

# THE LINK

## The Official Newsletter of the International Society for Prevention of Child Abuse and Neglect (ISPCAN)

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### FOCUS TOPIC: International Adoptions - Solution or Problem

#### *International Adoption in the U.S.: Looking Back, Looking Forward*

Untold thousands of children reside in institutional care worldwide. Most of these children are not actual "orphans," but are abandoned by their families. Poverty, drug or alcohol use, and maltreatment all contribute to the abandonment of children. Most countries support state-run orphanages to care for these children. The orphanages, even under difficult conditions, provide food, clothing, shelter and some basic education to the children in their care. However, this falls far short of the basic emotional security, love, and deep support provided by a family. Most orphanage "graduates" find themselves on their own at about age 16, with no job skills, minimal education, and no family to rely on. Some may turn to criminal activity in order to survive, others seek refuge in drugs or alcohol, and many become parents to the next generation of orphanage children.

While the "sending" countries may regret the "exportation" of their own children to other lands, there is recognition that the future for these children after foreign adoption may far surpass what could be offered at home. Yet in many countries, adoption is not culturally accepted or promoted as in the U.S., leaving the abandoned children few or no

alternatives to institutional life. Foster care and group homes are not widely available in much of the world, often due to concerns by local authorities that the care provided cannot be as easily supervised as in an orphanage.

Since 1990, American families have adopted nearly 125,000 children from other countries. Inter-country adoptions by Americans began in earnest after the Korean war, as a humanitarian response to the thousands of mixed race children "left behind" by American servicemen in a country devastated by war. Since then, inter-country adoption has grown exponentially. Social, economic and political forces determine which countries allow foreigners to adopt their children. For example, the number of children from China adopted by Americans increased from 15 in 1987 to 5,053 in 2000, and although no Russian children were adopted by Americans before 1993, more than 13,000 have been adopted since 1998.

*In its own small way, international adoption promotes world peace, one child at a time.*

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#### *The Dangers of Intercountry Adoption*

##### Short-term solutions for countries

While countries in transition are developing national fostering and adoption services and expanding community-based health and social services, it may be argued that inter-country adoption is preferable to continued institutionalisation. Indeed, where there is no suitable national adoption available, inter-country adoption may be considered to be in the best interest of the child. However, from the child's perspective, an inter-country adoption is a consequence of the 'home' State and local community failing to provide adequate protective services to meet his/her needs in their own country.

Unfortunately, countries in transition do not have adequate or, in many cases, minimal community health and social services to support parents. Parents in these countries also lack free legal representation to contest the fact that their child is being considered for adoption. Adequate legal, social and health care provisions are required to assess the chances of children in adversity being reunited with their biological families. Otherwise, some children may be placed for adoption because there are no adequate services to rehabilitate them with their own families. This would be against the principles of the UN Convention on the Rights of Child and make it difficult to implement the principles of the Hague Convention on Inter-country Adoption.

Rather than creating a "market" for children where children in adversity and poverty are transposed across cultures and continents, economically wealthy countries should invest their financial resources and technical skills

*Rather than creating a "market" for children, economically wealthy countries should invest in building adequate health and service systems in countries lacking these basic systems.*

in supporting the development of national, state-funded health and social services (including foster and adoption) in countries lacking these basic systems. Until such systems can be established, the following recommendations are offered to countries in transition, prior to setting up procedures for inter-country adoption.

- Raise public awareness of the needs of children (especially children in institutions) to promote foster care and adoption by national families.

- Develop legalisation and legal reform for the protection of child rights and parents' rights.

- Develop good perinatal care services for parents with new borns and targeted services for surrogate parents with foster and adopted children who require extra support.

- Develop community-based health and social services that promote working with problem parents (e.g., those suffering from substance abuse, mental illness, depression and family violence).

- Develop targeted and specialist services to help those parents most likely to neglect or abandon their children.

Many children currently facing adoption in transition countries have families that could, with assistance, care for them. Indeed, WHO (1999) estimated that 56% of children in Romanian residential facilities are there because of health problems and 41% are there due to their family's socio-economic problems. Only 3% of these children are true orphans with no birth family to care for them.

##### Long-term solutions for countries in transition

The long-term goal for all countries is to reduce the number of unwanted children, child neglect and child abandonment through the provision of adequate community health and social services to protect children within society. The promotion of foster and adoption services and national adoptions are essential to reduce the necessity of inter-country adoption as an alternative to institutionalisation.

Unless limits are placed on the number of inter-country adoptions, an economically dependent cycle of adoption agencies maintaining institutions to provide children for their "customers" takes over, and countries in transition become accused of "exporting children and child marketing."

For example, in Romania, there are approximately 6 million children, with 120,000 children who require special public services for child protection. However, the orientation of previous Romanian governments has led to a reliance on the use of institutions to address the needs of children in adversity, rather than the development of

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#### *The Internet and International Adoption*

The development and expanded use of Internet technology poses particular hazards for the adoption process. For example, using the Yahoo search engine and selecting "adoption shopping," the "Adopt An Angel International" organisation web site ([www.adoptanangel.org](http://www.adoptanangel.org)) can be perused for photographs of children from various countries. Photo listings of "waiting children" by region also are available through the Internet magazine Rainbow Kids ([www.rainbowkids.com](http://www.rainbowkids.com)), an international adoption publication where you can find an adoption agency specialising in the country of your choice.

In both web sites, each child's picture is accompanied by a short story designed to assist the selection process. Such images and stories are known to fuel the imagination and fantasies of sex offenders that target children (Elliott, Browne and Kilcoyne, 1995). The risk of 'adoption services' being used by people with paedophile tendencies to select pretty and vulnerable children cannot be ignored and should not be underestimated. Restricting adoption only to couples would not solve the problem as 48% of sex offenders are or have been married. And one third of sex offenders are in a parental role at the time they abuse the child (Elliott, Browne and Kilcoyne, 1995). Internet web sites that identify the children are contravening their privacy and Article 16 of the UNCRC. They are placing these disadvantaged children at risk of sexual abuse. Without professionally skilled comprehensive assessments of the prospective parents' mental health, parenting capacity and social and environmental circumstances, these 'customers' might easily place adopted children in danger of physical and psychological harm.

