



ABSTRACT BOOK



9th ISPCAN Asia Pacific Conference on Child Abuse & Neglect (APCCAN - 2011)



October 6 - 9, 2011
National Law University & Vigyan Bhawan, New Delhi

“Child Abuse & Neglect in Asia Pacific Countries: Challenges and Opportunities”

Committed Consortium Member Organizations



www.apccan2011.com

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**SOS CHILDREN'S
VILLAGES**

A loving home for every child

SOS Children's Villages is an independent, non-governmental, social development organisation that provides family-based care for children in 133 countries and territories and that advocates the concerns, rights and needs of children. Approximately 63,000 children and young people live in 518 SOS Children's Villages and 392 SOS Youth Facilities around the world.



An SOS family enjoying their summer afternoon: SOS Children's Village Puducherry, India

More than 140,000 children and young people attend SOS Hermann Gmeiner Schools, SOS Kindergartens and SOS Vocational Training Centres. Moreover, SOS Children's Villages provides families with material, psychological and social support. Approximately 430,000 people benefit from

these family support services; some 455,000 people make use of the SOS Medical Centres. In times of crisis and disaster, SOS Children's Villages helps through emergency relief programmes.

At SOS Children's Villages we believe that children can only develop to their full potential if they have a supportive and protective family environment. We work to make this a reality. The family is part of a community that functions as a support system. Biological siblings are not separated if possible and if this is in the children's best interests. The model of the "classic" SOS Children's Village has been and will continue to be modified and adapted to local conditions and requirements.

Even though the number of orphans is decreasing in many countries, the number of children who, for various reasons, cannot live with their biological parents is increasing. This concerns an estimated 150 million children worldwide. SOS Children's Villages continuously works on developing child care methods and preventive support for families to be able to respond to the continually-changing requirements.

SOS Children's Villages works according to the UN Convention on the Rights of the Child and advocates the implementation and protection of these rights at international, national and regional level. We are particularly committed to the rights and protection of children without parental care. SOS Children's Villages has a consulting function in the UN Economic and Social Council and is, among others, a member of the Child Rights Action Group that supports the EU Child Rights Strategy.

To learn more about us, please visit us at <http://www.sos-childrensvillages.org>

INTRODUCTION

THE CONFERENCE



9th Asia Pacific Regional Conference on Child Abuse and Neglect (APCCAN 2011)

Dear colleague,

On behalf of the Indian Child Abuse & Neglect and Child Labour Group (I-CANCL Group) and the International Society for Prevention of Child Abuse and Neglect (ISPCAN), we are very happy to invite you to participate in the 9th ISPCAN Asia Pacific Regional Conference on Child Abuse & Neglect (APCCAN 2011) in New Delhi, India, October 6-9, 2011.

The theme of the Conference is **Child Abuse & Neglect in Asia Pacific Countries: Challenges and Opportunities**. The term “*Child Abuse & Neglect*” (CAN) has different connotations in different socioeconomic and cultural settings. It is important to include the child deprived of basic rights such as education, development, and health care; and the exploited child; under the broad ambit of CAN. The diversity and the magnitude of the problem demands that CAN be accorded top priority and addressed as a major social and public health issue. It must be tackled with a multi disciplinary approach.

The conference will provide an opportunity for discussion, sharing of ideas, practices, expertise and experience in order to develop region specific programs to tackle Child Abuse and Neglect .and will explore a number of sub-themes across different cultures in the Asia Pacific region. These include socio-cultural aspects, legal issues and justice mechanisms, child protection, prevention and rehabilitation; as well as more specific issues such as physical abuse, sexual exploitation, children “at work” and homeless children. We invite professionals from various disciplines (pediatricians, nurses, lawyers, members from the judiciary, police, teachers, social workers, child psychologists, child rights activists, and community leaders) to participate in this unique opportunity.

The program will have plenary sessions, Keynote Addresses, Symposia, Workshops and Master classes with presentations by eminent experts. A Child & Youth Participant program is also planned where the young can express their views and concerns and interact with the delegates. The conference will encourage the development of friendships, partnerships and linkages, for delegates and agencies around the world.

We cordially invite you to participate and share your experiences. Let us join and work together to make the world safe and secure and full of joy for all children.

We assure you of a warm welcome and fond friendship.

Dr. Rajeev Seth
Chairman Indian Child Abuse &
Neglect and Child Labour Group
Chairman Organizing Committee

Ms Joan van Niekerk,
Childline South Africa (South Africa)
Chair – Conference Committee



About ISPCAN

The International Society for Prevention of Child Abuse and Neglect, founded in 1977, is the only multidisciplinary international organization that brings together a worldwide cross-section of committed professionals to work towards the prevention and treatment of child abuse, neglect and exploitation globally.

ISPCAN's mission is to prevent cruelty to children in every nation, in every form: physical abuse, sexual abuse, neglect, street children, child fatalities, child prostitution, children of war, emotional abuse and child labor. ISPCAN is committed to increasing public awareness of all forms of violence against children, developing activities to prevent such violence, and promoting the rights of children in all regions of the world. ISPCAN invites you to join forces with its members around the world to protect children in need: their bodies, minds, hearts and rights. Learn about ISPCAN's goals, publications, congresses, professional training events and world-wide activities.

Our Mission

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

Objectives

To increase awareness of the extent, the causes and possible solutions for all forms of child abuse.

To disseminate academic and clinical research to those in positions to enhance practice and improve policy.

To support international efforts to promote and protect the Rights of the Child.

To improve the quality of current efforts to detect, treat and prevent child abuse.

To facilitate the exchange of best practice standards being developed by ISPCAN members throughout the world.

To design and deliver comprehensive training programs to professionals and concerned volunteers engaged in efforts to treat and prevent child abuse.

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INDIAN CHILD ABUSE, NEGLECT AND CHILD LABOR (ICANCL) GROUP

Indian Child Abuse and Neglect and Child Labour Group (ICANCL Group) was formed in 1996, within the framework of the Indian Academy of Pediatrics (IAP). IAP, the apex national body with 18,000 pediatricians, is working to advance excellence in curative and preventive aspects of pediatric care in India.

Recognizing the impact of socioeconomic, cultural and environmental factors on child health, development and overall welfare, ICANCL Group specifically focuses on comprehensive child welfare, child rights, abuse, neglect and exploitation, and rehabilitation. In a burgeoning population, with grinding poverty, widespread malnutrition and illiteracy, the problems are many, diverse and enormous.

ICANCL Group has members from various disciplines and agencies working for child welfare chapters. It has branches in several states and large cities. It works closely with other national and international agencies towards advocacy and information, sensitization of civil society, and increasing political and bureaucratic involvement in ensuring the rights and protection of children. ICANCL members, individually and in groups, have done commendable work among underprivileged and deprived children. The Group has held a number of national and regional conferences, and publishes a quarterly newsletter highlighting its work and informing on CANCL issues.

The ICANCL logo depicts a boy and a girl leaping out of the shackles of barbed wire that represents child abuse, neglect and child labour. The girl holds a book, signifying the right to education. The boy has a ball, signifying the right to play, to be a child! They leap up together, holding hands, signifying their right to a joyous, healthy childhood. The rising sun represents hope, light, and a new awakening.

Indian Child Abuse, Neglect & Child Labour (ICANCL) group

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Letter from Editors

The APCCAN conference is unique multidisciplinary interaction that will explore a number of sub-themes across different cultures in the Asia Pacific region. These include socio-cultural aspects, medico-legal issue, child protection systems, services & Justice mechanisms, prevention: Best practice models and strategies.

The abstract selected for presentation are printed in this book. We take this opportunity to thank Engineers India Limited, SOS Children Village International & World vision for financial support for this edition.

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ABSTRACTS

SOCIO-CULTURAL DIMENSIONS

895481

A longitudinal study on infant attachment in Singaporean children

Ms. Gwendolyn Chok - Research Officer Singapore Children's Society

Abstract: Young Singaporean children have traditionally been cared for from infancy by a variety of caregivers, including domestic helpers (maids), short- or long-term foster caregivers, and grandparents. In contrast to the caregiving arrangements typical of studies about parent-child attachment where parents and/or childcare providers are primary caregivers, Singaporean children are cared by a relatively large number of caregivers through arrangements which change over time. As a result, few studies have examined the impact of complex caregiving arrangements on children's socio-emotional development. This study aims to examine this issue, as well as identify the attachment styles of Singaporean children and the outcomes associated with these attachment styles. Three cohorts of mother-child dyads have been recruited for the present study. In our prospective study, mothers are interviewed about their child's childcare arrangements and practices and asked to complete the Shortened Infant Temperament Questionnaire when infants are 4, 18, and 36 months of age. They report their child's attachment style using the Attachment Q-set at 18 and 36 months, and report words in the Singapore Communicative Development Inventories which their child can say and understand at 18 months. At 36 months, mothers report their child's developmental milestones using the Ages and Stages questionnaire. Complete data is available for 47 mother-child dyads from the first cohort. As such, we present the findings from this cohort, and discuss the implications for the caregiving arrangements documented for these children on their attachment styles and subsequent developmental outcomes.

901030

Rights of refugee children and youth in Australia: A long way to go

Dr. Karen Zwi - Community Paediatrician Department of Community Paediatrics, Sydney Children's Hospital Network

Dr. Shanti Raman - Medical Director-Child Protection Sydney and South Western Sydney Local Health Networks

Background: Several international studies have documented significant health problems in refugee children and young people; despite this service delivery in Australia is fragmented and there are many barriers to providing health care. Australia's refugee and asylum seeker policies have come under increasing public scrutiny in recent months.

Methods: We wanted to critically examine Australia's policies in relation to refugee children and young people (YP), explore the disconnect between policies, rhetoric and reality with respect to children/YP, using a rights framework and measured against the Royal Australasian College of Physicians Refugee Child Health Policy. **Findings:** Australia is signatory to the Convention on Rights of the Child, the Refugee Convention and the Universal Declaration of Human Rights. Despite this, there are many examples of rights violations including: (i) detention during visa processing (ii) poor co-ordination and access to healthcare with one in five refugee children being screened (iii) families with one member with HIV or disability excluded from applying for humanitarian visas (iv) differentiation in entitlements based on mode of entry to Australia. Recent attempts by government to address needs of refugees have included legislative changes including the discontinuation of Temporary Protection Visas and increased healthcare access for asylum seekers. However, there are over 1000 children in detention in 2011. Audits of refugee clinics for children and young people across Australia have shown that newly arriving refugees have significant health needs which are not met by current health service provision. **Conclusions:** We conclude that progress made through advocacy has not translated into an acknowledgement of rights, improved services overall, or health and wellbeing for refugee children/YP in Australia.

901108

Stop child marriage

Ms. Zinnat Afroze - Social Development Advisor Plan Bangladesh

Bangladesh: Stop Child Marriage Campaign Zinnat Afroze, Social Development Advisor, Plan Bangladesh

Background: In Bangladesh, due to socio-cultural norms and poverty, child marriage remains so common that nearly 10 million of young women are married before the age of 18. Due to lack of knowledge it is attributed as major cause of child abuse. Dinajpur, Lalmonirhat and Nilphamary, Plan's three working districts are child marriage prone areas. The adolescent girls of these areas are severely vulnerable due to child marriage and child abuse. Plan is a child centered rights based organization identified child marriage as a key issues. In collaboration with government and CSOs the organization is working on 'Stop Child Marriage Campaign' since 2008 where 9292 adolescent girls are direct beneficiaries. The key components of this project are (1) advocacy workshop before policy maker; (2) networking and partnership with like minded organization; (3) capacity building for adolescent group; (4) awareness raising of primary and secondary duty bearers including relevant institutions.

Result: (1) Child marriage reporting mechanism established; (2) Raised awareness about Child Marriage restraint act 1929 and available legal services; (3) Reduced child marriage in Plan working areas (4) Plan's three working districts declared child marriage free district by the district administration as a key advocacy issue. (5) Project replicated at national level; NEXT STEPS. The project will work for another three years with an aim to work more closely with government of Bangladesh. Members of parliament already agreed to bring this issue at nation parliament to amend the child marriage restraint act 1929 or develop new legal frame work if necessary. Concluding observation of 3rd and 4th CRC state party report indicate the child marriage is one of the issue hindering child rights and protection. To demonstrate the CRC commitment the government of Bangladesh has been giving priority on this issue thus the next phase of the project (2011-2013), will allow expanding this initiative in collaboration with government.

912289

Parental perceptions of child abuse in Malaysia

Dr. Mary J Marret - Associate Professor University of Malaya

Dr. Wan Yuen Choo - Senior Lecturer University of Malaya

Dr. Wan Yuen Othman - Associate Professor University of Malaya

Dr. Irene Cheah Guat Sim - Consultant Paediatrician Kuala Lumpur Hospital, Ministry of Health

Objective: To examine parental perception of child abuse and neglect in a culturally diverse community
Method A cross-sectional study was conducted across 14 randomly selected public primary schools in Selangor state. Parents of school children completed a questionnaire by face-to-face interview Results Respondents (n=1218) were between 24-73 years (mean age = 39, SD =6.02) and 72.6% were female. They were of various ethnic backgrounds (56.3% Malay, 26.5% Chinese, 16.5% Indian). While more than 80% of parents regarded extreme forms of physical maltreatment such as shaking a child hard, tying up a child and deliberately burning a child as unacceptable, fewer respondents labelled the same actions as abuse. There was wide acceptance of hitting with a cane (only 12.7% said caning was abusive) compared to slapping (31.6% thought slapping was abusive). The vast majority thought having sex with a child was unacceptable. There was greater tolerance of psychological forms of maltreatment such as verbal abuse, and withholding displays of affection, as well as neglect, particularly lack of supervision. Making children study for long hours was also widely accepted. Responses did not vary significantly with gender. However there were significant cultural differences in perception about specific forms of psychological and physical maltreatment. Circumstances surrounding specific acts including frequency, intensity and duration, as well

as personal characteristics and behaviour of the child involved, moderated opinions about whether they were abusive. Discussion The results suggest a conceptual gap between what is unacceptable and abusive which may reflect perceptions of magnitude as well as accountability. They also reveal that cultural and contextual factors affect perceptions of abuse. This knowledge would facilitate understanding of community responses to maltreatment and attitudes towards reporting as well as provide information for the design of intervention and education programmes .

