty.[39]

Legal response and children's rights

Legislation to protect children was first introduced in most societies in the developed world in the final quarter of the nineteenth century, long predating any consideration of children's rights.[40] Since its inception, such legislation has had many substantial challenges; for any child-protection system operating in a liberal democracy in which adults' votes count, there is a fine balance between protection of children without intrusion on the privacy of the family.[41,42] These are important issues for the legitimacy of the state itself. Although the state has a duty to protect the vulnerable, it cannot afford to undermine the freedom of parents to bring up their children in the ways they see as most appropriate. Three inter-related issues have therefore always provided key contexts for child-protection services and legislation: the role of parents in relation to the state in cases of disagreement about a child's need for protection; the scope of the government's intervention; and the nature of government's intervention.[43] Legislation might be restricted to proscription and punishment of maltreatment, but the state can have a far wider role in prevention. The provision of universal services and financial support can go a considerable way to ensure that parents have adequate resources to bring up their children and is an important part of showing that compulsory intervention, should it be necessary, is justified within the terms of the European convention on human rights[44] and other constitutional protections for the family.

Children's welfare legislation in high-income countries is gradually incorporating children's rights principles. For example, in the UK, the successive children acts since 1989 and related public policy have given the requirements of the UNCRC, such as giving children a voice in assessment and court proceedings and considering their welfare to be paramount, greater and greater prominence. Some of the Nordic countries have taken a low-key approach to written legislation and yet they have a long tradition of promotion of children's welfare, and have high rates of indicators of children's wellbeing.[45]

In addition to laws and policy taking account of children's rights in high-income countries, academic analysis of the operation and effect of such policy has increasingly looked at outcomes in terms of children's rights. For example, a study of court processes in civil custody cases described decisions affecting children in terms of whether they upheld their rights, and many in fact were oppressive and classed as violations.[46] Similarly studies of young children in institutional care in Europe have shown wide variation between different countries despite evidence of emotional harm and institutional maltreatment.[47–49] These studies take as their starting point the right of children to family life, either their own or a culturally appropriate alternative (articles 9 and 20 in the UNCRC).

By contrast with high-income countries, many low-income and middle-income countries are developing a legal response to child maltreatment in the context of already having ratified the UNCRC. Many of the new states in central and eastern Europe, for instance, have written the articles of the UNCRC into their constitution,[50] yet prevalence of various forms of child maltreatment remains high.[13,51,52] Incorporation of the wording of the UNCRC into legislation might be less important than a public embrace of the principles and spirit of the convention.

One of the far-reaching consequences of the UNCRC is that it makes the child an individual with rights and not just a passive recipient, and hence the child has the right to actively participate at all levels of decision making. The traditional association between the state, the family, and the child could be conceptualised as a series of concentric circles with the child at the centre. The UNCRC implies that this association should now be understood to be triangular in which the state has a direct responsibility to the child to promote her or his rights. The child has the right to make a direct call on the state and to be heard in the development of legislation and policy, besides receiving protection.

Children's rights and professionals' duties

The contribution of a rights-based approach to both the protective and public-health responses to child maltreatment rests on the UNCRC, both in its principles and specific articles. The UNCRC is first and foremost a legal instrument. However, the individual articles can also be translated into specific interventions and policy objectives, and can act as an ethical guide for professionals.

Children's rights are not abstract and idealistic aspirations, but are grounded firmly and pragmatically in the basic human needs for life, growth, and development. Several articles specifically grant children the right to protection against maltreatment—eg, the right to life (article 6); right to protection from physical, sexual, or mental abuse, neglect, or exploitation (article 19), and protection against exposure to drugs (article 33), sexual exploitation (article 34), abduction (article 35), exploitation (article 36), torture or illegal detention (article 37), and armed conflict (article 38).

