

THE LINK

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

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FOCUS TOPIC: International Perspective on Abuse & Neglect

Case Example Offers Responses from 7 Diverse Cultures

To capture the diversity embedded in international efforts to address child maltreatment, the *LINK* developed a forum for professionals from different countries to respond to a common case profile. In the last issue, professionals from Estonia, Argentina, Australia, the U.S., and France commented on how their systems would respond to a specific case of physical abuse. In this issue, we feature comments from professionals in the Philippines, the Dominican Republic, Kyrgyzstan, Romania, Sweden, Thailand, and Hong Kong regarding a case involving two children presenting signs of neglect and possible abuse.

Respondents were asked to comment on the following:

- how they would define the case;
- who would be responsible for the response;
- the nature of the response; and
- the anticipated outcomes.

Scenario

A child of seven years and his two-year-old sibling are brought to a health clinic by a neighbor for treatment of burns due to scalding. The older child reports that he was preparing a meal when he accidentally dropped a pot of boiling water. When asked about the whereabouts of his parents, he reports that his mother is sleeping. His father left the family home two months ago. He states that his mother must work at night so he must care for the younger child for several hours each day. Aside from the burns, the children appear to be of normal physical development, though it appears that the younger child is suffering from an ear infection and is running a low fever. The older child reports that he has not been to school in several weeks.

Defining the Problem

All of the professionals surveyed expressed concern about the well being of these children. However, they differed in their definitions of the problem.

Respondents from the Dominican Republic, Sweden, Hong Kong, Thailand and Romania used the term "neglect" to describe the care of these children.

In contrast, respondents from both the Philippines and Kyrgyzstan noted that while the conditions in this case clearly placed the children at risk for developmental delays and, perhaps, physical injury, these conditions are commonplace. Though reporting is mandatory for doctors, nurses, and hospital administrators in the Philippines, this case may not reach the threshold for

reporting. The definition of neglect has a caveat that says it can be applied only if the conditions exist "for reasons other than poverty," a reality for 40% of the population in this country.

Our respondent from Kyrgyzstan noted that such cases have existed for many years and might be considered typical, especially for suburban and rural areas. After Perestroika began in the early 1990s, many industrial, agricultural, medical, and educational facilities closed. Male breadwinners lost their jobs and migrated internally or externally to look for opportunities and resources to support their families. Consequently, the lion's share of the home-making falls on the women and their older children, who, at the age of 6 to 7 years, assume the care of younger siblings.

Responsibility for the Intervention

Responsibility for addressing these types of cases rests largely with each country's medical system. Respondents from the Philippines, Kyrgyzstan and Romania indicated that if a response did occur it would most likely involve health care providers. In the Philippines, the health worker is responsible for the medical care of the child. While the Department of Social Welfare and Development may be called in, it would be up to the family to seek help. In Kyrgyzstan, a local or district outpatient clinic or hospital would provide medical treatment and a visiting nurse might be provided to help the parent. Sadly, however, this level of assistance is not always feasible.

In Romania, the initial intervention would lie with the health professional. A referral to child protection would depend on the knowledge and awareness of the health professional. A decentralized system of community-based child welfare services, initiated in late 1997, is still in its infancy and has not established clear assessment protocols or implemented mandatory reporting laws. The County Child Protection Commissions, or family courts, require representation from the health sector, but this is not always followed.

In the case of the Dominican Republic and Thailand, the health care system, although maintaining an active role in shaping the response, does provide a link to social services. In the Dominican Republic, the emergency health care unit is responsible for primary

services and referral to the child abuse and neglect unit. The psychologist or psychiatrist would be responsible for the assessment and treatment with the support of the social worker.

In Thailand, the doctor or nurse is responsible for immediate treatment and linkage with the social welfare unit in the hospital. The social worker then has the responsibility for collecting information and cooperating with many governmental and non-governmental agencies.

In contrast to these systems, professionals in Sweden and Hong Kong are more likely to transfer responsibility for the case by reporting it to child protective services. In accordance with Swedish law, the case would be immediately reported to child protective services. In Hong Kong, a community participatory and multidisciplinary approach is emphasized once a case has been formally identified.

Nature of the Intervention

Following the provision of emergency and basic medical care, additional services would be offered depending upon the skills of the worker and the family's willingness to accept ongoing assistance. For example, in the Philippines, the mother may be enrolled in a parenting class and the children may be enrolled in day care programs. In the Dominican Republic, the younger child could be hospitalized for at least five days, depending on the mother's emotional and physical condition. In determining the need for additional services, the worker would consider conditions in the home (e.g., can the mother safely care for a two-year-old in this environment), the relationship with local school officials, and the capacity of neighbors or friends. If appropriate, the family might be referred to family counseling.

In Sweden, the children would probably be taken into care while child protective services conducts an initial assessment. Additional services will depend upon the results of this investigation and will be determined by the children's physical and emotional needs and parents' ability to meet them. Subsequent interventions may range from practical help (e.g., provision of educational classes, day care, etc.) to therapeutic interventions (e.g., individual, family or group therapy). If necessary, the children may be taken into permanent care.

