Growing up with Domestic Violence/Intimate Partner Violence

Background
The fields of domestic violence/intimate partner violence and child maltreatment have developed along different pathways. Dedicated to the protection of children, the child maltreatment field developed out of an academic setting, with the initial diagnosis and publications by Kempe and his colleagues coming from the medical field. The field has moved from medicine to social work, law, psychology, and other related disciplines guided by research findings. A broad literature focusing on research findings and clinical programs has developed to guide the field in its development.

The domestic violence field has grown from a strong grassroots movement dedicated to the protection of women. The field developed through the leadership of community-based programs, and only in recent years has it been integrated into the academic setting. Over the past 10-15 years, research has been conducted on the range of victims experiencing domestic abuse, and more recently, attention has focused on the negative effects for children of witnessing domestic violence.

The two fields have found that there is a strong and disturbing overlap between domestic violence and child abuse and neglect, and professionals involved in both fields are collaborating on research and clinical programs to prevent future abuse and violence in the homes.

Definitions
In writing this article it was clear that the term "Domestic Violence" means different things to different people. The range of meanings included Intimate Partner Violence (IPV) (which is the sense in which it is being used in this article), abuse of children within the home, and family violence which includes any violence including sibling and animal violence etc. The following definitions are presented here to illustrate the subtle differences between the definitions depending on which source is used.

The term “intimate partner violence”:
- Describes physical, sexual, or psychological harm by a current or former partner or spouse. – CDC Fact Sheet at: http://www.cdc.gov/ncipc/factsheets/ipvoverture.htm

Domestic Violence is defined as:
- “Any abuse that takes place among people living in the same household, although the term is often used specifically to refer to assaults upon women by their male partners.” – Encyclopedia Britannica or
- “Violence toward or physical abuse of one’s spouse or domestic partner.” - The American Heritage® Dictionary of the English Language or
- “Violence committed by one family or household member against another.” - Merriam-Webster’s Dictionary of Law, © 1996 Merriam-Webster, Inc.

Domestic Violence/Intimate Partner Violence (IPV) is a common problem internationally, as evidenced by the author (UK) and contributions from Dr. Sibnath Deb (India), Dr. Barbara Bonner (USA) and Dr. Elena Volkova (Russia). The challenge is not only to have it recognized as a societal problem but also to make sure that services are available to provide support both to the victims and to their children.

In the UK, around one hundred and fifty people (120 women and 30 men) are killed by a current or former partner every year, and domestic violence affects the lives of thousands more. One in four women and one in six men will be a victim of domestic violence at some point in their lives. (Home Office, 2000, p.5, paragraph 1.18)

The impact of domestic violence on children’s development
There is a considerable body of research that shows children, who grow up in families where there is domestic violence are at increased risk of significant harm (Mullender and Morley, 1994; Cleaver et al, 1999). Children may be vulnerable to direct harm at all stages in their lives. For example, blows to a pregnant woman are frequently aimed at her unborn child. Children may become injured when trying to intervene in violent disputes or be directly attacked. Children may also become the means by which violent men manipulate, control and physically abuse their partners (Morely and Mullender, 1994).

Alternatively children’s vulnerability may stem from the impact of domestic violence on parenting capacity. Domestic violence may result in parents having a poor self image and low self esteem. Parents can have difficulties in controlling their emotions and meeting their own and their children’s physical needs. This may have consequences for child-parent attachment and therefore for children’s feelings of emotional safety, quite apart from the implications for their physical safety.

Parents’ capacity to meet the needs of their children is further hampered because of the social consequences of domestic violence; violent and aggressive outbursts can result in adults deliberately damaging and destroying property, friends and family tend to drift away, and relationships with the wider family become increasingly strained (Cleaver et al, 1999).

Not only do such parenting issues impact on children’s health and development, they also influence the process of safeguarding and promoting children’s welfare. For example, information may be withheld because parents fear children will be removed, or because of threats made by the male perpetrator. The process may also be affected because practitioners faced with violent parents may visit families less frequently or avoid broaching sensitive issues (James, 1994). In addition, practitioners may not recognise the symptoms of domestic violence, or understand the consequences for the family or how these issues impact on children (Cleaver et al, 1998).