However, the UNCRC goes beyond protection to include rights of provision and participation. The inseparability of these rights, which has been endorsed by the committee on the rights of the child, is crucially important to the discipline of child maltreatment for practical rather than idealistic reasons.[53] Protection alone is insufficient to allow optimum growth and development of children; equally protection, though necessary, is not sufficient to ensure children are not maltreated. A direct example why children need to be able to contribute to their own protection is the death of Victoria Climbié in the UK, which might have been prevented had she had access to an interpreter.[54] The rights of participation and provision in the UNCRC are required to ensure a comprehensive

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Panel 2: Harm to children arising from parental substance misuse

Parental substance misuse is a major risk factor for child maltreatment.[55] It is estimated to be a factor in 80% of child maltreatment cases in the USA,[56] whereas alcohol alone accounts for between 10-50% of cases in individual countries of the European Union.[57] Parental substance misuse is over-represented in child fatalities[58] and abandonment,[59] and is a major cause of family separation, often involving compulsory removal.[60] In London, UK, 54% of children have been removed 2 years after referral,[61] in the USA, substance misusing parents are least likely to be reunited successfully with their children,[62] and in countries of the former Soviet Union, long-term child institutionalisation is associated with parental alcohol misuse.[63–65]

The harms arise from the financial, social, behavioural, and biological consequences of parental substance misuse[66–68] that can affect every domain of wellbeing–ie, education, health, self-esteem, family life, and social relationships. Furthermore, because parental substance misuse can result in severe social exclusion, children's participatory rights are undermined.[69] The harm associated with parental substance misuse is a major child-rights issue that has been neglected and hidden for too long.

The central challenge is to find ways of ensuring that children can be helped to remain at home safely or be removed in a timely way to a stable alternative family life. To achieve this, a continuum of services is needed, but rarely present. Although several components associated with successful programmes have been identified,[70–72] partnership with parents is often difficult to achieve.[73] In consequence, child safety and wellbeing can be neglected. These long-standing challenges require innovative solutions, such as specialist family drug and alcohol courts. In the US national assessment,[74] these showed such promising results that a similar court is being trialled in London, UK.[75] However, in general there is uncertainty about the role of courts, whether criminal law has any part to play, and on the timing of proceedings. Cases that are brought to court early are associated with better outcomes, but often proceedings last a long time, with more rapid and proactive intervention when illegal drugs are implicated than when alcohol is implicated.

The problem of parental substance misuse cannot be separated from its wider public-policy context. Yet few countries gather relevant data, which is a prerequisite to monitoring the problem. There is often an unhelpful fragmentation of policy and service delivery between illegal and legal drugs, despite the fact that frequently parents misuse both. In view of this overlap, the time has come for policy and service development to focus on the extent of harm to the child, not on the arbitrary legal status and pharmacological properties of the drug in question.

approach to child maltreatment and its consequences. For instance, in panel 2, we describe the association between parental substance misuse and maltreatment of children. From a public-health perspective, the problem is one of neglect and exposure to harm, with parental substance misuse being seen as a potent risk factor. From a rights perspective this problem can be reformulated as an infringement of children's rights of participation, provision, and protection. This example illustrates how both approaches complement each other, and can help decision making in a notoriously difficult specialty.

Although rights attributable to children are indivisible, to adequately deal with all forms of child maltreatment, five rights delineated in the UNCRC are fundamental, and underpin the specific rights of protection. First, all the rights in the convention apply to all children without discrimination on any grounds (article 2). Second, in all actions affecting children, their best interests must be the main consideration (article 3). Third, all children have the right to life, optimum survival, and development (article 6). Fourth, all children capable of expressing a view have the right to express that view freely and to have it taken seriously in accordance with their age and maturity (article 12). Last, to have an informed voice, children have the right to access information from various diverse sources (article 17).