In Hong Kong, a multidisciplinary case conference would be held with all relevant parties (including the parents, if appropriate) to develop an action plan. If the

We feature comments from professionals in the Philippines, the Dominican Republic, Kyrgyzstan, Romania, Sweden, Thailand, and Hong Kong regarding a case involving two children.

The safety assessment involving both government and non-governmental agency representatives is considered critical in establishing an effective course of action.

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Message from the President:*Great Faith
in Future***Dear Colleagues:**

First I would like to welcome the incoming President and Councilors. I am certain that these individuals will work as cooperatively and professionally as the outgoing Council has during the past two years. I also would like to thank the Councilors for all the help and support they have provided me during my term as President.

We achieved much over the past two years in many areas. I am particularly proud that we are now called upon regularly to act as consultants for the UN, UNICEF and WHO in matters that impact the well being and safety of children worldwide. I think that in the future, ISPCAN will become even more active in responding to the major events in the world, like September 11th, the Argentinean financial crisis and the conflicts in the Middle East, which will affect children in dramatic ways. Careful research and thoughtful discussions on how these and similar events impact children could prove beneficial to the victims

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of future crises.

Within the Council, there has been a lot of strong activity. Thankfully, many of our valued Councilors are back with us and those who were ill are getting better. I have been to the San Diego Conference in January, where I was very proud to see David Chadwick receiving the honors he deserves.

I end my presidency with great faith in the future of the organization. The recent relocation of the Secretariat to larger offices provides the space our staff needs to accomplish all of ISPCAN's growing list of programs and services to our members. And, it is particularly good to finally have an International Congress in Denver, the city where Henry Kempe worked and began it all. I look forward to greeting you at this most historic Congress.

Sincerely,

Franklin Farinati, MD, ISPCAN President, Brazil

"International Movement to End Child Abuse: The Story of ISPCAN"*ISPCAN Book Available Soon*

ISPCAN, a unique mosaic of different professions that work to protect children worldwide, bridging across countries and cultures, has grown during its 25 years into a respected professional voice on how best to confront all forms of child abuse and neglect. ISPCAN has awakened nations around the world to the issue of child maltreatment while bringing concerned professionals together to sharpen their knowledge and skills. To honor this unique organization, several ISPCAN leaders and members have collected their perspectives and memories of how ISPCAN evolved and have written a history book.

Through a series of brief essays and reflections, this document takes the reader on the journey of this international movement from its founding in Bellagio, Italy, and the struggles of a totally volunteer international effort to the solid membership organization it is today. At each step, the essays highlight the accomplishments and challenges faced by those committed to bringing Henry Kempe's vision to fruition and captures what ISPCAN has meant to its members and their efforts to stop child abuse throughout the world.

This book will be valuable reading to any member of ISPCAN (new or longstanding) and of interest to students of international work, social movements and organizational development. The book is edited by Anne Cohn Donnelly, and is a project of the ISPCAN Executive Council. It will be available at the Denver Congress at a special introductory rate, and later by ordering through the ISPCAN office or web site.

ISPCAN Announces Annual Awards

Every two years, ISPCAN recognizes individuals and organizations that have made a substantial contribution to our efforts to respond to child maltreatment. The specific awards and this year's recipients are noted below.

2002 C. Henry Kempe Award – presented to the Jordan River Foundation, represented by Hala Hammad

The C. Henry Kempe Award, established in 1986, is intended to bring international visibility to the accomplishments of young professionals or organizations, to assist their work, and to inspire others to follow their lead. The Jordan River Foundation was the first center in the Arab world that specialized in the rehabilitation and protection of victims of abuse and their families. It successfully initiated, with the very active support of her Majesty Queen Raniz, a partnership between governmental and non-governmental organizations in Jordan to establish the Child Safety Center. The Center emphasizes the importance of adopting a multidisciplinary approach in addressing child maltreatment. The Foundation plays an active role in raising public awareness regarding children's rights and provides professionals and parents the tools they need to effectively prevent child abuse.

2002 C. Henry Kempe Lecturer – presented to David Gough, Ph.D.

The C. Henry Kempe lectureship was established in 1986 to honor Dr. Kempe's vision and commitment to improving the lives of children worldwide. This year's recipient, Dr. David Gough, is Acting Head and Deputy Director of the Social Science Research Unit and its Evidence for Policy and Practice Information and Coordinating Center (EPPI-Center), Institute of Education, University of London. From 1992 to 1998 he was Associate then full Professor in the Department of Social Welfare, Japan Women's University, Tokyo. Prior to that he was Senior Research Fellow at the Public Health Research Unit, University of Glasgow. His research interests are in the study of routine practice to reveal implicit social policies, and the development of research synthesis

to inform social policy and practice in education and social welfare. He undertook his first systematic research synthesis involving detailed data extraction in 1998 on child abuse interventions and is currently undertaking a program of systematic reviews and methodological development in research synthesis at the EPPI-Center. He is co-editor of the journal *Child Abuse Review*, a member of the board of the British child abuse prevention society (BASPCAN), and a member of the Editorial Board of *Child Abuse and Neglect*. Secretary of ISPCAN from 1994 to 2000, he was joint organizer of the first international meeting on child abuse in Japan in 1994 and an advisory board member of the Japanese child abuse society (JaSPCAN) since its formation in 1995.

