



Published: February 29, 2024

Citation: Southall D, MacDonald R, et al., 2024. Abuse of Women and Children in Armed Conflict and Domestically: More Effective Safeguarding Systems Urgently Needed to Prevent these Crimes and Ensure Protection, Medical Research Archives, [online] 12(2). <https://doi.org/10.18103/mra.v12i2.5048>

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DOI

<https://doi.org/10.18103/mra.v12i2.5048>

ISSN: 2375-1924

RESEARCH ARTICLE

Abuse of Women and Children in Armed Conflict and Domestically: More Effective Safeguarding Systems Urgently Needed to Prevent these Crimes and Ensure Protection

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ABSTRACT

Emergency medicine health workers have major roles in managing the clinical effects of armed conflict and domestic abuse on women and children. To safeguard vulnerable people from such criminal abuse, there is an urgent need for international and domestic action. International and national legal systems need to work more rapidly and efficiently with immediate power to protect against, and prevent, such abuse.

Internationally, the current weakness of the United Nations Security Council to provide civilian protection, such as through UN troops on the ground and no-fly zones over conflict areas, and thereby minimise the effects of armed conflict on civilians, can, and has, largely resulted from self-serving, dangerous vetoes of the 5 permanent members with major conflicts of interest, in part related to their role in the manufacturing and global distribution of weapons.

The International Court of Justice and the International Criminal Court have little immediate power to protect civilians affected by war crimes, including abuse, which breach the Geneva and other International Conventions. To date, the number of war criminals convicted by the International Criminal Court is incredibly small, and the long delay in the Courts' decisions mean that the consequences of the war crimes sometimes continue for years.

We describe new systems to better protect women and children from abuse in the home. We propose a new definition that separates ill treatment from criminal abuse that is undertaken for gain by perpetrators (who are often carers or intimate partners with antisocial personality disorders). **Ill treatment** undertaken within families experiencing adversity such as homelessness, poverty, displacement, and addiction requires compassion and socio-economic support. In contrast the **crimes of abuse** committed for gain require stronger forensic approaches investigated and addressed by special, inter-agency, forensic taskforce units led by senior experienced detectives in partnership with social, healthcare, and legal professionals.

We also discuss additional issues linked to abuse, such as the links between animal/pet abuse and human abuse, the need for better systems to prevent and protect children living in institutions, better regulation of social media to protect children from scenes of violence and sexual abuse, and gun control needed to protect children, especially in the USA.

Introduction

This paper examines the current systems designed to protect women and children from the abuse of war crimes and also from abuse in their homes (domestic abuse).

We begin with international protection because armed conflicts, such as those in Gaza, Israel, Ukraine, Sudan, Myanmar, the DRC, and The Yemen, are amongst 45 countries at war¹ that remain inadequately addressed by current systems available to the international community. We discuss here the background and suggested reasons as to why international systems are failing along with possible solutions.

Methods

This paper is based on nearly thirty years of experience of working in war zones. Starting with Bosnia in 1995², MCAI has also worked in the conflicts of Afghanistan³, Kosovo, Sri Lanka, and Pakistan focusing on health care for pregnant women, babies, and children. One of the authors (DS) also has vast experience in child protection, both in the UK and internationally, for example, helping to establish a child protection system in Pakistan.

Since the invasion of Ukraine in February 2022 and the current terrible situation for citizens in Gaza following the war between Israel and Hamas, starting in October 2023, we have continued to advocate for more effective international systems to better protect women and children in situations of armed conflict. To better inform ourselves with the latest information, we undertook a desktop analysis of UN, NATO, International Court of Justice, International Criminal Court, and Interpol websites and publications. We also receive the annual SIPRI yearbook⁴, which gives all of the facts and figures of the arms trade, which we have used here to show the increasing global danger of the international arms trade.

Despite efforts to protect women and children from abuse in their homes, even in well resourced countries, let alone low-resource countries, this crime remains a national and global complex problem. We present here an approach that we have developed over the last 20 years that details a potential system of protection that focuses on better managing the criminal aspects of domestic abuse against women and children.

1) International crimes against humanity: the vital importance of United Nations' organisations

The atrocities committed during 45 current armed conflicts¹ are accompanied by advanced military technology and have consequences for trauma and death for an ever increasing number of vulnerable civilians. ⁵⁻⁷ In February 2022 Ukraine was invaded by its massively armed neighbour Russia. Over 3 months, 25,000+ civilians have been killed in Gaza following attacks by Israel after Hamas killed 1200 Israeli civilians and took 240 civilian hostages⁸. As a consequence of Israel's attacks, the UN estimates that 50,000 pregnant women are unable to access hospital care.⁹

All conflicts rely on military equipment, manufactured and distributed by the richest and most powerful countries in the world, who then often proceed to veto UN conventions in the UN Security Council that could help protect civilians. The USA for example, has provided more weapons to Israel to assist them in stopping further attacks by Hamas.¹⁰ And Human Rights Watch recently warned UK not to continue supplying arms to Israel.¹¹

On 19th May 2022, The United Nations Secretary General stated: *"The war in Ukraine, on top of other global crises, threatens tens of millions of people with food insecurity, malnutrition, mass hunger and famine"* Accessed 26 January 2024.

<https://www.un.org/sg/en/content/sg/statement/2022-05-18/secretary-generals-remarks-the-global-food-security-call-action-ministerial-delivered>

On 25th October 2023 The United Nations Secretary General also stated the following:

"We must demand that all parties are pooled and respect their obligations under international humanitarian law, their constant care in the conduct of military operations to spare civilians, and respect and protect hospitals, and respect the inviolability of UN facilities which today are sheltering more than 600,000 Palestinians. The protection of civilians is paramount in any armed conflict. Protecting civilians can never mean using them as human shields. Protecting civilians does not mean ordering more than 1 million people to evacuate to the South where there is no shelter, no food, no water, no medicine and no fuel, and then continuing to bomb the South itself. I am deeply concerned about the clear violations of international humanitarian law that we are witnessing in Gaza. Let me be clear, no party to an armed conflict is above international humanitarian law". Accessed 26 January 2024.