These rights are directly comparable with the principles of medical ethics. Panel 3 describes this link and the table shows one example of how consideration of children's rights can guide medical and health-care professionals' response to child maltreatment. However, this approach requires new knowledge, skills, and resources, and places the promotion of children's rights as central in the delivery of health care to children and young people as the implementation of biomedical and scientific evidence. Working knowledge of the UNCRC is increasingly a core part of training for all child-health professionals, particularly those working in the specialty of child maltreatment.[77–79] The skills of advocacy can be used at the clinical, community, and public-policy levels.[80] Although political lobbying can be best done by well organised groups, there are many examples of clinicians advocating at all these levels[81,82] and of how these activities are integrated into standard clinical practice.[79,83–85] Indeed, some child-abuse assessment services in the USA are

Panel 3: Integration of medical ethics and the principles of children's rights

Medical ethics has evolved as a set of four principles—beneficence, justice, non-malfeasance, and autonomy—that serve as a foundation for medical decision making. Four equivalent core principles—promotion of the child's best interest, non-discrimination, survival and optimum development, and to be listened to and taken seriously—among the articles of the UN convention on the rights of the child provide context for the implementation of the rights defined in the convention. These principles are comparable and have particular relevance to the discipline of child maltreatment. When combined, they provide strategies and methods for advancing the practice of paediatrics, child advocacy, and health-services research.

	UNCRC/ethics principles	Specific rights	Implications for practice	Implications for advocacy	Implications for research
Domain of rights: economic	Promotion of best interests or beneficence	Adequate standard of living (article 27); social security (article 26); protection from economic exploitation (article 32)	Consider implications of socioeconomic circumstances of child and family in maltreatment assessments	Antipoverty measures as an intervention for maltreatment as described in recommendation 3 of the world report on violence against children[76]	Effects of antipoverty and other welfare interventions on rates and trends of maltreatment

The format of this table could be used to describe the implications of other domains of rights—eg, cultural rights, social provisions, and protective rights. UNCRC=UN convention on the rights of the child.

Table: **Matrix for economic rights**

described as child-advocacy centres.[86–88] Resources include the UNCRC itself, legislation that implements the articles of the UNCRC, guidance for professionals on the UNCRC,[89] and a commitment by health commissioners and policy makers to incorporate children's rights into their brief.

Children's rights and public-health approaches

The public-health approach to child maltreatment incorporates research into monitoring, recognition, and diagnosis; investment in early preventative interventions; prioritisation based on cost-effectiveness; and improvements in access to support and treatment services.[6,90,91] In view of the comprehensive nature of the public-health agenda on violence and maltreatment, what extra does a children's-rights approach add? There are several components to the answer, but all of them lead back to the principle that the definition of child maltreatment as a violation of rights implies that the responsibility and accountability of policy makers to intervene is an international legal obligation based on standards upheld universally, and that nearly every government in the world has ratified.

Rights-based and public-health approaches to child maltreatment have the same goals and frequently have a common justification for the same or similar interventions.[92] However, tensions and discrepancies between the approaches should be discussed because a creative engagement with these differences can enhance rather than detract from the synergy of both approaches.

Measuring and monitoring maltreatment

In a strongly argued plea for better epidemiological data, Butchart[93] has suggested that too much emphasis on the human-rights aspects of child maltreatment might undermine a public-health approach to prevention because of the emphasis on individuals. The counter argument is that a public-health perspective reduces the priority of the right to be safe from violence.[94] Conversely, public health itself has been claimed to be dominated by an emphasis on individual behaviour and biomedical mechanisms to the neglect of societal and social pathways to ill health.[95] None of these positions takes account of the spirit and wording of the UNCRC that is concerned not only with the child but also children as a body. Thus the UNCRC offers an equally valid framework for advocacy for interventions at the population and national-policy levels.[53] For instance, high-quality epidemiological monitoring data are instrumental to ensure, according to article 19, the right to protection from violence: "State parties shall take all appropriate measures…for identification…of child maltreatment". Furthermore, articles 42–45, which describe the states' obligations for reporting to the committee on the rights of the child require systems for data gathering to be in place or to be established. The need for improved and pragmatic definitions can be made equally from an epidemiological[90] and a rights-based standpoint.[96]

Further support for a mix of legislative and public-health measures based strongly on the principles of the UNCRC is found in an analysis by UNICEF of child sexual exploitation.[11] Their evidence, reasoning, and recommendations are similar to our conclusions. They argue for better systems for gathering data and epidemiological research that is informed by children's interests and views. The obligation to have reliable systems for gathering data in place, mandated by the UNCRC, is a persuasive argument that could be articulated by children's-rights practitioners. The contribution of public health to children's rights in this respect is to provide guidance on the most robust, reliable, and valid epidemiological data that states ought to be gathering.