**Kevin Browne, Ph.D., MSc**  
**Shihning Chou**



## Working Toward a Ban on All Forms of Suffering

Dear Colleagues:

We are still living in the wake of the terrorist attack against the United States of America on 11 September. As President of ISPCAN, I want to extend my heartfelt sympathy to the American people and to all citizens of the world committed to democratic values. My major concern now is with the children who are innocent victims of armed conflicts, many of whom are potential participants as soldiers in battles all over the world. Even if children are not forced to the front lines, they still suffer from war because they can lose their parents and others who care for them. ISPCAN wants the children of the world to be part of a civilized society where there is no place for any form of violence, particularly war and armed conflict.

Keeping this in mind, ISPCAN continues to work toward a global ban of all forms of suffering for children, with prevention serving as our cornerstone. This commitment was reaffirmed in two regional events this year: the VIII European Conference held in Istanbul, Turkey, in August and the VI Latin American Congress held in Buenos Aires, Argentina, in October. The first had significant participation from many Eastern European countries and from several neighboring Arab states. This meeting also provided an opportunity to meet with representatives from many of the region's countries, an event that identified several mutual goals and opportunities for further collaboration. In Argentina, I saw how a powerful network of professionals could serve as an effective force in combating child abuse and neglect. By exchanging experiences and finetuning legislative initiatives according to the UN Convention on the Rights of the Child (a document now ratified by all Latin American Countries), professionals have developed systems to better protect children in many countries in this region. I would like to extend congratulations on planning these excellent events to our colleagues Esin Conanç and Sezen Zeytinoglu from Turkey and Irene Intebi from Argentina.

If our Society is faring well, it is due to the ongoing hard work and firm commitments of our officers, councilors and staff. Through our list serv and web page, we are now able to better communicate with all of our members and professionals around the world.

We are making progress on planning the Denver Congress for July 2002, which we hope will be an historical landmark in building a global effort against child abuse. This Congress will be a unique opportunity for our members to stand together, in mutual support, in the city where ISPCAN founder Henry Kempe lived and developed his enlightened ideas for child protection and the prevention of maltreatment. I look forward to welcoming you to that event.

**Franklin Farinati, MD, ISPCAN President, Brazil**

## Responding to Child Abuse and Neglect: An International Perspective

**To promote greater dialogue among our members regarding effective ways to address child abuse and neglect, we are establishing a regular case review feature. In each issue we will ask selected representatives from five or six countries to share with readers how professionals and community advocates in their country might respond to a specific case. We hope you will find this feature of interest. If you have a case you would like reviewed or would like to offer your thoughts on how professionals in your country might respond to this or other cases we develop, please send us an e-mail through the ISPCAN list serve – [ispcan@lists.neton-line.com](mailto:ispcan@lists.neton-line.com).**

**The Editors**

### Case Review:

Professionals in all countries struggle with defining child maltreatment, identifying lead responsibility for responding to cases, and determining the best intervention. In an effort to capture some of the diversity embedded in these response efforts, *The LINK* asked professionals from Estonia, Argentina, Australia, the U.S., and France to comment on how their systems would respond to a specific case. This case, summarized in the next paragraph, involves a young child with signs of physical abuse and possible neglect. Our respondents were asked to comment on how they would define the case, who would be responsible for responding, the nature of the service response, and the anticipated outcomes of this intervention.

### The Case Scenario

A child of three years of age is brought to a health clinic by his nineteen-year old cousin for treatment of what he believes to be a fractured arm. The child is suffering from bruises to his upper arms and face. He is non-verbal and appears to be of subnormal height. When asked how the child incurred the injuries, the relative states that he found the child in this condition upon his return to the family home. The cousin states that he resides with the three-year-old, the child's two siblings (age 6 months and 7 years), the child's mother, and her husband. Upon closer examination the child's bruises appear to be clustered and in multiple stages of healing.

### Defining the Problem

Professionals from France, Estonia, the U.S., and Australia identified several presenting factors that raised concern about child maltreatment. Has the child sustained multiple injuries? Is the child suffering from failure to thrive? Was the child left unsupervised? Has the child sustained previous injuries? Further, the Australian respondent also defined the problem as a failed community child health problem where monitoring of the child's health and development has been inadequate.

Our Argentinean respondent noted that in many local health clinics, especially where there are no pediatricians on duty, the case would be regarded as a child injured in a domestic accident. In addition, few would question why the child was brought to the clinic by a 19-year old cousin. In Argentina, it is quite common for members of extended families with low incomes or recent immigrants to live together and to provide child care.

### Responsibility for the Intervention

According to French law, the examining physician would be responsible for immediately reporting the case to the local children's court. Estonia's Child Protection Law of 1993 requires

the medical practitioner to report the suspected child abuse to the child protection workers or the police. As a professional class, health care workers in the U.S. are mandated to report suspected cases to child protective services (CPS) or local authorities.

*These responses highlight important similarities and differences in the way that both developing and developed countries respond to child maltreatment.*

In Argentina, the intervention would depend on the province in which the detection occurred. In provinces where reporting is mandatory, it would be the responsibility of the health care provider or health clinic to report the case to the family courts or special legal agencies (e.g., the Defensorías de Menores e Incapaces). In other provinces the case would be reported to a Tribunales de Menores that deal with both civil and criminal matters where children and teenagers are involved, both as victims and offenders.

In most countries, the child protection specialist is responsible for organizing protection and treatment of the child and family in coordination with other specialists. In Estonia, a report from a child protection specialist also initiates a legal investigation. In Australia, CPS initially coordinates a multi-service response (e.g., medical, social, etc.), although role definition and responsibilities are one of the major problems in this region.

### Nature of the Intervention

The initial intervention in every country would involve medical examination and treatment of the child, and observation and interviewing of the child's parents and/or relatives. In the U.S. and France, protective custody would be taken by the physician, local authorities, or CPS to ensure the child's immediate safety until court jurisdiction could be established.

In Australia, Argentina, the U.S. and Estonia, if it were deemed necessary, a home visit would be conducted to establish the safety and well-being of the child's siblings. In Estonia, a medical nurse would make the home visit and organize the medical examination and necessary treatment of the siblings and the mother. In Australia, the intervention would involve assessment of the home and community service environment. Background police checks, especially for domestic violence and drug/alcohol issues, would be undertaken. In the U.S., these checks also would include assessment of prior child maltreatment through the jurisdiction's CPS registry.