2002 Distinguished Career Service Awards – presented to Kari Killen, Ph.D., and Dominique Girodet

The Distinguished Career Service Awards are given by ISPCAN to recognize an outstanding professional, national partner or organization represented by an ISPCAN member for their longstanding dedication, expertise, and contributions to the field of child abuse and neglect. This year the Awards Committee voted to highlight the careers of two individuals. Dr. Kari Killen has spent the past 15 years conducting research on early interaction and attachment among families at risk for maltreatment or engaged in emotionally abusive interactions. She has been active in developing the Nordic Network for Prevention of Child Abuse and Neglect and served as ISPCAN President from 1994-1996. Dominique Girodet has a long history of serving the needs of abused and neglected children and in promoting enhanced professional practice. She is a founding member of ISPCAN and was instrumental in establishing the French Association for Information and Research on Child Abuse and Neglect (AFIREM). She has served on both the ISPCAN Council and Editorial Board of *Child Abuse and Neglect*.

All of the awards will be presented at the 14th International Congress on Child Abuse and Neglect, to be held 7-10 July in Denver, Colorado.

Congress Theme: Charting Our Progress Toward Protection of Children Worldwide

Highlights of the 14th International Congress on Child Abuse and Neglect

For only the second time in its history, the International Congress on Child Abuse and Neglect will be held in the United States. Co-hosted by ISPCAN, the Kempe Children's Foundation, and the Kempe Children's Center, the 14th International Congress will be held 7-10 July in Denver, Colorado. 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 which brought the problems of abuse and neglect to public attention worldwide. It also will be the 30th anniversary of the Kempe Children's Center, founded by Dr. Kempe. Nearly 1,000 delegates and professionals from more than 60 countries are expected to participate in this international meeting.

Under the theme "Charting Our Progress Toward Protection of Children Worldwide," the program will include master classes, plenary sessions, mini-plenary sessions, symposia, research presentations, poster sessions, and workshops. Many of these sessions will provide an

overview of the critical historical lessons learned by the field of child abuse and neglect during the last 25 years. Other highlights of the event include:

- Developing Country Forum – a pre-Congress event that provides a unique opportunity for those working in regions of the world with scarce resources to discuss their specific practice and policy concerns;
- ISPCAN Master Class – a series of workshops presented throughout the three-day event that provides delegates the opportunity to hear from key leaders in the field about critical aspects of the maltreatment problem such as assessment, therapeutic interventions, legal systems and prevention services;
- Annual Kempe Lecture and presentation of the Kempe Awards – events that provide ISPCAN a vehicle to publicly recognize those who have made exceptional commitments to child wellbeing (See "Awards" article on pg. 2);

- Group decision-making process—will provide delegates the opportunity to work in small groups over a two-day period to identify the basic principles necessary to guide our field toward the eradication of child abuse and neglect. These principles will be brought back to the entire Congress the last afternoon and presented to the group for discussion and possible ratification.

Throughout the three-day meeting, there will be 15 different mini-plenary sessions and workshops, along with poster and free papers sessions. These will be multidisciplinary in nature and will be organized by topic, by discipline, by region of the world and by language. There will be several "tracks" for delegates who may want to concentrate on such topics as basic training in child protection, research methodology, or juvenile justice.

For more information on the Congress and to obtain a registration form, please visit the Congress website at: www.kempe.org.

An Interview with Dr. Richard Krugman

Dr. Krugman is Dean of the School of Medicine, University of Colorado Health Sciences Center. He has been a member of ISPCAN since 1981, ISPCAN President from 1992-1994 and, for 15 years, was Editor-in-Chief of *Child Abuse and Neglect*. He is chair of the organizing committee of the upcoming 14th International Congress.

1. What is the most important goal you hope to achieve for ISPCAN at this Congress?

My hope for this Congress is that we can help ISPCAN professionals the world over chart a course with the ultimate goal of ending child maltreatment worldwide. We recognize that's a huge task, but we think that in the first 25 years of our work in this field we've done a very good job of beginning to understand how to recognize, intervene in, treat and prevent a number of forms of child maltreatment. What we've yet to figure out is how to apply what we've learned about prevention and treatment worldwide. That's why we decided that as a key portion of this Congress, we would try to learn some lessons from our colleagues who took on the problem of eradicating smallpox from the world 25 years ago and came up with systems that actually achieved that goal. We're going to try to apply the principles in ways that make sense to professionals, no matter what their discipline or where they're from.

2. What is your profession and what was the cause of your initial interest in child abuse?

After attending medical school in New York City, I came to Denver, Colorado, in 1968 for an internship and residency in pediatrics. My mentor was Dr. C. Henry Kempe. Very early in my career I began seeing battered children as part of my pediatric residency and became interested in the area. In 1973, when I joined the faculty of the medical school, I did back-up work for the children's protection team that Dr. Kempe founded. From 1981 to 1992 I was the director for what is now known as the Kempe Children's Center. In 1992, I became Dean of the School of Medicine. While I'm no longer directing the Center, I'm still doing child abuse and neglect work at the Center one out of every four weekends and Friday mornings.