Identification of risk factors

Public health has led the way in researching, publicising, and tackling health inequalities over the past 30 years. In the specialty of child maltreatment, the risks associated with poverty and inequalities, socially vulnerable families, and the intergenerational cycle of deprivation and violence are well recognised. Strategies for prevention of maltreatment are recommended to target these high-risk groups, and intervention programmes are advised to be sensitive to social inequalities and not to inadvertently widen them.[5,6] However, poverty itself can be represented as a violation of children's rights. The universal declaration of human rights[97] grants the freedom from want; article 27 of the UNCRC recognises the right to "a standard of living adequate for the child's physical, mental, spiritual, moral and social development", and the concept of rights as capabilities for living (eg, the capability to be alive, healthy, and have self-respect) justify the argument that poverty infringes on children's rights by prevention of their optimum development.[98–100]

Phinney and De Hovre[101] have argued that violence is both an infringement of human rights and arises from inadequate fulfilment of rights. What public health would describe as risk factors are here argued to be partly

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responsibilities of the state. This approach avoids blaming individuals, who are often the most powerless politically and economically, although it does not absolve them from responsibility. The approach also makes the state accountable for improving social justice as a direct intervention to prevent maltreatment.

A rights-based perspective allows risk factors to be reformulated as instances of discrimination, exclusion, and victimisation.[92] For example, there are sex differences in types and rates of maltreatment, ethnic discrepancies in both occurrence and notification, associations with unemployment, social isolation and absence of family support, and risks linked to families that have caregivers with mental illness, drug misuse, and intimate-partner violence.[2] These are all violations of children's rights of protection, provision, or participation either explicitly as mandated under the articles of the UNCRC or less directly. Reinforcement of non-discrimination by law is claimed to be a more powerful means of affecting policy than public-health arguments based on equity.[102]

Preventive interventions

Few assessments of prevention programmes based on children's rights have been done. A systematic review of population-based interventions that addresses issues, such as public perceptions of acceptable punishment, income and poverty relief, exposure to parental violence, and reduction in young parenthood, has suggested that these are well supported theoretically, but have not been robustly assessed.[103]

The policy of criminalising physical punishment in Sweden and campaigns to change public attitudes to violence against children have had positive effects on reported child maltreatment and in public acceptance of physical punishment even though the figures on deaths have changed little.[104–106] These changes, besides being attributed to the legal ban, have been linked to greater economic equity, a welfare system that transfers money to families with young children, improved child health care, equity between the sexes, recognition of family violence, and widespread public awareness of the UNCRC such that it is regularly talked about by children.[107]

In the USA, welfare reform has had complex effects on maltreatment rates because it has tended to increase income among families at the expense of increasing stresses on unsupported families of having to cope with employment (predominantly lone-parent worker families). The evidence suggests that maltreatment rates have fallen among families with increased income, but risen among those in which the predominant effect has been increased stress.[103,108,109]