In France, the children's judge, based on an initial hearing, could take temporary protective measures such as extended hospitalization, emergency placement, or a court-mandated evaluation of the child's personality and family environment. At the end of this evaluation period, lasting up to six months, the judge might take long-term protective measures such as ongoing treatment or long-term placement.

### Expected Outcomes

All respondents stated the objective of intervention is to ensure the safety, health, and normal development of the child and the child's siblings, preferably within the immediate or extended family. For example, in

Argentina, if the social worker found the children to be living in a high-risk environment, the Defensoría de Menores could decide on a temporary separation of children from their caregivers. When there is the need to remove a child from home, the Defensoría de Menores and civil judges would first determine if one of the caregivers was trustworthy and, if so, remove only the violent caregiver from home. In

*(continued on page 4)*

*National Partner Focus: Introducing AFIREM, France*

Founded in 1979, AFIREM (Association Francaise d'Information et de Recherche sur l'Enfance Maltraitee) is the French Society for Information and Research on Child Abuse and Neglect. Based in Paris, and with over 20 regional branches, AFIREM has a membership of more than 1,000 professionals from a variety of disciplines (e.g. doctors, social workers, psychologists, judges, lawyers, sociologists, law-enforcement officers, nurses, teachers and others). All members of AFIREM are professionally involved in one way or another in the prevention, detection, and treatment of child abuse and neglect.

AFIREM does not intervene directly in specific cases of child abuse and neglect. Rather, AFIREM has three major goals: Information, Training, Research.

**Information**

AFIREM gathers information to serve as the basis for discussions on how to better address the child abuse problem. AFIREM receives and compiles articles, bibliographies, books, reports, and studies from all over France and from abroad. The organization distributes this information to members and other interested parties through its publications: AFIREM-Info – an internal news bulletin that appears every three months; Les Cahiers de l'AFIREM – a professional journal published twice a year; and various articles and technical notes.

AFIREM also organizes seminars for small multidisciplinary groups of professionals seeking to increase their knowledge of specific themes, and assists with the organization of larger meetings and conferences in Paris and in the provinces.

**Training**

AFIREM provides documents, films, and an expert faculty of multidisciplinary professionals as resources for numerous educational events throughout France. AFIREM members are active in training students studying social work, medicine, law, education and other medical and paramedical sectors, and also provide advanced training programs for professionals.

**Research**

Although AFIREM does not directly sponsor or fund research projects, it does offer technical support to students, scholars, and professionals doing research in the field of child abuse and neglect prevention. AFIREM also promotes 'action-research' and innovative practices that might contribute to better outcomes for children and families affected by child abuse and neglect.

**National Partnership**

While AFIREM is a new national partner, the organization has enjoyed a long-standing relationship with ISPCAN. Several of AFIREM's founding members had close ties with ISPCAN when AFIREM was founded in 1979. Since that time, with the exception of one, two-year period, members of AFIREM have consistently been elected to ISPCAN's Executive Council. This situation has allowed for mutually enriching exchanges between the two organizations. It is therefore with great pleasure that this relationship has been strengthened by AFIREM becoming the latest ISPCAN National Partner.

*Gaby Taub, MSW, Board Member of AFIREM, ISPCAN Councilor, France*



*National Partner Focus: NAPCAN, Australia*

**Editor's note:**

This is the second in a series of in-depth interviews *The LINK* will be conducting with the leadership of ISPCAN's National Partners. In this issue, Associate Editor for National Partner News Adam Tomison talks with Ms. Jean Lombard, National Coordinator of Australia's National Association for Prevention of Child Abuse and Neglect (NAPCAN).

**Q** What is the role of NAPCAN?

**A** NAPCAN was established in 1987 to create a national focus on the prevention of child abuse and neglect and is the only national organization of its kind in Australia. As a non-profit, non-government agency, NAPCAN works closely with governments, organizations and agencies working with children and families.

**Q** What is the current membership?

**A** NAPCAN has eight branches spread across the Australian States and Territories. The membership of these branches ranges from 50 to 100 professionals and interested community members per branch.

**Q** How was NAPCAN started and who were the key players?

**A** Recognizing the scope and seriousness of child abuse and neglect and its long-term consequences, Rosemary Sinclair (Foundation member and the first NAPCAN President) and pediatrician Kim Oates (current ISPCAN Councilor) worked to set up NAPCAN in 1987. The intention was to create an organization that would work to ensure the Australian community was made aware of the problem of child abuse and neglect and to encourage the community to take responsibility for keeping children safe.

**Q** How visible is NAPCAN in Australia and internationally today?

**A** Our visibility increases every day! In the last few years we have made a strong commitment to media and marketing campaigns, which has led to a significant improvement in our visibility.

The development of our web site has provided an incredible boost to our profile in Australia and elsewhere. NAPCAN has also assisted the Philippines to develop a National Child Protection Week, and NAPCAN materials have been provided to organizations in Japan, Spain, England, United States, Malaysia and Canada. ([www.napcan.org.au](http://www.napcan.org.au))

**Q** What do you believe has been NAPCAN's greatest challenge?

**A** Selling ourselves and raising community awareness. First, measuring 'success' for community awareness activities is quite intangible, and has made it hard to sell the importance of what is being achieved by NAPCAN. Second, getting people to talk about child abuse and neglect remains a serious challenge. There is still a desire to shy away from child maltreatment, particularly maltreatment perpetrated within the family.

**Q** What have been the greatest accomplishments?

**A** Our "Using Aboriginal Art to Teach" indigenous community education program has been the most recent (and one of our greatest) accomplishments. This is an early intervention child abuse prevention strategy designed to have impact across socio-economic and cultural groups, not just indigenous groups. Tex Skuthorpe, the artist responsible for the Aboriginal paintings that form the basis of this program, has designed an initial series of six Story Posters that are meaningful across cultures and provide a pictorial representation of traditional Aboriginal stories that promote respect and learning within families and communities, and respect for the environment.