A further factor that may influence the safeguarding process is the variety of agencies that may need to be involved. Inter-agency
Dear Members,

We are pleased to share with you some exciting news in this LINK issue. ISPCAN is proud to inform our members that ISPCAN Past President (1982-1984), and current Chairman of the UN Committee on the Rights of the Child, Professor Jaap Doek, has been selected as ISPCAN’s 2006 Kempe Lecturer. His selection reflects ISPCAN’s evolution over the past 30 years. In 1975, child abuse and neglect was being addressed as a new concept, when ISPCAN founder C. Henry Kempe, a pediatrician from Denver, organized the first meeting of experts on the topic, sponsored by the Rockefeller Foundation, in Bellagio, Italy. The first International Congress on Child Abuse took place in Geneva, Switzerland one year later. As a result, professionals committed to this important and newly identified phenomena: Child Abuse and Neglect, were drawn together by Kempe and the International Society for Prevention of Child Abuse and Neglect was formed in 1977. Child Abuse and Neglect: The International Journal was published in 1977, and the biennial ISPCAN International Congresses were initiated the same year.

Today, in 2006, almost 30 years after ISPCAN was founded, ISPCAN and our nearly 1900 members in 180 countries around the world continue to advance efforts to protect children from child abuse and neglect. We have Dr. Kempe and many hundreds, if not thousands of ISPCAN member professionals, to thank for the children who have been helped and protected through ISPCAN’s efforts.

For instance, in 2005, members organized and provided excellent Conferences to support their colleagues in all disciplines working to prevent child abuse and neglect in the Asian, Arab and European Regions, supporting over 1000 professionals in their work to protect children. National Conferences and local training events were provided to thousands more throughout the rest of the world. Valuable information from members is published and disseminated to professionals through the Journal, the LINK newsletter, Special Reports, the ISPCAN web page, and exchanged directly among members through the daily listserve.

ISPCAN has received major grants to support Child Abuse and Neglect Prevention and Treatment Training for Professionals from the Oak Foundation (Switzerland), ICCO (Netherlands), Children-at-Risk (Netherlands), UNICEF and the ALCOA Foundation (USA). These funds are used to support training in nearly 30 Developing Countries, representing every region of the world. Additional resource materials are produced with donor support, including new Curricula for Medical, Mental Health and Interdisciplinary professionals and students, which will be produced in 2005-06!

This is possible because ISPCAN members are wonderful volunteers – generously giving of their own time, energy, expertise and knowledge, to assist fellow professionals, both new and experienced in the field, to better treat and protect abused children and children at risk of harm. Our partner donors know they can count on ISPCAN and our members to contribute to child protection efforts even with minimal resources – and thereby help more children with their funds than otherwise possible. Further, nearly 100 members donated financially to ISPCAN in 2005 – to support developing country memberships and training efforts – which, without their generosity, would not have been possible.

ISPCAN is doing much more than organizing Conferences and Seminars and producing our stellar Journal today. We are also supporting members, such as those working to protect children in the aftermath of disasters (as in Pakistan this past year). We have partnered with the UN Study on Violence Against Children and are making a major contribution to the development of international research instruments to measure and learn more about child abuse.

Finally, we have begun to partner with the UN Committee on the Convention on the Rights of the Child (CRC) and will soon be requesting funding for joint work. We will work to organize members of the ISPCAN International Expert Faculty, the CRC Committee, and local ISPCAN Member Experts to effectively implement the CRC in developing countries where they can help achieve increased child protection for children at risk of harm.

We are pleased to recognize Doek, Kempe, and so many of our member leaders, who are making such major differences in the lives of children worldwide. Thank you.

Barbara Bonner, PhD, ISPCAN President
Kimberly Svevo, MA, CAE, ISPCAN Executive Director

MESSAGE FROM THE LEADERSHIP

ISPCAN Executive Council Election – 2006

Dear ISPCAN members,

We are pleased to announce the Executive Council 2006 Election. The ISPCAN Executive Council has 21 members. Councillors may serve a maximum of two consecutive six-year terms. Seven (7) positions on the council will become available in 2006. The seven (7) elected candidates will each serve a six (6) year term, beginning in September 2006 and remain effective until 2012.


Candidates for Executive Council:
- Des Runyan, USA
- Tufail Muhammad, Pakistan
- Isabel Cuadros, Colombia
- Raisa Loumanaa, Finland
- Lisa Fontes, USA
- Gaby Taub, France
- Joan van Nierkerk, South Africa
- Jenny Gray, UK
- Adam Tomison, Australia
- Adib Essali, Syria
- Ruth Soonets, Estonia
- Francien Lamers-Winkelman, Netherlands
- Kim Oates, Australia
- Irene Cheah, Malaysia

Votes can be submitted by FAX, MAIL or E-MAIL and must be received by 1 May, 2006.

