

Press release

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Children's rights to safety in the EU are being compromised by inconsistency in adoption and implementation of evidence based policies to reduce child intentional injury.

Countries need to increase uptake of proven prevention policies in this area in order to protect Europe's most vulnerable citizens and future society. Child intentional injuries, which include maltreatment, peer violence and suicide, create negative, life-long impacts to children, families and society and thus need immediate and greater attention. (1)

Brussels, Thursday, 20 March, 2014 –

Child intentional injury is both a major public health issue and one of human rights. The UN has clearly stated that "no violence against children is justifiable; all violence against children is preventable". (2)

Of the 35,000+ children and adolescents aged 0-19 years who die each year in the EU, approximately 24% or roughly 9,100 deaths are due to injuries. About a third of these deaths are classified as intentional or of undetermined intent. (3) Intentional injury deaths are but the tip of the iceberg and even here, where the best data exist, evidence suggests that maltreatment deaths coded as child homicide may reflect as little as 20-33% of actual cases. (4) "Violence against children must continue to receive critical attention, and we must strongly reiterate this, rather than cloaking the issue in silence," stated Isabelle Durant, Vice-President of the European Parliament. "In addition to applying what we already know, we need more research and improved data systems, particularly for all types of non-fatal intentional injuries to children that includes information on the cost of violence against children and its prevention."

In the EU there is great variability in rates of intentional injury deaths between countries, with over a 10-fold difference in rates of intentional injury deaths between the countries with the highest and lowest rates. Yet evidenced based prevention strategies do exist, that if consistently adopted, implemented and where appropriate, enforced across the EU, would make children safer from violence. (5)

Released today is the report on National Action to Address Child Intentional Injury that examines policy measures in place to address intentional injury to children by describing the adoption, implementation and enforcement of national level policies addressing intentional injury prevention in over 25 Member States. (5) The report includes a multi-country overview of actions related to leadership, children's rights, capacity and data to facilitate European-level planning to support national level efforts. In addition to summarising results across participating Member States, the report also includes individual country policy profiles describing evidence-based actions to address child intentional injury in these four areas undertaken to July 2013.

Findings of this report reveal that while many policies are in place, more needs to be done to ensure they are fully implemented, enforced and are supported by adequate resources to create the desired impact. "There is a lack of oversight and monitoring of policies addressing child intentional injury in Member States," said Joanne Vincenten, Director of the European Child Safety Alliance. "It is critical to know if and how well prevention policies are being implemented and what impact they are having, otherwise this investment to protect children is lost."

Examples of inconsistent adoption of evidenced child intentional injury prevention policies across the participating countries highlighted by the report on National Action to Address Child Intentional Injury include (5):

- Only 10 countries (33%) have an overarching strategy addressing the three main types of intentional injury covered by this report. Several other countries reported multiple strategies existing, which together covered the issue – however there is no overarching strategy to coordinate efforts.
- Only 19 (63%) have a law prohibiting corporal punishment in all settings. Most of the 11 countries that have not yet prohibited corporal punishment in all settings have yet to prohibit in the home setting, although several still have to address alternative care and institutional settings.
- Responses indicated that four participating countries (13%) have no specific national ombudsperson for children (Czech Republic, Germany, Portugal and Romania), while two others (Bulgaria and Spain) only partially meet the criteria.
- Responses indicate that just under half of the participating countries have a programme of public health home visits for new parents that includes child maltreatment prevention, with a little over a third of those indicating the programme could only be considered partially implemented, most because there is little oversight.
- Less than half of the participating countries have a national policy requiring schools to have a standing committee involving teachers, students and parents to address violence in the family and school environment, including interpersonal violence and bullying/cyberbullying, and of the 14 countries reporting such a policy only six reported it was fully implemented.
- Only 20 out of 30 countries (67%) have a national policy/guidance for schools on developing a school based suicide prevention programme, although over half of those indicated that the policy was only partially implemented.
- Responses indicate that only England, Hungary, Ireland and Scotland have either a national programme of multi-disciplinary child death reviews or regional programmes across the whole country, which include making specific prevention-related recommendations.

While the uptake and implementation of some of the evidence-based actions assessed in this report is encouraging, the recent economic downturn adds additional concern. “More families are experiencing greater financial pressure as a result of the economic crisis, which for many has moved them below the poverty line. As a result, this increases the risk of all forms of violence, particularly child maltreatment/neglect/abuse and suicide,” stated Bernard de Vos, Chair of the European Network of Ombudspersons for Children. “Early signs indicate that the austerity measures in place are having an impact on children’s health and safety. We need to ensure this issue is carefully monitored and that safeguards are put in place over this period of government cutbacks to ensure children’s rights to safety are honoured.”

Intentional injury occurs in many settings and its prevention involves and requires effective partnerships and involvement of professionals from multiple sectors such as health, education, justice, social services.