<https://www.youtube.com/watch?v=GyqnJWlwzPI>

The importance of the Universal Declaration for Human Rights is critical for the protection of women and children and should underpin the work of all health professionals.¹² However, as indicated in an

interview with Volker Turk, The UN High Commissioner for human rights, the main problems he raised were the lack of accountability and lack of effective enforcement system for crimes against humanity currently occurring during armed conflict. Accessed 26 January 2024.

<https://www.aljazeera.com/program/talk-to-al-jazeera/2023/12/22/uns-volker-turk-a-quarter-of-humanity-is-caught-in-55-global-conflicts>.

So, what can be done? One way would be for an effective urgently active international peacekeeping /protection system organised by UN systems (including the International Court of Justice) and revision of the International Criminal Court (ICC- see below).

Before addressing this problem, however, tribute must be made to all United Nations organisations where UN staff, under dangerous conditions, provide valuable support for women and children.

Possible reconstruction of the Security Council of The United Nations.

The UN states the following: *“The UN has evolved over the years to keep pace with a rapidly changing world. But one thing has stayed the same: it remains the one place on Earth where all the world’s nations can gather together, discuss common problems, and find shared solutions that benefit all of humanity”*. Accessed 26 January 2024 <https://www.un.org/en/about-us#>

In July 2023 there were 12 UN peace-keeping operations saving lives and protecting vulnerable populations from murder, sexual violence, torture, loss of homes and shelter, and malnutrition.¹³

The Charter of the UN is the foundation document for maintaining international peace and security.¹⁴ When created in 1945 it gave absolute power to the 5 most powerful countries (UK, USA, Russia, China, and France), but it was never expected they would need permanently to exercise that power or that they would remain those countries which manufacture and distribute globally for monetary gain the most weapons.⁴ This conflict of interest continues, but in 2021 low and lower-middle income countries contributed the most troops to UN peacekeeping.¹⁵

Peacekeeping is no longer only a post-conflict activity as it was in 1945.¹³ A new Action for Peacekeeping initiative A4P, launched in 2018 by UN Secretary-General António Guterres¹⁶, is focusing on strengthening peacekeeping operations.

The UN’s Responsibility to Protect (R2P) populations from genocide, war crimes, crimes against humanity and ethnic cleansing has emerged as an important global principle following the adoption by the UN of a “World Summit Outcome Document” in 2005 and in 2023 referenced in 3 Resolutions following debate.¹⁷

A 2024 UN website outlines through human stories its work in trying to protect civilians.¹⁸

Under Chapter VII of the UN Charter it can take strong measures to maintain or restore international peace and security including, when peaceful means are exhausted, using military force by Member States, coalitions of Member States, or UN-authorized peace operations. All members of the UN, have agreed under Article 25 of the UN Charter¹⁹, to accept and carry out decisions adopted by the Security Council.

However, substantive decisions such as peace keeping operations, require “YES” votes from all five permanent members. One permanent member can veto or abstain to prevent implementation The full veto held by the permanent 5 members, as well as the failure to give “Yes” votes, to UN resolutions, have seriously inhibited its effectiveness in creating peace with tragic consequences, such as those now seen in Syria, Ukraine and Palestine. On 25th February 2022, a UN Security Council meeting (Number 8979) aimed at ending the Ukraine Crisis was held.²⁰ Russia’s aggression was described as in violation of Article 2, paragraph 4 of the UN Charter — an obligation to refrain from the threat or use of force against the territorial integrity or political independence of any state. Russia applied its veto to this draft resolution; China, India and the United Arab Emirates abstained.

Similarly, when a recent resolution to protect Palestinian civilians through implementation of a cease fire was debated at the Security Council, pre-meeting discussions watered down the request and the UN Council demanded that the parties “allow, facilitate and enable” the immediate, safe and unhindered delivery of humanitarian assistance at scale directly to the Palestinian civilian population throughout the Gaza Strip. The USA and Russia abstained.²¹ Although the resolution was adopted, to date it has been minimally implemented on the ground²¹.

Since the UN Charter was signed, the P-5 (Permanent 5) member countries have not declared war against each other, but many wars have happened since 1945; especially in less empowered nations. The UN Charter should have

worked for all nations but has failed in many and now its failure in Ukraine and Gaza threatens the security of the whole world. By the onset of 2024, 45 countries were involved in active armed conflict.¹

Solutions to enable the UN to intervene effectively and provide peace, protection, and security are urgently required and health professionals providing emergency medical care and their organisations must do everything they can to support the UN in achieving this aim.

Possible UN Peacekeeping mandates (see Box 1)¹³⁻¹⁹

Box 1 Possible UN Peacekeeping mandates

1. Deployment to prevent the outbreak of a conflict or the spill-over of conflict across borders
2. Stabilizing of conflict situations after a ceasefire, to create an environment for the parties to reach a lasting peace agreement
3. Assistance in implementing comprehensive peace agreements
4. Leading states or territories through a transition to stable government, based on democratic principles, good governance, and economic development.

Depending on specific challenges, UN peacekeepers play a role in the following essential peace-building activities:

1. Disarmament, demobilization and reintegration of ex-combatants
2. De-mining
3. Security sector reform and other rule of law-related activities
4. Protection and promotion of human rights
5. Electoral assistance
6. Support for the restoration and extension of State authority
7. Promotion of social and economic recovery and development

The Security Council can also mandate important tasks relating to the protection of women and children:

1. UN Resolution on women, peace and security S/RES/1325²².
2. UN Security Council resolution 1612 (2005) on children and armed conflict.²³
3. UN Security Council resolution 1674 (2006) on the protection of civilians in armed conflict.²⁴

Despite the appalling consequences, it is disappointing that the harmful veto issue within the UN Security Council has never been addressed.

Analysis of the 7 countries who manufactured and distributed the most weapons between 2018-2022 (SIPRI 2024)⁴ show that 5 of the 7 are the permanent members of the UN Security Council. The leading countries manufacturing and distributing arms⁴ are: 1. USA (40%), 2. Russia (16%), 3. France (11%), 4. China (5.2%), 5. Germany 4.2%, 6. Italy (3.8%) and 7. UK (3.2%). Ethically and logically, it cannot be fair or sensible for these countries to be able to veto whether UN forces should be deployed to help create peace. Especially relevant to this argument is when one of the permanent members is able to invade a sovereign state (Russia invaded Ukraine) and then vetoes against the protection of the invaded country.