We encourage you to vote to ensure that your voice is heard in determining the future leadership direction of ISPCAN.

Danya Glaser, Chair
Nominating Committee
Henry J. Plum
ISPCAN Parliamentarian

Next Issue Highlights:
- UN Study on Violence
- 2006 ISPCAN Award Winners:
  - Distinguished Kempe Award
  - Distinguished Service Award
  - Distinguished Career Award
  - Multidisciplinary Team Award
  - Presidential Award

Last chance to renew your membership!
To renew, please visit us at: www.ispcan.org/join/ispcan.htm or send your membership payment to: ISPCAN, P.O. Box 809343, Chicago, IL 60680.
Contact: membership@ispcan.org.
Pakistan’s Earthquake – the ISPCAN Response

October 8, 2005, was a typical bright sunny morning in the northern mountainous districts of Pakistan. The golden sunrays were adding to the beauty of the lush green valleys, studded with majestic pine trees. Men and women had just started their usual chores, when suddenly the mother earth jolted with a loud bang. Rocks and boulders tumbled down from the mountains; loud sounds were heard accompanied by the crying of men, women and children. People thought it was the end of the world, but no it was an earthquake, not an ordinary one but of an epic scale.

Around 30,000 square kilometers of area in the most beautiful, but inaccessible mountainous region, was severely battered by the mad convulsion. More than 90,000 people lost their lives and many more were maimed or received severe injuries. Pakistan is trying to cope with the aftermath of the biggest natural disaster of its recorded history, the full magnitude of which is only now becoming clear.

ISPCAN and the Child Rights and Abuse Committee of Pakistan Pediatric Association (CRAC-PPA) immediately sprang into action and joined dozens of other humanitarian organizations providing relief and rehabilitation services to the affected population, with a special focus on children.

ISPCAN launched an appeal on its website to collect cash donations for the relief work. Dr. Jon Conte, member of the Executive Committee of ISPCAN and his spouse put a challenge appeal to the ISPCAN membership to come forward and generously donate in that hour of need and distress.

The response from the ISPCAN family and the Oak Foundation was overwhelming and enabled the CRAC-PPA to sustain its humanitarian relief activities for the affected children and their families in a big way. CRAC-PPA provided shelters (tents and corrugated iron sheets), warm clothes and blankets to more than 300 families of District Batagram in the North West Frontier Province. Many more families were provided with the essential food items, including sugar, milk, dates and biscuits.

The medical teams organized eight free medical camps, where more than 2000 children were treated for major and minor illnesses and were given free drugs. Forty five community health workers and volunteers were trained on psycho-social counseling and are now providing valuable services to the affected children and their parents. Considering the big need, the medical services and relief work will be continued through 2006.

CRAC-PPA owes a special debt of gratitude to Barbara Bonner, Jon Conte, John Kydd and the entire membership of ISPCAN who provided guidance and support to make all this possible. A special word of thanks is due to Kimberly Svevo and the entire staff of ISPCAN who gave us their unflinching support and guidance.

Additionally CRAC-PPA ISPCAN members, Naeem Zafar and Sara Asadullah, were directly involved in the pediatric relief efforts.

Tufail Muhammad, Chairman
Child Rights and Abuse Committee
Pakistan Pediatric Association (CRAC-PPA)
Training Workshop on Prevention of Child Abuse and Neglect, in Xi’an, China

A training workshop on the Prevention of Child Abuse and Neglect was successfully conducted in Xi’an from November 21 to 23, 2005, as part of the follow-up actions to the National Consultation on Violence against Children in Beijing (May 16-17, 2005) and a response to the UN Study on Violence against Children. It was organized by the All China Women’s Federation (ACWF) with support from the Country UNICEF Office, ISPCAN and Plan International-China. The workshop included more than 150 participants from eight countries and different provinces of China and involved government representatives, NGOs, pediatricians, psychologists, social workers, lawyers and other professionals interested in this issue.

Background

In relation to the initiative of the UN Study on Violence Against Children, the Chinese government and NGOs have taken other actions such as studies and social mobilizations. China was one of the first countries to reply to the Study’s Questionnaire to Government (on 2 August 2004). ACWF and UNICEF have commissioned a study on violence against children in five provinces (Shaanxi, Guangdong, Zhejiang, Hubei and Heilongjiang). On May 16-17, 2005, the National Consultation on Violence against Children was held in Beijing by ACWF, with support from UNICEF-China. Child abuse and neglect is an important issue of violence against children, which is one of the priorities of the next program cycle of ACWF and UNICEF.