Whether rights-based approaches to prevention might deflect attention from the need to implement interventions of proven effectiveness has been extensively debated with respect to HIV/AIDS. The recognition of the contribution human rights can make to public health began with the work of Jonathan Mann, the first director of the WHO global programme against AIDS.[110–113] However, De Cock and colleagues[114] have argued that too great an emphasis on individual rights has diverted attention from the disastrous proportion of the epidemic, and that the benchmarks for the effectiveness of an approach should be conventional public-health measures, such as reductions in incidence, morbidity, and mortality, and the social cost of these interventions. The case is easier to argue for child maltreatment because both public-health and rights-based approaches assert the right of children to effective preventive interventions. The convention mandates these interventions according to articles 3 (the best-interests principle), 6 (right to life and development, and the obligation of states to ensure this right to the maximum extent possible), 9 and 18 (support for family life), 19 (protection from violence and maltreatment), 24 (right to the highest attainable standard of health and preventive health care), 32–38 (specific rights of protection), and 39 (the right to rehabilitation and social reintegration from maltreatment: "in an environment which fosters the health, self-respect and dignity of the child"). For HIV/AIDS, the committee on the rights of the child has made a similar case that the articles of the UNCRC explicitly endorse all the components of a public-health response to childhood HIV/AIDS,[115] illustrating how obligations based on children's rights give political and legal power to public-health recommendations.

Policy and legislative changes

Both rights-based and public-health approaches seek to change policy and laws as an essential part of their strategy. Public-health approaches argue the case on the basis of scientific evidence of effectiveness and economic evidence of value and cost. The basis for advocating policy change from a rights perspective is that countries are obliged to meet internationally accepted standards. An example of how both approaches can support each other relates to the prohibition of physical punishment of children. Many countries still allow the legal defence of parental discipline, and some also permit institutional corporal punishment. The UN has argued that specific laws relating to violence against children should not sanction any mitigation for reasonable punishment, chastisement, or parental or institutional authority.[10] Besides a rights-based argument, public-health evidence supports laws prohibiting physical punishment of children.[116] Physical chastisement is ineffective in eliciting behaviour change, and a punitive approach to parenting fosters long-term emotional and behavioural problems in children.[33,117–119]

Rights-based arguments can be made for introduction of antipoverty measures as a means of prevention of maltreatment. One of the recommendations of the UN study of violence against children,[76] which addresses prevention includes the statement "attention should be focused on economic and social policies that address

poverty, gender, and other forms of inequality, income gaps, unemployment, urban overcrowding, and other factors which undermine society". The evidence on which this recommendation is based derives from public-health research; the justification derives from a broader consideration of the rights of children than those purely of protection.

Prioritisation and cost-effectiveness

Human-rights approaches to child maltreatment and health more generally have been criticised for ignoring the economic realities in different countries. Important questions about prioritisation are not addressed in the UNCRC,[120] which is not just a problem for low-income countries but for any state in which health-care and social-care services are paid for from the public purse. Child maltreatment incurs huge costs to society and appropriate interventions can result in net savings.[121–123] Resource allocation and cost-effectiveness analyses are core elements of the public-health response to child maltreatment,[124,125] but human rights are a necessary consideration in these types of decisions. They offer the means to attribute human values to different outcomes over and above cost and maximum benefits to most people.[95] The UNCRC recognises resource constraints in its wording. Thus article 6, after affirming the right to life, obliges states to "ensure to the maximum extent possible the survival and development of the child". In the context of the right to the highest attainable standard of health, states are expected to implement measures subject to progressive realisation and resource availability.[102,126] Progressive realisation is UN terminology for a planned programme that moves steadily towards achievement of a goal (in this case adequate health care, but the argument equally applies to maltreatment prevention). The corollary to not expecting immediate full implementation is that states implement the most effective measures first.

Participation of children

Rights of participation are an essential aspect of the UNCRC, as they are of all human-rights approaches. They include the right of the child to information, to express views without hindrance, and the expectation that his or her views will be listened to and taken account of in any decision affecting the child. The rights include the right of disabled children to participate fully in society, and for all children to family life, play, and leisure. The committee for the rights of the child has stated that rights embodied in the UNCRC are indivisible, thus the coherence of any rights-based approach to child maltreatment will depend on how well it shows that implementation of participatory rights is essential to both prevention and response. Children's involvement in responding to maltreatment is already part of legislation, policy, and practice in many countries,[127] for instance in the development of family group conferences in New Zealand,[128–130] involvement of children in case conferences set up to decide whether maltreatment has occurred in the UK,[131–133] and in legislation to ensure children have a voice in court proceedings affecting them.[134,135]