Analysis by the UN of previous vetoes on UNSC Resolutions between May 1993 and December

2023 revealed that Russia had vetoed 35 resolutions, many of which concerned armed conflict, for example, blocking a ban of the use of chemical weapons in Syria, and the withdrawal of Russian troops from Ukraine.²⁵ Russia is renowned for its attacks on civilians. In addition to the current situation in Ukraine, The UK-based Syrian Observatory for Human Rights (SOHR) stated that between Russia's intervention in the Syrian conflict in September 2015 and end of February 2016, Russian air strikes killed at least 1,700 civilians, including more than 200 children. Weapons used included unguided bombs, cluster bombs, incendiaries like white phosphorus and thermobaric weapons. By the end of September 2017, the SOHR stated that Russian airstrikes had killed around 5,703 civilians, about a quarter of them children.²⁶

Relating to arms, on a visit to Saudi Arabia in 2017, former President Trump sold major weapons worth US\$110 billion. He is reported to have stated: "One of the things that we will discuss is the

purchase of lots of beautiful military equipment because nobody makes it like the United States. And for us that means jobs, and it also means frankly great security back here, which we want.” Accessed 27 January 2024.

<https://thehill.com/homenews/administration/334446-trump-touts-beautiful-us-military-equipment-to-arab-world/>

Analysis of the funding to the UN's Central Emergency Response Fund (CERF)²⁷ shows that NATO countries are making valuable and major financial contributions. Thus In 2023, 25 NATO members contributed 420,867,333 USD to the CERF out of a total of 541,592,502 USD contributed by 62 UN Member states including NATO members. Based on their contributions of 78% total funding, NATO countries should be able to wield influence in the UN to address the veto issue.

Permanent members of the UN are countries with high indicators of healthcare and social welfare compared with the many of the countries where the most lethal armed conflicts are occurring, especially those in Africa, The Yemen and Afghanistan.²⁸ This financial situation may also represent a conflict of interest that can interfere with the functioning of the UN Charter.

In June 2017, MCAI was invited by The Office of the High Commissioner for Human Rights (UNOCHR) to a meeting applying a global human rights-based approach to address mortality and morbidity among infants and children.²⁹ All participants were moved by an invited Syrian doctor who, through her tears, described her overwhelming feelings of being unable to provide healthcare because of the conflict in her country, made worse by the actions of Russia in the UN Security Council. Given the existing wars damaging women and children, a UN protection system that works was considered by participants at this meeting to be one of the most important global actions that required attention.

A subsequent written draft summary by the University of Southern California on behalf of UNOCHR in November 2017 included the following statement³⁰ on page 34. *“Pursue a UN internal protection system that overcomes the veto problem regarding health in conflict³⁰”* This statement regarding the need to overcome the veto problem was not included in the final published report.²⁹

MCAI's view is that there must be more discussion by the international community into the urgent development of an effective international peacekeeping force as a potential way of ameliorating the worsening humanitarian disasters

in the existing conflicts that continue to threaten and abuse women and children around the world. A Child Rights Committee statement on children in Gaza from OHCHR provides recent and terrible evidence of what is currently happening to children during this continuing conflict. Ann Skelton. The United Nations Human Rights Office of the High Commissioner OHCHR. 8th February 2024. Accessed 10th February 2024.

<https://www.ohchr.org/en/statements/2024/02/child-rights-committee-statement-children-gaza?s=08>

The International Court of Justice, The International Criminal Police Organisation (Interpol) and The International Criminal Court (ICC) in investigating and managing possible crimes resulting from armed conflict.

The Geneva Conventions³¹, and international humanitarian law³², are highly relevant to the conduct of armed conflicts. When broken, just as when laws are broken inside countries, effective international police forces and judicial systems are needed to urgently prevent continuation of harm whilst justice is achieved.

The International Court of Justice³³ is the principal judicial organisation of the UN. On 29 December 2023, South Africa instigated proceedings against the State of Israel before the Court concerning alleged violations by Israel of its obligations under the Convention on the Prevention and Punishment of the Crime of Genocide in relation to Palestinians in the Gaza Strip.³³ South Africa was seeking to found the Court's jurisdiction on Article 36, paragraph 1, of the Statute of the Court and on Article IX of the Genocide Convention, to which both South Africa and Israel are parties. The Applicant, South Africa, requested the Court to indicate provisional measures in order to *“protect against further, severe and irreparable harm to the rights of the Palestinian people under the Genocide Convention”* and *“to ensure Israel's compliance with its obligations under the Genocide Convention not to engage in genocide, and to prevent and to punish genocide”*. Provisional measures were indicated on 26 January 2024 and a final ruling expected in some years to come.³⁴

The International Criminal Police Organization (Interpol) is an international organization that facilitates worldwide police cooperation and crime control.³⁵ It is the world's largest international police organization. Formed in 1923 and based in France, it is an inter-governmental organization with 196 member countries, and assists police in all of

them to work together to make the world a safer place.

It shares and accesses data on crimes and criminals, and offers a range of technical and operational support. Since 1994, Interpol has also been actively cooperating with the UN International Tribunals and the International Criminal Court (ICC).³⁶ Interpol works with Red Notices which are a request to law enforcement worldwide to locate and provisionally arrest a person pending extradition, surrender, or similar legal action. The individuals are wanted by the requesting member country, **or international tribunal**. Member countries apply their own laws in deciding whether to arrest a person.

The International Criminal Court (ICC)³⁷, investigates and, where warranted, tries individuals charged with the gravest of crimes; genocide, war crimes, crimes against humanity and the crime of aggression. Governed by an international treaty called the Rome Statute, the ICC is the world's first permanent international criminal court. The Council on Foreign Relations CFR provides a recent (2023)

account of the history of the development and progress of the ICC.³⁸ The court relies entirely on the cooperation of member-state authorities to apprehend suspects, **as it does not have a police force of its own**. It cannot try individuals in absentia, and defendants are only subject to ICC warrants when they are in member-state territory.

