Health care practitioner's role in Child Protection

Master in International Health and Medicine for Cooperation with Developing countries

University Center for International Cooperation - Laura Amore

Training Course in Sexual and Reproductive Health Research - Geneva 2013
1. **Understanding Child Protection**  
   → introduce essential concepts to the audience

2. **Detecting forms of violence**  
   → familiarize the participants with all forms of violence they may detect during their work

3. **What is health care practitioner’s role related to Child Protection?**  
   → make participants aware that they have a key role to play in raising awareness on/ preventing / reporting girls child and children’s rights violations, especially in rural communities
Global Objective:

- To broaden health care workers' skill base in Child Protection and prepare them to take on additional responsibilities related to child abuse and violence prevention and/or reporting (to competent authority) in rural and community-based environment.
Expected results

- Participants have acquired essential knowledge of the most common girls child and children’s violence affecting their health and psychosocial – physical development.
- They are aware of the role they might play in raising awareness on/ preventing / reporting children’s rights violations.
- They effectively understand how to interact with competent authorities within the existing international and local legal framework.
1. Understanding Child Protection

Learning Objectives:

- To improve understanding of child protection
- To strengthen skills and recognize diverse child protection issues
- To gain skills in upholding child rights
- To strengthen the ability to identify child protection issues without stigmatizing or targeting the child
Identifying Child Protection Issues

By exploring:

A. what is meant by child right violations
B. general context of child’s vulnerability
C. what is child abuse and exploitation
Essential basic concepts

- Child
- Vulnerability
- Violence/abuse

PROTECTION
1. Prevention
2. Response
3. Rehabilitation
4. Persecution of authors

Vulnerability

No protection
To make it simple…

Child’s basic rights are met

Vulnerable child

Risk factors are there

Child victim (of abuse, exploitation, violence)

After rehabilitation, he enjoys dignity and rights again
Child Protection Definition

- Child Protection consists of reducing risks to children’s holistic well-being, making children’s rights a reality, restoring hope and a dignified living where abuse has occurred and creating an enabling environment that supports children’s positive development.

- definition drawn from an accepted broad definition of child protection concurred by various agencies. See [http://resourcecentre.savethechildren.se/sites/default/files/documents/5403.pdf](http://resourcecentre.savethechildren.se/sites/default/files/documents/5403.pdf)
A child is ...

- A person under 18
  → Minority is the first criterion for an individual to be granted special rights and special protection

- who undergoes the various stages of growth and development
  → Psychomotor development/ linguistic / psychosocial and socio-affective cognitive and intellectual: each stage has specific and fundamental needs

- having the same rights as in adulthood
  → The child has the same rights as any adult. Generally child’s basic needs correspond to human rights.

- definition drawn from broader human-rights related instruments and international agreements on child protection
The stages of the child after birth are as follows:

- **The newborn** also known as the **neonate** from birth to the first 28 days of life.
- **The infant** which is from birth up to one year of life;
- **The young child** (preschool child) which is a child from the age of one year to five years of life.
- The child is also referred to as the **Under five child**.
- **The school child** is the child from 5 years to 15 years of age.
- The final stage is the **Adolescent** who is a child aged from 9 to 18 years of age. This is the transitional stage to adulthood.

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*AMREF, Child Health Distance Education Course, Directorate of Learning Systems, 2007*
<table>
<thead>
<tr>
<th>Development</th>
<th>Needs</th>
<th>Rights</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychomotor development</td>
<td>Disease prevention (vaccines, drugs, health care) Balanced diet (breastfeeding) Drinking water and sanitation, Healthy environment and habitat, Clothing</td>
<td>Art.2 right to non-discrimination; Art 3. Right to welfare; Art. 5 Right to development of its capabilities; Art. 6 Right to life; Art. 24 Right to health and medical services; Art. 27 Adequate standard of living;</td>
</tr>
<tr>
<td>Psychosocial and emotional development</td>
<td>Affiliation (name, nationality) Attention affection, love, orientation, Care in general</td>
<td>Art. 7 Right to a name and a nationality; Art. 8 The right to protection of identity; Art. 9 Right to live with / to her parents; Art. 10 Right to reunite with his family;</td>
</tr>
<tr>
<td>Language development cognitive development / intellectual</td>
<td>Compliance, interest, self-esteem, understanding, Speak and / or advise, School,Orientation and / or support from adults Environment that stimulates thinking, &quot;new&quot; Esteem of others, socialization, Games Physical, moral and material security</td>
<td>Art. 18 Right to enjoy parental responsibility; Art 3. Right to welfare; Art. 19 Right to be protected against abuse; Art. 23 Right to a decent life if disabled; Art. 28 Right to education; Art. 29 Right to personal development; Art. 30 Right to cultural life in case of minority; Art. 31 Right to recreation; Art. 32 The right to protection against exploitation; Art. 33 The right to protection against exploitation in drug trafficking; Art 34 Right to protection against sexual exploitation; ...</td>
</tr>
</tbody>
</table>

A- child right violations

- Any right of a child that is violated is a child protection issue because if one right is violated (right to a name, to education, to healthcare…) further protection risks will emerge.
Who should ensure full access to rights?