917940

The trauma of violence. Hearing the children's story

Mrs. Sue Foley - Senior Social Worker The Department of Psychological medicine, The Children's Hospital at Westmead

This presentation will illustrate use of creative tools to undertake assessment and preliminary intervention with two families of children who had witnessed violence within their families in the parental dyad. Participants will be able to practice with the tools in the session and discuss the theoretical underpinnings of the processes being discussed.

922663

Afghan children in Pakistan

Muhammad Usman Ghani - Chairman / Lawyer Survive Welfare Organization

Abstract: During post Russian invasion in Afghanistan 1979, there was mass migration of Afghan refugees to the neighboring countries and Pakistan provided shelter to thousands of Afghans and huge chunks of lands were acquired for refugee camps to provide basic necessities of life. There are approximately 3.5 million Afghan living in Pakistan. Afghans inside the camps are provided with basic necessities like food, health, sanitation, water, education, skill development training, etc whereas those outside the camps are living on their own, and majority work as trash pickers to earn basic livelihood. Afghan lives in cluster having their own elder (Mashar), who resolve their problems in jirga and are involved in other social matters like marriages or rituals etc. Afghans prefer to live with their family comprising of 8 to 15 members or more. Afghan children are deprived of basic education and entertainment outside camps. The dilemma is that these Afghan children have no interaction and association with indigenous children and remain isolated from the activities conducted in schools or local area. These children are confined to listening Afghani music or songs and amuse or enjoy through traditional dance or sometimes play cricket. These Afghan children attend primary schools and receive mostly religious education in madrassa. During vacations children work as scavengera with their elders to contribute to family income, and easily earn Rs 100 to 200 on daily basis. Although with this earning, they eat well, the Afghan parents never provide their children with good clothing. They live in unhygienic environment and usually fall prey to different diseases. Child abuse cases are hardly reported because Afghans resolve their family matters within their community so there is minimum divorce rate. They have strong bonding due to which adoption of orphan or deserted children are done within family or community.

923161

Where the shoe pinches: An undergraduate peer sexuality education program on sexuality and life skills

Dr. Shaibya Saldanha - Founder Enfold Proactive Health Trust

Dr. Sangeeta Saksena - Founder Enfold Proactive Health Trust

Context: Youth turn to their peers rather than adults for knowledge and guidance especially in areas relating to sexuality and reproductive health. Their sources of information are often unreliable. Intervention: Peer Sexuality Education Program Enfold Trust, working in the field of Sexuality education since 2002, has interacted with over 30,000 students. We conducted a peer education program (PEP) in an urban English-speaking undergraduate college in Bangalore from Aug - Dec 2010. Forty eight 2nd year undergraduate student volunteers, (Peer Educators, PE) attended 24 hours of classes on sexuality, life skills and personal safety along with sessions in smaller groups with trained Enfold mentors. They then took sessions on selected topics for their peers. Research: The program was evaluated through questionnaires and focussed group discussions with the PEs, mentors, and the students for whom PEs had taken sessions. Analysis: The PEs reported an increase in knowledge base from 4.3 to 8.6 and an increase in confidence levels from 4.2 to 8.8 on a scale of 10. They found pregnancy, abortion, contraception and sexual misconceptions interesting and felt that personal safety, communication and self awareness are useful. They remembered best the topics that they themselves had to take for their peers. Analysis of random feedback from 134 students who had attended sessions conducted by the PEs: 87% felt that peers taking the sessions made them more effective. 88% found the sessions relevant. 93% felt they had learnt something new. 63% said that the sessions had changed their attitude and beliefs Mentors found the experience rewarding, though time consuming. Conclusion: Peer education appears to be a successful intervention to increase authentic knowledge among the youth and bring about a change in their attitudes and beliefs. Long term studies are needed to gauge its effectiveness.

924547

Traumagenic dynamics & psychological distress among sexually abused adolescent girls

Dr. Kavita Jangam - Psychiatric social worker NIMHANS

Dr. Shekhar Seshadri - Sr. Psychiatrist NIMHANS

Dr. Shekhar D - Professor NIMHANS

Purpose: Traumagenic dynamics (stigmatization, betrayal, powerlessness and traumatic sexualization) and psychological distress (depression, anxiety disorders, post traumatic stress disorders) among sexually abused adolescent girls has been studied extensively. Traumagenic dynamics can alter the child's cognitive and emotional orientation to world whereas psychological distress can incapacitate their coping capacities. The purpose of the study was to understand these traumagenic dynamics and psychological distress among sexually abused adolescent girls. This study reports the findings of an experimental (Quantitative and Qualitative) study of a sample of 30 sexually abused adolescent girls.

Method: The respondents aged between 12 to 16 years, were selected using simple random sampling from the Government and Non-Government Organizations working for children and adolescents in difficult circumstances. Impact of the sexual abuse, trauma related beliefs, and psychological distress (dependent variables) was assessed using relevant instruments. Both quantitative and qualitative research methods were adopted to understand the traumagenic dynamics and psychological distress among sexually abused adolescent girls. Results: Quantitative research analysis indicated significant presence of traumagenic dynamics and higher levels of psychological distress among the respondents. The findings of qualitative

analysis give the rich narratives to describe the other findings. The detailed findings of the study will be presented.

Conclusion: This is yet another piece of research from India which has shown that CSA has significant psychological impact on adolescent. The research also indicates the need for adopting both quantitative and qualitative research methodologies to study the sensitive subject like child sexual abuse.

924782

Child protection is everyone's business

Ms. Aarti Kapoor - Regional Program Manager World Vision

Project Childhood is a new 4 country initiative to combat child sex tourism by the Australian Agency for International Development. The program will be implemented in Cambodia, Lao PDR, Thailand and Vietnam. World Vision is leading the programmes Prevention Pillar over the last 3 and half years. With this goal, World Vision is combining the collective learning over the previous decade of prevention efforts in child sex tourism with a modern systems building approach. Through information, education and communication tools, the program will seek to understand and collaborate with all sectors of the community-at-large in order to strengthen the child protective environment within which a specialised response to child sexual abuse can be embedded. After all, what is perceived as child abuse depends on the specific socio-cultural context of local communities. This in itself is based within social values and understandings of concepts of the child abuse, child protection, sexuality and tourism. With this in mind, Project Childhood has embarked upon research examining some fundamental attitudes in a range of communities in Cambodia, Thailand and Vietnam. The investigation aims to better understand how children might define what is abusive, and how their families and duty bearers would conceptualise child protection. Some of these geographical areas are known hotspots where child sex tourism cases are rampant. Other areas are emerging tourism destinations in remote areas. Recognising children as active social agents in their own protection, the program is also examining the role and behaviour of the child, vulnerable to abuse, within his/her family and society. Given that protecting children from abuse is everyone's responsibility, the program will also work with communities, the public, the private sector and governments. The findings will inform the programmes design and participatory social media tools and will be available to present by August 2011.

924942

Prevalence of abuse of children and adolescents in Saudi Arabia: A national survey using ICAST-C

Dr. Fadia AlBuhairan - Assistant Professor and Consultant Adolescent Medicine National Family Safety Program, King Abdulaziz Medical City, and King Saud bin Abdulaziz University for Health Sciences

Dr. Majed Al Eissa - Deputy Executive Director National Family Safety Program

Dr. Majed AlMuneef - Executive Director National Family Safety Program

Dr. Ismail Noor

Purpose: Child Abuse and Neglect (CAN) has been known to be a phenomenon impacting societies and cultures globally. In Saudi Arabia, CAN only started to be addressed in recent years, and its prevalence there remains unknown. This study was conducted with the purpose of identifying the prevalence of CAN in Saudi Arabia.

Method: This is a cross-sectional study conducted in Saudi Arabia. Intermediate and secondary school students were invited to participate in the study. The ISPCAN Child Abuse Screening Tool-Child (ICAST-C) was translated into Arabic and distributed to students for self-reporting. Data was thereafter analyzed using Statiscal Package for Social Sciences (SPSS) v.18 for descriptive statistics.

Results: To date, a total of 1091 male and female students participated in the study, with a mean age of 15.4 years. The majority of students (87.9%) live at home with both parents. Students reported that the following had occurred during the past year: 570 (52.2%) reported that they had been insulted by a member of their household; 90 (8.3%) felt that they did not have enough food or drink; 386 (35.4%) felt that they were not being cared for by anybody; 432 (39.6%) felt that he/she was not important; 186 (17.1%) reported that he/she had been hit by a household member with some sort of tool; 96 (8.8%) had been spoken to in a sexual way; and only 397 (36.4%) were willing to utilize a hotline if there was a need for help.

Conclusion: Emotional abuse/neglect is prevalent among adolescents in Saudi Arabia. Physical and sexual abuse also exist to a lesser extent. Educational and prevention programs targeting this age population and their parents are necessary.

925572

Surrogacy and the Best Interests Doctrine

Mr. Vishwam Jindal - National Law University, Delhi

Although not every technology generates litigation and legal scholarship, technological change is often the occasion for legal problems. Surrogacy being of them has incontrovertibly become the most controversial in the field of family law. Its complexities raise diverse dilemmas in one's mind of balancing the surrogate's rights to the intended mother's rights. However, what lies at the core of the operation is the Child. This new life created is often neglected in light of other legalisms like contract autonomy, custody or adoption. Though the Best Interests doctrine has been followed by Courts, nevertheless the justice is far from being achieved. For these little lifes. the law still holds less and a lot more needs to be done. This paper critically addresses the three hotly contested arguments in the ongoing Surrogacy debate i.e. Commodification of Children and marketing them via their attributes, the Best Interests doctrine been adopted by Courts while determining custodial rights, and the legal and ethical obligations flowing from this sui-generis contract. The paper studies each of them in the Indian scenario and proceeds to discuss the Assisted Reproductive Technology (Regulation) Bill, 2008 pending before the Indian Parliament. Recent empirical research in England shows that surrogate children are happier with their biological parents. I proceed to support this research and provide strong reasons why the same will hold true in India. However, the same is not a blindfold argument advanced to support legalisation of surrogacy. The need of the hour is to move cautiously and the Law must focus on the Child's interest keeping him at the centre of all other legal and ethical principles.

925917

Addressing vicarious trauma in the context of historical trauma: A relational world view model

Linda Logan - Executive Director Native American Children's Alliance

This is a program (conceptual paper) which analyzes vicarious trauma experienced by child abuse professionals working in tribal communities in the context of historical trauma and utilizing the culturally relevant Relational World View Model. Specific tools and support mechanisms to address this trauma also need to be available to professionals in the front lines. In this article, we will explore the use of Terry Cross's Relational Worldview Model, a NICWA wellness philosophy in the analysis of vicarious trauma for child abuse professionals working in tribal communities (the 565 federally recognized tribes within the political boundaries of the United States).The Relational Worldview Model is a useful framework for developing tools and support mechanisms for professionals experiencing vicarious trauma. The Relational Worldview

Model is a reflection of Native thought processes and concepts of balance as the basis for health, from an individual, familial or organizational perspective. In communities already scarred by historical violence, leaders recognize that the most destructive problem affecting children in the Indian country today, is sexual abuse. Native American youth have a four-fold increase for multiple victimization and Native American families have the highest re-referral rates for child maltreatment including physical abuse, neglect and sexual abuse when compared to all other children within the United States. Risk factors such as poverty, unemployment, familial stresses, and violence occur at a higher rate on Indian reservations than in any other racial group in the Nation. Family alcohol problems elevate the risk of child sexual or physical abuse. The rate of child abuse and neglect in tribal communities within the United States far exceeds by an order of many magnitudes abuse in the larger community. Supporting the child abuse professionals with culturally relevant strategies for addressing vicarious trauma is a critical piece of any strategy for improving the institutional responses in tribal communities.

926059

Tribal courts and tribal multi-disciplinary teams: Protecting indigenous traditions and cultural values for the protection and harmonious development of the Native American child.

Geri Wisner-Foley - Senior Tribal Attorney National District Attorneys Association

This is a programming (conceptual paper) that examines the United Nations Declaration on the Rights of Indigenous Peoples (Declaration) and the protections available to Indigenous communities protecting Indigenous children. Implementation of the Declaration will support Indigenous people who are tasked with the unique responsibility of continuing traditional practices while utilizing acceptable best practices to ensure safety, justice and accountability. Indigenous families have the right to raise their children maintaining the aboriginal culture, traditions, language and values. Utilizing international mechanisms such as the UN Declaration and the UN Convention on the Rights of the Child (Convention), Indigenous communities can address the unique needs of their children while ensuring State obligations to fulfill these needs are met. Native American child abuse Multi-Disciplinary Teams (MDT) exemplify the amalgamation of varied professional responsibilities and best practice responses while maintaining cultural traditions of the tribe. The MDT model is strengthened by the variety of professional team members who provide legal-medical perspectives, child protection and justice mechanisms, community accountability and prevention. The Indigenous MDT model effectively addresses physical child abuse and neglect while promoting the fundamentally important cultural development. The fluid model of the MDT and the administration and ownership of the implementation by Indigenous communities provides a grass-roots strategy to address historic injustices and intergenerational vulnerabilities. The recent passage of the UN Declaration, coupled with the UN Convention, present Indigenous communities the opportunity to address historical violence and abuse of children by strengthening their rights for protection and utilizing traditional knowledge and practices for healing.