**Q** What are the key components of NAPCAN today?

**A** In addition to our "Using Aboriginal Art to Teach" program, we are involved in three major initiatives. Promoting National Child Protection Week: Each September beginning on Father's Day, NAPCAN coordinates National Child Protection Week, a seven-day period during which activities are held

*Partner Briefs*

**Against Child Abuse (ACA) Hong Kong**

In the last year, ACA has produced a number of publications and training manuals in Chinese and English. These include:

- Positive Life Values: Child Safety Training Manual, 2000 (Chinese);
- Good Mother Networking Training Manual, 2000 (Chinese);
- Healthy Start Home Visiting Program Evaluation Report, 2000 (English);
- Training of Trainers Child sexual Abuse Evaluation Report, 2001 (Chinese);
- UNCRC Child Ambassador Scheme Report, 2001 (Chinese & English); and
- ACA Child Protection Casebook, 2001 (Chinese).

To celebrate the 10th anniversary of the UNCRC, ACA, UNICEF and the Hong Kong Committee on Children's Rights have jointly organized the Child Ambassador's Scheme (sponsored by Home Affairs Bureau and Cathay Pacific Airways). This project is seen as reflecting ACA's objective of taking direct action to promote children's participation (as reflected in the UNCRC).

Child Ambassadors have made visits to Switzerland to meet with the UNCRC and have reported back to Hong Kong and briefed senior staff of the Ministry for Home Affairs.

For more information on these events and other ACA activities, please visit [www.aca.org.hk](http://www.aca.org.hk)

*Priscilla Lui, Executive Director, ACA, Hong Kong*

**American Professional Society on the Abuse of Children (APSAC)**

APSAC will hold its 10th Annual APSAC Colloquium 29 May-1 June 2002 at the Sheraton Hotel in New Orleans, Louisiana. This year the Colloquium will include the following: intensive, interdisciplinary, skills-based training seminars on all aspects of child maltreatment; field generated skills-based training, research, poster presentations and symposia; and networking opportunities with other professionals and APSAC members.

For more information, visit the APSAC web site at [www.apsac.org](http://www.apsac.org)

## Coming Soon: 14th International Congress on Child Abuse and Neglect in Denver, Colorado, U.S.A. "Charting Our Progress Toward Protection of Children Worldwide"

The 14th International Congress organized by the International Society for Prevention of Child Abuse and Neglect and the Kempe Children's Foundation will be held 7-10 July 2002 in Denver, Colorado, USA. The Congress theme is "Charting Our Progress Toward Protection of Children Worldwide."

At the Congress, ISPCAN will celebrate its 25th anniversary and commemorate the 40th anniversary of the publication of "The Battered Child Syndrome," the landmark article written by Dr. C. Henry Kempe which brought the problems of abuse and neglect to public attention worldwide. It will also be the 30th anniversary of the Kempe Children's Center, founded by Dr. Kempe. More than 1,500 delegates and professionals from more than 50 countries are expected to participate in this major international meeting.

The program includes master classes, plenary sessions, mini-plenary sessions, symposia, research presentations, poster sessions and workshops. The opening session features the Kempe Lecture and presentation of

the Kempe Award. Throughout the Congress, delegates can choose from several multidisciplinary mini-plenary sessions, workshops and paper presentations. Prior to the Congress, ISPCAN will present a Special Developing Country Forum for professionals working in difficult circumstances. This Forum will focus on work challenges in countries and communities with very limited resources, war conditions, high rates of child labor/sexual exploitation, and other issues common in developing countries. The introductory meeting on Saturday, 6 July will provide networking opportunities while the program on Sunday, 7 July also will include structured training sessions and site visits to local service programs.

Monday's initial plenary will provide well known speakers such as Kim Oates (Australia), Karin Landgren (UNICEF), Panuda Boonpala (ILO) and Margaret Lynch (UK). At Tuesday's plenary, Gary Melton (US) will review the role of mental health and the law in shaping the response to child maltreatment. Don Bross (US) will present a short paper on why the United States has not

ratified the UN Convention on the Rights of the Child. Jaap Doek (Netherlands) will respond.

There will be a special plenary session Monday afternoon in which infectious disease specialists Vincent Fulginiti (US) and T. Jacob John (India) will share their view of the basic principles used to accomplish the eradication of smallpox and poliomyelitis from the world. They (and a large group of facilitators) will then work with delegates Monday and Tuesday afternoons in a Delphi process to identify the basic principles necessary to guide our field toward the eradication of child abuse and neglect worldwide. These principles will be brought back to the entire Congress the last afternoon and presented to the group for discussion and possible ratification.

For more information on the Congress and to obtain a registration form, please visit the Congress website at: [www.kempe.org](http://www.kempe.org) or contact Mary Roth at 1+ 203-764-9170, or email: [mary.roth@yale.edu](mailto:mary.roth@yale.edu).

**Anna Quintanilla, ISPCAN Education Manager, U.S.A.**

## Calendar of Events

### ISPCAN 14th International Congress

**14th International Congress on Child Abuse & Neglect**

**Dates:** 7-10 July, 2002

**Venue:** Denver, USA

**Theme:** "Charting Our Progress Toward Protection of Children Worldwide"

**Organized by:** International Society for the Prevention of Child Abuse and Neglect and The Kempe Children's Foundation

**Description:** At the Congress, ISPCAN will be celebrating its 25th anniversary and commemorating the 40th anniversary of the publication of "The Battered Child Syndrome," the landmark article written by Dr. C. Henry Kempe that brought the problems of abuse and neglect to public attention worldwide; it is also the 30th anniversary of the founding of the Kempe Children's Center. More than 1,500 delegates and professionals committed to CAN prevention and treatment are expected to attend from over 50 countries. The program will include master classes, plenary sessions, symposia, research presentations, poster sessions, and workshops.