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

There are parts of this world where the situation for children has improved and other areas where the state has deteriorated or stayed at a very low level. When you look at child maltreatment from a worldwide perspective, you see that different regions have different priorities. In developed countries such as the U.S., Western Europe, Australia, and other parts of the world where public health systems have eradicated major infectious causes of children's morbidity and mortality, we can address problems like maltreatment because the number of children that are abused, injured or killed is significant. In developing countries, where many children don't live beyond the age of 5 due to malnutrition, diarrhea, and HIV/AIDS, focusing on issues such as physical or sexual abuse doesn't always make sense. In the U.S., I think children are much better off than they were 20 years ago. We rarely see the kinds of battered children that Dr. Kempe talked about, those that were severely physically abused or neglected for long periods of time.

4. How did you originally learn about ISPCAN and how have you worked to increase ISPCAN's support to professionals in the U.S.?

Dr. Kempe, who founded ISPCAN, told me that I needed to become a member and run for the Council. One of the reasons we're coming together in Denver in July is to celebrate the 25th anniversary of the founding of ISPCAN, which was incorporated formally on July 7, 1977.

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

For the U.S., the main issue is the provision of better treatment and more expansive prevention programs for the millions of children in our country and their families who need it. My perception is that the U.S. does a relatively good job of identifying child maltreatment but an inadequate job in providing treatment to children and families. We haven't figured out how to make child maltreatment a national priority. For 25 years we've made efforts to resolve it as a social and legal problem and while we've made strides, we won't reach our final goals unless we view it as a public health problem.

6. What role can ISPCAN play in this work?

ISPCAN was founded 25 years ago as an international society of professionals supported through annual meetings, such

as the one we're having in Denver, and a journal to keep members up to date as to what's going on in the field. I think this primary mission is critical to the success of ISPCAN worldwide. We've often had discussions as to whether ISPCAN should play a broader role in the advocacy and international political arenas. Personally, I don't think ISPCAN is set up to do that. I would prefer that ISPCAN focus its energies on its primary mission and, thereby, strengthen the capacity at the local level to affect change. The work that needs to be done, family by family, community by community, and country by country, ultimately relies on the strength and skills of the individual members in those countries.

7. 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, and if so, how?

ISPCAN has taken steps to expand its view. The work of Jaap Doek, Margaret Lynch, and many others who have been involved in child labor issues and the creation of the Developing Countries Forum has been very positive in addressing the areas of street children, child prostitution, child labor, and the other forms of maltreatment that are prevalent in developing countries. I still view the work as being driven by the ISPCAN professionals of those countries that have taken on the task. ISPCAN's role is to support the professionals who want to work on those issues in the developing world.

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

What will help is if all of us in the field can agree on goals for the next 5, 10, 25 years, and then lay out those goals and allow each country or each region to work within its own culture and context in trying to obtain those goals for that area. At our Congresses I hope there will be opportunities for people to give reports and updates on their progress toward those goals. These country reports could be published in *The LINK*.

Michelle Johnson, MSW, LINK Associate Editor, U.S.A.

Bahrain's Child Protection Conference Addresses Maltreatment in Arab Countries

Under the patronage of the Crown Prince of Bahrain, a regional child protection conference was held in October 2001 in Bahrain. The meeting, organized by the Bahraini Society for Child Development in cooperation with the UNICEF regional office, focused on governmental and community strategies to reduce the incidence of abuse and neglect. Dr. Hassan Fakhro welcomed participants and introduced Dr. Faisal Almosawi, Bahrain's minister of health. In his opening remarks, Dr. Almosawi emphasized the importance of prevention. ISPCAN President Dr. Franklin Farinati also sent a written message supporting the conference and its mission.

The meeting was attended by 375 participants representing different professional groups including medical doctors, psychiatrists, social workers, psychologists, teachers, lawyers, judges and law enforcement agents from all Arab countries and the UK. The conference addressed six major themes:

- the epidemiology of child abuse and neglect in Arab countries;
- child abuse and the media, internet and culture;
- risk factors, consequences and assessment of abused children;
- child abuse prevention efforts;

- legislative responses to child abuse and neglect; and
- strategies and plans of action to prevent child abuse.

At the close of the conference, the participants agreed on a set of recommendations for policy makers and professionals working with children in general and abused children in particular. Conference organizers noted that the event sparked a healthy debate on useful strategies among professionals throughout the region. One positive trend has been a marked increase in coordination among various disciplines.

Fadheela Al Mahroos, M.D., Sulmanya a Medical Complex, Bahrain

Multidisciplinary Workshop on CAN held in Karachi

The Child Rights and Abuse Committee of the Pakistan Pediatric Association, in collaboration with ISPCAN, held a three-day training event 14-16 February in Karachi, Pakistan. Forty-eight professionals, including pediatricians, psychologists, psychiatrists, social workers, medico-legal officers and nurses, attended the workshop. The training faculty consisted of Pakistan experts and Professor Harendra de Silva, Chairman of the Child Protection Authority, Sri Lanka.

The main topics discussed were child physical, sexual and emotional abuse and developing a multidisciplinary approach using culture-specific management protocols. The participants were exposed to a variety of learning experiences including case studies. They also worked in groups and made recommendations related to issues surrounding child abuse policy and practice. An evaluation of the meetings found strong support for the event among program participants.