926699

Strengthening social safety nets for the protection of children

Priti Mahara - Program Corodinator Plan India

Topic Strengthening social safety nets for the protection of children Background: Protection involves maximizing safety from deliberate and situational harm by appropriate and timely safeguards, which are part of the day-to-day environment of children at home and community. A study on child abuse in India done by the Ministry of Women and Child Development in 2007 reveals that; two out of every three children were physically abused. Out of 69% children physically abused in 13 sample states, 54.68% were boys. Out of those children physically abused in family situations, 88.6% were physically abused by parents. 65% of

school going children reported facing corporal punishment. 53.22% children reported having faced one or more forms of sexual abuse. The above data reflects that there are very weak social safety nets where parents, children, communities and stakeholders are not empowered enough to prevent and raise the issue of abuse. Strengthening social safety nets through community based child protection committees and children clubs - Plan India's Delhi State Office has been working with three partner areas in urban slums/resettlement colonies of Delhi. The area covered is Holambikalan, Uttamnagar Dwarka and Mangolpuri. The community based clubs viz children, adolescent, youth and women groups in community has been formed and empowered on the issue. As a result they have emerged as knowledge banks and pressure groups in the community. At present 67 children, 67 adolescent girls, 53 youth (male) and women clubs are functional in the areas. Few very active volunteers have also been identified from the community who are very enthusiastic to stand against the violation of child rights and to take up the issues with duty bearer. A formal consent has been taken from children groups in the finalization of the committee members and named it Bal Suraksha Dal. The BSD and children clubs are disseminating information on child protection issues including child sexual abuse addressing attitudes, traditions, customs, behaviors and practices within families and communities which make all forms of abuse, violence against children and also that any exploitation is unacceptable. With the help of Bal Sadan, Bal Surksha Dal and children club has identified 627 out of school children and 213 has been mainstreamed till date. Some indigenous IEC material has been developed by BSD and club to address the issues of gender discrimination, corporal punishment etc. Small documentary films have been screened in all the clubs in the guidance of BSD addressing the issues of child sexual abuse. They motivate the families and communities to prevent abuse and speak out when it originates. BSD and club leader selects one or two key child protection issues identified in the meeting and call public hearings (Jan Sunwai) to address it. Duty bearers are also being invited in these public hearings. Now the culture of silence is fading from the behavior and attitudes of community. Issues like sexual abuse, corporal punishment, violence against children & others are openly being discussed and get the attention of communities, government, and the public. Children have the space and opportunity to speak out against violence, abuse and other protection issues without fear.

944045

Child marriage in H'Mong people in Vietnam – from social cultural perspective

An Nguyen - Project Manager Plan International in Vietnam

There are many cases on child marriage among girls and boys and it is a serious cultural problem in Hagiang province of Vietnam. Traditional custom is the main reason of child marriage. There is a social acceptance of child marriage which is considered as the most critical cause for the issue. Secondly, gender inequality is also a root cause for child marriage. Many cases, the boys get married, when their families lack labour forces, with older girls because the girl is the main labour in the family. Thirdly, low awareness about the consequences of child marriage among local people is contributes to the issue of child marriage. Finally, poor law enforcement from local authorities (both at village and commune level) also contributes to the issue. Firstly, drop out children from school (both boys and girls) are more likely to get marriage earlier than their friends who are still in the school. In contrast, drop-out from school is also one of the consequences of child marriage particularly for girls as they are considered as main labour for the family at home. The second risk factor is that children living in poor families, when the girl is getting married; receive money or rice, chicken, alcohol from the boy's family. And vice-verse, the boy's family would have one more person to work in the field. The third risk factor is children, particularly for boys, living in a family where the father dies and in this situation; the boys are expected to become adults in the family. A holistic child protection approach would be applied to tackle the issue of child marriage. Prevention (primary services) includes activities to strengthen the overall capacity of the children, parents and community/society to prevent all children in the community from early marriage. These activities could be awareness raising on child rights, gender equality, consequences of child marriage, life skills for children, parents, heads of villages and community. Early Intervention (Secondary Services) include activities to respond to reduce and eliminate the above identified risks (drop- out children, children living in poor family, orphan children). These interventions are predominantly for at risk children and families and they could be an incentive for children to be back to school, conditional cash transfer for poor families' protection. Tertiary Services include

activities to terminate the harm or the risks of harm due to early marriage and support the marriage children with recovery. It could collaborate with Health workers to provide reproductive health, contraceptive methods for child marriage couples. It could also be activities to support children to be back to school if they dropping out from school as a result of getting married.

944476

Taking the road to the 'Restored Self'...

Dr. Tarika Sandhu - Punjabi University

Shaina Kapoor - Punjabi University

The present investigation aimed to take a peep into the world of the preadolescent child who has been exposed to abuse. Research clearly indicates the brunt borne by the self concept at the hands of abuse. It is the self concept, for which each individual provides a sense of coherence, stability and identity whether it is an adult or a child. The effective and cognitive aspects of this self concept lend form and colour to its structure. Keeping this perspective in mind, differences in conceptualization of self and expressiveness of affect was studied amongst abused and non-abused boys and girls (age range 8-12 yrs). The psychological instruments of - 1. House-Tree-Person as measure of abuse in children by Valerie Van Hutto 2. PANAS-c 3. Piers Harris Self Concept scales were used for identification of abused children and their cognitive and affective assessment. Results of the study revealed how cognitive patterns and emotional expressiveness varied amongst both abused and non-abused children cutting across gender. Implications of the study pointed out to how the damaged self concept of the abused children needs to be resurrected very tediously across domains of personal functioning. This would enable the ensuing coping from abuse to become wholesome without any signs of the charred psyche being left behind and assure a smooth journey back on the road to the restored self.

944944

Tribal child abuse in India: An epidemiology

Ashok Gupta - Professor SMS Medical College, Jaipur

In India, out of 200 million children in the age group of 6-14, 59 million do not attend school. Of the rest, who are currently in school, four out of every 10 children beginning to attend school will drop out before completing their primary school education. A gender disparity in education persists. Child rights are not protected and are exposed to violations of multiple natures. The manifestations of these rights are various, ranging from child labour, child trafficking, and many other forms of violence and abuse. There is a social discrimination of tribal children in India. The tribal child ratio is declining and there is parental apathy towards tribal children. There is a social imbalance everywhere in India where the tribal children belonging to upper class are educated and settled in their lives, while the tribal children in the next door neighborhood in the backward class section do not have opportunity to get education. The gender disparity is right around us. Even if some of them get a chance to pursue education, they are made to discontinue it for several reasons. Child marriages are predominant in rural India. One of the reasons for tribal children dropping out from school is that their parents arrange marriages of tribal children before they reach puberty. Education for all continues to be an acute problem in India. Estimated facts are as below, 33% of children above age of 7 are illiterate, 42 million are not able to get access to basic education. The plight of tribal girls remains considerably worse than the boys. Dropout rates are increased in recent years, according to the recent statistics, the Government has implemented several programs and schemes. However, these programs could not bring down the dropouts as planned and envisaged. Dropout rates of tribal children are at 54.46% which are still high at upper primary and secondary levels. There are reasons on the demand side also; these are direct cost, opportunity cost and social taboos especially in case of tribal children. The

reasons are: No proper guidance and parental support; Tribal childrens are often taken out of the school to help with family responsibilities such as caring for the younger siblings, fetching water and cooking at the time of harvest; Child marriages. Tribal children are also to be taken out of school, if there is no transportation available to the secondary or high school.

946519

A Report on the Inaugural ISPCAN Denver Round-Table [2011]: Child sexual abuse – A review of practical interventions from an international perspective.

A/Prof Richard Roylance - ISPCAN Advisor to the President

Dr. Irene Intebi - ISPCAN President

Sue Foley - ISPCAN Councillor

Kayla Manzel - ISPCAN Membership Assistant

This Paper presents an over-view of the Inaugural ISPCAN Denver Round-Table [2011]: Child Sexual Abuse: A Review of Practical Interventions from an International Perspective. In May 2011, the International Society for Prevention of Child Abuse & Neglect (ISPCAN) actioned a new initiative at the Denver Round-Table. This workshop assembled local, regional, and international, multi-disciplinary practice experts from around the world to critically review a discreet area of clinical practice: Child Sexual Abuse (CSA). Delegates from 17 countries attended in person, support by an interactive web-cast process. The focus of the ISPCAN Round-Table was to re-examine the published best practice literature from the perspective of countries and cultures that may have different perspectives, priorities and/or resources to those countries where the published literature was generated. The evidence-based/ evaluated literature in the area of child sexual abuse is predominately in English, and from affluent countries based upon the experience of countries where the investment of time and money has been the greatest. The goal of the Round-Table was to review what is known about the outcomes of these efforts, and to present available evidence as to what interventions are available and should be considered from an international perspective i.e. from the perspective of a group of experts with diverse cultural, language, and regional expertise in the management of child sexual abuse. The challenge of responding to the prevention and intervention in matters of child sexual abuse raises legal, medical, sociological and therapeutic and policy dilemmas. This presentation will facilitate a discussion using some of the roundtable presentations by eminent international speakers and questions around the critical issues such as therapeutic intervention or criminal action or both. The roundtable is sought to move from dilemmas into looking at solutions. We will discuss: What Is treatment prevention? What about the broader issues of poverty and violence, gender and culture? What needs to be considered in sharing strategies and resources? This is an opportunity to hear and to speak about these matters in this international setting. This paper is part of a dissemination process of the outcomes of this workshop.

951390

Abuse and neglect of street & working children: Education, health care, abuse, rehabilitation

Dr. Prof Sandhya Khadse ICANCL group

Rita Panicker Butterflies

In developing countries, Street & working children exist in many major cities, deprived of family care and protection. They are subjected to abuse, neglect, exploitation as a child laborer and prostitution. The

symposium looks to comprehensive strategies to educate and rehabilitate these children through community participation and government initiatives.

951392

End corporal punishment of children in all settings

Mr. Mali Milsson,

Mr. Jerome Conilleau

MAftab

There remain a staggering 168 countries worldwide where the law allows parents to hit children in their own home, the place where they should feel safest. In Asia, countries have taken many initiatives towards prohibiting corporal punishment (CoP) of children in the education setting but none of them have enacted legislation banning CoP in all settings. However, SAARC and ASEAN Member States are committed to protect children through implementing the UN Convention on the Rights of the Child. This workshop gives an overview of the existing gaps in the legislation and opportunities for a ban of CoP. It illustrates the key steps and supportive measures for law reform with learning from those Asian countries that have enacted some form of legal prohibitions and from the 29 countries from other regions that achieved full prohibition in law.

951395

Deprivation of basic health care; impact on survival & development

Dr. (Prof) Ashok Dutta - KSCH

Dr. Arvind Taneja - ICANCL

Dr. K Srinath Reddy - PHFI

Dr. Ajay Khara - Govt of India

The key message is that deprivation of health care amounts to serious neglect, a huge problem in developing countries. The need for health care, especially protection from vaccine preventable diseases, and most common infections will be emphasized. Their impact on survival and morbidity will be highlighted.

951398

Child Abuse Screening Tools Retrospective version (ICAST-R):Delphi study and field testing in seven countries.

Dipty Jain

Des Runyan

Adam Zoloster

A Screening tool available for retrospective measurement of child abuse at international level which is feild tested in six languages in seven countries. The tool is translated and feild tested for India in Hindi and

Marathi language. It is simple questionnaires available for measurement of physical emotional & sexual abuse.

951400

Children with conflict with law

Dr. (Prof) Ved Kumari

Enakshi Ganguly Thukral

There are several legal provisions, national and international dealing with child abuse and neglect. However, there are several gaps in the search for justice that children face. Where do the gaps lie and what can be done? Dr. Ved Kumari will dwell on this aspect of law and judicial processes"

951402

What Do The Children Say About Abuse And Neglect: Hosting and Harvesting Children's Voices On Abuse And Neglect.

Dola Mohapatra

Sanjana Das

Child abuse and neglect is a global phenomena and needs serious attention to fulfill the rights of children to live a full life with dignity. Being a global problem, child abuse and neglect has received serious attention worldwide. However, as in many parts of the world, Indian children continue to be victims of neglect and abuse that hinders in their full development and also in their transition process to adulthood. India has had several socio cultural practices that prevented child abuse and neglect; from considering a girl child to be a blessing into the family; feeding practices of infants; support extended to children through the joint family system or reformist education systems. However, there are also multitude of deep-seated traditional cultural practices in various parts of the country which result in millions of children continue to being neglected and abused within their homes and in their schools. Due to several oppressive practices prevailing and flourishing in our societies, as an accepted norm and well-entrenched social custom, children bear the brunt of neglect, abuse, violence, discrimination. This paper will harvest children's voices on their experiences of abuse and neglect and their "dreams" of a safe and secure world to live in. Thus, the paper will discuss on socio cultural practices of child abuse and neglect within homes and in the schools which acts as a barrier to the attainment of sound development of children.

The paper will also share ChildFund's work in working with deprived, excluded and vulnerable children; and the role it plays to facilitate creation of safety nets for children within their homes, schools and communities through the creation of child friendly villages and child friendly schools. ChildFund places children's experience of deprivation, exclusion and vulnerability at the center of its policy and practice and empowers them to thrive at all stages of life and become leaders of enduring change. ChildFund equips children with the skills and resources they need during their childhood, enabling them to take control of their lives and to command their future. Therefore this paper will have more reflections from children.

951404

Socio Cultural Dimensions Of Child Protection In Trafficking

Dr. Indrani Sinha - Sanlaap

Dr. Ranjana Kumari - Women Power Connect

PM Nair - CRPF

Ravi Kant - Shakti Vahini

Dr. Jyotsna Chatterji - JWP

Trafficking of children is a global threat and is a major concern in several countries of South Asia. The laws and legislations do not seem to be adequate or comprehensive in dealing with the various forms of trafficking. The 8 countries of SAARC have adopted Convention on Preventing and Combating Trafficking in Children and Women for Prostitution. The existing legal framework is limited to defining trafficking only in terms of trafficking for prostitution. There is no comprehensive legal framework to cover trafficking of children for labour, begging, pornography etc in trafficking. This paper examines the situation of trafficking in relation to socio- cultural norms and dimensions, and the gaps in the legal provisions and measures existing in South- Asia. This presentation examines the situation of trafficking across the 8 countries of SAARC (India, Pakistan, Bhutan, Nepal, Sri Lanka, Maldives, Afghanistan, and Bangladesh) in relation to Socio Cultural norms and dimensions, and the gaps in the legal provisions and measures existing in South Asia. It will present an update on the trends and concerns with inputs from participants from other countries.

951406

Risk factors for Severe Child Discipline Practices in Rural India

Dr. Dipty Jain - Professor and Head, Deptt. Of Pediatrics, Govt. Medical College, Nagpur

The household survey recognises the type and severity of discipline practices in rural India . It also identify the risk and protective factor which can help in framing Parenting Program and interventions in preventing child abuse in rural India

951407

Well Being of Child Domestic Workers in Globalized India: A Sociological Study of child workers in Lucknow city

Dr Vinod Chandra

Dr OP Singh

A significant number of child labourers in India work as independent workers for other families as domestic help to undertake various unskilled to semi-skilled jobs. Drawing on the data collected during 2010 and 2011 in Lucknow city, this paper talks about the meaning and significance of children's paid domestic work for themselves as well as for their families. It explores the link between the rise of dual earner families and rural migrant families.