The ICC's founding treaty³⁹ was adopted by the UN General Assembly in Rome in July 1998. The Rome Statute entered into force on July 1, 2002. There are currently 123 countries party to the Rome Statute. 40 countries never signed the treaty, including China, Ethiopia, India, Indonesia, Iraq, North Korea, Saudi Arabia, and Turkey. Others signed the statute, but their legislatures never ratified it. These include Egypt, Iran, Israel, Russia, Sudan, Syria, and the USA. Only 2 of the 5 permanent member countries of the UN Security Council (UK and France) are party to the Rome Statute; China, Russia and the USA are not. The Rome Statute grants the ICC jurisdiction over 4 main crimes against humanity. **(Box 2)**

Box 2 The 4 main crimes against humanity

First, the crime of genocide characterised by the specific **intent** to destroy, in whole or in part, a national, ethnic, racial or religious group by killing its members or by other means: causing serious bodily or mental harm to members of the group; deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part; imposing measures intended to prevent births within the group; or forcibly transferring children of the group to another group.

Second, crimes against humanity, which are serious violations committed as part of a large-scale attack against any civilian population. The 15 forms of crimes against humanity include offences such as murder, rape, imprisonment, enforced disappearances, enslavement – particularly of women and children, sexual slavery, torture, apartheid and deportation.

Third, war crimes, which are grave breaches of the Geneva conventions in the context of armed conflict and include, for instance, the use of child soldiers; the killing or torture of persons such as civilians or prisoners of war; intentionally directing attacks against hospitals, historic monuments, or buildings dedicated to religion, education, art, science or charitable purposes.

Fourth, the crime of aggression defined as the use of armed force by one State against the sovereignty, integrity, or independence of another State. The invasion of Ukraine by Russia is a recent example of this enormous crime.

The ICC has 18 judges elected by the UN Security Council and General Assembly. Participation by a State is not mandatory, but once participation is agreed, compliance with ICC's decisions is mandatory. The ICC is intended to complement rather than replace national courts.

The ICC is based in The Hague and has field offices in 6 African countries. The court carries out its investigative work through the office of the prosecutor, led since 2021 by British lawyer Karim A.A. Khan, who previously served as assistant secretary-general of the United Nations. In

November 2023, he wrote a powerful article describing the current tragic situation, especially for women and children, in Gaza.⁴⁰

This reference describes how the ICC works.⁴¹

In 2022 the approved annual budget for the ICC⁴² was 169 million Euros and more detail is provided in this recent analysis.⁴³ Most funding comes from its member states and is determined by dues corresponding to the size of each member's economy. In 2020, the largest contributions came from Japan, Germany, France, and UK.

The UN Security Council made its first referral to the ICC in 2005, for alleged crimes in Sudan. This was followed in 2011 by a referral for Libya. In addition, the prosecutor's office opened investigations to initiate investigations into situations without a referral from the Security Council or a state party; a power granted by article 15(1) of the Rome Statute, in Kenya in 2010, the Ivory Coast in 2011, Georgia in 2016, Burundi in 2017, Bangladesh and Myanmar in 2019, Afghanistan in 2020, and the Palestinian territories and the Philippines in 2021.

From 2005 to 2019, 31 cases, all from 8 African countries, have been considered. ICC judges have issued 40 arrest warrants. 21 people have been detained in the ICC detention centre and appeared before the Court. 15 people remain at large. Charges were dropped against 3 people due to their deaths, 3 were acquitted, 9 are pre-trial, 5 are on-trial. **Only 6 convictions have led to imprisonment.**

There has been little progress with major and obvious war crimes such as those in 2023 relating to Hamas's attack on Israel and Israel's attacks on Palestinian civilians. The recent indictment of Putin concerning Russia's invasion of Ukraine is, however, a major step forward. In 2022, the court launched an investigation after receiving a referral from more than 40 member states. Though neither Ukraine nor Russia are ICC members, Kyiv accepted the court's jurisdiction for alleged crimes on its territory going back to 2013 - 2014, when Russia annexed Crimea. In March 2023, the ICC issued an arrest warrant for President Putin on charges of forcibly deporting and transferring "at least

hundreds" of children from occupied Ukrainian territory to Russia. These indictments limit Putin's ability to travel abroad and attend important diplomatic forums⁴⁴, such as the 2023 BRICS summit in South Africa. As an ICC member, the South African government would be compelled to arrest Putin if he joined the talks in Johannesburg. Some observers say that, even without Putin's arrest, the ICC's warrant helps to further Russia's status as a global pariah.

Although recognising that legal processes take time, the ICC does not seem able to have worked with Interpol urgently to act to stop crimes from causing more suffering when criminal behaviours are obvious. The failure of the international community to persuade major powers such as USA, China, and Russia to join the Rome Statute is of concern.

The importance of safeguarding health in conflict

A theme relevant to emergency medicine regards the safeguarding of health during armed conflict. A Resolution was debated in 2010 at a meeting of the International Child Health Group.⁴⁵ In December 2011 the Healthcare in danger project of the International Red Cross and Red Crescent was adopted in a Resolution.⁴⁶ It addressed in September 2023 war in cities: preventing and addressing the humanitarian consequences for civilians.⁴⁷ The Safeguarding Health in Conflict Coalition⁴⁸, of which MCAI was a founding member, followed in 2012. These organisations have undertaken great work in collaboration with WHO to identify the magnitude of attacks on healthcare during conflict (**see below Box 3**). However, despite their efforts, the situation globally is worsening, as can be seen now in Gaza and Ukraine.

Box 3 Objectives of safeguarding health in conflict

1. Protection of the infrastructure of hospitals and clinics
2. Protection of the supply of essential drugs and supplies
3. Protection for health workers from attack/intimidation during work/at home/travel to and from work
4. Protection to ensure safe transport of patients to and from clinics.
5. Protection of incoming humanitarian agencies and aid workers
6. Ensure health care is protected from abuse by ensuring armed factions do not store weapons in hospitals

The possible link between terrorism and the arms trade.

