

## Child protection in Pakistan

**Tufail Muhammad\***, MD, DCH, MCPS,  
DCP

Child Rights and Abuse Committee,  
Pakistan Pediatric Association, Hyatabd, Peshawar,  
Pakistan

### Abstract

Pakistan does not have a legal definition of child abuse and neglect (CAN) and professionals usually follow the definition put forward by the World Health organization. Mandatory reporting does not exist and there is very little data on prevalence of child abuse. The government has approved a "National plan of action for children" and a draft "Child protection bill" awaiting parliamentary action. The plan of action calls for the prevention of CAN at all levels, protection of children from all forms of abuse and exploitation, and recovery and rehabilitation of victims. Although some steps have been taken in that direction, but the implementation of the plan is rather weak. The child protection bill calls for the establishment of child protection bureaus, child protection fund for legal and social support and the appointment of child protection officers at community level.

**Keywords:** Child abuse and neglect.

### Introduction

There are no legal definitions of the forms of child abuse and neglect (CAN) in Pakistan. Professionals usually follow the WHO (World Health Organization) definitions of physical, emotional and sexual abuse (1). There is still ambiguity and poor understanding regarding the non-contact forms of sexual abuse, such as exposure to pornography. There are no agreed upon definitions of neglect.

*What is known about the extent of the problem?*

In Pakistan, there is no system of mandated reporting of child abuse and neglect. Although CAN exists in several overt and covert ways, there is a

---

\* **Correspondence:** Tufail Muhammad, MD, DCH, MCPS, DCP, Chairman, Child Rights and Abuse Committee, Pakistan Pediatric Association, House 16, St.13, K-3, Hyatabd, Peshawar, 25100, Pakistan. E-mail: tufailm@brain.net.pk

paucity of reliable statistics and published data on its prevalence in Pakistan.

Like other major public health and social problems, it is not easy to document the actual incidence or prevalence of child abuse. It is always difficult to obtain information on sensitive and highly stigmatized issues, and even more difficult when the victims are children, who often cannot or do not disclose their experiences. In such a socio-cultural setting, most cases of child abuse remain hidden and unreported.

Professionals working in the field of CAN have tried to construct a picture of CAN in Pakistan, based on small studies, situational analyses, clinical experience, limited medico-legal records and newspaper reports. The overall picture that emerges shows that most of the reported cases are for sexual abuse and exploitation.

A study conducted by the Child Rights and Abuse Committee, Pakistan Pediatric Association (CRAC-PPA) and NGOs Coalition on Child Rights in the North West Frontier Province (NWFP) showed that physical abuse was the most common form of CAN in the province (2). Crimes such as murder, severe beatings, kidnapping, trafficking, rape, sodomy, gang rape, severe neglect, emotional abuse and other forms of violations of children are being frequently reported. Similar information subsequently was found by another UNICEF sponsored study conducted by CRAC-PPA (2).

A recent study by CRAC-PPA (3) showed that newspapers alone reported 2,447 cases of violent forms of child sexual abuse. There were an alarming number of cases (10 %) of CSA, who had been killed during or soon after the assault by the perpetrators.

A community-based study in NWFP showed that almost all children are subjected to some form of physical abuse at home (4). Slapping on the face or back, hitting with a stick, kicking, and pulling hair are the most common forms of abuse - in that order. The most common reasons for corporal punishment at home, as stated by parents, are "naughty" behavior, disobedience to elders and poor school performance. Most of these behaviors are not seen as abusive by parents and society at large.

### *What system(s) or infrastructure exists to address CAN?*

Pakistan does not have a structured child protection system. Some major hospitals in the country have Hospital Child Protection Committees (HCPC). The aim of a HCPC is to promote the health and wellbeing of children in distress through the optimal management of abused children by using a multidisciplinary approach at healthcare centers. All hospitals at district and sub-district levels have emergency and medico-legal sections to manage cases of child abuse, if reported for abuse or identified during regular health care. Some NGOs in the major cities have established psychosocial rehabilitation services for victims of sexual abuse and trafficking. Others have established shelters, drop in centers and help lines. By and large, there are no services in the rural areas and even in urban areas; the access to quality services is extremely limited.