951408

Presentation on understanding the protection factors affecting the children in Bhutan

Neeraja Phatak

This study sought to provide a comprehensive assessment of the then current legislation vis-à-vis the CRC and reviewed factors relating to a protective environment for children. The assessment consisted of two components.

1. A comprehensive review of the current legislative framework as in 2003.
2. A situation analysis of protection factors for children in Bhutan as in 2003

951409

Child labour: Rescue, rehabilitation and further risks

Kailash Satyarathi,

There is a relapse risk faced by children rescued from exploitative labour as the circumstances that drive them into such works are not sufficiently addressed. What happens as a result of campaign grounded level rescues restoration to home and communities? What is persisting pressure of trafficking and bondage operators? How can children be effectively saved and safeguarded.

951416

Why Young People Go to School, and Why They Don't

Michael Ungar, Ph.D. - Director of the Resilience Research Centre

There is much we can learn from young people themselves about why they go to school, and why they don't. Typically, we measure school engagement by a child's behaviour (attendance, grades, motivation, self-discipline), cognitions (perception that attending school is going to contribute to success in life), and feelings (a sense of belonging at school). Recent research with more than a 1000 youth conducted by the Resilience Research Centre is showing that school engagement is also influenced by aspects of the child's family, community, and culture. Vulnerable learners, delinquent youth, children with mental health challenges, victims of family violence and neglect, and youth marginalized because of their ethnicity, race, abilities or sexual orientation, all value an education. However, they are more likely to engage with their teachers and attend class when they feel that school is a place where they are treated fairly (in the classroom and on the playground), when they have opportunities to develop skills they perceive as useful later in life, when they see themselves reflected in the curriculum, and they can make a contribution to the welfare of others. In this presentation, Michael will discuss the importance of thinking about schools as a part of a complex social ecology. He will show with examples from his research and clinical practice what young people want from their schools and how schools can make themselves engaging spaces where children find meaningful and culturally relevant support.

951418

Children In Conflict With Law: Challenges And The Way Ahead

Ms. Madhu Madhavan - Project Officer- Resource Cell for Juvenile Justice
Professor Ved Verma
Mr. Anantha Kumar Asthana
Ms. Minna Kabir
Mr. Reider Hjermerman - Norway
Joan van Niekerk - South Africa

Access to justice remains a challenge to children, despite various legislations to ensure and protect their rights. Children are particularly vulnerable group, particularly from the marginalised populations.

The present workshop focuses on children in conflict with the law, under the Juvenile Justice system. It shall provide a unique platform to share experiences, discussion from leading experts on the status of juveniles in conflict with law, challenges and possible solutions.

The department of Justice, Government of India has supported this session. UNDP has supported the “Project on Access to Justice for the Marginalized People”, which is being presented in the workshop.

951411

Child Domestic Workers : Piercing The Veil Of Invisibilization

Anuradha Saibaba - Professor of Law, National Law School of India University, Bangalore, Karnataka, INDIA.

The paper is an attempt to map comprehensively the socio economic milieu of child domestic work. The paper draws upon the cultural relativism discourse to reflect on India's lackadaisical stance on child domestic labour as juxtaposed to its international obligations under the Convention on the Rights of the Child 1989. The paper would also analyse the notion of Best Interest Principle, the child's right to participate and the termination of parental control from a third world perspective to underscore India's abject failure in upholding children as equal citizens.

The paper would highlight the glaring public-private dichotomy thwarting effective State intervention to combat the issue by critically reflecting on the prevailing legal system in India and its inadequacies. The interface between trafficking and labour would also be unearthed against this backdrop. Finally the paper would undertake a comprehensive evaluation of the ombudsman- the *National Commission for Protection of Child Rights* in furthering recognition of children's agency and autonomy.

MEDICO-LEGAL APPROACH

891832

Mr. Craig Smith - C.B. Smith Training & Consulting Ltd.

Shaken Baby Syndrome/Abusive Head Trauma - An Investigator's Perspective

This presentation will focus on the law enforcement investigation of (AHT/SBS) cases. Two major obstacles facing investigators are identifying the perpetrator and confirming the actual mechanism and timing of the injury. Biomechanical research has now developed a clear picture of the mechanism of injury and the degree of force used in this form of child abuse. The research has also revealed that the onset of symptoms in serious injury or fatal cases is immediate. This session will use medical based, animated graphics and case histories to show how this research can be translated into sound investigative practice. The session will also include techniques that can be used to correctly identify the person responsible for injuring the child. In these investigations, exculpatory statements by caregivers can often be as useful as inculpatory statements. Participants will learn how to conduct an initial interview of caregiver in order to get them "tied" to details in a particular story. Comparing the details against the research will differentiate the innocent caregiver from the abuser. Scene examination, gathering of corroborative evidence, liaison with medical and legal experts and interviewing of suspects will all be topics of discussion during this presentation.

909594

Medico-legal aspects of child abuse in schools

Professor Dr Rakesh Kumar Gorea - Professor and Head Gian Sagar Medical College

Mr Abhinav Gorea - Student

Corporal punishment is quite prevalent in various schools of India. Teachers resort to corporal punishment in good faith for the betterment of children. This study was planned to know the adequacy of information to the teachers regarding the legal complications which a teacher may be exposed to, if the parents resort to legal action against him/her due to mishap happening to their ward from the hands of teachers due to corporal punishment. In addition to this, injuries occurring to children in the school campus due to negligence of school authorities and their repercussions on the management of the schools were also studied. Teachers were asked to fill the pre-structured proformas on the various medico-legal issues of corporal punishment and safety of children in schools. They were then made aware about the medico-legal issues concerned with corporal punishment. They were asked to fill the proforma once again after the intervention of knowledge about the complications of corporal punishment and safety of children in schools. Views of 110 teachers were taken and statistically analysed. Findings of this study will be presented during the conference.

912792

Child Maltreatment and Negligence: Case Series from Northern India

Dinesh Yadav - Senior resident Lady Hardinge Medical College, New Delhi

Bhavna Dhingra - Assistant professor Lady Hardinge Medical College, New Delhi

Child maltreatment remains a significantly high medical, social, and public health problem worldwide. It is widely acknowledged that the maltreatment cases substantiated by social service agencies represent merely the tip of the iceberg of these children and the actual figures may be much higher. The burden of child abuse and neglect is much higher in developing countries including India, but no reliable reporting system or registry exists to determine the magnitude of problem. Many rituals and customs exist even today in rural

and tribal areas, which are harmful and even potentially lethal for children. Children with characteristics or symptoms suggestive of abuse or negligence, admitted in pediatric Intensive Care Unit of Kalawati Saran Children's Hospital, New Delhi are reported in the present series. A total of 282 patients were admitted in pediatric intensive care unit over a 4 month period (1st January 2011 to 30th April 2011), out of which six had characteristics suggestive of child abuse or negligence. Three of these children were admitted with problems unrelated to child abuse (2 with acute renal failure and 1 with hepatic encephalopathy). Physical examination of these children revealed the presence of scars over abdomen or limbs. Scars over abdomen in two of the children was caused by banding with hot rod to remove evils from the body and to promote better health as per local rituals. The Third child had scars over upper limb due to scalds by boiling water. Other three infants were admitted with child negligence in form of metallic foreign body in trachea or esophagus. Medico-legal case reporting was done to look for any foul play and foreign bodies were removed. This report reinforces persistence of potentially harmful practices and rituals in community. Active measures should be taken to control and eliminate these practices by public health education measures.

915948

A framework for Medical Management of Sexual Abuse in Children and Young persons under the Age of 17 years in Tasmania

Dr Anagha Jayakar - Community Paediatrician Royal Hobart Hospital

Rationale: The provision of quality medical care and examination is important for victim care and to assist the investigation of sexual offences. Medical officers providing this care and examination require training, ongoing education and support

Doctors' Role: Doctors fulfilling this role require specialist training. The minimum requirements of this training include: 1. Awareness of the nature and impact of sexual assault. 2. The needs of victims in crisis following sexual assault. 3. The role of the medical examination and the medical officer following sexual assault. 4. The use of the Forensic Protocol and Sexual Assault Investigation Kit. 5. The interpretation of findings on physical and genital examination in children and young people. 6. The current guidelines for pregnancy and sexually transmitted infection (STI) prophylaxis. 7. The follow-up care and requirements following sexual assault. 8. The evidentiary issues in relation to sexual assault. All doctors providing examinations to sexual assault victims must undertake this training. Doctors providing examinations on a regular basis should engage in ongoing training and peer consultation/review in relation to sexual assault management. . **Principles:** The Child/Young person – The interests and safety of the child/young person are paramount – After informed consent is obtained from parent guardian, age- appropriate explanations are made to the child/young person before proceeding.

Service provision – The doctors have an on-call roster system for 24 hour medical services. Unless medically or forensically indicated, assessments are preferably conducted during working hours. Appropriate referrals and consultation with the child protection services, police and sexual assault support services are to be done in a timely manner and the paediatrician should ensure that these conversations have occurred.

Decision making – The decision to provide the examination will be taken by the treating medical officer after obtaining all relevant information available. The decision to provide the examination will only take place where there are indicators that a sexual assault may have occurred. These would include a disclosure, signs of genital trauma or significant concerns by caregivers who have made allegations that an assault has taken place.

920337

Skin injuries, physical abuse, and the pediatrician

Dr. Nina Agrawal - Child Abuse Pediatrician Audrey Hepburn Children's House - Hackensack University Medical Center

Lyle Pritchard

Intrafamilial child physical abuse occurs at alarmingly high rates across socioeconomic groups in India and is yet severely under-recognized by pediatricians. Skin injuries are the most common clinical presentation. Short term effects include physical harm and damage to the child's self esteem. Long term effects include use of violence as a means of communication. The role of the pediatrician is to identify abuse for the purpose of diagnosis and treatment. Physical, emotional, and safety concerns must be addressed in a timely manner to minimize the risk of additional harm. When a child shows suspicious injuries, an interview of the parent should be obtained separately from the child and in a non-accusatory manner. Indicators of abuse include vagueness, developmental incompatibility, and inconsistencies with the pattern, age, or severity of the injuries. A medical history of the child should determine when, where, and how the injury occurred. A thorough head to toe examination should be conducted. The location, size, and shape of bruises, lacerations, burns, bites, or other skin injuries should be documented. It is also important to consider medical diagnoses which may mimic physical abuse such as coagulopathies. Pediatricians should routinely offer guidance on use of non-violent disciplinary strategies. Effective discipline should promote a positive and supportive parent-child relationship, ways for strengthening desired behaviors, and ways for decreasing undesired behaviors. Parents can be advised to reinforce desirable behavior with praise and modeling of respectful communication. Undesirable behavior can be minimized by use of time out for younger children and removal of privileges for school age children. In summary, pediatricians need training and education on the detection and prevention of physical abuse within the context of the medical, social, and developmental history of children.

921398

Training medical professionals about child abuse

Dr Howard Dubowitz - Professor of Pediatrics University of Maryland School of Medicine

Dr Tufail Mohammed

ISPCAN has developed a curriculum to train medical professionals in basic issues concerning child abuse. This session will demonstrate the use of this curriculum, led by two ISPCAN councilors and pediatricians, one from USA and one from Pakistan. It is hoped that this workshop will help disseminate the ISPCAN curriculum.

924811

Child Sexual Abuse: Knowledge, Attitudes and Practices Amongst Doctors in Rawalpindi/Islamabad.

Ayesha Inam - Program Coordinator Rozan

Saiqa Ashraf - Assistant Program Coordinator Rozan

A study was done to evaluate knowledge, attitude and practices of doctors on child sexual abuse. The objectives were:

To assess the ability of doctors in managing cases of child sexual abuse within the clinical setting and
To assess the capacity-building needs of doctors in dealing with CSA.

Methods used: Quantitative and qualitative methods were used in this research. Data was collected using a questionnaire and through focus group discussions and in-depth interviews. Sample for quantitative data consisted of 100 medical professionals. In depth interviews and two focussed group discussions were conducted with doctors within the age range 30 to 50. The average number of years of experience was 11 years.

Results: Results indicate that 92% respondents think that CSA is a serious problem in Pakistan. 56% reported that children who have been sexually abused are always affected in some way. 88% respondents strongly expressed the view that doctors needed more support and training to deal with cases of child sexual abuse in their work places. FGDs and in-depth interviews provided deeper understanding of knowledge and perception of health professional regarding CSA. The most commonly identified cause of child sexual abuse was sexual frustration resulting from sexual restrictions, lack of other opportunities for sexual gratification, lack of sexual awareness and lack of opportunities for sexual relationships with their own sex in case of homosexuals. Mostly doctors associated child sexual abuse with its most severe form i.e. rape, and sexual torture. Other less severe forms of sexual abuse such as sexual talk and sexual touching are often not recognized. The study unveils a number of significant themes in doctors' understanding of child sexual abuse and their training needs and can be used to develop effective strategies while working with health professionals on CSA.

926063

Serial Child Torture as a Form of Abuse

Dr. Barbara Knox - Medical Director University of Wisconsin Child Protection Program

Suzanna Tiapula - Director National District Attorneys Associations' National Center for Prosecution of Child Abuse

Many acts of child physical abuse occur when the anger or frustration of a care provider results in unreasonable discipline and bodily harm to the child. These acts are frequently, though not always, impulsive. Contrasting with these more common cases of child physical abuse are torture cases. Child torture cases involve premeditated sadistic acts, often perpetrated over time, that appear calculated to inflict pain, injury, and humiliation to the child. This presentation will discuss the utility of a diagnosis of child torture versus the use of existing child physical abuse definitions. I will present a medical definition for child torture as well as inclusion criteria for this diagnosis. A series of abuse cases in which the diagnosis of child torture was applied will be reviewed. The effect this diagnosis will have for intervention and safety planning of the victim and siblings as well as criminal prosecution and penalties for perpetrators will be addressed. Methodology: Several cases in which a determination of child torture was made will be reviewed. Information from forensic interviews, physical examination findings, and crime scene evidence will be presented to explain why the diagnosis of child torture was made, rather than a simple diagnosis of child physical abuse.

Discussion: Recent cases have stimulated discussion of child torture as an extreme form of child abuse will be shared. Child torture involves extreme cases of child abuse that go beyond typical physical abusive injuries and do not fit with any current medical definitions or diagnostic criteria. The authors have proposed a medical definition for child torture. This series of cases will review the need for this medical definition as it relates to enhanced diagnosis and intervention for the child victim. To strengthen the child protection system's ability to protect the child within the law, a clear definition of torture in the child abuse setting may assist prosecutors in increasing criminal penalties. Further study is warranted into the medical and legal definition of child torture, the usefulness of this diagnosis in prosecution of perpetrators, and its implication for victim outcomes.