This was the second in a series of multidisciplinary training workshops jointly organized by Pakistan Pediatric Association and ISPCAN. The next workshop is scheduled for October 2002 and will be conducted by the local pool of professionals trained at the February meeting.

Tufail Muhammad, M.D., Pakistan Pediatric Association, Pakistan

Calendar of Events

ISPCAN 2002 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

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 • E-mail: 2002@kempe.org

Special (Developing Country) Forum

Dates: 6 - 7 July 2002

Venue: Denver, USA (Pre-Congress)

Organized by: ISPCAN



INTERNATIONAL TRAINING PROGRAM OF ISPCAN (ITPI) – country-training projects (2002)

Date: Dates for each country's 2002 training TBA

Venues: 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

Dates: July-October 2002

Venue: Palestine/Israel

Organized by: Dr. Muhammad Haj-Yahia and Bisan Center for Research and Development

Contact: Dr. Muhammad Haj-Yahia at mshajyah@pluto.msc.huji.ac.il

Dates: July 2002

Venue: Thalawatugoda, Madivela, Sri Lanka

Organized by: National Child Protection Authority

Contact: Prof. Harendra da Silva, Chair- Chief Coordinator/Organizer nepa@diamond.lanka.net

Description: This event is to train the trainers on identification of child abuse, management and teamwork with other disciplines. In addition, the Care organization personnel will be trained on counseling, prevention of corporal punishment and prevention of institutionalized sexual abuse. The target audience will include: pediatricians, judicial medical officers and general practitioners, social service and probation officers, educators, law and law enforcement, judicial administrators and radio/tv representatives.

NOTICE

ISPCAN 2005 Regional Conferences

ISPCAN invites applications from groups and organizations interested in hosting ISPCAN's 2005 Regional International Conferences worldwide.

Applicants must work in the area of child protection.

Potential applicants should contact Kimberly Svevo, ISPCAN Executive Director, at the address given for guidelines and an application form.

Completed applications must reach Ms. Svevo by 15 November 2002.

Kimberly Svevo, CAE
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International Training Project of ISPCAN (ITPI) MOVING FORWARD

In 2000, ISPCAN received funding from the Oak Foundation (Switzerland) to initiate professional education and training programs in six countries. Through the combined efforts of ISPCAN members, multidisciplinary professionals and policy-makers in each country, training and partnership efforts focusing on improving child abuse treatment and prevention efforts are now underway in Argentina, Brazil, South Africa, Kenya, Malaysia and Thailand. Over the next 12 to 15 months, these partnerships will seek to expand local capacity.

Each country has implemented at least one workshop within the past 15 months and the Country Project Leaders are actively involved in organizing further training. In addition, the local media have been invited to cover the training events and, more importantly, to develop in-depth reports on the problem of child abuse and neglect in their communities. Because each country differs in terms of its program capacity and professional skill levels, the content of these training sessions and local media coverage differs across the six countries. However, each country has established a solid base on which to build a more effective response to the problem of physical and sexual abuse. This summary provides information on each country's progress over the past 12 months.

Progress

The Country Project Leaders, along with their teams, invested significant effort to ensure that the training they offered was relevant to the needs of local professionals and reflective of the best practice standards emerging from research. In each case, local planners targeted their initial training efforts to those issues most pressing to local direct service staff.

Argentina: The training in Argentina was conducted for 40 key, multidisciplinary leaders from three cities in the Province of Chubut (Patagonia) and addressed child abuse and neglect treatment issues. Participants, who included lawyers, doctors, social workers, psychotherapists, religious leaders and media personnel, were selected based upon their commitment to preventing child abuse and their positions in NGO or governmental institutions. Since holding the training, the Country Project Leader has been meeting with those who attended the training to sustain progress. In each city, 21 additional professionals will be identified to work with the original group of trainees to discuss training materials being adapted from the ITPI-Kenya team building training.

Brazil: The first training program in Brazil targeted approximately 50 child abuse professionals from various fields such as law, law enforcement, medicine, social work, nursing, psychology and research. The initial four-day seminar focused primarily on how best to communicate information regarding child abuse. Participants also discussed the formation of multidisciplinary teams, specific policy changes, and law enforcement response to the problem. During the last day of the seminar, participants identified a working group to plan further

activities including the development of a web site and on-line discussion forum. A needs assessment is being conducted with these and other professionals to identify additional training needs. The project also sponsored a meeting with some 200 residents and service providers from a poor community to discuss their perceptions of the child abuse problem and how best to confront it. Several teachers who attended the meeting suggested specific strategies for implementing awareness programs in the schools for young children and youth. These suggestions are being evaluated for possible development.

South Africa: The South African training team, supported by government and other national child protection organizations, gathered more than 65 professionals to each of the two workshops it sponsored in November 2001. The workshops, held in Kwa Zulu Natal and Eastern Cape, focused on improving the management of child sexual abuse cases by developing a more integrated team approach. After identifying specific training needs, local and international speakers presented on team building skills, child advocacy, courtroom skills, and interviewing children under eight years of age. The training was well received and delegates requested additional one-day workshops. In Kwa Zulu Natal, professionals in three of the five identified sub-regions have continued to meet to formally establish inter-sectorial management teams. In addition, one of the regions, with the financial support of a local business, is moving toward establishing the country's first Children's Advocacy Center.