#### Congress registration contact information:

MorSports & Events, P.O. Box 100542, Denver, CO 80210

Tel: 1+303-782-5000 • Fax: 1+303-782-5005

Website: [www.kempecenter.org](http://www.kempecenter.org)

E-mail: [2002@kempe.org](mailto:2002@kempe.org)

### Special (DC) Forum

**Dates:** 6-7 July, 2002

**Venue:** Denver, USA (Pre-Congress)

**Organized by:** ISPCAN

**Description:** Prior to the Congress, ISPCAN will present a Special Developing Country Forum for professionals working in difficult circumstances. This Forum will focus on work challenges in countries and communities with very limited resources, war conditions, high rates of child labor/sexual exploitation, and other issues common in developing countries. The introductory meeting on Saturday, 6 July will provide networking opportunities while the program on Sunday, 7 July also will include structured training sessions and a site visit to a local service program.

**Contact:** Anna Quintanilla at [education@ispcan.org](mailto:education@ispcan.org)

### Multidisciplinary Training Seminars

**Dates:** 13-15 Feb. 2002

**Venue:** Pakistan

**Organized by:** Child Rights and Abuse Committee, Pakistan Pediatric Association

**Contact:** Dr. Tufail Muhammad Khan at [tufailm@brain.net.pk](mailto:tufailm@brain.net.pk)

### International Training Program of ISPCAN (ITPI) – country training projects (2002)

**Dates:** Dates for each country's 2002 training TBA

**Venue:** Argentina, Brazil, Kenya, South Africa, Malaysia, and Thailand

**Theme:** ISPCAN Training and Local Capacity Building Program for Child Physical/Sexual Abuse Prevention & Treatment in Developing Countries.

**Contact:** For specific country contact information please visit ISPCAN web site at: [www.ispcan.org/events](http://www.ispcan.org/events)



### Responding to Child Abuse and Neglect: An International Perspective

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the case that all caregivers were considered dangerous, the child would be removed from home and the extended family would be evaluated as a possible placement option. If all extended family members were also considered dangerous, the child would be sent to a foster family or institution. Foster institutions are usually the last choice in Argentina and used only when all other options have been rejected.

#### Future Challenges

In Australia and the U.S., concerns were raised about the effectiveness of short-term interventions to address child maltreatment with families that have a long history of personal and parental failures. Families exhibiting a constellation of problems, such as substance abuse, poverty, and mental health concerns,

often require longer and more intensive interventions.

Further, as child protection agencies continue to face high staffing turnover and insufficient resources, health and other services often bear the brunt of continued monitoring without ready access to a consultant in the child protection area. Foster care is similarly fraught, with caregivers inadequately prepared for or supported in their care of difficult children. In this environment, placement breakdowns become frequent.

#### Summary

These responses highlight important similarities and differences in the way that both developing and developed countries respond to child maltreatment. The findings suggest that child maltreatment may be less visible in a country with extreme socioeconomic conditions, making intervention less likely. Once the maltreatment is detected, however, important similarities emerge across countries concerning expected outcomes. While formal collaborative and legal structures vary

among countries, all response systems share key similarities, such as comprehensive assessments and home visits. However, some differences were noted. For instance, child advocates may find Argentina's approach of removing the abusing parent before displacing the child refreshing.

Additional information concerning each country's progress in achieving its intended outcomes would be illustrative in demonstrating the advantages or disadvantages to the approaches described (e.g. legalistic v. voluntary). Clearly the level of resources allocated represents a serious mitigating factor that will affect the quality of both the initial response and the intervention identified, regardless of approach.

**Sue Packer, Pediatrician, NAPCAN, Australia**  
**Gaby Taub, MSW, AFIREM, France**  
**Michelle Johnson, USA**  
**Ruth Soonets, Estonia**  
**Irene Intebi, Argentina**

*Follow-up Report on the VIII European CAN Conference in Istanbul:*

**Improving Child Protection Policies and Practices**

The VIII European Conference on Child Abuse & Neglect held in Istanbul, Turkey, 24-27 August 2001 gathered more than 300 participants from various disciplines including medical professionals, social workers, educational specialists and defenders of child's rights. Those attending also represented government and non-governmental agencies not only from Europe but also countries in the Middle East, Asia, Latin America, Canada and United States. Representatives from several key international organizations also attended the event. The scientific program included four plenary sessions, nearly 127 oral presentations, 20 poster presentations and seven workshops.

Under the overarching theme of "Improving Child Protection Policies and Practices," the conference covered all forms of child abuse and neglect and other key issues facing children such as child labor, children living in war zones, and refugee resettlement. In addition to discussing critical practice, the conference included a number of scientific presentations focusing on such issues as risk assessment in different situations and the consequences of different forms of child abuse and neglect in different countries. Interestingly, a great deal of similarity existed across countries in terms of the consequences of maltreatment. The presentations covered the full range of interventions including primary, secondary and tertiary prevention.

The conference offered a unique opportunity to cover a wide range of issues central to those working to reduce

the risk for child abuse or remediate its consequences. Presentations ranged from more global or theoretical discussions regarding the causes and consequences of maltreatment to the very practical information on policies or programs "that worked" for specific groups of children or within certain cultural contexts. More importantly, each session provided participants with new information on how to research the problem and use the findings from such research to improve policy and practice.

**Results and Recommendations**

In addition, the conference provided an excellent opportunity for professionals representing several Eastern Mediterranean countries (e.g., Egypt, Jordan, Bahrain, Iran and the Palestinian Territories) to discuss their common interests and concerns. While some of these areas have more advanced response systems, all of them share common social and economic circumstances. Specific recommendations from the meeting include the following:

- Research on child abuse and neglect in the region will be reviewed and edited into a booklet to shed light on the extent of the problem in the region and available interventions;
- The individual efforts of professionals of the region and their success in launching research and management strategies will justify the funding of activities in this area;
- The issuing of a newsletter for updating all concerned with the extent of achievement in the field of child abuse and neglect in the region;

- In the near future, the WHO/EMRO – Mental Health Division will be requested to support the development of a manual on child abuse and neglect, methods of detection and management in the region considering the socio-cultural context;

- The meeting in Istanbul coincides with the first meeting on child abuse and neglect ever in Arab society held in Bahrain in October 2001 under the patronage of the crown prince of Bahrain. Many professionals from Arab countries met and discussed the plan of their countries, the coordination of effort between different countries, and the idea of establishing "The Arab Society for the Prevention of Child Abuse & Neglect"; and

- Tasks were assigned to participants and our efforts will be coordinated by Muhammad Haj-Yahia, Palestine, who has been nominated by the group and agreed to assume the responsibility.