Over 30 years, MCAI has worked in the war zones of Bosnia, Kosovo, Sri Lanka, Pakistan and Afghanistan. Local health workers have frequently informed us that the sale of arms by the USA, UK, and other European countries, particularly in the Middle East and South Asia, has created resentment and concern. Whilst a direct link between some acts

of terrorism and the arms trade is difficult to prove, it is plausible that it could be one of the responsible factors.⁴⁹

The availability of dangerous weapons in the home, schools and community

Gun violence and school shootings have been called a "uniquely American epidemic" with gun violence now the number one cause of death in children in

the USA. Each day 12 children die from gun violence in the USA and another 32 are injured.^{50,51} The argument from gun enthusiasts is that owning a gun ensures protection⁵² and this enables the sale of automatic weapons without license in local shops in the USA. The real reason is probably fear. When people are fed on fear, you are in possession of a dangerous but powerful way of selling weapons.

When a school shooting took place in Kentucky in 2018, lawmakers came up with the idea of arming teachers.⁵³ Filling schools with metal detectors, surveillance cameras, police officers and gun-wielding teachers tells students that schools are scary, dangerous and violent places – places where violence is expected to occur.

A recent publication, reported that school shootings increased donations to the NRA (National Rifle Association).⁵⁴

The serious abuse committed by some humanitarian workers against women and children.⁵⁵

Measures to address this problem have been identified by non-governmental organisations, such as MCAI⁵⁶; as well as by UN agencies who have focused on preventing sexual exploitation and abuse.⁵⁷

The importance of the UN Convention on the Rights of the Child (UNCRC).⁵⁸

Adopted by the UN General Assembly in 1989, this convention has been ratified by all UN member states, except for the USA. It consists of 54 articles that address child life, survival, development, education, protection, abuse, identity, nationality and family expression, religion, leisure, and culture. It includes assistance for children with disabilities, for refugees and displaced families, and for those in conflict situations. It specifies the obligations and responsibilities of governments to protect and fulfil these rights for children without discrimination. Optional protocols include prohibition of the sale of children, their involvement in armed conflict, in prostitution and in pornography. Children can submit concerns. Independent experts monitor its implementation.

Article 19 describes how countries must safeguard children from abuse⁵⁸.

2. Safeguarding against abuse to children in their homes.

The importance of safeguarding children, as in Article 19 of the UNCRC, are emphasised in an Editorial by MCAI.⁵⁹ See **Box 4** for summary.

Box 4 Pre-requisites and recommendations to prevent and address child abuse.**Goals**

- Protection must be a top priority for the international community, focused on the direct responsibility of every national government.
- Universal healthcare is a vital way forward in preventing the ill-treatment that results from inadequate care available to the poorest families.
- Actions to prevent abuse, including community involvement, safety nets and listening to children, are urgently required.
- Cultural and religious activities that abuse children must not be tolerated.
- Better systems are urgently required to protect children from the consequences of armed conflict, in particular a more effective UN Security Council and ICC and better arms control.
- The protection of female children and adolescents from abuse must be strengthened.
- The institutional care of children who have been orphaned or cannot adequately be cared for by their birth families must be extremely carefully managed or even prohibited and foster care with appropriate supervision substituted.
- Adequate funds are needed to provide child protection, including measures to protect children in the poorest and most stressed families from abuse and exploitation.

Recommendations

- Multi-disciplinary and integrated systems should be established in every country to ensure, not only that laws to protect children are in place but are enforced by a suitably trained and supported criminal justice system.
- Education in the recognition of abuse must be evidenced based but also accompanied by an immediate and effective system available to protect that child or other members of the family as relevant.
- Certain kinds of abuse, which involves personal or financial gain must be addressed by adequately trained, and funded special, inter-agency, forensic police led taskforces.
- All health facilities must have staff and systems in place to recognise and manage abuse in any child presenting with symptoms and/or signs of this common cause of serious health problems.
- Those who work to protect children from abuse must be supported in this difficult work and, when necessary, also protected. Mandatory reporting of abuse does help facilitate this process.
- Rarely there is a history that some aspects of healthcare undertaken have been harmful and new developments must be carefully regulated (for example the neonatal intensive care of extremely preterm infants requires more investigation regarding the load of invasive procedures used and the future neurological and developmental problems engendered for the child and family. The ever-decreasing viability age for preterm births and their management remains of concern.

Actions

A global plan of action for safeguarding children remains urgently needed to address the underlying determinants of abuse and to take forward the above recommendations.

The Maternal,⁶⁰ and Child Friendly Healthcare Initiatives ⁶¹⁻⁶², developed by MCAI with support from UNICEF UK, also contain sections on the safeguarding of children and on intimate partner abuse.

MCAI published in 2012 a new international convention supporting the rights of pregnant women and girls and their newborn infants.⁶³ The rights of these vulnerable individuals are incompletely protected by existing UN human rights conventions, which, especially in many poverty-stricken countries,

have not been implemented. The proposed convention, like the UNCRC, is designed to be monitored, audited, and evaluated objectively. The convention does not seek to either displace or replace existing international framework of fundamental human rights affecting women and newborn infants. The key strategic differences lie in producing a single—accessible—set of human rights determinants coupled with an objective definition of how these rights are expected to be achieved. See **Box 5** for more information.

Box 5 Summary of key determinants within the proposed new convention concerning the rights of pregnant women and their newborn infants

1. Registration of all maternal and neonatal deaths
2. Later/delayed marriage and the avoidance of childhood pregnancies
3. Healthy timing and spacing of pregnancy—education and counselling to prevent high risk pregnancies
4. Freely available confidential family planning services with options to form part of antenatal, peripartum and postnatal plans
5. Education to at least secondary level for all girls including teaching on sexual and reproductive health and life skills relating to pregnancy and newborn care
6. Routinely available, high quality antenatal care with attention to HIV issues, nutrition, immunisation, advice on the avoidance of occupational hazards and when to seek advice from health workers
7. Birth preparedness by community health workers and through community awareness and mobilisation regarding finances, birth registration, birth plans including systems to manage any emergency that occurs
8. Skilled care during pregnancy and at delivery with accountable birth attendants taking responsibility for the mother and baby's care including recognition of emergencies, how to undertake basic resuscitation and achieve rapid transfer to higher levels of care when appropriate.
9. Promotion of health facility delivery where basic emergency obstetric care and appropriate comprehensive care are available through an outreach and transfer system
10. Constructive male engagement in issues relating to pregnancy and delivery
11. Protection from abuse and exploitation
12. Termination of pregnancy including the prevention of the practice of selecting female fetuses for abortion
13. Management of Postnatal depressive illness
14. Neonatal care, including resuscitation at birth, birth registration, nutrition and recognition and management of neonatal emergencies in the community and health facility
15. Home visits after birth by community health workers to check mothers and screen babies. Early referral system for mothers and babies with evidence of serious illness
16. In cases of maternal or neonatal deaths or stillbirths, a review (clinical audit) of the circumstances leading to the death, including identification of avoidable factors
17. Preservation of nationally trained health workers in the public health system
18. The protection of women and girls specifically affected by war including subsequent pregnancies that are a consequence of rape

