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Psychological maltreatment and children's right to health

Submission to the OHCHR Study on the right of the child to the enjoyment of the highest attainable standard of health

In light of the strong links between the right to health and the right to freedom from all forms of violence and the well- established negative effects of psychological maltreatment on children's brain development and physical and mental wellbeing, the Cape Breton University Children's Rights Centre calls on the OHCHR to highlight states' obligations under the UN Convention on the Rights of the Child(article 19) to "take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical and mental violence injury or abuse...", in its study on children's right to health.

The Convention on the Rights of the Child (CRC) obligates states parties to protect children from all forms of physical and mental abuse and violence (article 19:1). This is to be accomplished through prevention programs and through the provision of supports for children who have been maltreated (article 19:2). Without protection from abuse and violence, the child is unlikely to enjoy his or her right to health as described in article 24, or a standard of living that is

adequate for the child's healthy mental, spiritual, moral, and social development as described in article 27.

The child's protection rights include protection from psychological maltreatment. To date psychological maltreatment has lacked the public and political attention paid to physical and sexual abuse (Gilbert et al, 2009). With observations that its prevalence is increasing, and a growing understanding of its profound deleterious effects on healthy development, psychological maltreatment has become an issue of concern globally (Akmatov, 2011; Hibbard et al, 2012).

Definition and prevalence. Psychological maltreatment is a term used interchangeably with psychological violence, emotional abuse or maltreatment, emotional neglect, and verbal abuse. It describes a repeated pattern of adult-to-child behavior (usually a parent) that makes the child feel "worthless, flawed, unloved, unwanted, endangered, or only of value in meeting another's needs" (Chamberland et al, 2012, p. 201).

In a recent comprehensive summary of the literature to date, psychological maltreatment has been described as not only the most challenging form of child abuse, but also the most prevalent (Hibbard et al, 2012). In a very large population-based cross-sectional study of 28 developing and transitional countries, psychological maltreatment was found to be the most common form of abuse, with the exception of Albania where it was at a lower rate than moderate physical abuse (Akmatov, 2011). Estimates from high-income countries (Australia, Canada, UK, & USA) indicate that approximately 10 percent of children suffer from psychological maltreatment, and rates in studies of four Eastern European states (Macedonia, Latvia, Lithuania & Moldova) are between 12.5 and 33.3 percent of children (Gilbert et al, 2009).

In fact psychological maltreatment does not often occur in isolation from other forms of child abuse (Chamberland et al, 2011; Gilbert et al, 2009). As such these reported rates largely underestimate the true prevalence. Researchers and clinicians agree that psychological maltreatment is at the core of all forms of child abuse – particularly corporal punishment - and in many cases is considered to be the most developmentally damaging dimension of abuse. It remains, however, the most underreported form of child abuse (Barnett et al, 2005; Trickett et al, 2009).

Effects of psychological maltreatment on health. Psychological maltreatment is always damaging, but its effects are most extensive and profound when it occurs through the early years of rapid brain development. Genetics play a role, but it is experience that is the primary architect of the child's brain (Covell & Howe, 2009). Although the period of most rapid brain growth is prenatal and perinatal, the brain continues to mature after birth. There is clear evidence that maltreatment in infancy and early childhood can have significant structural and functional consequences for neurodevelopment (Anda et al 2006; De Bellis et al 2002). Psychological maltreatment in the first three years of life is associated with alterations in brain structure and in the neurobiological systems that are highly involved in brain maturation. The effects, particularly in the absence of timely interventions, are seen in compromised physical and mental health throughout development.

Findings from both longitudinal and retrospective studies of the effects of early psychological maltreatment illustrate the health challenges faced throughout life (Egeland, 2009; Wright et al, 2009). Egeland's longitudinal study provides particularly compelling data. Psychological maltreatment in early childhood predicted a range of social and health problems in adolescence including delinquency, attempted suicides, and diagnoses of mental illness.

Common mental health difficulties seen in children who have experienced psychological maltreatment include depression, anxiety, low-self-esteem, and eating disorders. In addition, there is a strong relation between psychological maltreatment and substance abuse, aggression, social and interpersonal difficulties, high-risk sexual behaviour, and criminality from childhood to adulthood (Chamberland et al, 2012; Gilbert et al, 2009; Wekerle et al, 2009). In turn, these problems are associated with physical health problems, including overall poor physical health, increased risk of heart disease, self-injurious behaviors, and all the well-established effects of substance abuse (Hibbard et al, 2012). When severe, psychological maltreatment can also result in physical growth failure (Munoz-Hoyos et al, 2011).

Prevention of psychological maltreatment. Without effective prevention, children's rights to health will continue to be violated. The cycle of abuse will likely be repeated among generations, and, as well as the high cost to the health of the individual, the costs to the health and social care systems will be large (Hibbard et al, 2012; Riggs & Kaminski, 2010). Prevention strategies are effective.

First, prevention can be effected through the use of universal parenting programs and the use of targeted interventions to those identified at-risk (Hibbard et al, 2012). Such population strategies are demonstrated successful in preventing child maltreatment (Prinz et al, 2009). Second, supports need to be in place for families who are facing challenges that make difficult positive parenting. The literature shows that children who are most at risk for psychological maltreatment and its negative developmental health outcomes are those in families facing multiple sources of stress including substance abuse, mental health problems, family conflict, economic difficulties, and little social support (Chamberland et al, 2012; Hibbard et al, 2012). Without changes in our current approaches to child psychological maltreatment, the health status of millions of children worldwide will be compromised.

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