Objectives

The aims of the training workshop were:

- to increase professional awareness of and professional capacity on Child Abuse and Neglect problems;
- to increase professionals’ skills for medical and mental health services required to assist victims;
- to strengthen awareness for effective CAN prevention in schools and communities.

High level international experts in this field, including Dr. Jon Conte from University of Washington (USA), Dr. Bernadette Jardiolin Madrid from the Philippine General Hospital, Mr. Sanphasit Koompraphant from the Center for the Protection of Children’s Rights Foundation (Thailand), Ms. Patricia IP Lai Sheung from the United Christian Hospital (Hong Kong) and Ms. Kimberly Svevo from ISPCAN, together with Dr. Chen Jingqi from Beijing University and Mr. Jiao Fuyong from Shaanxi People’s Hospital offered us an excellent three-day training course.

Duan Guohui
International Program Division
International Department
The All-China Women’s Federation

Training Workshop on Prevention of Child Abuse and Neglect

Sessions of the first two days provided an overview of the state of child abuse and neglect, with a focus on cases and experience from different countries. Other sessions identified ways to recognize victims and methods and tools for diagnosis and treatment.

The workshop provided useful information and an opportunity for participants to discuss various aspects of CAN policy, child protection services, health systems and special needs of institutionalized children. Participants gained invaluable knowledge and understanding of various aspects of the complex problem of child abuse and neglect and of effective prevention services. The training also provided an opportunity for participants to meet professionals with extensive experience from China and overseas, and to network and plan to collaborate in the future to provide a better and safer environment for children. In addition, it showed that the PCAN project has experienced professionals who are committed to building a stronger coalition to promote child protection.

Dr. Wenyan Jiao
Dept of Psychology & Psychiatry
Shaanxi Provincial People's Hospital and Society of PCAN of Shaanxi, China.

Please Welcome New ISPCAN National Partner: Benin

Enfants Solidaire d’Afrique et du Monde (ESAM), was formed in November of 1987 and is registered with the government of Benin in May of 1990. The organization’s goal is to promote the integral and harmonious development of children in five different realms: survival, education, protection, rights and health. The mission of ESAM is to fight for the respect of the rights of children.

Programs

ESAM runs research, training and educational programs in the fields of Health and Nutrition, Education, Health and AIDS, Water Supply and Sanitation, Rural Service Paths, Agriculture, Education and Child Rights, and Training and Research. Specific programs include food safety projects, the training of armed forces on child rights in situations of armed conflict and trafficking, and research on human trafficking and child domestic workers. Each field has its own strategy of actions and activities, many of which include project analysis and evaluation.

Organizational Structure

The three organizational bodies of ESAM are the General Assembly, the Administrative Council, and the Director.

The General Assembly convenes once a year and the meeting is called by the President. The Administrative Council consists of seven members: the President, the Vice President, the Secretary, the Treasurer, the Vice Treasurer, two Organizers, and two Auditors. The positions are held for a term of 2 years and can be renewed once. The Director is elected by the Administrative Council.

For more information, contact::
Norbert Fanou-Ako
ESAM Director
esam_benin@yahoo.fr
The XVIth ISPCAN International Congress on Child Abuse and Neglect, entitled “Children in a Changing World: Getting It Right,” will take place from 3 to 6 of September 2006 in York, United Kingdom.

This Congress’s academic program will reflect the highest standards and provide an opportunity for those from all disciplines working at every stage of professional development to participate in sharing knowledge and experience.

The daily Congress format will include plenary addresses, concurrent oral sessions, interactive presentations, workshops, and symposia delivered by experts in the field of child abuse and neglect prevention.

**Congress Themes include:**
- Impact of and Response to Globalisation, Displacement and Mobility
- Children Living with Adversity
- Children’s Voices and Children’s Rights
- Neglect: a Universal Challenge
- Effective Interventions
- Law, Policy, and Ethics
- Enhancing Professional Competence and Confidence
- Issues of Culture, Religion and Diversity

Amongst professionals presenting will be representatives from UNICEF, The UN Study on Violence, the Convention on the Rights of the Child Committee, The World Health Organization.