Kenya: Kenya's training team used the project to focus on building multidisciplinary child protection teams. To that end, the first workshop involved four professional groups: doctors, nurses, lawyers, and law enforcement. Thirty-three key professionals from 10 districts, where capacity building had already taken place, attended the training. The training objectives also included the creation and strengthening of existing systems that handle local child abuse cases. The Coalition on Child Rights and Child Protection in Kenya along with the Country Project Leaders and other child protection institutions identified the following topics for the training:

- overview of child protection in Kenya;
- team building skills;
- the challenges faced by the child protection services at a district level; and
- action plans to formulate child protection teams.

Relevant and adequate training materials were developed and refined for the training.

Malaysia: The Malaysian team focused initial training efforts on enhancing professional capacity in the areas of assessment, follow-up and treatment, and legal interventions. Because the local planning team also saw value in increasing general community awareness of the problem, local media representatives were invited to participate in the training. The first workshop emphasized the management of child abuse cases after disclosure and on the development

of a formal report. Because suspected victims are generally brought to medical professionals by social workers, police and civilians for assessment of abuse, the initial training focused on engaging pediatricians, obstetricians, nurses and hospital social workers. One hundred and six participants (mostly coming from hospital-based government agencies) attended the workshop. The lectures provided the initial resource material for "echo" training in 13 Malaysian states. At the end of training, each state presented its individual plan for implementing the type of coordinated system introduced at the training.

Thailand: Efforts in Thailand focused on the Building of a Caring Society for Child and Protection Project and consisted of three consecutive trainings addressing the prevention issue, organization of child and family services in schools and hospitals, and finally work methods with layers coming from both government and non-government organizations.

The project objectives included expansion of capacities for Thai professionals in neighboring countries such as Lao, Cambodia, Vietnam, Burma and China, and building of network services for children and their families at schools, hospitals and communities.

Professionals from various Thai provinces were invited to attend the workshops. The main purpose of these trainings was to enhance participants' current knowledge and to develop skills needed in practical work in child protection. The Center for the Protection of Children's Rights (CPCR) targeted mainly professionals from nine pilot provinces. These provinces will serve as models and disseminate the knowledge and skills to neighboring areas. CPCR's goal is to carry its efforts throughout the country and protect children throughout Thailand.

Challenges

The ITPI, like all complex initiatives that seek to change current practice, faced a variety of implementation challenges. Reflecting the different contextual and practice issues found across the six countries, local Country Project Leaders and their trainer teams faced different issues in implementing the ITPI. For example, the Argentinean Country Project Leader had to work very hard to gain the trust of the regional organizing teams and to overcome the perspective held by some professionals that this effort, like so many prior attempts at comprehensive training, would not be implemented due to the lack of sufficient funds. Indeed, the 2002 training schedule in Argentina has been delayed due to the country's severe economic hardship. In Brazil, a lack of training materials in Portuguese became a challenge for the Country Project Leaders. To overcome this difficulty, members of the local team are translating and editing materials for the upcoming training.

The South African effort faced competition from a set of similar training programs being offered by "competing government departments." Because these other efforts were not well coordinated, local

(continued on page 6)

DONOR RECOGNITION

Recognizing Contributions of Time and Resources
during December 2001 - March 2002ISPCAN Honorary Ambassador
(contributions of \$ 50,000 & Above)**The Oak Foundation**
World Health Organization (WHO)ISPCAN Distinguished Benefactors
(contributions of US \$15,000 - \$49,000)**ICCO: Interchurch Organization for Development Cooperation**ISPCAN Donors
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ACA

Against Child Abuse, Hong Kong

AFIREMAssociation Francaise d'Information et de Recherche sur
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Abuse and Neglect, Ethiopia**ANPPCAN**African Network for the Prevention and Protection Against Child
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BASPCANBritish Association for the Study and Prevention of Child Abuse
and Neglect**CASPCAN**

Cameroon Society for the Prevention of Child Abuse and Neglect

DASPCANDanish Society for the Prevention of Child Abuse and Neglect,
Denmark**GESPCAN**German society for the Prevention of Child Abuse and Neglect,
Germany**JASPCAN**

Japanese Society for Prevention of Child Abuse and Neglect

NAPCANNational Association for Prevention of Child Abuse and Neglect,
Australia**NOPCA**

National Organization for the Prevention of Child Abuse, Belize

PPKM

Malaysian Association for the Protection of Children

SASPCANSouth African Society for the Prevention of Child Abuse and
NeglectInternational Training Project of ISPCAN
(ITPI) MOVING FORWARD

(continued from page 5)

professionals were unclear as to what events to attend. In Kenya, it was difficult for medical professionals to travel due to missing work time. Further, limited sharing of training materials and general practice information among local professional organizations also presented a challenge to creating a more integrated service response.

In Malaysia, it proved particularly difficult to attract legal professionals. In addition, implementing the training in English restricted participants to high-level professionals. Finally, staff changes in Thailand early in the project's development resulted in a slight implementation delay.