Domestic Situation The urgent need for national, specialised, multidisciplinary, criminal investigation units to protect women and children from life-threatening abuse and death.**Important global definitions concerning harm to children.**

In September 2022 The World Health Organization WHO provided the following definition⁶⁴:

“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”.

An additional fact sheet ⁶⁵ from WHO, also in 2022, mentions a link with Target 16.2 of the 2030 Agenda for Sustainable Development which is to “end abuse, exploitation, trafficking and all forms of violence against, and torture of, children” and also includes a link to a clinical handbook for health professionals responding to child maltreatment.⁶⁶

Confirmation by the Supreme Court in The Phillipines in August 2023 includes an additional statement on child abuse⁶⁷: “any act, deed or word which debases, degrades or demeans the intrinsic worth and dignity of a child as a human being”

Life threatening child abuse continues in the UK

Horrible, long-standing, abuse and murders continue. For example in January 2024, the murder of 18 month old Alfie Phillips by his mother and her partner was reported.⁶⁸

The repeated widespread cries of *'this must not happen again'* have not led to effective changes in protective systems. Instead, the professionals with the difficult, and almost impossible, task of safeguarding women and children, are often blamed for the actions of criminals, over whom they have little control.

In 2019 a government report blamed a UK county social services department who had failed to keep safe two children who were murdered, stating⁶⁹: *"..staff were too often slow to act, indecisive and complacent, with the result that children at risk of neglect or abuse were left in harmful situations for too long. It said social workers and team managers were often over-optimistic about the capacity of some parents to look after their children in chronically neglectful situations, and too willing to accept parents' versions of events."*

Not only do reports over the last 5 years involve the abusive deaths of infants and children in their homes, but an additional example also included failure to prevent 7 murders and 7 attempted murders of newborn babies by a registered nurse in the neonatal intensive care unit of an NHS hospital in England.⁷⁰

The sexual abuse and exploitation of teenage children by an organised criminal gang in Rochdale remained uncovered for years.⁷¹⁻⁷²

Other examples of failed protection include individual abusers with antisocial personality disorders, such as the high-profile entertainer Jimmy Saville, who succeeded in abusing hundreds of vulnerable children; only for his abuse to be identified after he had received a knighthood from the Vatican and later died.⁷³

Around 36 years ago at the Royal Brompton Hospital and National Heart and Lung Institute in London, our team developed a program to identify life-threatening child abuse by the adoption of an enhanced forensic approach. Involving close teamwork by paediatricians, social workers, and child protection lawyers. And, of most importance, was led by senior detective police officers. Investigations included covert video surveillance in both hospitals and, in one case, in the home⁷⁴⁻⁷⁵ and led to 33 cases of life-threatening abuse being identified and stopped.

Our team identified two types of ill-treatment.⁷⁶ The first, and most prevalent, involved families under extreme pressure and stress in which a parent or both parents hurt or neglected their child out of desperation. They loved their child but lost control

and hit out. Overwhelmingly, poor circumstances, such as poverty, displacement, addiction, and mental health disorders led to **neglect or ill treatment**. Where there is love for a child in these circumstances, management requires compassionate and skilled intervention by social services, health and education-based professionals.

The second less common, but potentially far more dangerous, form of ill treatment (termed **abuse** by the Brompton Hospital team) consisted of criminal acts, where a parent or someone with parental responsibilities, applied their sociopathic and sadistic behaviour on a child or children under their care. This national and international experience of child protection led the team to suggest that **harm be classified by the motive of the perpetrator and the degree of harm inflicted**.⁷⁶ Carers who, for example, place burning cigarettes on their child, poison, sexually abuse, suffocate, or subject a child to prolonged physical abuse are psychopathic and sadistic and are **committing criminal abuse for personal gain (persons with Anti-Social Personality Disorders)**.⁷⁷ They knew that their actions involved crimes and become expert at hiding what they were doing through lies and manipulation. In those children who were unable, through age or development or fear, to speak about what was being done to them, the perpetrators develop highly sophisticated abilities to hide their actions.

The protection of children may be enhanced if ill treatment is classified by motive and degree rather than by type of injury. Four categories are proposed: A, abuse: premeditated ill treatment undertaken for gain by disturbed, dangerous, and manipulative individuals; B, active ill treatment: impulsively undertaken because of socioeconomic pressures, lack of education, resources, and support, or mental illnesses; C, universal mild ill treatment: behaviour undertaken by all normal caring parents in all societies; and D, neglect: defined here as an unintentional failure to supply the child's needs. Such a classification could clarify the procedures for investigation and protection, and support the creation of a Special Interagency Taskforce on Criminal Abuse for those suspected of abuse (category A). Our team advised that the police, rather than social workers, must take lead responsibility for protecting those children who are likely to be suffering criminal abuse (category A)⁷⁸.

Older children, who might be able to speak out (particularly those suffering sexual abuse and exploitation), are often terrorised by their abuser(s) and forced to withhold disclosure of their abuse.

Sometimes, even when abused children do disclose their abuse, they were disbelieved by child protection authorities because of the misplaced credibility given to their abusers' accounts⁷¹⁻⁷².