In conclusion, the conference offered an opportunity to begin collaboration among professionals in the Eastern Mediterranean region interested and committed to the problem of child abuse and neglect. The conference organizers would like to acknowledge the efforts of ISPCAN and Children at Risk – The Netherlands for strengthening the concept and activities on child protection and making this opportunity possible for many of those who attended.

**Randa M. Youssef, M.D., Faculty of Medicine, Alexandria, Egypt**

**2006 ISPCAN Congress Bid Applications Deadline Extended**

**The 2006 ISPCAN Congress Bid Application deadline has been extended to 28 February 2002. Applications must be submitted on an official form available from Anna Quintanilla at [education@ispcan.org](mailto:education@ispcan.org).**

*Designing Effective Training Efforts: Some Considerations*

In formulating effective training programs, organizers need to carefully consider several issues such as structure, focus and content, if training efforts are to have the maximum impact on both professional practice and community capacity to protect children. The following presentation offers preliminary commentary on some of these issues.

**Within discipline versus multidisciplinary training**

While multidisciplinary training is commendable, encourages child-friendly procedures, and is in line with the multidisciplinary nature of ISPCAN's membership, in-depth training also is required within specific disciplines to improve on detection, protection and treatment. In this way the trained may become trainers of others in their respective disciplines.

**Who should be trained?**

Apart from professionals, some training also is needed for community leaders and for children themselves so they will be better able to recognize mistreatment and know how to find help for those being victimized. Sometimes even when training is done well with many different groups, those who have been trained may not be able to make a difference. For example some journalists or nurses may be unable to make use of their training due to restrictive administrative policies. Different types of training are therefore required at all levels of the system.

*In some countries training needs are still at the level of definition, data capture and national register, whereas for others it is the latest intervention techniques.*

**What is needed in addition to "training"?**

Training and education need to go hand-in-hand with other strategies like public awareness and advocacy. For example, it is not sufficient solely to encourage teachers to use non-violent punishment when corporal punishment is condoned by law, the schools and in the home. But when such training is undertaken together with changes in the law and public awareness campaigns, there is greater protection of the child in a wide variety of contexts.

**Who should do the training?**

More commonly trainers come from the North rather than the South. There is need for greater South-South cooperation. When a trainer comes from the North, they should work together with a trainer from the South for both to learn from the other, for the training to be specifically tailored to the local context, and to build on what the people already know and do.

**What is the appropriate content for training programs?**

Issues important for the North are not the same as those for the South, and even in the South different member countries are at different stages of development as far as CAN issues are concerned. For example, the content of ISPCAN's training efforts being developed with support of the Oak Foundation differs among the six participating countries. Multidisciplinary teams have been in existence for some time in the North, but are a more recent development in the South. Definitions are of concern in Brazil, Kenya and Malaysia, for example, but they are no longer an issue in the North. South Africa, which is ahead of many African countries with respect to providing services, intends to further establish and enhance SCAN teams, whereas Argentina is focussing on therapeutic issues. Thus, in some countries training needs are still at the level of definition, data capture and national register, whereas for others it is the latest intervention techniques. Child abuse mediated by the Internet is of concern to the North but rarely to the South, where a great proportion of people have no electricity, let alone telephone lines and computers.

When organizers consider and address these key issues, the result will likely be better training outcomes for participants.

**Sally Nyandiya-Bundy  
University of Zimbabwe  
ANPPCAN Zimbabwe Chapter  
Zimbabwe**

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Recognizing Contributions of Time and Resources  
during July - November 2001

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### ISPCAN Website offers "Member Only" benefits

In addition to providing access to ISPCAN publications, events and other resources, the ISPCAN website [www.ispcan.org](http://www.ispcan.org) also offers special forums and services accessed through a password in the "Members Only" area. In this "Members Only" section, members create and participate in an online community of professionals focused on CAN prevention and treatment.

The online directory provides members' contact information to facilitate networking and information exchange. Please send an email to [membership@ispcan.org](mailto:membership@ispcan.org) to authorize your contact information to be included in our online searchable Membership Directory.

We have also established a members' listserv to promote interactive discussions and networking among our members worldwide. Please send us an email to participate in the listserv or subscribe directly by sending a blank email to [ispcan-subscribe@lists.neton-line.com](mailto:ispcan-subscribe@lists.neton-line.com). And in January 2002, special pages on CAN training materials (peer reviewed) and a review of ISPCAN's child sexual abuse and exploitation literature search will be added to the website.

### ISPCAN Secretariat Office Move

Effective November 2001

ISPCAN's new location is:

25 W. 560 Geneva Road, Suite L2C, Carol Stream, IL 60188 U.S.A.

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## NEW ISPCAN MEMBERS

ISPCAN warmly welcomes new members joining  
from July through December 2001

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Karen J. Wilson

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Fatuma Hashi

*Now is the time...*

### Remember to Renew your valuable ISPCAN membership!

Renewal of your membership for 2002 should be completed by 31 January 2002. Please renew your membership without delay so that there will be no interruptions in your Journal subscription this year. Membership benefits include:

- Official Newsletter The LINK (three times per year);
- ISPCAN International Congress (& Regional Conference) Special Member rates;
- ISPCAN Web pages including Member Directory, past publications, etc. in a Members Only Section;
- ISPCAN Sponsored National Training Events;
- Scholarships and Honorary Memberships for emerging efforts in child abuse and neglect in developing countries/ countries in transition; and
- Interactive listserv discussions among members worldwide and many more.

Please renew your ISPCAN Membership as soon as possible at \$95 (1year regular membership), \$180 (2 years regular membership), (1year Developing Country Membership \$50) and (2 years Developing Country membership \$90).

Please make all payments to ISPCAN, P.O.Box 809343, Chicago Illinois 60680-9343, USA. Credit card payments may be remitted via fax to 1.630.221.1313 / e-mail: [membership@ispcan.org](mailto:membership@ispcan.org)

Please send an email to [membership@ispcan.org](mailto:membership@ispcan.org) if you **do not** authorize your information to be included in ISPCAN's on-line Membership Directory. Also send us an email if you would like to participate in the ISPCAN interactive members' listserv.