All of the Country Project Leaders have faced difficulty in bringing a diverse set of professionals together around a common set of practice standards. This issue

reflects not only the different "status" attributed to various professions within each country but also the lack of multidisciplinary training within each profession. Country Project Leaders are very optimistic, however, that continued implementation of the ITPI training will help correct this lack of collaboration and develop mechanisms through which local professionals can come to better appreciate and utilize the skill set of those outside their own discipline.

Next Steps

Continued training and local professional collaborations are underway in all six countries. In addition to scheduling formal training events, groups of professionals within each country are meeting to implement the changes discussed during the initial training within their own organizations and local communities. Local evaluators are working with all of the projects to document the training efforts and assess impacts.

Those interested in learning more about the efforts underway in each country may contact the local project coordinator in each country or the ISPCAN web site. Country contacts are as follows:

- Argentina – Irene Intebi, M.D.,
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ISPCAN Secretariat Report: Expanded programs and new developments



Dear ISPCAN Members,

Much has occurred over the past several months. The Council and our staff have been very busy expanding our programs to better serve all of our members. I would like to provide you with a checklist of these program developments. If you have not taken advantage of these programs, please check them out. We think you will find them valuable resources for yourselves as well as your organizations. The best way to find most of these materials is through ISPCAN's web page: www.ispcan.org.

1. ISPCAN Medical Resource References

This is a recommended list of key medical resources developed by Training Materials Coordinator Martin Finkel with input from the ISPCAN Training Committee and ISPCAN Faculty. Further additions to this publication, as well as similar resource guides in the areas of psychology and social work, are planned for 2002. These materials are available through ISPCAN's web page.

2. ISPCAN Sexual Abuse Literature Review and Annotated Bibliography

Led by Training Committee Chair Irene Intebi and developed by consultant Kathy Shaw, this document offers a concise summary of the major research available in the assessment, treatment and prevention of child sexual abuse. This UNICEF sponsored product includes a comprehensive list of available resources, detailed annotated descriptions of some of the most relevant material, and brief essays on key areas of practice. This document, which will be further updated in the coming year, can be accessed through ISPCAN's web page.

3. ISPCAN/WHO Guidelines on Physical Abuse – Draft Discussion Document

Marcellina Mian, ISPCAN's President-Elect, headed a team of ISPCAN colleagues and other concerned professionals to develop, in partnership with the World Health Organization (WHO), a comprehensive list of guidelines and suggested practice strategies in responding to physical abuse. In developing this draft document, members were asked to review the material and provide comments. Additional revisions and updates as well further guidelines on key legal and social work issues will occur during the coming year. Again, this material is available on ISPCAN's web page.

4. ISPCAN Position Paper (Fact Sheet) on Professional Backlash

Over the next year, ISPCAN Faculty, under the direction of Faculty Coordinator Kim Oates, will develop brief fact sheets on key areas of professional practice and policy. The first of these publications, on Professional Backlash, is now available on our web page.

5. Access to Special Reports and Papers

ISPCAN is playing an increasing role in the development of international position papers and policies on issues of child abuse and child exploitation. Examples of these new efforts include ISPCAN's participation in the CPEM Report (thanks to the efforts of Dr. Mian) and articles in the Defense for Children International (January 2000 issue) by President Franklin Farinati and Councilor Gaby Taub. These and other items are available either on our web site or through direct links from our site to other relevant web sites.

6. ISPCAN International Congress (2002) Book of Abstracts

Denver Congress Committee Chair Richard Krugman has worked with the ISPCAN staff to provide a detailed and searchable listing of abstracts for all of the papers and lectures being presented at the Congress. This will provide a valuable resource for tracking research and practice trends in all areas of child maltreatment and exploitation.

7. ISPCAN's "Members Only Section" of the Web Site

While much of ISPCAN's web-based information is available to all professionals interested in improving their knowledge and practice, Membership Chair Richard Roylance has worked to provide those who join ISPCAN with added resources through our "members" only section. A key feature of this section is ISPCAN's Web-based Member Directory that allows members to search for potential colleagues by name, discipline and country. To further the value of this service to members by expanding this web-based networking tool for MEMBERS ONLY, we ask all members who have not yet authorized their inclusion to forward authorization to Membership@ispcan.org.

8. ISPCAN's Membership Listserv

ISPCAN Councilor Gaby Taub has done an excellent job coordinating our efforts to electronically connect ISPCAN members through our listserv. Since August 2001, this strategy has provided a very useful vehicle for generating discussions on a range of topics including the following:

- **ISPCAN-LIST: Multiperpetrator/Multivictim Articles**
- **Secure Care For Young People, Young Offenders**
- **Amnestic Abuse and Therapeutic Intervention**
- **Child Victims and Press Publicity**
- **Pilot Interviews: Privacy and Confidentiality**
- **Backlash/ Codes of Conduct**
- **Safe Houses**
- **Child Refugees in Detention**
- **Child Sexual Abuse and Exploitation**
- **False Allegations of Child Sexual Abuse: Common Threads**

- **Advanced Medical Training for Sex Abuse Examinations**
- **Investigating Child Sexual Abuse Cases Involving Non-disclosing Children**
- **Integrated Approach to Child Abuse Prevention at the Country Level**
- **Culturally Competent Research**
- **Medical Certificates**
- **Primary Prevention**
- **Resilience and vulnerability / EMDR**
- **Teaching CAN at Colleges and/or Universities**
- **Mandated Therapy**
- **Family Agencies/Sexual Abuse Survivors' Program**
- **Therapeutic Software**
- **Validation Of Child Sexual Abuse - Children Who Experience Further Sexual Abuse By Adults**
- **Child Sexual Abuse at School: Results from an Action-research Study in Cameroon.**
- **Home Visitation Information & Web page**
- **Juvenile Sexual Offenders**

Beginning in August, we will post past listserv discussions on ISPCAN's web page to facilitate all members having access to these rich exchanges. If you are not participating – please authorize your e-mail to be added to this program by contacting ISPCAN@ispcan.org.