Rings of Responsibility

There can be breakdowns in any of the rings, affecting the protection of the child. How can one of the rings possibly break?

B- general context of a child's vulnerability

- How would you define the vulnerability of a child?
- What does originate such a condition?
- Some examples?
Definition: Vulnerability refers to the risk of adverse outcome (with respect to the full and harmonious development of the child) and the capacity to cope with it. Among its causes are those break-downs of responsibility, or risk factors, e.g. household impoverishment, ill health, social exclusion, etc.

- **Primary**: all children, and especially young children, are vulnerable simply because of their age
- **Structural**: children from poor families who have no access to school, health services, basic minimum nutritional requirements, with consequences for physical and mental development, economic and social wellbeing
- **Heavy**: children deprived of a family, abandoned, abused, exploited
- **Legal**: children who do not enjoy the legal guarantees

Source: Orientations Nationales pour la prise en charge des enfants en situation de vulnérabilité, MPF/PE, République du Niger, 2010
### A vulnerable child ...

<table>
<thead>
<tr>
<th>Category</th>
<th>Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary &amp; Structural</td>
<td>Lack of birth registration; Lack of necessary vaccinations</td>
</tr>
<tr>
<td></td>
<td>Parental neglect (food, shelter, care, cleanliness, hygiene, education, affection ...)</td>
</tr>
<tr>
<td></td>
<td>-Lack of resources to ensure food, shelter, care, hygiene, education ...</td>
</tr>
<tr>
<td></td>
<td>-Reduced access to basic social services (suburban living, distance, low quality of local services ...)</td>
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<tr>
<td></td>
<td>-Low citizen participation, marginalized family</td>
</tr>
<tr>
<td>Heavy</td>
<td>Out-family, abandonment, family separation, institutionalization, street life, migration</td>
</tr>
<tr>
<td></td>
<td>-Work situation that exposes children to violence, abuse, exploitation, child-victims (abused, discriminated against, marginalized, isolated ...)</td>
</tr>
<tr>
<td>Legal</td>
<td>Child in conflict with law/ or child-victim : absence of mandatory tutors or other guardians of the child, advocates for children (which weakens the defense of child)</td>
</tr>
</tbody>
</table>
Is Mariama a vulnerable child?

<table>
<thead>
<tr>
<th>Entrusted by his own family, she lives in a family other than her own</th>
<th>She doesn’t go to school</th>
<th>She lives in a very low-income household</th>
<th>She works as a domestic worker for the family that hosts her</th>
</tr>
</thead>
</table>

2. Acknowledging forms of violence

Learning Objectives:
- To better acknowledgement and detection of any form of violence
- To increase understanding of rights vs social norms and tradition (if harmful)
- To strengthen the ability to assist emotionally and effectively child victims
C -child abuse and exploitation

- What is meant by abuse? By exploitation?
- Which forms of violence are acknowledged and condemned by a community (on the base of social norms, religion, tradition)?
- Based on your knowledge, which forms are condemned by the law in your country?
Definitions

- Abuse is defined as the process of making bad or improper use, or violating or injuring, or to take bad advantage of, or maltreat the person;

- Exploitation literally means ‘using for one’s own profit or for selfish purposes’. Exploitation of a child refers to the use of the child in work (child labor and child prostitution) or other activities for the benefit of others and to the detriment of the child’s physical or mental health, development, and education.

Maltreatment and violence in general

What do we generally mean?

A list of non-exhaustive examples of the main forms of violence and maltreatment includes:

1. Physical violence,
2. Corporal punishment,
3. Psychological maltreatment, threats and intimidation
4. Sexual violence,
5. Neglect and negligent treatment,
6. Self-harm,
7. Harmful traditional practices,
8. Child maltreatment specific forms Children with disabilities, death penalty, mandatory HIV/AIDS or other diseases testing, hazardous forms of child labour not previously mentioned and trafficking.
How to detect it?

Non exhaustive list of possible physical and behavioral indicators that MAY mean that a child is being neglected, abused or sexually abused includes:

- Unexpected bruises or welts
- Unexplained burns
- Unexplained fractures
- Unexplained cuts or scrapes
- Unexplained stomach injuries
- Unexplained visual or hearing defects
- Fear of adults
- Overly aggressive or withdrawn
- Unattended medical needs
- Growth rate below normal
- Difficulty in walking or sitting
- Pain or itching around genitals
- Stomach aches

Source: “Understanding Child Abuse and Neglect” The William Gladden Foundation, York, PA. 17404
How to assist child victims?