938673

Child Protection Development in Malawi

Justice Edward Twea - Supreme Court of Republic of Malawi

Doctor Aaron Miller - Director Lincoln Child Advocacy Center

Malawi is a country of 15 million people, half of whom are under the age of fifteen and one quarter of whom have experienced sexual abuse. In 2009, the Malawi Juvenile Justice Forum, chaired by Justice Edward Twea, took its first steps to create one-stop centres for child abuse by partnering with the Ministry of Health, the Ministry of Gender and Child Development, and UNICEF. Consultation and training were provided by Dr. Aaron Miller and his team of child abuse prosecutors and social workers. Program Development: Justice Twea provided leadership to ensure that the one-stop centres would be based in hospitals as to provide a focus on child health. In two larger cities of Malawi – Blantyre and Zomba, multidisciplinary child protection teams consisting of medical professionals, social services, police, prosecutors, and magistrates were created to perform monthly or bi-monthly case review and for capacity-building towards preparation for creation of the one-stop centres. Dr. Miller and his team visited Malawi for two weeks in March 2009 and for two weeks in January 2010 to provide trainings in medical, legal, and psychosocial issues of the diagnosis, treatment and prosecution of child abuse.

Outcomes Thus Far: One-stop centres for child abuse are currently being built in the existing hospitals in Blantyre and Zomba. Nearly 100 medical professionals, police, prosecutors, magistrates, and social service workers have received training in diagnosis, treatment and prosecution of child abuse. Establishment of the multidisciplinary child protection teams has led to the following:

The first case review system where 5-15 children are discussed at each meeting bimonthly

Increased resources from social services who now provide a dedicated social worker to the hospital in Blantyre

And a doubling of the rate of referrals of sexual abuse to the hospital in Blantyre.

944077

Gender discrimination: in the treatment of blood disorders, experience from a North Indian Hospital.

Bhavna Seth - Medical student LHMC, New Delhi

Dr Rakesh Thakur - Senior research officer AIIMS

Dr Pravas Mishra - Associate Professor Dept Hematology AIIMS

Dr M Mahapatra - Addl Professor Dept of Hematology AIIMS

Introduction: Health care systems are meant to assist all; however, due to gender insensitive attitudes and practices they frequently fail women and girls. The reasons for gender bias are complex and unless acknowledged and studied, will not be challenged.

Aim: to study the magnitude of gender bias and assess its causes in the department of Hematology of a government hospital in North India.

Methods: Retrospective analysis of patients (adult and children) looked at from Jan 2005- Dec 2010, data on diagnosis and demographics collected. Two focus group discussions of patients, and care givers (10 and 13 participants) who consented to participate were looked at.

Results: In the study period, the number of males looked at for treatment of blood malignant disorder was 788 vs 195 females. The number of males who received bone marrow transplantation was 84 vs 16 females.

Number of females receiving treatment for anemia and non cancer conditions was similar to males. The focus group discussions highlighted problems of transportation, need for permission to go for treatment, lack of perceived benefit of treatment, cost and duration of treatment. Concerns were expressed regarding reproductive capacity and social stigma of girls with cancer, a concern that females not strong enough for treatment was also observed. Paucity of funds for medical expenses was a major problem. Treatment for anemia was favorably accepted, women were known to suffer from this and families perceived the health benefits of treatment.

Conclusion: Health challenges affect both sexes but have a greater impact on females due to social and economic disparity. Few girls receive treatment, though no sex based incidence difference is seen in cancer among children. More expensive, prolonged treatments are reserved for male children or men. Girls receive treatment if she is the only child, or is from affluent educated families. Family concerns need to be addressed, access to financial assistance and support systems to aid women to travel will be of benefit. Health professionals need to be ensitised to be sensitive and facilitate care.

944207

Fractures in infants under 1 year. How common is abuse?

Dr Dimitra Tzioumi - Director, Child Protection Syndey Children's Hospital

Abstract: Previous studies have shown that a high proportion of children under one year of age with fractures are victims of abuse. The aim of this study was to determine the prevalence of inflicted fractures in infants under one year of age presenting to a paediatric Emergency Department (ED).

Methods: Children under one year with fractures, looked at by tertiary paediatric hospital ED were prospectively assessed by a specialist multidisciplinary child protection team over a 4 year period. The causes of fractures were divided into "Suspicious of Abuse" and "Accidental" on the plausibility of the history and mechanism of injury. Comparison was made between the two groups for age, developmental level, place of injury and fracture location.

Results: There were 105 children under one year with fractures who had a child protection assessment. Seven children had fractures that were classified as results of abuse (classified under 'Suspicious for Abuse') and 98 children had fractures that were classified as Accidental. The two groups did not differ significantly in terms of age, developmental level and fracture location. Place of injury was significantly different ($p=0.00002$) between these two groups and was unspecified in majority of the suspicious for abuse cases. In the Accidental group ($n=98$), 88% were due to falls, of which 62% involved infant equipment or furniture. Skull fractures were the most common (63%) followed by femur fractures (13%). Three children had underlying medical conditions.

Conclusion: Infants under one year with fractures were looked at and it was found that they had a low prevalence of injuries suspicious for abuse and this differed significantly from the published literature. The majority of fractures in this age group resulted from accidental falls and a large proportion involved incorrectly used infant equipment.

951389

Prevention of Abusive Head Injury in Infants: Is prevention working?

Desmond K Runyan - The University of Colorado Kempe Center, Denver, Colorado
Sue Foley; and the Children's Hospital at Westmead, Westmead, New South Wales.

Data from multiple developed and developing countries has revealed that many infants are shaken to discipline or quiet them. Unremitting crying appears to be a particular challenge for new young parents and

the consequences of shaking may be devastating neurological complications or even death. Evidence exists that educating new parents may reduce the incidence of this form of abusive head trauma. We will share results from ongoing prevention projects in multiple countries. In the United States, a statewide trial in one state of an educational program called "The Period of PURPLE Crying" (c) has reduced the rate of anonymously reported use of shaking from 1% before the program to 0.35% of children less than 2 years of age. Concurrently, in the number of calls to a nurse help-line after hours for unresponsive infant crying has been reduced by 20%. In Australia, an educational program to educate parents about how to respond safely to crying infants and about the dangers of shaking has been trialled and found to be acceptable and helpful to parents. Seventy eight percent of parents who were part of the initial research group admitted to being worried about their baby's crying and to have spoken with someone about it. The DVD was found to change attributions towards a crying baby. Ninety-six percent of the participants stated that they found the film helpful and 85% stated that they also found the accompanying brochure to be useful whilst 47% stated that they had passed the film or brochure on to relatives or friends. The DVD is now being developed and used in many countries around the world. These teams of professionals have developed their own strategies. The countries actively involved include Brazil, Derbyshire the UK, Hungary, Greece, Malaysia, Poland and Japan. The effect on the incidence of shaking has not been evaluated due to inadequate resources, but the implementation of the parent education messages in this project continues. The team is currently researching how to reach men and young parents

951396

Silent Abuse- Children with Disabilities

Dr Anita Ghai
Dr Renu Singh
Dr Chaya Prasad

Neglect and abuse of children with disabilities is an area that is sorely neglected and underreported. Society has neglected and stigmatised children with disabilities and this has led to increased risk of abuse and neglect. Policies and legislations around protection of children, tend to totally ignore needs and challenges faced by children with disabilities right from or even before birth. The speakers will explore the critical issues regarding risks and vulnerabilities and types of abuse and neglect faced by children with disabilities and also make specific recommendations in light of rights based discourse emanating from the United Nations Convention of Rights of People with Disability.

951397

Contemporary issues & concerns of the mental health impact in child abuse (Healing the Scarred Minds)

Mr. Reider Hjermer the Ombudsman for Children Norwa

Prof. (Dr.) Aruna Broota Child Psychologist & Professor of Clinical Psychology

Mrs. Geetanjali Kumar Advisor, Association of India School Counselors, India

A shocking spectrum of mental health problems, dysfunctional personality patterns, post traumatic stress disorders (a sense of re-experiencing a past trauma) are amongst the deeply impacted mental health syndromes experienced by millions of helpless young ones who are victims of child abuse and neglect across the globe. This important session will take an evidence based, recommendations oriented look at the psychological aspects of child abuse.

951401

HIV/AIDS Child Abuse and Protection

Rachel - ROSA UNICEF
Dr Sonia Trikha - UNICEF India
Ms Shivangi - Lawyers Collective
Anjali Gopalan - NAZ Foundation
Dr Bela Sachdeva

Globally, the estimated number of children living with HIV has increased to 2.5 million (1.7 – 3.4 million) in 2009. It is estimated there are 55,000 to 115,000 children living with HIV in India (Country Progress Report, UNGASS 2010). National Health system has registered 88,902 children (NACO CMIS July, 2011) at the ART centers of which 25,050 are receiving ART.

HIV impacts the quality of life. The impact on children living with HIV that survive past this phase and their siblings is multi-dimensional with many remaining starved and stunted due to poor nutrition, others discontinuing their education due to their own or their parents' illness, some orphaned children losing their rights to inheritance etc.. The psychological effects of HIV among children are profound resulting in devastating emotional outcomes for many children. Children find it difficult to come to terms with sickness of or losing their parents and face the stigma associated with belonging to parents who died due to HIV. Children are vulnerable to sexual abuse girls abused by adult men for sexual adventure or and marriage, and are in need of special protection from the socio economic impact of HIV/AIDS pandemic.

Breaks the silence on sexual abuse through empowering children, parents, local councils, policy makers and the community on child protection and the implementation of the UN Convention on the rights of children. Community empowerment if strengthened can Break the silence on sexual abuse and HIV infection. This can be done with the police force, media, schools, child/AIDS advocates, legal organs and the entire community; through training, sensitization, counseling and rehabilitation for the abused children.

Concept: The symposium seeks to examine the choices between dignity and despair that children face when they are affected or infected with HIV/AIDS and the role that society and community can play in shaping either caring or rejection by both society and State. It shall discuss the social barriers and stigmatization that hit children affected in the region – and the ways to rebuild a meaningful life and the roll of NGO's . It enquires into the special features of tribal communities facing the HIV/AIDS challenge and over view of situation in Asian countries.

A flagship presenter is a young Manipuri who is HIV-positive, who has managed to protect her own baby from the infection, and who is a peer counselor and a support worker with affected children.

951414

Child Portrayal

Denise Allen - senior policy advisor WV International
Aimyleen Gabriel - child focus and child protection team leader Asia Pacific region
Reni K Jacob - Advocacy Director WV India

It examines the impact of both traditional and emerging imagery and portrayal of children and the effects that this may have on them...The roundtable workshop will present examples from everyday life and everyday information/communication and culture sources/channels – from the countries taking part -- and will invite discussion to frame ethical principles on portrayal.

**CHILD PROTECTION APPROACH:
SYSTEMS, SERVICES &
JUSTICE MECHANISM**

804195

Shaken Baby syndrome, the experience in Oman

Muna Al Saadoon - Assit Prof/ Dr Sultan Qaboos University

Ibtisam Elnoor - Dr Sultan Qaboos University hospital

Shaken baby syndrome: how can you approach cases when there are no child protection regulations. Dr. Muna Al Saadoon, Dr. Ibtisam Al Noor, Dr. Saif Al Yarubi, Dr. Sana Al Zuhaibi, three cases of shaken baby syndrome were diagnosed and managed in a tertiary care teaching Hospital in Oman. All cases were below 5 months of age, but the approach was different as there are no child protection regulations that can support the treating team in forensic investigations.

Conclusion: When there are no external physical findings it becomes difficult to convince the parents to take the case further for forensic investigation. In the absence of Child Protection Law, the treating team will be faced with closed ends in which the case will be closed without investigations that will explore the event and prevent similar incidents against the child.

878228

Why project approach does not work for child protection? Experience from project approach on alternatives to corporal punishment

Gulnaz Zahid - Assisstant manager SPARC

This presentation will highlight the underlying reasons of slow progress to curb corporal punishment from schools, regardless of initiatives by the NGOs. Researches by UNICEF, Plan Pakistan and SPARC (2005, 2008, 2010) reflected the prevalence of various types of corporal punishment in schools of Khyber Pakhtunkhwa and Punjab regions. SPARC also intervened in numerous cases and conducted teachers' trainings in Khyber Pakhtunkhwa in co-ordination with education department. Following that, socio-cultural and political aspects which hinder the promotion of alternatives to corporal punishment were realized. Infrastructure support to school is one of the main reasons, supported by Scheerens (2004). High number of students in the class restricts the teachers to incorporate strategies related to student involvement (Zahid, 2011); and, they need exercise modern methods of teaching and disciplining (Hukamdad et al., 2011). The culture is not open to the establishment of mechanism in which children can drop the complaints (SPARC's project experience). Teacher-training courses do not seem to be effective (Waqas, 2011). Lack of ownership of local education department to follow-up the initiatives is also an important reason. Teachers use authoritative discipline techniques in schools (Zahid, 2011) because of incomplete information from religion. The project approach of SPARC highlights following aspects important to eliminate corporal punishment. This evaluation based information earns support from good practices of other regions as well (Maldives, Bangladesh). Trainings complemented with higher GDP allocation, improving teacher-student ratio and using available resources effectively, effectiveness of curriculum, lead to comprehensive approach. Effective use of legislation, protection laws and of Article 25-A is important, for check and balance related to all complaints. Studies and strategies on retaining children in school and associated benefits with it are needed. Moreover, broader approach to bring children back to school through a mechanism at grass-roots level, making schools safe and focus on all components of quality education (EFA report, 2005) can be effective.