ISPCAN is pleased to offer the following plenary sessions:
- Assefa Bequele, PhD (Ethiopia): Ideals without Illusions: Promoting Child Rights in the Context of Poverty
- Hedy Cleaver, PhD (UK): The Impact of Domestic Violence and Parental Substance Misuse on Children.
- Howard Dubowitz, MD, MS (USA): Confronting Child Neglect: Concepts and Challenges
- Phillip Noyes (UK): Turning Private Passion into Public Responsibility
- Harendra da Silva, FRCP, FRCPCH, FSLCP, MSc (Sri Lanka): Child Protection Issues During Natural Disasters: Professionals’ Responsibilities

ISPCAN will also offer two pre-Congress events:
- Developing Country (DC) Professional Forum, 1-2 September
  The 7th pre-Congress Developing Country Forum entitled “Building Child Protection Systems in the Developing World,” will involve hot topic presentations on child trafficking as well as other issues. Keynote addresses will include such topics as Building Capacity for Child Protection Services in Developing Countries;
- The Master Class, 3 September
  The Master Class provides an opportunity to learn from senior scholars about their research and experiences in the field. David Wolfe, PhD, Director of CAMH, Centre for Prevention Science at The University of Toronto, will serve as the keynote speaker and facilitator for this class. His keynote entitled “Prevention of Abuse and Neglect: The Role of Schools and Communities,” will address the critical role of schools and communities in the prevention of abuse and neglect using examples from evaluated programs that focus on healthy relationships, safety and violence prevention.

The Congress will take place in York, one of England’s most beautiful and historical cities. The University of York will host the Congress. Its campus is considered to be one of the finest in the United Kingdom.

For more detailed information on the Congress and to register, visit the Congress website at [www.ispcan.org/congress2006](http://www.ispcan.org/congress2006). Register before 10 June 2006 and save with “early-bird” discounted rates!

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**6th ISPCAN Asian Regional Conference on Child Abuse & Neglect Prevention**

The 6th ISPCAN Asian Regional Conference “Protecting Children: Asian Perspectives and Beyond” was held in Suntec International Convention & Exhibition Centre in Singapore from 16 to 18 November 2005. Hosted by the Singapore Children’s Society and supported by the Ministry of Community Development, Youth and Sports, the Conference attracted 458 delegates from diverse professions in the fields of medicine, education, law enforcement and child welfare, as well as officials from both government and non-governmental organisations from 29 countries. The Pre-Conference Workshop held on 15 November saw 110 participants exchanging views on the constraints and opportunities in developing Child Protection Services.

A captivating musical staged by children and youth preceded the Conference’s official opening by Guest of Honour, Dr Vivian Balakrishnan, Minister for Community Development, Youth and Sports, and Second Minister for Trade and Industry. Our Conference Patron, Mrs S R Nathan, wife of the President of Singapore, also graced the occasion.

The three Keynote addresses by Mr Kishore Mahbubani, Dean of Lee Kuan Yew School of Public Policy, National University of Singapore, on “Preparing Asian Children for the Asian Century”; Professor Kim Oates, Chief Executive, The Children’s Hospital at Westmead, Australia, on “Child Abuse – Changing Concepts, Controversies and Challenges” and Professor Jaap Doek, Chairman of the United Nations Committee on the Rights of the Child on "Protecting Children: Global Perspectives", set the stage for stimulating presentations by some 107 speakers.

Other highlights of the Conference included the launch of the ISPCAN Asian Regional Network during the Conference Dinner, Professor Kim Oates, Chairman of the ISPCAN Membership Committee, presented ISPCAN pins to network representatives from more than fifteen countries. Dr Bernadette Madrid and Dr Mohammad Tufail were also formally introduced as the Network Chairman and Co-Chairman.

The Conference saw the presentation of many interesting and thought-provoking papers. A presentation by a Singapore speaker, Mr Don Shiau, on "The Contradictions of Giftedness: A Singaporean Case Study" triggered a three-week debate in a local newspaper’s Forum page. After many passionate exchanges of views by members of the public, some criticizing and others defending the perceived elitism of students in the Gifted Education Programme, the Ministry of Education will be looking at ways to blur the division by increasing interaction between students in the exclusive programme and those in the mainstream.

It has been a fruitful experience for all in the Conference Organizing Committee. We appreciate the support from one and all, and we certainly look forward to increased collaboration from partners in the region.

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*Sue Lee
Singapore Children's Society*
work within the child welfare field is often uncoordinated, haphazard and plagued with difficulties. The splits between adult and children’s services, the different legal frameworks, and professional perspectives can hamper effective inter-agency working and service provision (Harbin and Murphy, 2000).