Most perpetrators, knowing they are committing crimes, deceive and intimidate social and health workers who are trained to work with families. These professionals usually do this competently and with compassion when families are "in need." But what if a family is impossible to work with safely? Lord Laming considers that *"it is neither practical nor desirable to try to separate the support services for children and families from that of the service designed to investigate and protect children from deliberate harm."* We agree, but only at referral, where there should be more use of strategy meetings, in which professionals can freely disclose and share information away from the family. If criminal abuse is likely, then the police must take the lead and be responsible for the child protection process.⁷¹⁻⁷²

The close relationship between child abuse in the home and domestic violence in intimate partner relationships.

Violence against women—physical, sexual, psychological, and economic—is widespread in every country.⁷⁹

At least one in three women experience violence at some stage in their lives⁸⁰, with intimate partner violence reported as the most common. A study which interviewed over 24 000 women in ten countries showed that the lifetime prevalence of physical or sexual partner violence, or both, varied from 15% to 71% . Over 75% of women physically or sexually abused, reported a partner to be the perpetrator⁷⁹⁻⁸¹ .

The management raised here (the establishment of Special Interagency Taskforces on Criminal Abuse throughout every country led by senior experienced detectives) should not be limited to the abuse of infants and children but could also include appropriate forensic methods in proving the crimes resulting from intimate partner violence.

The priority must be to identify and protect vulnerable children and/or adults from those with antisocial personality disorders who, at present, appear to be able to pursue their violent desires with only a small likelihood of detection. Such perpetrators of abuse sometimes remain free because of misguided regulations that can, and do, place personal liberties as more important than the protection of vulnerable individuals.

Detection and management of crimes of abuse against infants, children and intimate partners

We suggest that regionally available, special, inter-agency forensic taskforces, administered by experienced and adequately resourced detectives, lead the investigations into possible criminal abuse throughout every country. Such units must be allowed, through court orders without delay, to undertake forensic approaches, including covert surveillance, when abuse is considered to be undertaken by an individual with an antisocial personality disorder. While these taskforces would also include the most senior and experienced of staff from all other relevant agencies including paediatricians, emergency health professionals⁸²⁻⁸³, police surgeons, teachers and lawyers, it is the police who are trained in the forensic aspects of gathering evidence, including covert video or audio surveillance as used in other serious crimes, who will best ensure that, as Lord Laming expected, *"the standard of investigation into criminal offences against children" will be "as rigorous as the investigation of similar crimes against adults"*⁷⁸. Box 6 summarises why detectives should lead the management of criminal abuse.

Obtaining high quality evidence is essential as individuals with antisocial personality disorders can tell lies in a convincing way and can persuade social services or even judges, magistrates and juries that they are innocent of abuse. In a letter to the British Medical Journal, John Fox a Detective Inspector involved in covert video surveillance in the UK, stated: *".. the police are the prime agents in Britain for investigating crime; it is our job to gather evidence and, when necessary, take a case to the criminal courts.To prove a case in either a civil court (for care proceedings) or a criminal court, evidence rather than speculation or supposition is essential. The best evidence is obviously given by a witness who catches someone in the act. The method of obtaining such evidence, provided it is lawful, is not, I think, overly important when the life or health of a child is at stake"*.⁸⁴

Forensic testing, as used in most major crimes, must be rapidly available if abuse by a sociopathic individual is considered possible. High quality forensic evidence should be able to either convict or find innocent an individual suspected of a crime of abuse. Special forensic testing for possible sexual abuse must always be immediately available as delays can make evidence difficult to obtain. Availability of paediatricians and gynaecologists specializing in both physical and sexual abuse urgently to examine children and partners 24 hours a day when abuse has been suspected are essential.

Specialists in ophthalmology are needed to identify and classify retinal hemorrhages in infants suspected of suffering abusive head trauma. Specialists in burns can help differentiate those due to abuse from natural, accidental causes. Dentists and ENT specialists can be helpful in identifying

oronasal signs of abuse; for example bleeding from the mouth or nose in an infant subject to intentional suffocation.⁷⁵ Specialists in animal abuse should be available to investigators where pets or other animals (see below) have also suffered possible abuse .

Box 6 Why should detectives lead management of crimes classified as abuse?

1. Identification of abusers is difficult, especially for social workers, doctors, teachers, nurses or midwives.
2. Police officers have central, readily available information, relating to previous crimes, especially those involving violence.
3. Police officers are used to and skilled in interviewing those suspected of crimes, especially persons with antisocial personality disorders. Detectives are likely to be more cynical of untruthful statements made by abusers.
4. Unlike social workers, doctors, teachers and nurses, police officers have around them in their communities, a highly protective security system that even sociopathic individuals rarely are able to overcome. It is less easy to intimidate police officers and their families, as they have an effective system of protection.
5. Many cases of abusive head trauma in the USA and Sweden have been overturned in courts by spurious scientific evidence presented by so-called experts who make major financial gains from such actions. Close involvement of special, inter-agency, forensic taskforces in collecting and presenting evidence to courts may help minimise dangerous misinformation from such corrupt experts.
6. Police are used to dealing with the inevitable complaints that arise from suspects and are not inhibited by rules concerning confidentiality that can so interfere with evidence gathering (and information sharing between agencies).

Box 6 Leading the investigation of possible crimes of abuse

Box 7 below describes some of the main characteristics of persons committing criminal abuse.

Box 7 The characteristics of the perpetrators of abuse.

Box 7 The following histories are frequently found in the perpetrators of criminal abuse against children or intimate partners:

1. A criminal history of violent or sexual crime
2. A criminal history of committing arson
3. A history of the abuse of a pet or other animals. Involvement of, and referral by, veterinary surgeons to their local special, inter-agency forensic taskforces can provide valuable information that an individual may be involved in criminal abuse of a child or partner (see below)
4. A history of the fabrication or inducement of illness, either in a child, a partner, or in themselves, indicates a need for intensive investigation.
5. Rarely, but vital to identify, are crimes committed by staff working in hospitals; including nurses or doctors.

Box 8 below describes the kind of actions that constitute criminal abuse of children or partners

Box 8 The kinds of crimes involved in abuse

Box 8 Crimes involving life-threatening abuse needing referral to special, inter-agency forensic taskforces.

1. Intentional suffocation
2. Abusive head trauma in an infant
3. Ruptured abdominal organs.
4. Deliberate poisoning.
5. Intentional drowning.
6. Severe sexual abuse involving rape or violence
7. Intimate partner abuse (domestic violence)

Indicators that suggest criminal abuse for gain is responsible.

