Children's Rights

Introduction

In Community Paediatric Review Volume 9 Number 1, I explored some of the Home Visiting Programs designated to prevent child abuse and to support ‘high risk’ families.

This edition discusses Children’s Rights and some of the indicators that cause abuse, utilising an ecological framework that considers child factors, parent factors, family factors and environmental factors.

Indicators and Causes of Child Abuse

Understanding the causes of child abuse is a formidable task. Child abuse has no boundaries; it can be evidenced in all cultures, classes, religions and economic levels. We know there is no single cause of child maltreatment. Our understandings lead us to believe it is a multifaceted problem, with many variables influencing the type and degree of abuse experienced by children (Hendry & Lewis 1990).

We know there are particular factors that place children at risk and predisposing traits that cause parents to abuse. We know abuse exists because of power and dominance factors within families, often influenced by gender roles and sustained by patriarchal notions condoned by judicial, legal and social institutions.

The aetiology of child abuse is complex. In the past, analysis of this phenomenon has been theoretically underpinned by psychology, sociology (Harris Cohn & Daro 1987) and now in the 1990s an ecological model is considered to be of value (Ammermann & Patz 1996).

Examining and analysing child abuse through an ecological approach implies:

That behaviour and development occur in relation to an ‘ecological niche’ or place defined by the political economy. Therefore, abuse takes place not only within the microenvironment of the family but also the macroenvironment of the society, whether it is country, state, community, or neighbourhood. It is a view of a family within a context, and child maltreatment is used as a social indicator.

(D’Antonio, Darvish & McLean 1993, pp. 39-40).

These micro and macro environments are briefly outlined below. Within an ecological perspective children are at risk because:

1. Bio-risks are incurred in the uterine environment;
2. Bio-psychic and sociopsychological risks are incurred in the domestic environment;
3. Socioeconomic risks are incurred in the social class environment of the family;
4. Global risks are incurred by families and communities.

(O’Neill 1995, p.10)

O’Neill (1995, pp. 10-11) states … “this complex structure of risk will determine, to different degrees, the vulnerability of children born in families whose class and national comparative disadvantage will require ‘risk reduction’ can only be undertaken jointly by the kin/community and professional therapeutic agencies engaged...
in the reduction of illness, ignorance, abuse, and unemployment”.

Common problems and indicators associated with child abuse are financial difficulties, unemployment, poor housing, substance abuse (drugs and alcohol), social isolation, prematurity or physical disability of the child, psychiatric history of the parent and many other contributing factors or causal links. All of these indicators impact on the micro or macro environment of the family. I note these and others below under four headings that are adopted from DePanfilis and Salus (1992):

- parent factors;
- child factors;
- family factors; and
- environmental factors.

Violence during childhood affects millions of children throughout the world. Generally, most people are outraged at horrific incidences of abuse and homicide of children, and yet most communities, states, and countries cannot manage to control or prevent the problem (McMahon & Pence 1995; Natapoff & Wieczorek 1990). O’Neill (1995, p.1) passionately states:

The entire passage of child life, from (pre) conception onward, is fraught with both mortal and moral risk and that these risks are extraordinarily high despite our proclaimed love for children. The cultural knot, then, is that we love our children and are appalled by their suffering, yet it is at our hands that they suffer without end. Of course we celebrate children’s growth, their happiness, health and intelligence. Yet, we render the lives of vast numbers of children deadly, diseased, ignorant and ravished by every kind of exploitation.

The Rights of Children

The following section looks at the rights and the exploitation of children as it is manifested in child abuse. Furthermore, this section provides an account of the different types of abuse as well as acknowledging the lack of rights, dignity and justice for children within our world. Before I enter this discussion let me quote some facts from the United States. They are compelling, and while they may not reflect current Australian statistics, similar statistics can be found throughout the world.

Every 2 hours a child is killed by his (her) caretakers in the United States. In a given year, more than 1 million children will be maltreated by their parents. Between 200,000 and over 2 million children per year will be the victims of sexual abuse, and over 300,000 per year are the victims of psychological abuse.

(Goodman 1990, p. 84-85)

Children are at risk of abuse for a variety of reasons. Essentially, children are not afforded equal rights and are not given the respect they deserve as young individuals within a community. These phenomena are recorded in our history, not as something we should be ashamed of, but as something which was considered tolerable in a society that did not value and respect the rights of children. One only needs to read traditional fairytales like Cinderella or Hansel and Gretel to find evidence of this ill respect. Traditionally, children have been treated as property. The right to punish and control children was deemed the duty and task of most parents (Baylis & Downie 1997). Even today the attitudes of some parents and schools in relation to discipline and punishment are a reflection of such ideas (Freeman 1997; Malikewicz 1991; Cohn Donnelly 1991). Goddard and Carew (1993, p. 24) suggest a ‘close relationship’ should exist between dignity and rights, and children are not usually afforded the dignity they deserve. This ‘relationship’ between dignity, rights and respect for children cannot be precisely delineated, but it is one that deserves more attention from legislators and policy directors within governments (Freeman 1997).

Turner (1988, p.18) comments that ‘until children are recognised as individual people with rights to self-determination and equal rights to legal protection from all kinds of assault, they will continue to be dominated, degraded and abused, and frequently will feel powerless to complain or stop’. Nevertheless, many countries have adopted (in principle) the United Nations Bill of Rights for Children, which essentially establishes ‘minimum standards of parenting’ (Baylis & Downie 1997, p.173). Though one can applaud the philosophical conception of this Bill and the principles it implies its effectiveness, in terms of jurisdiction, is questionable (Freeman 1997).

However, Freeman (1997, p. 21) adds ... “but we can and must believe that the state of childhood will be improved if we are prepared to take children’s rights more seriously, to transcend the rhetoric of international documents and domestic legislation and tease out the moral argument for
the recognition of children’s rights”. It seems that society in general is often shocked and horrified by the abuse of children and yet as a society we continue to sustain the problem by failing to respect children’s rights, their autonomy, their physical integrity and their privacy (Turner 1988).

It appears that parents (by law) are able to discipline their children using ‘acceptable’ disciplinary measures. There is no ‘universal’ definition for ‘acceptable’. So what then constitutes ‘acceptable’ measures? Who decides what is acceptable? We know men and women have different views about violence and punishment (Campbell 1992). Should health professionals be co-responsible for promoting non-violence within our communities? These are important questions and facts to reflect on, as we know children can be affected in adult life by experiences of childhood abuse and violence (Majonis 1991).

**AUTHOR**
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**Editorial Note:**

The Community Paediatric Review has changed and developed over the last eight years to meet the needs of community nurses. The Editorial Board has decided to try a different format in 2002. Each edition will have a theme, with materials presented to highlight the “health promoting nurse” concept and challenge and extend practice. There will be the opportunity to react to the materials electronically. This will be an exciting professional development opportunity. We look forward to your active involvement.

Please also take the time to complete the readership survey on the back of this edition.
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