897308

An innovative, expert, online, internationally applicable measure of parenting capacity for use in child protection

Dr George Hibbert - Clinical Lecturer, Consultant Psychiatrist Oxford University, UK

Ms Jill Canvin - Solicitor advocate

The effect of rapid growth in Asian populations and economies is likely to raise public expectations of child protection services, which will have to adapt to new demands and work with previously un-served communities, often in relative isolation from specialist centres and expert resources. A 'hub-and-spoke' model of service delivery is likely to be common. The Tadpole Dialectical Parenting Assessment (TDPA) is an innovative, online programme which provides a complete protocol and materials, designed by medico-legal experts, for the assessment of current parenting capacity. It is web-based, making its expertise available anywhere, at any time to anyone with internet access. It is based on observation of actual behaviour, rather than on interviews or other forms of expert assessment and is therefore as suited for use by isolated or remotely-supported child protection workers as by a centre of excellence. It provides a complete and standardised assessment and report which are extremely flexible and readily adapted to different cultural contexts and family and professional circumstances. Behavioural observations over time, using the TDPA, are the basis for a robust, systematic, universally applicable measure of parenting capacity. The TDPA provides an understandable, open and fair way of making crucial decisions about children's long term welfare and a sound basis for evaluating the cost effectiveness of family interventions. It can be used as an immediate measure of current parenting capacity or to measure change with treatment or therapy. It is a valuable addition to child protection services and the Courts in any jurisdiction.

898929

WVIM is supporting local CP mechanism

Togoodoi Ulziikhand - Child protection Specialist World Vision Mongolia

WVM is supporting Community Based CP mechanisms at local level

900274

Stolen innocence: Social work interventions with children in post conflict situations

Ajwang' Roseline Warria - Ms University of Witwatersrand

Purpose: Children in Sub-Saharan Africa who become vulnerable as a result of ongoing conflicts, persecution and human rights abuses opt to seek refuge in South Africa. Refugee children become invisible as a result of violations of their Rights to Protection, Care and Development. Traumatic ordeals leave refugee children vulnerable (Fangen, 2006). The aim of the paper is to outline social work interventions with refugee children. Method: 5 key role-players in the refugee field and 8 refugee children (ages 15-17 years) were interviewed. In-depth semi-structured interviews were conducted with both sets of participants. The transcriptions of these interviews were analyzed using thematic content analysis and in conjunction with literature reviewed. Results: The analysis yielded descriptive information about challenges faced by refugee youth resettled in South Africa. Stressful life experiences identified include initial displacement, unresolved emotional wounds, xenophobia and secondary trauma. Migration was found to be a serious threat to refugee children during teen years which impeded the reintegration processes. Survivor's guilt, emotional pain and resilience were significant in the children's life-stories. The significant relationships identified included relationships with: (a) reconstituted families, (b) with peers, (c) with God and (d) with the

social worker. Conclusions and implications: This study supports the ecological notion that refugee development during reintegration should follow a holistic approach offering integrated psychosocial support. The findings highlight that refugee children have subjective experiences and thus should be given opportunities to take ownership and be active participants in planning their future; subsequently contributing towards empowerment and enhancing of their capacities. Furthermore, social workers need to be receptive to refugee children's culture, cultural vulnerabilities and their monumental losses, which may influence cultural bereavement. Therapeutic interventions should also include the child's family and his/her significant others e.g. by recording life stories during counselling and in peer mentorship programmes.

901014

Pakistan's Evolving Child Protection System: challenges and opportunities in practice

Ms Tahira Jabeen - PhD candidate Crawford School of Economics and Government, the Australian National University

This paper is based on fieldwork (interviews with key policy actors, media review and secondary documents analysis) for my doctoral research Child Protection Policy in Pakistan. By examining two child protection initiatives, namely, the Child Protection and Welfare Bureau and the Hospital Child Protection Committees, it is argued that the medico-legal approach of these initiatives is a mismatch with the existing reality of social and structural child abuse, neglect and exploitation in Pakistan. To build an effective system, the challenge is to address this flaw; and the opportunity to do so exists within the country evolving child protection system. Existing sporadic evidence suggests that in Pakistan, individual child maltreatment – cases of battered babies are comparatively rare. However, maltreatment caused by social, structural and institutional factors such as poverty and social exclusion is all too common in forms such as corporal punishment, child labour and street children. The response, both public and private, to these issues is a recent phenomenon. The above mentioned initiatives are considered pioneers and both use medico-legal approach to child protection. The former, based in the Home Department of the Punjab province provides rescue, legal and protective custody, institutionalisation or reintegration services for the destitute and neglected children. The latter, established in major hospitals mainly by the Pakistan Paediatric Association, aims at management of child abuse and neglect in the formal health care. However, the number of children who end up either in street or hospital is small (and not necessarily representative) compared with rampant abuse and neglect caused by social and structural factors. This renders the system treat symptoms rather than address the root causes. The hope is that other jurisdictions, who are following the lead, would take advantage of later entry, learn lessons from these initiatives and replicate them after incorporating changes based on local experience.

901025

How do frontline services in a large metropolitan region address the clinical burden of child physical abuse and neglect?

Dr Shanti Raman - Medical Director-Child Protection Sydney and South Western Sydney Local Health Network

Background: Children at risk of abuse are more likely to be hospitalised and utilise health-services. Sydney South West Area Health Service (SSWAHS) has a large metropolitan population with many vulnerable sub-groups. There is no data on the burden of child Physical Abuse and/or Neglect (PANOC) and little knowledge of the systems for the clinical assessment and care of children presenting with suspected PANOC in SSWAHS.

Objectives: To identify the number of children with suspected PANOC to emergency departments (EDs)

and Paediatric services in SSWAHS. To determine current systems and barriers to assessment and care for children with suspected PANOC presenting to frontline services in SSWAHS. To come up with feasible quality improvement strategies to address identified gaps.

Methods: We interviewed 36 health professionals (doctors, nurses and social workers) from EDs and Paediatric Departments of 10 hospitals across SSWAHS, and 18 child protection professionals from 11 local offices of the statutory child protection agency. Interview questions covered assessment, protocols, and pathways for child PANOC within frontline services. From each hospital, we collated available data on children presenting to EDs and Paediatric services with suspected PANOC in 2007. We undertook document analysis of existing child protection policy and protocols.

Findings: There are significant numbers of paediatric presentations to ED for injury and social risk across SSWAHS (1/5 of all presentations to ED are children, 1/4 of paediatric presentations are for injury). There is wide variation in assessments, use of protocol, personnel and follow-up for children presenting with abuse and neglect. Health and welfare workers identified systems issues and practice gaps, but also good local practice in dealing with children with suspected PANOC.

Conclusions: A practical implementation strategy has been developed to improve service quality within the health system, and to enhance coordination across health and welfare agencies.

901033

Do sick children have rights in Australia and New Zealand? Evaluating compliance with children's rights in Australasian healthcare

Dr Shanti Raman

Medical Director-Child Protection Sydney and South Western Sydney Local Health Network

Background: Children and young people are significant and vulnerable consumers of hospitals and health-services. Healthcare professionals are committed to respecting the rights of children and young people who receive their services, but this has not been evaluated. In 2009, an international taskforce in Health Promotion for Children and Adolescents developed the Self Evaluation Model and Tool (SEMT) to audit the observance of such rights in hospitals and health-services. Children's Hospitals Australasia (CHA) coordinated the evaluation of child rights across hospitals and health-services in Australia and New Zealand using the SEMT.

Objectives: To determine how hospitals and community health-services across Australasia fulfill their obligations to children's rights in practice. To determine the feasibility of using the SEMT in healthcare facilities in Australasia. To explore broad areas of convergence, identify good practice and gaps with respect to fulfilling child rights in health-services. Methods: Eleven participating members representing 15 healthcare facilities across Australia and New Zealand completed the SEMT for children's rights in health-services. Facilities ranged from tertiary Children's Hospitals to district level hospitals and community health-services. Evidence for completing the tool was descriptive.

Findings and Conclusions: Healthcare facilities varied widely in how they supported children and young people's rights. Overall, the highest ratings by facilities were in protecting children and young people from all forms of violence. Tertiary paediatric hospitals rated themselves lower than general hospitals and community health-services. There was consensus about the need for checks and balances for children being included in research and protecting them from pain. The lowest assessments across facilities were in the rights to information and participation. Participants found the self-assessment process useful in raising awareness of children's rights in health-services and as a benchmarking exercise. Australasian Charters for Children and Young People's Rights have been drafted as a part of this work.

901788

Developing national child protection system in Vietnam - lesson learnt

Huu Nguyen Hai - Director General Ministry of Labors, Invalids and Social affairs

Hien Do Duong - Project officer Plan in Vietnam

The purpose of this presentation is to share the lessons learnt from the development a of National Child Protection System in Vietnam that was coordinated by Children's Bureau (Department of Child Protection and Care MOLISA) and support from NGO and UN in Vietnam from 2009 - 2011 aiming to achieve the goal that all Vietnam children enjoy living in a protected and safety environment. Since 2008, The Vietnam Commission for Population, Family and Children who took main responsibility on child protection were dissolved and all missions and public services on child protection assigned to the Ministry of Labour, Invalids and Social affairs (MOLISA), addressed national practices on child protection in Vietnam and the lack of a system. Strong emphasis has been given to support the Childrens Bureau in the Department of Child Protection and Care at MOLISA) to develop policy and procedure for children and strengthen the national child protection system. Successes from piloting models of community-based child protection approach at grassroots level have been shared and used as tools for provincial and government bodies to learn and follow. These working approaches have ensured that advocacy demands are successfully met. Awareness rising on child rights and child protection understanding for duty-bearers as well as right-holders has been concentrated.

909584

Child Protection at the time of disasters Pakistan's Experience

Dr. Tufail Muhammad - leadership position in the field of child protection in Pakistan Tufail Muhammad, Dr. Pakistan Paediatric Association/ISPCAN

Every year, natural and man-made disasters kill hundreds of thousands of people and inflict great sufferings on million others. Natural disasters devastate whole regions without warning, as the December 2004 Asian tsunami, the August 2005 hurricane Katrina and the October 2005 Pakistan's earthquake and 2010 super-floods have demonstrated. A disaster tends to create a catastrophic situation in which the day to day patterns of life suddenly get disrupted and people are forced into helplessness and suffering. These extreme events influence a society so strongly that it is overwhelmed and cannot cope using its own resources. Besides deaths and injuries, the effects of a disaster on a community include collapse of infrastructure, hampered communications, loss of electricity, potable water and sanitation. Community cohesion is destroyed and the weaker sections of society become more vulnerable to abuse and exploitation. Each type of disaster has the capacity to cause long-term suffering and long-term trauma. A catastrophe such as an earthquake, hurricane, flood or violent acts is frightening to children and adults alike. Events of the greatest significance with respect to children include death or physical injury to a family member, a loss of home or possessions, loss of school, relocation of home and/or school, parental disorganization or dysfunction and experiencing absolute destruction and an uncertain future. Direct risks for children in natural disasters include; deaths and injuries, vulnerability to malnutrition and infectious diseases, acute and long term psychological trauma and all types of abuse, neglect and exploitation. Psychological trauma occurs in a child when an event is sudden, unusual and unexpected and disrupts the usual frame of reference with respect to family and environment. Such an event overwhelms the child's perceived ability to cope and be in control. All these traumatic experiences have a sustained impact on children's development. Several factors will affect a child's response to a disaster including perceived or actual life threat, duration of life disruption, familial and personal property loss, parental reaction and extent of familial disruption, child's pre-disaster state and probability of recurrence. The way children see and understand their parents' responses are very important. Children are aware of their parents' worries most of the time, but they are particularly sensitive during a crisis. Seeing a parent, who represents security and protection, being victimized and helpless leaves children fearful with an acute feeling of insecurity. Given their vulnerable position generally and the fact

that their principle carers may be missing or dead, children are at increased risk of harm, like trafficking, sexual abuse and commercial sexual exploitation. For this reason it is essential to ensure that measures are put in place both to protect children from further harm and abuse, and to ensure that the effect of the trauma itself and the further consequences of it are minimized. The presentation will discuss the child protection measures undertaken in Pakistan during disasters and some important lessons learned.

909588

Practices of child movement to schools and road safety

Mr. Abhinav Gorea - Director Coordinator Society for Prevention of Injuries and Corporal Punishment

Professor Doctor Rakesh Kumar Gorea - Professor and Head Gian sagar medical college

Movement of children and their safety has not been studied properly in India. Protection system of children during their journey to schools apparently seems to be jeopardized. The various rules and regulations seems to be flouted openly. Apparent reason being the rising costs of vehicles and operation of these vehicles. Number of students carried per vehicles always seem to exceed the allowed passengers. This study was planned to know what is happening to children when they are being transported to schools and to promote safety measures for school children. Information was gathered from the students on pre structured proformas that how they travel to schools and what safety measures are taken/not taken by the operators of the vehicles and by the students themselves and their experiences while going to schools and coming back to their homes from schools. Vehicle operators were also interviewed and their views were also gathered to know that how they operate and the reasons of their followed practices and why they are unable to follow or why they do not follow all the rules and safety measures while transporting children to schools. This information was statistically analyzed and recommendations of the study group will be presented in the conference for the betterment of road safety amongst school children.

917961

Child protection Systems: Stakeholder cooperation and accountability enforcement through child helplines

Mrs. Marieke Noz - Adcoacy Officer Child Helpline International

Child Helpline International: Connecting to Children and Young people. Child Helpline International (CHI) is a global network of child helpline and outreach services. CHI was officially launched in October 2003 and currently has members in 133 countries (March 2011). CHI as a network builds child helplines, provides services to members and contributes to the development and strengthening of child protection systems. CHI works from the principle that every child, regardless of sex, age and location has the right to grow up without abuse, violence or neglect. Purpose: The purpose of this abstract is to present how child helplines work with stakeholders to improve the child protection systems. Functional child protection systems are holistic in nature. The child is the central and focal point. At the national level, the invisible string of the child helpline runs through all levels of a country's child protection system. The child is properly cared for and nurtured by a family that has the support of allied/government/community systems and structures. The child helpline is a point of entry for children into the country's child protection system. CHI will present through data collected and cases directly reported by child helplines, how these support the cooperation with the allied systems and contribute to enforcing accountability of other stakeholders.

Results observed: Child helplines collect data that provides insight into existing child protection services and allied services, and identify areas for improvement and cooperation. At a global level, child helpline data provides with indispensable input for advocacy on international law and policies affecting the lives of children. In 2009, child helplines received worldwide more than 137,000 calls for legal matters, out of

which more than 60% for advice and information and 9% related to law in conflict with children's right and 5% from children in need of legal representation. These numbers show the urgency of the topic. The cases below illustrate some of the specific needs for support children have: 2008: In Asia-pacific a case was reported of a 15 year old domestic worker who was repeatedly violated by her employer. The child helpline rescued her and supported her with psychological, medical and legal support. Although the case was filed, the accused has yet to be arrested. The child helpline legal department will continue until the accused is tried.