- All forms of child maltreatment can have significant and lifelong adverse effects on the child’s mental health and development. If child maltreatment is suspected or disclosed, action must be taken to protect the child at risk.
- Treatment as part of a health and social support approach + Appropriate intervention legally-driven if necessary.
- Confidentiality
- Psychosocial support is critical for the child’s recovery.
Harmful Traditional Practices

- Mainly Gender-based (girls and women)
- Traditionally condoned forms of discrimination
- Examples of socially construed forms of violence which have been long accepted as tradition and that violate the basic human rights of girls
- Affecting women sexual and reproductive health
Female Genital Mutilations (FGM)

- Female genital mutilation includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons (WHO)

- FGM is recognized internationally as a violation of the human rights of girls and women. The practice of FGM has no health benefits, causes severe pain and has several immediate and long-term health consequences.

Source: Female Genital Mutilation. WHO/UNICEF/UNFPA statement. WHO 1997
FGM – a ritual of agony

A documentary about female genital mutilation (FGM). Made with support from The Norwegian Directorate for Children, Youth and Family Affairs

See: http://www.youtube.com/watch?v=U7p0tXlclzM
Early and forced Marriage

The right to ‘free and full’ consent to a marriage is recognized in the Universal Declaration of Human Rights – with the recognition that consent cannot be ‘free and full’ when one of the parties involved is not sufficiently mature to make an informed decision about a life partner.

Fistula clinic and Health complications include the risk of operative delivery, low weight and malnutrition resulting from frequent pregnancies and lactation in early mothers.
Early marriage and clinic fistula

Award-winning documentary following five Ethiopian women suffering from obstetric fistula

See: [http://www.youtube.com/watch?v=3w-fOmovijc](http://www.youtube.com/watch?v=3w-fOmovijc)
3. health care practitioner’s role related to Child Protection

Learning Objectives:

- To improve knowledge on the legal international framework for child rights
- To increase understanding of what are the possible actions to undertake
- To increase the possibility to prevent the reoccurrence of violence
- To strengthen knowledge of the referral mechanisms
What are we talking about? Which role health’s practitioners can play?
How? And When?

1. Awareness raising – prevention
2. Monitoring
3. Treatment of child victims and
4. Reporting to competent authorities
Their unique position allow medical doctors especially in small settings and rural communities to be influential and key players in child-protection surveillance.

Midwives are involved with a family before a baby’s birth and may be instrumental in identifying young babies at risk due to parenting attitudes or lifestyles during the development of the unborn baby.

Trained to be alert to potential indicators of abuse, they should be inducted with local policy and procedure in the event of suspecting child abuse when signs are there.
Example of prevention includes: ensuring that the child receives age-appropriate immunizations, good nutrition, but also birth registration, school enrolment ...

An example of monitoring is: nurses and doctors have information out of repeated consultations and can identify children who are in need of support or safeguarding (and also parents or carers who are in need of support and may pose a risk to a child)

Child visits to accident and emergency have to be recorded (and this information may be shared with other local authorities)
Legal international instruments are standards to guide governments as well as international humanitarian and development agencies in providing assistance and protection.

UN Convention on the Rights of the Child (1989) is the main internationally binding agreement on the rights of children.

Every ratifying country has to harmonize its own laws with it. National laws are supposed to uphold the international standards.
Coordinating mechanisms and referral system

- At State level: a Coordinating Group composed by all ministries mainstreaming Child Protection (among its tasks are periodic reports on the implementation of the CRC to be sent to the CRC Committee in Geneva),
- At regional level: a regional multidisciplinary committee for CP should be in place
- At district & municipal level: similar committees should ensure coordination, monitoring and services provision
CP referral system: a model

- Community-based CP mechanism
- Municipal child protection committee
- CP committee at district level
- CP Regional Committee

Source: Module sur les Techniques de base de la protection de l'enfant, Unicef Niger, 2011
Country-based Working groups

- How does it work in your country?
- Who would you refer to?
- As far as you understand in which cases would you decide to take action? How?
- Are there established protocols to report to internal (hospital) / external authorities?
The importance of having a Child protection policy

- A framework of principles, standards and guidelines
- An internal statement of intent that demonstrates a commitment to safeguard children from harm and makes clear to all what is required in relation to the protection of children. It helps to create a safe and positive environment for children and to show that the organization/institution/hospital is taking its duty and responsibility of care seriously.
Main references:
- AMREF, Child Health Distance Education Course, Directorate of Learning Systems, 2007
- InterAction’s Protection Working Group Applying Basic Child Protection Mainstreaming – Facilitator’s Guide  
- Save the Children UK, Child Protection Training Manual, 2007  
- WHO/UNICEF/UNFPA joint statement on Female Genital Mutilation, 1997  
- WHO/ISPCAN, Preventing child maltreatment: a guide to taking action and generating evidence, 2006  