Safeguarding children: a call to action

Since Kempe’s description, almost 50 years ago, of the “battered baby”, we have become all too familiar with sexual and emotional abuse of children, neglect, fabricated illness, bullying, and exposure to domestic violence. In many countries the catalogue of abuse and exploitation also includes female genital mutilation, child trafficking and prostitution, sweatshop labour, and coercive enrolment into military service. The Lancet’s Series on child maltreatment describes the progress that has been made in recognising maltreatment and its effects in the short and long term, and in evaluating interventions once abuse has occurred. However, mental-health professionals and social services too often lack the resources to apply this knowledge.

Sadly, we are far from understanding why maltreatment is so common and how to stop it. Child maltreatment occurs in all societies and all socioeconomic groups but poverty, unemployment, and overcrowding—which might lead to, or be associated with, parental mental-health problems and drug or alcohol abuse—all predispose to abuse.1 Often parents’ life circumstances help to explain why children are neglected or abused, but there are also many people who cynically exploit children for self-gratification or personal gain.

Prevention of child maltreatment can be approached at the level of the individual child or family, the local area or school, or the community as a whole. In the Series, Harriet MacMillan and colleagues3 explore the immense difficulties in researching these approaches. Some interventions focus on one issue—eg, those designed to reduce the risk of sexual abuse. Others seek to address problems of early parent-infant attachment and parenting skills. Involving fathers is important—but in the Series fathers seem to be perceived as perpetrators of abuse rather than key figures in a child’s life.

Many of the children at high risk of maltreatment grow up with multiple disadvantages: lack of vital preschool learning opportunities, behavioural problems, harsh inconsistent parenting, poor schools, food insecurity, unhealthy diet causing undernutrition or obesity and dental disease, and an increased risk of illness and death from sudden infant death syndrome, infections, substance abuse, suicide, and violent crime. The apparent success of the Nurse Family Partnership3 (currently undergoing a replication trial in the UK) suggests that for many families a focus only on preventing maltreatment is less effective than a positive approach of building child-care skills, self-esteem, and financial independence. However, such programmes are expensive, need scarce human resources, and must be targeted to those most likely to benefit.

The ecological approach to child maltreatment1 emphasises neighbourhood risk: inadequate or decaying infrastructure, endemic community violence, and social impoverishment. This approach applies equally to the decrepit featureless estates and ghettos of the industrialised nations and the slums and shanty towns of the developing world, all of which present overwhelming challenges to governments. Reducing neighbourhood risk by developing and strengthening local communities is an attractive option, although such programmes are complex to plan and expensive to implement.

Child maltreatment, like many other manifestations of violence, is the end result of interaction between genetic and temperamental factors (eg, escalating aggressive behaviour in childhood4 or the callous-unemotional personality type5), the socioeconomic environment, and societal attitudes. A UN report6 reviewed violence against children in the light of the Convention on the Rights of the Child and, in the Series, a human-rights approach is proposed by Richard Reading.
Projected population increase. To improve quality of life and reduce maltreatment in all its manifestations, child-health professionals should advocate not only for the Millennium Development Goal of child survival but also for family planning services, which currently are inaccessible to millions of couples. Children who are wanted and planned according to parental and environmental resources must surely have a better chance of enjoying their childhood free of maltreatment or neglect.

Population pressures are likely to increase the risks of child maltreatment, particularly in developing countries. Climate experts question whether the world is ready to accept as just part of life. This approach involves listening to children’s concerns and helping them to understand that they have rights—but that other people have rights as well and that these rights go hand in hand with respect and responsibilities. UNICEF and the Roots of Empathy programme have developed guidance to help teachers working with these themes in school. Mass entertainment or edutainment programmes could help young people to modify their attitudes and behaviour—eg, in southern Africa the programme Soul City tackles the problems of coercive sex, teenage rape, and domestic violence, which young people too readily accept as just part of life.

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**Reforming China’s health care: for the people, by the people?**

On Oct 14, 2008, the Chinese Government published a draft of its Healthcare Reform Plan, to solicit comments from the public. Inviting people to participate in the development of public policies is unprecedented in China. The invitation reveals signs of how far the world’s largest developing country has gone and where it might be going, and indicates open-mindedness in the current leadership or at least shows that they want to be perceived as being good listeners.

Despite China’s rapid economic development since 1978, when the country embarked on a transformation from a planned economy to a market economy, a health-care crisis has been looming in the country. The outbreak of severe acute respiratory syndrome, the increasing incidence of sexually transmitted diseases including HIV/AIDS, constant threats of an avian influenza pandemic, and the recent milk scandal serve as reminders of the complex challenges confronting China’s deficient and vulnerable health system and the serious economic, social, and global implications of the system’s shortfalls. China’s leaders, in their pursuit of an economic growth-dominated development agenda, have neglected the Government’s responsibilities to adequately finance, organise, and regulate health care. The general complaint that it was “Too difficult to see a doctor, too expensive to see a doctor!” became one of the top issues in China’s opinion polls.

Out-of-pocket payments have soared more than tenfold since 1990. Now, the average cost of a single hospital admission is almost equivalent to China’s annual per-capita income, and is more than twice the

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AA-G is the Children’s Commissioner for England. DH declares that he has no conflict of interest.

2 MacMillan HL, Wathen CN, Barlow J, Fergusson DM, Leventhal JM, Taussig HN. Interventions to prevent child maltreatment and associated impairment. Lancet 2008; published online Dec 3. DOI:10.1016/S0140-6736(08)61708-0.