### National Partner Focus

(continued from page 3)

throughout Australia. This year's the theme was "Being a Father is the Most Important Job You'll Ever Do."

Advocating for legislative change: At present NAPCAN is advocating for a National Agenda for Children, a National Office for Children and national legislation on children's issues. Seeking national legislation that focuses on child abuse is a relatively new idea in Australia where almost all child welfare policy is enacted at the State or Territory level.

Promoting Early Intervention and Prevention Training: NAPCAN runs a variety of targeted community activities, motivating families and communities to become actively involved in developing a family-friendly, violence free society. Anti-violence and bullying programs are run in schools across the nation, as is parent and career education and professional education/training programs.

**Q** What do you see as the key CAN issues for Australia at present?

**A** Sexual crimes against children, including child sexual exploitation via the Internet; neglect – an important issue that is often forgotten; children at risk – especially Australia's Indigenous children and young people; domestic violence (especially children's witnessing of domestic violence); and physical punishment.

**Q** How is NAPCAN expanding?

**A** One priority is the expansion of our indigenous program to promote child abuse prevention messages in both indigenous and mainstream communities. To this end, we have been working to increase the number of pieces in the Tex Skuthorpe collection and thus, the prevention messages this exhibit portrays.

## An Interview with ISPCAN's Treasurer (Term 2000-2002)

**D**r. Barbara Bonner is the Jean Gumerson Endowed Chair and Director of the Center on Child Abuse and Neglect of the Department of Pediatrics at the University of Oklahoma Health Sciences Center, U.S.A. She has served as ISPCAN Treasurer since 1996. She was interviewed recently by *The LINK* about her involvement in the CAN field and with ISPCAN.

**Q** What is the most important goal you hope to achieve for ISPCAN for these two years?

**A** To expand international training opportunities for professionals.

**Q** How long have you been a member of the ISPCAN?

**A** Joining ISPCAN was the first thing I did when I realized I was going to focus my career on child maltreatment. I became a member in 1985 and was first elected to the Executive Council in 1994. I was pleased to be re-elected to a second term in 2000.

**Q** What was the cause of your initial interest in child abuse prevention/treatment?

**A** Early in my career as a child psychologist I realized that numerous problems experienced by the children in my clinic were related to maltreatment and that this abuse was preventable. This inspired me to work toward the prevention of the injuries, both physical and emotional, sustained by children who experience abuse or neglect. A great deal of research was being designed and implemented in the U.S. during the mid-1980s which made it an exciting time to enter the field.

**Q** In your opinion, has the situation for children in this world improved or deteriorated since your interest was awakened?

**A** In some parts of the world it has improved. However, the repercussions of war and other acts of violence have created deteriorating conditions

for children in many parts of the world. There is no question that we have an enormous task ahead of us in improving the lives of all children. What is positive is that there are many more trained professionals who are working internationally to prevent child maltreatment.

**Q** How did you originally learn about ISPCAN and how have you worked to increase ISPCAN's support to professionals in your country?

**A** I was introduced to ISPCAN membership through the *Journal* and have attended every Congress since the 1986 Congress held in Australia. My contributions have been focused in Eastern Europe where I have volunteered my time to provide training to professionals in several of these countries and in Russia.

**Q** In the U.S. and in general, what are the key CAN issues that need to be addressed by professionals?

**A** Professionals in the U.S. must develop a consolidated and coordinated approach to addressing CAN at the national level. I strongly endorse the efforts of the "National Call to Action" where representatives from several organizations are collaborating to organize that approach. We also need to expand research on effective prevention methods. As a country we continue to focus more on treatment than prevention.

**Q** What role can ISPCAN play in this work?

**A** Our goals are primarily to serve as a training organization, and through our *Journal*, make research available to professionals. We can continue to train professionals along with other organizations. ISPCAN also can assist in this work by joining the "National Call to Action."

**Q** Has ISPCAN's focus changed or expanded in the last 10-15 years from its original goal of serving the needs of a professional membership?

**A** The goal has not changed but the methods have expanded exponentially since 1985. Expansion of the secretariat's office, to include an executive director and a staff, has greatly increased the opportunities internationally for professionals to be trained throughout Africa, Asia, Eastern Europe, and South America.

**Q** Do you feel ISPCAN is improving its outreach to professionals in developing countries?

**A** There is no question that we have. An example is the Oak Foundation's recent project to provide training to professionals in South Africa, Thailand, Argentina, Malaysia, Kenya and Brazil.

**Q** Do you feel that children will be increasingly served by the work of ISPCAN and its national partners in the next 5 years? 10 years? What will it take to improve their prospects for healthy and safe childhoods?

**A** I believe ISPCAN will continue to expand its efforts. We have acquired external funding to implement additional training programs and we have established relationships with important international entities such as UNICEF, the World Health Organization, and other organizations focused on the health of children. Through these efforts I think we have more impact than as a single organization. Our ability to establish relationships with major international entities is positive, productive, and a sign of major accomplishment.

**Michelle A. Johnson, MSW**  
**ISPCAN Associate Editor, U.S.A.**

## ISPCAN Secretariat Report: Some Global and Local Thoughts



### Dear ISPCAN Members,

As I begin to write, it seems only fitting to first set the new and changed Weltanschauung (world view) – a post September 11th understanding of the world in which ISPCAN members will operate,

strategize, hope and dream for ourselves and our children. Yet understanding is too strong a word. Those of us working in the field of child abuse and neglect may be in a unique position to help ourselves and others comprehend the incomprehensible – how humanity can perform hurtful and violent acts against our vulnerable fellow beings.

Some in our field can study and learn why and how certain individuals are driven to such measures. Others are dedicated to "healing" those who are driven to and responsible for these violent actions. Others are committed to healing and supporting the victims of violence and their families so life can go on. Finally, still others work to prevent the violence and hurt from occurring again.

One role for ISPCAN is to collect information on the valuable investments our members are making to address these current issues of violence and to identify ways we can join together to increase the outreach, the compassion, and social commitment to children-in-need

before they become isolated, desperate, filled with hatred, and destructive of even those they would save. What preventive work could we develop to contribute to a stronger society? Let us make this small contribution to healing a troubled world.

