Child maltreatment

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Key facts

- A quarter of all adults report having been physically abused as children.
- One in 5 women and 1 in 13 men report having been sexually abused as a child.
- Consequences of child maltreatment include impaired lifelong physical and mental health, and the social and occupational outcomes can ultimately slow a country's economic and social development.
- Preventing child maltreatment before it starts is possible and requires a multisectoral approach.
- Effective prevention programmes support parents and teach positive parenting skills.
- Ongoing care of children and families can reduce the risk of maltreatment reoccurring and can minimize its consequences.

Child maltreatment is the abuse and neglect that occurs to children under 18 years of age. It includes all types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. Exposure to intimate partner violence is also sometimes included as a form of child maltreatment.

Scope of the problem

Child maltreatment is a global problem with serious life-long consequences. In spite of recent national surveys in several low- and middle-income countries, data from many countries are still lacking.

Child maltreatment is complex and difficult to study. Current estimates vary widely depending on the country and the method of research used. Estimates depend on:

- the definitions of child maltreatment used;
- the type of child maltreatment studied;
- the coverage and quality of official statistics;
- the coverage and quality of surveys that request self-reports from victims, parents or caregivers.

Nonetheless, international studies reveal that a quarter of all adults report having been physically abused as children and 1 in 5 women and 1 in 13 men report having been sexually abused as a child.

Additionally, many children are subject to emotional abuse (sometimes referred to as psychological abuse) and to neglect.

Every year, there are an estimated 41 000 homicide deaths in children under 15 years of age. This number underestimates the true extent of the problem, as a significant proportion of deaths due to child maltreatment are incorrectly attributed to falls, burns, drowning and other causes.

In armed conflict and refugee settings, girls are particularly vulnerable to sexual violence, exploitation and abuse by combatants, security forces, members of their communities, aid workers and others.

Consequences of maltreatment

Child maltreatment causes suffering to children and families and can have long-term consequences. Maltreatment causes stress that is associated with disruption in early brain development. Extreme stress can impair the development of the nervous and immune systems. Consequently, as adults, maltreated children are at increased risk for behavioural, physical and mental health problems such as:

- perpetrating or being a victim of violence
- depression
- smoking
- obesity
- high-risk sexual behaviours
- unintended pregnancy
- alcohol and drug misuse.

Via these behavioural and mental health consequences, maltreatment can contribute to heart disease, cancer, suicide and sexually transmitted infections.

Beyond the health and social consequences of child maltreatment, there is an economic impact, including costs of hospitalization, mental health treatment, child welfare, and longer-term health costs.

Risk factors

A number of risk factors for child maltreatment have been identified. These risk factors are not present in all social and cultural contexts, but provide an overview when attempting to understand the causes of child maltreatment.

Child

It is important to emphasize that children are the victims and are never to blame for maltreatment. A number of characteristics of an individual child may increase the likelihood of being maltreated:

- being either under four years old or an adolescent
- being unwanted, or failing to fulfil the expectations of parents
- having special needs, crying persistently or having abnormal physical features.

Parent or caregiver

A number of characteristics of a parent or caregiver may increase the risk of child maltreatment. These include:

- difficulty bonding with a newborn
- not nurturing the child
- having been maltreated themselves as a child
- lacking awareness of child development or having unrealistic expectations
- misusing alcohol or drugs, including during pregnancy
- being involved in criminal activity
- experiencing financial difficulties.

Relationship

A number of characteristics of relationships within families or among intimate partners, friends and peers may increase the risk of child maltreatment. These include:

- physical, developmental or mental health problems of a family member
- family breakdown or violence between other family members
- being isolated in the community or lacking a support network
- a breakdown of support in child rearing from the extended family.

Community and societal factors

A number of characteristics of communities and societies may increase the risk of child maltreatment. These include:

- gender and social inequality;
- lack of adequate housing or services to support families and institutions;
- high levels of unemployment or poverty;
- the easy availability of alcohol and drugs;
- inadequate policies and programmes to prevent child maltreatment, child pornography, child prostitution and child labour;
- social and cultural norms that promote or glorify violence towards others, support the use of corporal punishment, demand rigid gender roles, or diminish the status of the child in parent–child relationships;
- social, economic, health and education policies that lead to poor living standards, or to socioeconomic inequality or instability.

Prevention

Preventing child maltreatment requires a multisectoral approach. Effective programmes are those that support parents and teach positive parenting skills. These include:

- visits by nurses to parents and children in their homes to provide support, education, and information;
- parent education, usually delivered in groups, to improve child-rearing skills, increase knowledge of child development, and encourage positive child management strategies; and
- multi-component interventions, which typically include support and education of parents, pre-school education, and child care.

Other prevention programmes have shown some promise.

- Programmes to prevent abusive head trauma (also referred to as shaken baby syndrome, shaken infant syndrome and inflicted traumatic brain injury). These are usually hospital-based programmes targeting new parents prior to discharge from the hospital, informing of the dangers of shaken baby syndrome and advising on how to deal with babies that cry inconsolably.
- Programmes to prevent child sexual abuse. These are usually delivered in schools and teach children about:
    - body ownership
    - the difference between good and bad touch
    - how to recognize abusive situations
    - how to say "no"
    - how to disclose abuse to a trusted adult.

Such programmes are effective at strengthening protective factors against child sexual abuse (e.g. knowledge of sexual abuse and protective behaviours), but evidence about whether such programmes reduce other kinds of abuse is lacking.

The earlier such interventions occur in children's lives, the greater the benefits to the child (e.g. cognitive development, behavioural and social competence, educational attainment) and to society (e.g. reduced delinquency and crime).

In addition, early case recognition coupled with ongoing care of child victims and families can help reduce reoccurrence of maltreatment and lessen its consequences.

To maximize the effects of prevention and care, WHO recommends that interventions are delivered as part of a four-step public health approach:

- defining the problem;
- identifying causes and risk factors;
- designing and testing interventions aimed at minimizing the risk factors;
- disseminating information about the effectiveness of interventions and increasing the scale of proven effective interventions.

WHO response

WHO, in collaboration with a number of partners:

- provides technical and normative guidance for evidence-based child maltreatment prevention;
- advocates for increased international support for and investment in evidence-based child maltreatment prevention;
- provides technical support for evidence-based child maltreatment prevention programmes in several low- and middle-income countries.

For more information contact:

WHO Media centre
Telephone: +41 22 791 2222
E-mail: mediainquiries@who.int