**Findings from current research**

The Department for Education and Skills in England commissioned a two-year study to explore the response of child protection practices and procedures to children exposed to domestic violence and/or parental substance misuse (Cleaver et al., forthcoming). Six local authorities participated and data was gathered through studying social work case files (165 involving children living with domestic violence) and interviews with families (n=17).

**High levels of co-morbidity**

The study showed that domestic violence rarely exists in isolation. Many parents also experience problem alcohol use, poor mental or physical health, learning disability, and a history of childhood abuse. Mum describes herself as having a series of difficult life experiences. She reports experiencing domestic violence in all her relationships and has a variety of physical health problems and has intermittent chronic depression, specific learning disabilities and agoraphobia. A family history of both learning difficulties and mental health problems exists. (Social worker’s assessment)

**Children’s development**

The Assessment Framework is used by English social workers to assess children’s needs (Department of Health et al, 2000; Cleaver and Walker with Meadows, 2004). In assessing children’s development, social workers seek to understand children’s health, education, emotional and behavioural development, identity, and family and social relationships.

More than half the children (56.4%) living with domestic violence were experiencing difficulties in relation to their family and social relationships; 41.2% had difficulties in terms of their emotional and behavioural development, and approximately a fifth to a quarter of children had unmet needs in relation to the health, education or identity. In a third of cases (32.5%) unmet needs were identified in three or more areas of development (classed as severe needs).

**Parenting capacity**

Parents’ capacity to meet the needs of their children involves an exploration of their capacity to provide basic care, ensure safety, provide emotional warmth, stimulation, guidance and boundaries and stability. In over half the cases parents were experiencing difficulty in ensuring the child’s safety (72.1%), providing a stable family environment (76.5%), or guidance and boundaries (50.7%). Parents’ capacity to adequately address other aspects of their children’s needs was affected in 30% of cases. Over half the children (53.2%) were living with parents who were adequately meeting three or more of their needs (severe needs).

**Family and environmental factors**

The wider family, neighbourhood and social networks will influence the family and affect the child’s care and upbringing. To assess this aspect of children’s lives, social workers explore family history and functioning, social resources (including wider family, community resources and the family’s social integration), housing, employment and income. In most cases (86.8%) there were problems in the child’s family history and functioning. In addition, half the children (50.6%) were living in families where there were difficulties with social resources, housing was an issue for 42.9% of cases, and employment and income presented problems for over a third (39.9%). Moreover, the families of two-thirds of children (67.7%) were experiencing difficulties in two or more areas (severe needs).

**The most vulnerable children**

Children were classed as most vulnerable when there were severe needs in relation to the child’s development and parenting capacity and family and environmental factors. Practically a quarter of children (23.9%) referred to children’s social care where there was evidence of domestic violence, qualified for this group.

(Continued on page 10)
A Conversation with ISPCAN Councillor Jon Conte

How long have you been a member of ISPCAN?
• It was in the early 1980s.

How did you initially get interested in child abuse and neglect?
• I had a friend who had an early federally funded project to train police officers to be better interviewers of children. She needed an evaluation. I did it to get money to go to Ireland with my new wife and pretty much got committed to the field. Some years later I realized that my own mother’s stories about her childhood were the real reason that I was motivated to be part of this field.

Have you noticed any major changes since you first got involved in the field, and if so, what is one example?
• When I first got involved in the field all the experts in the USA would fit into one room. Today there are people working in child abuse whom I have never met. There are people on television described as experts saying things which 15 years ago we knew were not correct. The field has grown so fast and is so influenced by the media and popular culture it is difficult to maintain the quality of information which is presented in public forums such as television.

What are some of the key problems facing children in the USA in regards to child protection?
• I think it is the same around the world. How to provide all the children who need services with the most effective, most up-to-date services.

What do you think the major challenges are that professionals face in addressing problems of child abuse and neglect in the USA vs. other countries?
• Professional groups in different countries face different problems and issues and are at different stages of development. Chinese professionals are discussing whether corporal punishment is a form of child abuse and how to create a comprehensive system of care for abused children. Professionals in the USA are struggling to provide comprehensive care for all abused children who need it and are struggling to manage a child protection system which provides less and less adequate care to abused children and their families. Of course different cultures, different financial situations, different histories of dealing with child abuse produce different issues for the professionals but I am struck that we are all trying to figure out the same things. How can we effectively identify cases of abuse and neglect? How can we best help children who have been abused and the adults who care for them? How can we get and keep public support for our efforts? How can we make prevention of child abuse and neglect a real commitment?