In addition, a modification was made to the listserv guidelines in May 2002 to separate content discussions from our regular internal email communications to ISPCAN members regarding programs and upcoming events. Our goal over the coming year is to further limit the ISPCAN-Listserve communications to issues-based discussions only.

ISPCAN's Executive Council and other active members are always seeking ways to provide our members with new benefits within the limitations of our budget. We hope that our new and expanding programs are ones that meet your needs and the needs of your colleagues. In order to help us serve you even better, I would like to invite you to complete the Membership Survey included with this issue and return it by fax or email it directly to me at exec@ispcan.org. Those returning a completed survey by 5 July will receive a FREE Membership Pin. (If you are interested in receiving a free pin, please be sure to include your name on your survey form). If you attend the Denver Congress, we will have your free pin there for you. If you are unable to join us, we will mail your pin in August.

I look forward to seeing many of you at the ISPCAN Congress in July – and to hearing your comments.

Warm regards,

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

ISPCAN Listserv: Cut-off of Non-Renewed Members

Effective 15 April 2002, all members of ISPCAN who are currently subscribed to the listserv but have not renewed their membership for 2002 were removed from the listserv again, reserving this benefit for current ISPCAN members.

The ISPCAN Listserv has been a very busy and effective communication exchange for our members this past year, and we encourage all members to make active use of it.

ISPCAN Website: Change of Username and Password

Please be advised that effective 16 April 2002, the username and password used to access the members' only area of the ISPCAN website was changed. The purpose for changing the username and password into this special members section is to protect the information of our members so access is available to members only. Please contact the secretariat at ISPCAN@ispcan.org for the new username and password.

Responding to Child Abuse and Neglect: An International Perspective

(continued from page 1)

family resisted voluntary interventions, the agency would then refer the case to the Social Welfare Department, who would normally inform the police. Psychological assessment of the children and family counseling would be provided, and the children removed if necessary to ensure adequate protection.

A team assessment also would be the strategy most likely used in Thailand. The safety assessment involving both government and non-governmental agency representatives is considered critical in establishing an effective course of action. Normally, the officers conduct the biopsychological assessment and social workers intervene with the family. After collecting information on the physical, mental, and social aspects of the case, the multidisciplinary team outlines a case plan, usually with input from a family member. Major issues generally addressed in the plan include child care, parenting skills, coping skills and financial support. In this case, the solution may be to address the mother's work shift.

In Romania, the nature of the intervention could vary significantly. In the best case scenario, contact would be made with the Commission for Child Protection or a local child welfare non-governmental agency following medical treatment. In this scenario, a case manager would visit the hospital, interview the child, conduct a home visit, and complete a family assessment. The case manager would present the

case to the Commission and together they would develop a service plan and decide if the children should be returned home.

Additional services, while clearly needed, are not always forthcoming. Several of the respondents noted that although additional services are the norm, subsequent support is not always provided either because needed services are not available or the family refuses additional assistance. The respondent from Kyrgyzstan noted the most limited service availability, adding that in this case the children would be sent home with a parent, relative, or neighbor following medical treatment. If a family is repeatedly registered in civil or criminal proceedings as an alcoholic family or due to physical, emotional, and /or sexual abuse documented by the police, the Department of Minors' Affairs may impose an individual probation period from 3 to 12 months. Only then, and after an evaluation by the standing Committee on Minors' Affairs, the parents may be deprived of their parental rights.

Expected Outcomes

Respondents from all countries cited the objectives of the intervention as ensuring the safety, health, and normal development of the children, and the prevention of subsequent maltreatment. Schooling for the seven-year-old, day care for the two-year-old, responsible adult supervision for the children when the mother is working, and economic contribution from the father were mentioned as outcomes of the intervention by several respondents. Our respondent from Romania reported that prevention of institutionaliza-

tion is the most often utilized "outcome" of child protection interventions. This narrow definition has occurred since there has been so much focus on children in institutional care, though some changes are occurring in the manner in which problems are defined to reflect "child and family well being."

Summary

Similarities emerge across several countries, including the multidisciplinary nature of responses to the case; the inclusion of governmental and non-governmental agencies, parents, neighbors and relatives in interventions; and expected outcomes of the intervention. These responses also highlight important differences in the ways that developing and developed countries respond to child maltreatment. For example, in the Philippines, 5 million children work as laborers, 66,000 are prostitutes, and 44,000 live on the streets. Responses to issues such as child neglect may of necessity take lesser precedence. The situations in Kyrgyzstan and Romania point to the special challenges that countries in political and economic transition face in ensuring the safety of children.

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