“There is an urgent need to ensure that adequate professional capacity to address the safety needs of children and families is available to support early intervention and continued care of those at risk of violence,” said Octavian Bivol, UNICEF Regional Health Advisor for CEECIS. “Effective and comprehensive service

delivery by trained professionals for both prevention and treatment of victims and perpetrators is essential to attain greater implementation of measures to protect and safe guard children.”

“This report highlights the urgency of doing more to keep our children from harm” said European Commissioner for Health, Tonio Borg. “Intentional injuries are violent acts that can, and must, be prevented. We must join forces at national and European levels on a comprehensive, child-centred, health in all policies approach, to ensure children do not suffer needlessly because of cracks in the system”.

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Notes to journalists

1. Intentional injuries are injuries that are the result of violence. Violence is defined by the World Health Organization as, “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.” This definition of violence covers a wide range of acts, going beyond physical acts to include threats, intimidation and even neglect or acts of omission, although the latter may not be seen as intentional. The three areas of intentional injury covered by the report are child maltreatment, peer violence and self-directed violence.

Child maltreatment includes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting 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. Child maltreatment encompasses any act performed by or omitted by a parent, caregiver or other adult that results in harm, potential for harm, or threat of harm to a child, even if harm is not the intended result.

Peer violence involves the intentional use of physical force or power, threatened or actual, exerted by children against children, which results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation. It includes gang related violence, dating violence and bullying/cyberbullying.

Self-directed violence in children includes suicidal behaviour and self-harm such as self-mutilation or cutting. Suicidal behaviour ranges in degree from only thinking about ending one’s life, to planning it, finding the means to do so, attempting to kill oneself, and completing the act.

2. UN Committee on the Rights of the Child (CRC), *General Comment No. 13 (2011): The right of the child to freedom from all forms of violence*, 18 April 2011, CRC/C/GC/13. (<http://www.refworld.org/docid/4e6da4922.html>)

UN General Assembly, *Convention on the Rights of the Child*, 20 November 1989, United Nations, Treaty Series, 1577:3 (<http://www.ohchr.org/en/professionalinterest/pages/crc.aspx>)

UN General Assembly, *Convention on the Rights of the Child*, 20 November 1989, United Nations, Treaty Series, 1577:3 – Article 19 (www.unhcr.org/refworld/docid/3ae6b38f0.html)

3. MacKay M and Vincenten J. Child Safety Report Card 2012: Europe Summary for 31 Countries. Birmingham: European Child Safety Alliance, Eurosafe; 2012.
(<http://www.childsafetyeurope.org/publications/info/child-safety-report-cards-europe-summary-2012.pdf>)
4. Sethi, D; Bellis, M; Hughes, K; Gilbert, R; Mitis, F; G Galea, (Eds). European report on preventing child maltreatment. World Health Organization, 2013.
(<http://www.euro.who.int/en/publications/abstracts/european-report-on-preventing-child-maltreatment>)
5. The report on National Action to Address Child Intentional Injury was developed as part of the Tools to Address Childhood Trauma, Injury and Children's Safety (TACTICS) project, a large scale multi-year initiative that is working to provide better information, practical tools and resources to support the adoption and implementation of evidence-based good practices for the prevention of injury to children and youth in Europe. The initiative is led by the European Child Safety Alliance, with co-funding and partnership from the European Commission, RoSPA, Swansea University, Maastricht University, the Nordic School of Public Health, Dublin City University, the European Public Health Alliance, and partners in more than 30 countries.

One of the objectives of the project was to review and expand the set of injury indicators and standardised data collection tools to include indicators examining violence prevention and intentional injury in order to allow monitoring and benchmarking of progress in reducing all child injuries. The report on National Action to Address Child Intentional Injury and the 30 Child Intentional Injury Prevention Policy profiles included are the result of this activity.

The policy profiles cover 27 EU Member States plus Iceland and Norway, with two produced in the United Kingdom¹ (only England and Scotland participated). Thus the resulting 30 profiles are for: Austria, Belgium (Flanders only), Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, France, Finland, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and two in the United Kingdom (participation by England and Scotland as constituent countries of the UK).

Together with the *Child Safety Report Cards 2012* examining unintentional injury and *Child Safety Profiles 2012* the National Action to Address Child Intentional Injury and policy profiles form a comprehensive look at national level action to address all child injuries.

For more information on the TACTICS project or the European summary report and companion documents addressing child intentional injury go to the European Child Safety Alliance website at:
www.childsafetyeurope.org

This press release arises from the project TACTICS, which has received funding from the European Union in the framework of the health programme.

¹ In the UK only England and Scotland participated and separate Policy Profiles were produced due to decentralisation of government and the partnership history between the constituent countries of the UK and the European Child Safety Alliance.