If you could improve upon one aspect of child protection policy or practice in the USA, what change would you make?
• I would make social workers who investigate child abuse reports provide on-going service to the same family. I would fund child abuse practice in public agencies at the same levels that we fund efforts to deal with terrorism and I would require politicians to give equal attention to the needs of children as they give to running for election.

As Congresses and Conferences Committee Chair, what direction do you see ISPCAN educational programs moving in the next 5 years?
• We are entering an amazing period. There will be regional child abuse meetings in every region of the world. Many disciplines include child abuse content in their discipline specific meetings. Our big challenge is to find ways to critically translate or transfer practices from one culture to another without imposing one culture on the other. We also have to find ways to raise the level of research and knowledge development all over the world and as a professional community to do a better job of telling researchers what we need to know.

What is one of the key strengths you see in ISPCAN as a whole?
• When I joined ISPCAN it was to get our journal. Today ISPCAN offers a rich range of services and products that members find useful. I value most the chance to meet professionals around the world and to make new friends. I feel less alone after I return from an ISPCAN meeting. I feel that I am part of a world-wide movement to help children whether that involves aboriginal children in Australia, Canada, or the USA or earthquake suffering children in Pakistan or rural Chinese children left behind by parents moving to urban areas to work.

What is ISPCAN’s greatest educational accomplishment in 2005?
• I think the virtual discussions may well be one of the most important innovations we have been involved in. The fact of so many regional child abuse conferences is a close second.

I want to thank my many colleagues and new friends around the world for being there and allowing me be part of their work.

Jon Conte, USA
Chair, ISPCAN Congresses and Conferences

New ISPCAN National Partner: Romania

The National Society for Child Abuse and Neglect (NS-CAN) of Romania became a registered organization in June 2000 by its Romanian founding members and professionals. NS-CAN is a multidisciplinary society whose mission is to develop Child Abuse and Neglect Prevention in Romania.

Mission
• To support the development of services for CAN
• To develop training for CAN professionals
• To work as a link between different disciplines involved in CAN

Partner with other national and international organizations working in child protection.
• Publications: research and practice orientated journal Today’s Children are Tomorrow’s Parents, published five issues in 2004 – 2005
• Trainings in 2004 and 2005: 3 trainings by Dr. Philos Kari Killen, 2 trainings by Dr. Tilman Furniss

Translations: Childhood is Lasting for Generations by Dr. Kari Killen and Handbook on Child Sexual Abuse by Dr. Tilman Furniss in 2001 - Prevention of Maltreatment in Life Environment of the Child.

Organizational Structure
The governing structure of NS-CAN includes an elected board consisting of five members: President, 2 Vice-Presidents, Counselor and Legal Advisor, serving two year terms. NS-CAN is an open membership organization which currently has 80 registered members.

For more information, contact:
Ana Muntean, NS-CAN President cepecopii@rdslink.ro
DONOR RECOGNITION
Recognizing Contributions of Time and Resources during November 2005 - January 2006

ISPCAN Honorary Ambassador
(Contributions of US $50,000 & above)
Kim Oates
Sandra Mehl
Bob Kallen
Linda Johnson

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Klaus-Peter David
Rebecca Davis
Monica Diner
Howard Dubowitz

ISPCAN Volunteers
Linda Johnson
Sandra Bath
Kim Oates

ISPCAN Volunteers & Recognition

NEW ISPCAN MEMBERS
ISPCAN warmly welcomes new members joining from October 2005 - January 2006

Argentina
Tomas Las Penas Vellejo

Australia
Geraldine Andrews
Christopher Apps
Ann Barr
Natalie Hall
Maria Harries
Bob Lonne

Brunei
Hadzliahwatie Abdul Hamid

Cameroon
Marguerite Mpon

Canada
Diane Benoît
Carlyn Buck

Lyn Comeau

Suzanne Geoffrion

Andrew Gibson
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- Against Child Abuse (ACA), Hong Kong
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Assessment and Treatment of Child Sexual Abuse: A Training Project in Chile

Since March 2002, I have been training all the centers that work with abused children throughout Chile. In 1990, Chile's democratic government signed the UN Declaration on Children’s Rights. UNICEF studies showed that 70% of Chilean schoolchildren had experienced physical punishment. Servicio Nacional de Menores (Sename), a branch of the Justice Ministry, started creating specialized Child Abuse Treatment Centers in 1997.