If any of you are working on strategies or programs that seek to develop a better sense of "community" within our rich and multicultural neighborhoods (from local to global), we invite you to send us information (summaries of work and contact information) via our ISPCAN Member listserv. We will draw on this listing to identify resources for others interested in this work. We will post a number of these efforts on a special ISPCAN member web page by mid-year. Further, we plan to have a session on this topic at the upcoming ISPCAN International Congress scheduled to be held in Denver, Colorado, in July 2002.

Recent discussions with ISPCAN members from a number of countries and cultures reinforce the importance of collaboration. Members from Bahrain, Egypt, Kyrgyzstan, Russia, Jordan, Zimbabwe, Thailand, and Uzbekistan can find common ground with Kenyan, Palestinian, Argentinean, Canadian, Malaysian, English, American and other professionals. Only by working together on problems of mutual interest can we achieve our objective of creating a better world for children, a world of informed compassion, a world of peace.

### And back to the office...

Now, certainly a minor incident in the magnitude of world events, ISPCAN has successfully moved its office.

We all certainly appreciate the patience of our members during the October-November transition period! Our staff of five (Anna, Dornubari, Suzan, John & myself) plus two work-study students (Mafat Desai and Bryan Trang) are almost unpacked and enjoying a bit more space. We are especially thankful to the many organizations (Illinois members of the International Facility Management Association), which have donated the "gently used" furniture and equipment, which now make up almost 90% of our office resources. These donations represent a substantial upgrade for all our staff and will allow us to better serve our members.

A special thank you to our donors: CharterOne Bank (Tim Butvilas) generously provided the majority of these office items including, among other things, two copying machines, printer, six desks, 20 chairs, cabinet/credenza set and 10 file cabinets; Lord Bissel and Brook for donating four bookshelves, an office furniture set, six file cabinets, two storage cabinets and a table, and Equity Office Properties for contributing seven chairs. And Gloria Henderson from ACCO Brands provided us \$350 worth of supplies from their catalog. Even our mover – Scott Swanson from Advantage Moving and Storage, Inc. – made significant contributions by keeping moving costs low and improving our office environment. THANK YOU, DONORS!

Now – ISPCAN members – we hope you will visit!  
Warm regards,

**Kimberly Svevo, C.A.E.**  
**ISPCAN Executive Director, U.S.A.**

## International Adoption in the U.S.: Looking Back, Looking Forward

(continued from page 1)

### Dramatic increase

The reasons for the dramatic increase in international adoptions by Americans are complex. A rise in infertility, delayed age of marriage, and the decrease in availability of "healthy white" infants has certainly contributed to the increased demand. Prospective parents may select international over domestic adoption because of concern about the psychological well-being of children after prolonged foster care or perceived risks of legal challenges from birth parents after adoption. Widespread media coverage has raised awareness of the availability of children from other countries. Expanded social acceptance of multicultural families, ease of travel, improved communications (including the Internet), and stable diplomatic relations between countries also promote international adoption. Compared to domestic adoption, waiting periods may be shorter, especially for infants. Some families altruistically adopt from another country after learning of the plight of abandoned children there. Older parents, single parents, and gay or lesbian parents may not be "eligible" for domestic adoption programs but are welcomed to international adoption programs. Prospective parents

view international adoption as a process that "works."

As the numbers of children adopted from other countries increases in the U.S., their medical and developmental problems have become apparent. Not surprisingly, given the difficult family histories and institutional residence of the children, many come to the U.S. with prenatal exposure to drugs or alcohol, experience of abuse or neglect, infectious diseases (tuberculosis, hepatitis B, parasites), lead poisoning, developmental delays, and behavior problems. Despite these problems, most children seem to do amazingly well long-term, although careful comprehensive follow-up studies of large numbers of children are not yet available. Informal surveys suggest that more than 90% of parents are "satisfied" or "very satisfied" with their child and with the experience of international adoption. However, the true incidence of serious psychological problems, specialized educational needs, and severe behavioral problems among international adoptees is unknown, and may become increasingly recognized as larger cohorts of children reach adolescence. A small percentage of international adoptions disrupt each year, usually due to overwhelming behavioral problems.

### Coming developments

What does the future hold for international adoption?

In the wake of the events of September 11, international relations seem more tenuous, and inter-country cooperation may prove more difficult. However, it is hoped that widespread ratification and implementation of the Hague Convention on Inter-country Adoption (ratified in 2000 in the U.S.) will promote good adoption practices by both sending and receiving countries. Some of the goals of the Hague Convention include reduction of obstacles to adoption, elimination of malpractice and corruption in the adoption process, and improvement in record-keeping and reporting by all parties. While individual countries retain the right to regulate their internal policies about adoption, signatories of the Hague Convention agree that the best interests of the child must be foremost during the adoption process. There is still much work to do.

Connecting children who need families and families who need children is a process that transcends borders. The impact of international adoption extends far beyond the child and the adoptive family. International adoption raises awareness of economic and social difficulties in other countries, improves cultural sensitivity, and connects many individuals and extended family members to another country. In its own small way, international adoption promotes world peace, one child at a time.

**Laurie C. Miller, M.D., Director, International Adoption Clinic, The Floating Hospital for Children, U.S.A.**

## The Dangers of Intercountry Adoption

(continued from page 1)

substitute parenting (foster care and adoption). The present Romanian government should be congratulated on its shift in focus from institutional to family-based care, which is in the best interest of the child.

However, there are 78 international adoption agencies registered in Romania. For the year 2000, there were 3,035 inter-country adoptions as compared to only 1,291 national. (Romanian National Authority for Child Protection and Adoption: Statistical Bulletin, March 2001). This represents an inter-country adoption rate of one in every two thousand Romanian children. If such a rate were to continue, it could have an effect on the future population demography of the country.

## Conclusion

The UNCRC (1989) explicitly states that the principle of "what is in the best interest of the child" should govern all decisions about a child's placement. This fundamental principle is also supported by the Hague Convention (1993) on inter-country adoption. Both pieces of international legislation have been signed and ratified by nearly all governments. Both economically wealthy and countries in transition need to adhere to these standards in reforming their adoption practices.

**Kevin Browne, Ph.D., MSc and  
Shihning Chou  
University Of Birmingham, United Kingdom**

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