919625

**Stepping Up Child Protection:
An Assessment of Child Protection Systems in South Asia**

Turid Heiberg - Technical expert Save the Children

The study 'Stepping Up Child Protection: An assessment of Child Protection Systems from all countries in South Asia', brings for the first time in one document the latest data and information on the multitude of elements which comprise a child protection system from each country in South Asia. Across South Asia violence affects millions of children in all settings. Sometimes violence is covert sometimes it is overt. This research carried out by Save the Children in 2010 finds that many forms of violence and their root causes are common in the region. The study scrutinizes the existing child protection systems looking specifically at the legal framework, national child protection systems, community-based child protection systems, child protection in emergencies, children's voices and participation and the extent to which society is supportive and aware of child protection issues. Another main finding is the significant advances in the countries in relation to laws, policies and services. The report calls Governments in the Region to take action through a series of important recommendations such as the need for governments to prioritize child protection and lead its implementation at national, district and community level. Partners should coordinate for effective management of child protection and children's participation has to be at the core of all initiatives. Child protection has to be a significant element in both humanitarian and development work and regional and global linkages must be reinforced. Methodology: A research outline with a detailed questionnaire was developed to guide researchers in every country. The research was commented by government and civil society representatives ensuring its relevance with the latest data. Objective: To assess the existing national and community-based child protection systems in South Asia. A follow up requires in-depth studies with key actors; government, communities, families and children.

921659

World Perspectives 2010

Ms Jenny Gray - ISPCAN

Dr John Fluke - American Humane Association

This paper will present key findings from the ninth edition of World Perspectives that was launched at the Hawaii Congress. These will include statistics available from national child protection data collection systems, information from related articles, as well as the results of a mini-survey completed by ISPCAN national partners. Information on the use of ICAST will be reported. The presentation will include an analysis of WHO data and tables which update those in previous editions. It will also set out key findings from an annotated bibliography of the most significant published articles on child abuse and neglect written in countries other than the US during the period 2008-2010, and briefs summarising new research and practice developments in the field of 'Maltreatment'. (Many ISPCAN members gave their time generously to produce this publication together with Jenny Gray and Sherrie Bowen, co-editors.)

922524

Towards A Justice Delivery System For Children In Bangladesh: A Guide And Case Law On Children In Conflict With The Law

Mr. Abul Bashar Mohammad Abu Noman - Associate Professor Faculty of Law, University of Chittagong, Bangladesh

Children constitute nearly 50% of the population in Bangladesh. Bangladesh has a long history of enacting protective laws and formulating welfare policies for children in general and for children in conflict with the law in particular. It is true that these laws and policies are neither adequately conceived and updated to create a child-friendly society nor do they meet the international standards in practice. It is ironical that these laws and policies could not be translated into consistent practice as they were meant to be. As a result, many children remain outside the protective caring and become vulnerable to different forms of abuses. This vulnerability is particularly more striking for children facing the adult world of law, detention and criminal justice. In fact, prevailing justice norms and practices of Bangladesh constitute one of the most prominent areas where children are easy victims of frequent abuses. It is encouraging, however, that during the last 15 years or so the government as well as many non-government entities has taken many initiatives in extending protection to children in conflict with the law. These initiatives are challenging the long-lasting status quo of children justice system and practices of the country that remained largely against the interests of the thousands of vulnerable children. Consequently, marked improvements have been evident in terms of commitment from the government, judicial actions, role and participation of the non-state actors, policy interpretations, and awareness among stakeholders. In context of such realities and expectations, this paper undertakes to examine the prevailing situation of children in conflict with the law in Bangladesh, to assess the recent progression therein, to identify the challenges for further progression and to prescribe the way forward meant for ensuring the interests of such children in the best possible manner.

922584

Not just about Judiciary: Youth Justice Programming and Child Protection System in China

Ms. Yuan Qiong HU - Head of Policy and Research Division Save the Children China program

Ms. Min JIANG - Youth Justice Project Manager Save the Children China program

Ensuring child rights of Access to Justice and Dignity is one fundamental principle under the United Nations Convention on the Rights of the Child. China has started its experiment of establishing juvenile justice system since 1980s, but the current Penal Code and Criminal Procedure Law still sets no judicial diversion mechanism for children, and thus leaves the issue of juvenile justice a law in making. In addition, the absence of a unified child protection system with due mandates increases the risk for vulnerable groups of children, especially migrant children in cities and left behind children, of being in conflict with the law. The double insufficiency in judicial sector and administrative sector reveals the need to establish comprehensive child protection system in China. Among the other local experiments, Save the Children's Youth Justice Project engages the juvenile justice reform at a local level, with strong involvement of social worker, and community based child protection mechanism. The experiences from the last more than 7 years of this project further demonstrated the interdependence of juvenile justice reform with the need to establish unified child protection system at both local and national levels. The presentation will share the major outcomes, data and observations gained from the project, and conclude the ways forward in advancing child protection system building in China by taking children risky to and being in conflict with the law as an example.

922592

Rights of refugee children and youth in Australia: A long way to go

Dr Shanti Raman - Medical Director-Child Protection Sydney and South Western Sydney Local Health Network

Dr Karen Zwi - Community Paediatrician Sydney Children's Hospital Network, Randwick Campus

Background: Several international studies have documented significant health problems in refugee children and young people; despite this service delivery in Australia is fragmented and there are many barriers to providing health care. Australia's refugee and asylum seeker policies have come under increasing public scrutiny in recent months. Methods: We wanted to critically examine Australia's policies in relation to refugee children and young people (YP), explore the disconnect between policies, rhetoric and reality with respect to children/YP, using a rights framework and measured against the Royal Australasian College of Physicians Refugee Child Health Policy.

Findings: Australia is signatory to the Convention on Rights of the Child, the Refugee Convention and the Universal Declaration of Human Rights. Despite this, there are many examples of rights violations including: (i) detention during visa processing (ii) poor co-ordination and access to healthcare with one in five refugee children being screened (iii) families with one member with HIV or disability excluded from applying for humanitarian visas (iv) differentiation in entitlements based on mode of entry to Australia. Recent attempts by government to address needs of refugees have included legislative changes including the discontinuation of Temporary Protection Visas and increased healthcare access for asylum seekers. However, there are over 1000 children in detention in 2011. Audits of refugee clinics for children and young people across Australia have shown that newly arriving refugees have significant health needs which are not met by current health service provision.

Conclusions: We conclude that progress made through advocacy has not translated into an acknowledgement of rights, improved services overall, or health and wellbeing for refugee children/YP in Australia.

922606

World Vision International In Vietnam Community Based Child Protection System Setting - Partnering With Local Government & Community

Le Thi Khanh Van - National Coordinator on Child Protection World Vision International in Vietnam

Viet Nam has 85,79 million people and the child population is 27.5% of the total population, accounting for 23,63 million children. Among those, number of children in special circumstances is 4,288,265, taking up 5% of population and 18,2% of child population. These include Children affected by trafficking, maltreatment, violence; children living in poor families. Among the very first countries ratifying the UN CRC, Vietnam has achieved significant positive changes in terms of child protection, care and education as well as achieving the MDGs. However, the situation of child maltreatment, sexual abuse and violence stays at a poor level. To date, Viet Nam lacks a comprehensive child protection system compared to other countries, the prevention, early interventions, recovery and re-integration for children in need of protection have been limited. The presentation will give insights on how In late 2009, Ministry on Labor, War Invalids and Social Affairs (MOLISA) has started piloting the community based child protection system (CBCPS) model to protect children from abuse, violence and exploitation with support of other agencies such as UNICEF, SaveTheChildren, Plan International, Child Funds and World Vision International in Vietnam. Quang Nam DELISA is the direct partner of World Vision International in setting up the pilot model for the period of May 2010- Sep 2012. Goal: Support partners of Quang Nam DELISA setting CBCPS to protect children from abuse, exploitation, neglect and violence.

Objectives: To strengthen/form and function child protection committees. To set up and manage a database on children, esp. children in special circumstances. To raise community awareness on child protection. To

carry out capacity building for government staff in charge and strengthen child protection service

Approaches: Participation is promoted at all stages of the process. Quang Nam DELISA is the implementer and taking the leading role in the process while World Vision staff is playing as the technical and financial providers and supporter at all levels.

Results: Child Protection Committees (CPC) set up at all levels (1 provincial, 6 districts and 20 communal ones) with 145 communal collaborators and 1 provincial center on social affairs for children. A master plan on capacity building for CPC members at all levels developed. Quantitative and qualitative survey on children statistics/child protection issues is done. Advocacy on child rights/child protection is strongly promoted. Ownership of the local government on the system is clearly confirmed.

Lessons learnt: Government ownership is essential through all stages of process: Planning, implementation, monitoring/follow up. For example, Support from MOLISA was critical for general orientation and setting up the pilot models. Such support was secured through strong advocacy from all involved agencies including UNICEF, Save the Children, Plan International, Child Funds etc.

922607

How do frontline services in a large metropolitan region address the clinical burden of child physical abuse and neglect?

Dr Shanti Raman - Medical Director-Child Protection Sydney and South Western Sydney Local Health Network

Ms Michelle Maiese - Director-Child Protection Sydney and South Western Sydney Local Health Networks

Ms Michelle Hurley - Clinical Project Manager-Child Protection Sydney and South Western Sydney Local Health Network

Background: Children at risk of abuse are more likely to be hospitalised and utilise health-services. Sydney South West Area Health Service (SSWAHS) has a large metropolitan population with many vulnerable sub-groups. There is no data on the burden of child physical abuse and/or neglect (PANOC) and little knowledge of the systems for the clinical assessment and care of children presenting with suspected PANOC in SSWAHS.

Objectives: To identify the number of children presenting with suspected PANOC to emergency departments (EDs) and Paediatric services in SSWAHS. To determine current systems, and barriers to assessment and care for children with suspected PANOC presenting to frontline services in SSWAHS. To come up with feasible quality improvement strategies to address identified gaps.

Methods: We interviewed 36 health professionals (doctors, nurses and social workers) from EDs and Paediatric Departments of 10 hospitals across SSWAHS, and 18 child protection professionals from 11 local offices of the statutory child protection agency. Interview questions covered assessment, protocols, and pathways for child PANOC within frontline services. From each hospital, we collated available data on children presenting to EDs and Paediatric services with suspected PANOC in 2007. We undertook document analysis of existing child protection policy and protocols.

Findings: There are significant numbers of paediatric presentations to ED for injury and social risk across SSWAHS (1/5 of all presentations to ED are children, 1/4 of paediatric presentations are for injury). There is wide variation in assessments, use of protocol, personnel and follow-up for children presenting with abuse and neglect. Health and welfare workers identified systems issues and practice gaps, but also good local practice in dealing with children with suspected PANOC.

Conclusions: A practical implementation strategy has been developed to improve service quality within the health system, and to enhance coordination across health and welfare agencies.

Identification of the Needs of Children Trafficked and Sexually Exploited & Provision of Nationalised Training for Service Providers in Cambodia and Trauma Focussed Cognitive Behavioural Therapy (TF-CBT): A Pilot & Feasibility Study

Khun Channary - Project Manager World Vision Cambodia

Part 1 – Identification and assessment of Needs: The presentation describes the development of a psychosocial assessment tool for trafficked and sexually exploited girls in Cambodia and the efforts to incorporate this tool within the standard operating procedures of residential care facilities nationally. The Child Exploitation Psychosocial Assessment Tool (CEPAT) was developed through the implementation of two studies (a qualitative assessment and a pilot and validation study) led by Johns Hopkins University (JHU), Applied Mental Health Research Group, in partnership with the National Program for Mental Health. Both studies and the national training for service providers have been conducted as part of the IMPACTS project, by World Vision Cambodia. In August 2007, a qualitative study was undertaken with 65 young female survivors of sexual abuse and commercial sexual exploitation (CSE). Undertaken in five residential facilities, the study aimed to identify from the perspective of girls, what problems most significantly affect them, and what behaviours, attributes or activities provide an indication that such children are now doing well. The qualitative methodologies of Free-Listing and Key Informant Interviewing led to child descriptions of symptoms of mental distress, psychosocial problems, and the problem of being hated by society. In order to be able to identify the individual needs of children and to potentially evaluate intervention effectiveness, several standard mental health assessment tools used with traumatised child populations were identified. These were adapted using the data gained from the qualitative study and piloted and validated for use with the target population. Since the tools development, the IMPACTS project has worked to provide service – provider trainings nationally, to facilitate the incorporation of the tools into the standard operating procedures of Cambodia residential facilities. The presentation provides a description of this process and reflects upon the successes achieved and the challenges encountered. (Participants may register their email address to receive PDF copies of the studies.)

Part 2. Trauma Focussed Cognitive Behavioural Therapy (TF-CBT): A Pilot & Feasibility Study Phnom Penh, Cambodia. The presentation describes the implementation of a TF-CBT pilot, the feasibility study findings, and the experiences of counsellors in adapting the TF-CBT model to their clinical work with children trafficked and sexually exploited. The pilot was led by Dr Laura Murray of the Johns Hopkins University (JHU), Applied Mental Health Research Group (AMHRG), and undertaken in World Vision Trauma Recovery Project and Hagar Cambodia Counselling Program. The pilot and feasibility study have been undertaken as part of the IMPACTS project, through World Vision Cambodia. Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) is a psycho-therapeutic model that incorporates elements of cognitive behavioural, humanistic, attachment, family, and empowerment theory into a modular, 16-18 week treatment designed to address the unique needs of traumatised children five to eighteen years of age. The eight TF-CBT components are incorporated under the acronym PRACTICE, including: Psycho-education; Relaxation; Affective regulation; Cognitive processing; Trauma narrative; In vivo desensitisation; Co-joint parental sessions; and, Enhancing safety/social skills. The formal TF-CBT pilot in Phnom Penh ran between May 2008 and September 2009, but following early promising indications, provision of TF-CBT and investment in staff training has continued to the present day. The TF-CBT pilot and feasibility study, was implemented drawing upon an assessment phase incorporating a qualitative assessment and a pilot and validation study, and generally conformed to the outline for assessment, design and (the preliminary stages of) evaluation, as outlined by the Johns Hopkins University AMHRG. The presentation describes the feasibility study findings, and provides reflection upon further learning gained from the ongoing provision of TF-CBT. (Participants may register their email address to receive copies of the feasibility and related studies.)