At the same time, we offered a course on Assessment and Treatment of Child Sexual Abuse through Instituto Chileno de Terapia Familiar. The two Sename centers then opened, and Sename asked me for further training once most centers opened. They confirmed their request in 2000, given that 70% of their referrals were sexual abuse. We searched for funds via a non-profit organization, the International Child Resource Institute (ICRI Berkeley).

During 2002-04, the project funded by Baxter International and Weyerhaeuser Family Foundations enabled the training of 25 Child Abuse Treatment Centers, 52 Assessment Centers (assessing all kinds of childhood psychosocial problems), and 15 Children’s Rights Centers (community-based advocacy centers). A total of 404 psychologists, social workers and lawyers were thus prepared to make a full assessment for possible sexual abuse, and to give the child individual or group therapy using a cohesive model.

I designed the 40-hour, one-week course to engage professionals to empathize with the child, to practice skills through daily experientials and role plays using cases, and to learn a well-organized method of forensic evaluation as well as individual and group therapy. PowerPoint slides helped students organize large amounts of information, such as main symptoms as modified by age and time, the steps of a forensic assessment, and the stages of therapy. Lakeshore Learning Centers and Mattel donated dolls and art materials for the centers, helping students to see the value of play in therapy. The 20 participants in each course received pre- and post-tests for a qualitative assessment of their learning.

The course was given from Arica and Copiapó in Chile’s far northern desert, through the coastal cities of La Serena and Valparaiso, down to the agricultural valleys of Chillán and the deep forests of Temuco, all the way to the lake regions of Valdivia and Puerto Montt in the south. A total of 12 cities were visited, the larger ones receiving more than one course.

Sename administrators and professionals working within the many children’s services, as well as Sename sponsors were overwhelmingly supportive of this project. They were eager to receive the best training possible to decrease the high incidence of child abuse. While Santiago has many conferences and resources, students in the rest of this long country frequently commented that they only got training every 5 years. Most obstacles encountered were due to myths, fears, misinformation, lack of resources and an antiquated legal system (in the process of reform). A frequent example: A 14-year-old girl is considered able to consent to sex. If abused by a man of 40, Sename could act to protect her by removing her from the home and giving her treatment. The offender, however, could not be charged and was often the abuser of many 14-year-olds in the neighborhood, all being helped by Sename.

Chile’s major needs include judges and lawyers who are well-versed in child sexual abuse and its effects, a change in laws to better protect adolescents, and inpatient treatment centers for offenders.

During 2005, we began training Sename’s 200 Residential Protection Centers (Hogares). These group homes serve up to 20 children who have been abused and cannot return to unsafe families. The training in Residential Treatment of Abused Children is directed to a team of one professional and one child care worker per Hogar. This team then transmits the training to the rest of the Hogar’s staff throughout the year. I also began offering supervision to Child Abuse Treatment centers to sustain learning. Sixty hogares and 5 centers received training or supervision — a total of 145 psychologists, social workers, child care workers and supervisors. We are presently seeking funding to train the remaining 140 hogares.

Marianela Soto Hurtado, Ed.M
Chile
Growing up with domestic violence
(Continued from page 6)

What works?
Meeting the needs of children living with domestic violence requires a coordinated approach by a number of agencies. Factors that were found to support practitioners in overcoming barriers to inter-agency working include:

- Understanding and respecting each others’ roles and responsibilities;
- Good communication and regular contact;
- Common priorities;
- Knowing the services available, who to contact and having joint training;
- Clear guidelines and procedures.

Parents valued agencies that provided both practical and emotional support and offered the following suggestion to improve services:

- More effective communication;
- Greater honesty and an open and respectful approach;
- Listening to parents’ wishes and taking account of their needs;
- Greater access to specific services;
- Longer term, coordinated service provision. Parents valued agencies that provided both practical and emotional support and offered the following suggestion to improve services:

Conclusions
The experiences of children who grow up in violent families are likely to have a negative impact on all aspects of their development and relationships. Children are likely to need long-term and well-targeted support including specialist help from a range of different agencies to ensure they are safeguarded and their welfare promoted. A few children may need to be looked after away from home and contact with parents can be more challenging because of the multiplicity of issues parents are experiencing.

Professor Hedy Cleaver, Royal Holloway, University of London, England

References

THE LINK is published three times annually by the International Society for Prevention of Child Abuse and Neglect (ISPCAN)

Mission: To support individuals and organizations working to protect children from abuse and neglect worldwide.

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