Children's participation in the public-health approach to prevention is insufficiently articulated or practised. However, child maltreatment rates are generally lower in countries that promote children's wellbeing and participation.[12,45] Kydd[18] has argued that prevention policies are more likely to be successful if they address child-centric perspectives of participation and promotion of best interests rather than focusing on acts most offensive to adults. Doek,[136] while chair of the UN committee on the rights of the child, described how attitudes towards child protection have moved from compassion and charity, to entitlement of children to their rights. Santos Pais and Pinheiro[137] have commented that measures to combat violence must address the general circumstances in which children live, and that these will not work if they do not involve children in the design of prevention and recovery programmes. The UN study[76] on violence against children states "I recommend that States actively engage with children and respect their views in all aspects of prevention, response and monitoring of violence against them, taking into account article 12 of the Convention on the Rights of the Child".

Opportunities and challenges to rights-based approaches

Despite the inspiration offered by the UN study on violence against children,[10] there is still a long way to go to integrate children's rights and public-health approaches to child maltreatment. Phinney and De Hovre[101] argue that although neither is sufficient by itself, together they can compel states to change policy and institute preventive measures. Addressing the human-rights aspects of public-health problems has enabled more effective action to take place in other specialties.[138] For example, reconciliation of both approaches has resulted in substantial advances in maternal and neonatal health in the past 10 years, when previously there had been slow progress.[139] Rights-based legislation has been used in other situations to enforce implementation of public-health interventions.[140] However, few examples of such a combined approach in child maltreatment exist.

The ability to enforce compliance with human-rights legislation is limited. In the case of the UNCRC, governments must report to the UN committee on the rights of the child every 5 years, and there are other opportunities for pressure and persuasion, but realistically many governments do not take their responsibilities seriously and others are slow to implement change. For example, the concluding observations of the UN committee on the rights of the child criticised performance of the UK Government on children in the penal system, irregular migrants, and health and educational inequalities.[39] Non-governmental submissions in the next phase of the cycle have described problems in the same areas[32,33] and the report of the committee in October, 2008,

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again criticises progress in these areas.[141] However, this process of scrutiny and accountability might have been the reason for the decision of the UK Government to grant full rights to all migrant children and to those in custody.[142] Elsewhere, progress on implementation is happening but there is still much to do.[50]

Maltreatment from an adult's point of view needs both an act and an intention but from the child's perspective the consequence is of most importance.[18] The challenge is to broaden the definition of maltreatment to encompass preventable societal, environmental, corporate, and political harm without the loss of clarity in present definitions that lend themselves to epidemiological monitoring, and allow governments and society to engage with the issue. There is considerable resistance at present to widening the scope of child maltreatment, but over the past 50 years concepts about what constitutes maltreatment have changed in line with scientific knowledge, and public understanding and values. As society comes to accept the spirit of the UNCRC, views about harm to children will probably change.

Conclusions

Rights-based and public-health approaches to child maltreatment are complementary, and when harnessed in concert they can act as a highly effective instrument of change in policy, professional activity, and public values. The unique strength of a rights-based approach is the legal status of rights conventions, and thus the accountability and transparency this facilitates. The strength of a public-health approach is the scientific rigour behind monitoring, identification of risks, and assessment of preventive interventions and prioritisation. Promotion and upholding the principles of the UNCRC are highly effective strategies for committed child public-health workers, whereas being conversant with scientific evidence is essential in making decisions about appropriate interventions in health and social care, and advocates of children's rights should make greater use of it in arguing for policy and practice changes. Paul Hunt, the UN special rapporteur on the right to the highest attainable standard of health, has made a similar point with respect to health. He describes how use of this right can help health workers achieve their objectives, and urges them to grasp the opportunity to use this resource to fulfil their professional responsibilities.[102,143] Exactly the same argument applies to child maltreatment. Adoption of the framework of the UNCRC is the basis for making further progress against child maltreatment in the 21st century.

Conflict of interest statement

We declare that we have no conflict of interest.

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