### *How does the system work regarding reporting of possible CAN? Laws?*

As stated, the reporting of CAN is not mandatory in Pakistan (5). Most of the reported cases fall under the category of child sexual abuse or other violent crimes (e.g., severe physical injuries, kidnapping, etc.) against children. A case of CAN may be reported directly to the nearest police station or to the emergency room of a hospital, where parents or other caregivers have taken the victim for medical help. A child may also report him/herself, even in the absence of a legal guardian, depending on the circumstances. Similarly, the hospitals may also report abuse, suspected or diagnosed.

### *Describe the nature of the "typical" response by the responsible agency(ies)*

A typical response after the registration of a CAN case is that the victim is examined by a doctor, trained in medico-legal examination, and provided immediate medical services. The nature of harm is recorded after a complete medical examination. Forensic tests are

also performed when needed. The police officers investigate the case, and may arrest the perpetrator under the relevant laws. In some cases, the victim is also provided psychological counseling and free legal aid. There is no system for follow-up and preventing the recurrence of abuse. The only intervention on the part of the hospital is to counsel the care providers to protect the child from further harm.

*What are the strengths in your approach/system?*

The only strength is that victims, in most cases, are provided free medical services. There are few provisions for social and legal support by the state. The existing institutes of joint and extended family system provide most of the emotional and social support to the victims that partly compensates for the highly inadequate social support services by the state agencies.

*What are weaknesses/challenges in your approach/system?*

The system is inconsistent, unstructured and the workforce has limited capacity. Different professionals follow different approaches, based on the availability of resources and their own likes and dislikes. Most of them would limit themselves only to medical services and refer the victim to some NGOs for further help. The legal and social components of the response are extremely weak. The police and court system is not very sensitive to the needs of children and the victims are always in danger of further victimization. Lack of strategic direction and leadership is another major challenge facing the system.

*What are the major controversies in your approach/system?*

There is still a lack of consensus on what constitutes child abuse and neglect, not only among professionals, but also among the general public.

Children are perceived as the property of their parents and families and the state and society should not question, whatever they do to children. The family unit is considered a strictly private domain and no one from outside should ever interfere in its affairs. Barring few exceptions, most professionals lack expertise to properly manage the victims of CAN.

*What prevention efforts (primary, secondary, tertiary) are in place and to what extent?*

The government has approved a “National Plan of Action for Children” and a draft “Child Protection Bill” awaiting parliamentary action. The Plan of Action calls for the prevention of CAN at all levels, protection of children from all forms of abuse and exploitation, and recovery and rehabilitation of victims. Although some steps have been taken in that direction, but the implementation of the plan is rather weak. The Child Protection Bill calls for the establishment of child protection bureaus, child protection fund for legal and social support and the appointment of child protection officers at community level. Some NGOs are running prevention programs in parts of the country, but their capacity and reach is rather limited.

## References

- [1] World Health Organization. Guidelines for medico legal care of victims of sexual violence. Geneva: WHO, 2003.
- [2] NCCR-UNICEF. Child abuse and crimes against children in NWFP. Peshawar, Pakistan, 1997.
- [3] CRAC-UNICEF. Protection assessment amongst refugees and host communities in major urban areas of Pakistan. Peshawar, Pakistan, 2002.
- [4] WGCSAE-SC. Confronting reality II – Perceptions and incidence of child sexual abuse in Pakistan. Peshawar, Pakistan, 2008.
- [5] CRAC-PPA-UNICEF. Physical abuse of children at homes in NWFP. Peshawar, Pakistan, 1998.

*Submitted:* July 15, 2008.

*Revised:* November 15, 2008.

*Accepted:* December 02, 2008.