1. deliberate burns for example with cigarettes, scalding, holding child/partner against hot objects.
2. multiple unexplained fractures, often of different ages.
3. multiple deep bruises of different ages.
4. any unexplained bruise in an infant, especially on the head.
5. ritual punishments (regular and savage beatings usually with implements, including tasers).
6. deliberate starvation as distinct from neglect through failure to provide adequate nutrition.
7. Fabricated and Induced illnesses.

Forensic data to back-up or refute clinical findings as accidental rather than abusive needed to be urgently obtained (**see Box 9**). However, covert video or covert audio surveillance and other

forensic investigations are rarely adopted in the UK, unlike in the USA⁸⁵, where such investigations are undertaken by special multi-disciplinary criminal investigation units.

Box 9 Forensic investigations to be available to special, inter-agency forensic taskforce units.

1. Criminal investigations for fingerprints, facial recognition, blood identification, DNA testing
2. Radiological services including high quality skeletal surveys, MRI and CT scans and ultrasound abdominal and chest scanning.
3. Blood toxicology tests to identify poisons (including herbal), drugs (including exogenous insulin), chemicals such as potassium and alcohol.
4. Blood tests to identify anaemia, renal, electrolyte and liver disturbance/damage, pancreatic and cardiac injuries, vitamin D abnormalities, blood clotting disorders.
5. Screening for sexual abuse, including DNA testing. Sexually Transmitted Infection testing. Availability of high-quality medical photographs.
6. Highly trained paediatric and adult pathologists immediately available for undertaking extensive post-mortem investigations for all infant, child or adult deaths that may have been due to criminal acts.
7. Forensic investigations described for living patients must also be available to pathologists.
8. Additional access to investigations for rare genetic causes of sudden unexplained death (especially in infancy) should always be available.
9. Techniques, such as those used against terrorism must always be available since child and intimate partner abuse are crimes that involve inducing terror with life threatening or permanently disabling consequences.
10. Such techniques should include covert audio or video surveillance and, with appropriate judicial support, be possible in homes or hospital settings.

The close relationship between the abuse of pet animals in the family and child and/or intimate partner abuse.⁸⁶⁻⁸⁷

When adopting a forensic approach to child or partner abuse recognition described above, we found and reported that some adults with antisocial personality disorders involved in cruelty to their pets or other animals were doing the same to children or partners.

Veterinary surgeons and their teams should be educated in the need to know about the importance of the link between animal and human abuse and how to communicate their concerns to the units needed to investigate and manage such abuses.

Dangers of inadequately regulated social media companies.⁸⁸

A report in 2024 by the National Society for the prevention of cruelty to children in the UK (NSPCC) describes how regulations to protect children on social media from violence or sexual abuse must be strengthened.

Improving care for children in institutional care: protection from abuse and progression to family-based care.

Over many years in well-resourced countries such as the UK, Ireland and many other European countries, Australia and the USA, the abusive conditions under which children living in institutions away from their homes and run by the state or private (including religious and faith-based) organisations, have been exposed, including MCAI's work in helping to support child protection in Pakistan.⁸⁹

The following three references provide valuable insights into this continuing disaster for so many children and the invaluable work of the UN and international charities in addressing these abuses.
90-92

Poverty is overall the main reason for placing children in institutions. Children born to single mothers or within families with large numbers of children constitute a major reason for admission. The death or chronic illness of a parent, family breakdown because of divorce or domestic violence, family destitution and children being separated from their families during natural disasters or armed conflict are also major causes. Many parents, lacking other forms of support, perceive that putting their children into institutions

appears the best way to help them access sufficient nutrition, education, and health care.

Children with mental illnesses, developmental delay, physical disabilities, or from ethnic minorities are over-represented in institutions. In some cultures, girls are more likely to be institutionalised. Institutions are often the only alternative to living on the street for children who have been abandoned, orphaned, separated from their families, or abused. Limited support for care by relatives in the extended family or the absence of fostering or adoption services may mean institutional care is the only option.

Article 9 of the UNCRC⁵⁸, states that children have a right to live within a family and be with their parents unless this is proven to be against their best interests. Institutions cut children off from their families and take away their critical role in promoting children's care and well-being.

Most children in institutions wouldn't be there if their parents received adequate support. Institutional care for children remains a major problem in many poverty-stricken and countries in conflict.

Conclusions

The situation concerning the international community's ability and actions to protect women and children from abuse reveal major deficiencies and areas for improvement. Healthcare professionals, especially emergency healthcare professionals¹⁷, have to manage the consequences of abuse and we hope that the summary provided here will help them in lobbying for changes that will improve the terrible situation for so many of the most vulnerable people in the world. **Box 10** summarises the recommendations we would like to be considered.

Conflict of interest statement

The authors have no conflict of interest to declare.

Acknowledgements

We thank the following for their support with this work

Dr John Bridson RIP, Consultant paediatrician for his work in chairing MCAI for many years

Mrs Jenny Bridson and Ms Jill Bridson for their advocacy in child protection in the UK.

Trustees of MCAI.

Box 10 Summary of recommendations

1. Alter the way in which the UN Charter is currently practised with regard to global security and enhance the provision of peace-keeping international forces.
2. Ensure that The International Criminal Police Organization (Interpol) works more closely with the International Court of Justice (ICJ) and The International Criminal Court (ICC) and acts more urgently and efficiently to stop the crimes against humanity that are so prevalent in the 45 currently active armed conflicts.
3. Provide a way of addressing abuse that is undertaken for gain by identifying and effectively managing those psychopathic individuals who commit these crimes by the establishment of regional and national Special Interagency Taskforces on Criminal Abuse manned by the highest level of experienced police detectives.
4. Address more effectively the trade of arms between states that are involved in human rights abuse.
5. Much more strongly regulate the institutional care of children, especially in low income settings.
6. Advocate more effectively against the lack of gun control in the USA.
7. Include animal abuse as a major indicator of child and intimate partner abuse and support veterinary surgeons and animal charities in strengthening responses to this link.
8. More strongly regulate social media with respect to child abuse.

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