922680

The functionality of the Community Based Child Protection

Mr. Mao Seat - Project Officer World Vision Cambodia

Mr. Emmanuel Jojo Pastores - Senior Program Manager for Child Protection Program World Vision Cambodia

The presentation will describe lessons in strengthening community-based structures for child protection and influencing the systems, structures and practices in the community. The lessons are from the experience of organizing and linking village level and commune level structures. In the experience of World Vision Cambodia, links among the Incident Prevention and Response Committee (IPRC composed of government, civil society and community stakeholders including youth at the commune level), Child Protection Action Group (CPAG) and Youth Club (YC) that are both formations at the village level, have proven to be effective in prevention and protection of children against abuse and re-traumatization. The presentation will describe how these structures function and how they link together and some of the processes and strategies that were implemented to ensure that the structures are functioning. The lessons will highlight the appropriateness of messages and methods and processes used to raise awareness among the community particularly when dealing with sensitive cases as well as taboo topics such as sex, rape or sexual abuse. It will also define how the project, given the hierarchical nature of the Cambodian society, was able to transcend the limitation of traditional valuing of children viewed as should be obedient, should only be seen and not heard, and following traditional role characterizations particularly among boys and girls. The presentation will also share its lessons on peer to peer education and how this helped in reaching the most vulnerable children in the communities where the project is implemented.

922760

Do sick children have rights in Australia and New Zealand? Evaluating compliance with Child Rights in Australasian healthcare

Dr Shanti Raman - Medical Director-Child Protection Sydney and South Western Sydney Local Health Networks

Ms Joyce Murphy - Quality and Safety Coordinator The Children's Hospital at Westmead

Professor Joyce White - Chief Paediatrician NSW Health Department

Dr Karen Zwi - Community Paediatrician Sydney Children's Hospital

Background: Children and young people are significant and vulnerable consumers of hospitals and health-services. Healthcare professionals are committed to respecting the rights of children and young people who receive their services, but this has not been evaluated. In 2009, an international taskforce in Health Promotion for Children and Adolescents developed the Self Evaluation Model and Tool (SEMT) to audit the observance of such rights in hospitals and health-services. Children Hospitals Australasia (CHA) coordinated the evaluation of child rights across hospitals and health-services in Australia and New Zealand using the SEMT.

Objectives: To determine how hospitals and community health-services across Australasia fulfill their obligations to children's rights in practice. To determine the feasibility of using the SEMT in healthcare facilities in Australasia. To explore broad areas of convergence, identify good practice and gaps with respect to fulfilling child rights in health-services. Methods: Eleven participating members representing 15 healthcare facilities across Australia and New Zealand completed the SEMT for Children's Rights in health-services. Facilities ranged from tertiary Children Hospitals to district level hospitals and community health-services. Evidence for completing the tool was descriptive.

services. Evidence for completing the tool was descriptive.

Findings and Conclusions: Healthcare facilities varied widely in how they supported children and young people's rights. Overall, the highest ratings by facilities were in protecting children and young people from all forms of violence. Tertiary paediatric hospitals rated themselves lower than general hospitals and community health-services. There was consensus about the need for checks and balances for children being included in research and protecting them from pain. The lowest assessments across facilities were in the rights to information and participation. Participants found the self-assessment process useful in raising awareness of children's rights in health-services and as a benchmarking exercise. Australasian Charters for Children and Young People's Rights have been drafted as a part of this work.

922965

Child Protection Center Model At Universities In Turkey

Tolga E. Dagli - Prof Head of the Department of Pediatric Surgery Marmara University Medical School Istanbul Turkey

Figen Sahin - Professor Gazi University Medical Faculty Department of Pediatrics Ankara Turkey

Child protection system in Turkey has many challenges like most of the developing countries. Although social services, legal authorities and medical teams need to collaborate to protect children who are abused or are at risk of abuse. Professional awareness within each of these sectors is inadequate as well as collaboration among these three systems. Universities have basic roles in the protection of children and ending of violence against children. They can carry out prevention, promotion and advocacy work and can engage in education, research and service activities in the field of child protection. Children First: Modeling Child Protection Mechanisms at Provincial Level Project was developed in coordination of Turkish Government and UNICEF and implemented between 2008 and 2009 with financial support of EU and technical support of UNICEF. The purpose of the project is to establish effective, coordinated working mechanisms including monitoring and evaluation for the delivery of effective and integrated preventive and protective, child-centered protection services in twelve priority provinces. Within the framework of this Project, a sub-project Establishment of child protection centers within universities is being implemented. The studies to develop models at universities for child protection centers were carried out and resulted in a proposal for the establishment of Child Protection Implementation and Research Centers. Child protection units were also established within the university hospitals to strengthen the coordination and collaboration among related medical faculty departments (primarily child health, child surgery, child and adolescent psychiatry, clinical psychology and forensic medicine) in research and implementation on diagnosis, treatment, protection and monitoring of children in need of protection. The proposal to establish a child protection center created enthusiasm and foundation of child protection centers was completed in 6 universities. A handbook for professionals entitled Hospital-Based Child Protection Centers Guide for Universities was prepared, in which the basic information on how the child protection centers will be established at universities and how they will work was presented. We are looking forward to increase the number of child protection centers in universities, set a standard both in terms of physical infrastructure and qualifications of the staff in the hospital based child protection units.

924497

Working to keep children safe: what child protection practitioners value about working in statutory child welfare.

Professor Morag McArthur - Director Australian Catholic University, Institute of Child Protection Studies

Mr Tim Moore - Research Scholar Australian Catholic University, Institute of Child Protection Studies

One major issue facing child protection systems is the impact of the high turnover of staff has on practice. This high turnover impacts adversely on caseloads, produces discontinuity of service to families, and leads to increased administrative costs. It is a difficult and complex area of work delivered by an increasingly diverse workforce with a range of different qualifications and experience. This paper reports on the findings of a national online study of 878 child protection practitioners which aimed to explore the harmony or dissonance between personal, professional and organisational values and what impact this has on practitioners' decisions to stay or go. Levels of work stress and its relationship to values were also examined. In this presentation we focus particularly on what child protection practitioners value about child protection agencies and what they would like changed. Over 75% of the sample identified key elements to what they liked about statutory practice. These findings offer valuable insights into the factors that may affect retention or attrition of child protection practitioners.

924510

Protection and Participation: Meaningfully researching children and young people in the child welfare context

Mr Tim Moore - Research Scholar Australian Catholic University, Institute of Child Protection Studies

Professor Morag McArthur - Director Institute of Child Protection Studies, Australian Catholic University

There is a growing commitment to involve children and young people in the design, delivery, implementation and evaluation of services and systems that affect their lives but limited discussion about how to do this sensitively, appropriately and effectively in the child welfare context. In this presentation, researchers from the Institute of Child Protection Studies (in Canberra, Australia) will reflect on their experiences working with vulnerable children and young people in research projects related to their involvement with the Care and Protection, Homelessness and Youth Justice systems. Presenters will share some of challenges and dilemmas they encountered when actively involving children and young people in research on sensitive issues: the things they learned, the tools they adopted and the benefits they gained from creating strong partnerships with and for children, young people and families. Presenters will showcase three qualitative research projects that engaged children and young people aged between 7 and 21 as both research partners and research participants. The importance of: creating methodologies that enable sensitive material to be discussed appropriately and for support to be offered when necessary; building trust and rapport (with both children and parents); providing enough information for children and young people to make an informed choice about whether they might participate and how they might be engaged; and including cycles of reflection and feedback will all be highlighted with strategies for doing so discussed. Presenters will draw heavily from feedback provided by children and young people and will present their words, artwork and other forms of expression alongside the reflections of the social workers, youth workers and sociologists within the Institute's team.

924773

Hospital based child protection committee to child protection unit: what next

Dr. Ahmad JA Samdani - Chief Consultant Pediatrician Children Hospital Lahore

Dr. Naeem Zafar - President PAHCHAAN

Prof. Naeem Rathore - Medical Director Children Hospital Lahore

Although child abuse is common, there are no laws for supporting a child victim of violence in Pakistan, no authentic data of child abuse cases is available and no agency is currently working on this issue. Child Rights and Abuse Committee of Pakistan Pediatric Association established voluntary child protection committees in more than 15 government hospitals for managing abused children. ISPCAN (International

Society for Prevention of Child Abuse and Neglect) supported the committee through a multidisciplinary global award in 2006 and a project in 2007-8. Child Protection Unit of University of Philippines Manila, through this project of ISPCAN trained more than 40 professionals in Pakistan and 9 in Philippines. When the ISPCAN support ended, PAHCHAAN (Protection And Help of Children Against Abuse and Neglect) a local NGO, continued the work through its meager resources. The number of managed cases rose from 10 in 2006 to 88 in 2007 and 155 in 2008. In 2009 after the project ended, the government run, 500 bedded, Children Hospital owned the initiative and formulated first Child Protection Unit in the country and South Asia. This child protection unit treated 198 patients on 2009, and 283 in 2010, providing them with medical psychological, social and legal support. PAHCHAAN also trained more than 500 multi-disciplinary professionals. However, there are many challenges faced by this initiative, which are hampering the duplication of the child protection units and the sustainability of the CPU. This paper highlights the achievements and challenges faced by an NGO, the initiative being owned by the Government and the process being ready for replication throughout the health care system of Pakistan.

924790

From Community Action on Violence against Children to Strengthening National Child Protection Systems

Ms. Tamara Tutnjevic Gorman - Regional Advisor Child Focus and Child Protection for Asia and Pacific World Vision Int

Purpose: Community Based Child Protection Groups (CBCPG) often monitor child rights, promote behavior change, and provide care and support services to child victims of violence. World Vision has been supporting functioning of different CBCPGs across Asia and has recently reviewed these initiatives looking at their effectiveness, value and limitations to ensuring protection of children. Research focused on four countries: Cambodia, India, Sri Lanka and the Philippines.

Method: Data was gathered through combination of desk review and field work, including focus group discussions with community child protection groups and children groups. Results: CBCPGs vary in forms, but perform similar roles ranging from awareness raising on child abuse, to reporting, referring child protection cases and providing support to child and family. Their activities have enabled better identification of child protection cases and contributed to the decrease of violence against children in their communities (self-reported). Linkages with children groups and child participation significantly contributed to their success. As all surveyed groups were somehow linked to government structures, it is suggested that they play important role in functioning of national child protection systems at community level. Furthermore, major challenges for CBCPGs were identified including lack of capacity to respond to cases, lack of access to support services for recovery of child survivors of violence, and lack of skills to change harmful behaviors and values.

Conclusion: Although largely informal, CBCPG are important elements of national child protection systems in countries where the State systems are weak. All formal and informal mechanisms should be mapped as starting point in any strategy for strengthening of national child protection systems. This has led World Vision to develop mapping tools for assessment of system at community level which is now utilized across the region.

924841

Challenges faced by the Child Protection System in Small Island States: Maldivian Case Study

Ms Mariya Ali - Deputy Minister President's Office

Mr Munzir Ismail - Consultant UNICEF

Small Island states, such as the Maldives, are hailed for their warm climate, white sandy beaches and their

remoteness. These characteristics make the consideration of paradise on earth as a true statement. However, this gift of nature has its own counter effects on child protection in the country. The dynamics of this beautiful chain of islands are also characterized by the lack of privacy and personalization of conflicts. Hence, working in child protection becomes a challenge both for child victims and duty bearers. Partisan politics greatly influences workplace and service provision through perceived defragmentation of the civil service from government policies. Social protection system is still in its infancy with little expertise in a country where government and politics have been pervasive and continues to be, although to a lesser extent, with the steadfast democratization process in place since 2008. The adhoc and unsustainable welfare policies and dependence on the state is still promoted by the defeated opposition as part of their political aspirations. Multi Party System introduced in 2004 and Presidential System of governance has had varying degree of influences on the developing social and child protection system, ensuring transparency and greater accountability. Media as a key window to the scattered islands, increased freedom of expression and speech has elevated media sensationalization of abuse, also threatening confidentiality, and creating a platform for expression of extremist religious views. Upon reviewing published material it is found that there is a lack of an Island Model for Child Protection System for countering the unique elements of small island dynamics that needs to be taken into account to protect children more effectively. This paper concludes by recommending that despite the issue of global warming that threaten these island nations a think tank for addressing social issues in small island states is necessary to tackle the issues effectively.

924855

Stutus Quoc on Child Abuse and National Programme on Child Protection period 2011-2015 in Vietnam

Kim Dung Tran Thi - Deputy National Director SOS Children's Villages of Vietnam

Child protection, care and education has been long since moral tradition of Vietnamese people. Just the first Constitution of Republic Democracy, the 1946 Constitution, has 70 articles regulating the entirely fundamental issues, of which there are 2 articles regulating responsibilities of the authorities to children: Children are cared and brought up (Article 12), forced and free education (Article 15). The 1980 Constitution, and then the 1992 Constitution were complemented, amended and completed, child rights are more particularly and more properly provided for (Article 65). For last several years, Vietnam has made a lot of efforts to promote child protection, care and education by being the first nation in Asia who ratified the United Nations Convention on the Rights of the Child in 1990. A lot of policies and legal frameworks on child protection, care and education have been formulated and improved to be suitable to international law and to meet social needs. Child protection, care and education is consistently directed by all levels, from the central to local, and is largely participated by politic-social organizations, social organizations, economic organization, society, schools and families. However, due to difficulties and challenges, i.e. war aftermath (victims of orange agent and unexploded ordinances...), climate change, epidemic diseases, global economic downturn, urbanisation and the increasing gap between the rich and poor, targets on child protection, care and education has not yet reached expected results. At present, Vietnam has 1.53 million disadvantaged children; as many as 2.75 million ones are poor children, victims of violence, trafficking and accidents causing physical injuries, who take 5% of the total population and 18.2% of the total children; and over 287,000 HIV/AIDS affected children. In addition, there are about 3000-4000 cases of child maltreatment and violence, and 800 cases of child sexual abuse per year. Up to the late 2009 there were 26,000 children aged from 8-15 were suffering from heavy working conditions. In order to maintain the outcomes achieved in child protection, care and education, experts and services related to children discussed and elaborated National Programme on Child Protection in the period of 2011-2015 approved by the Government with targets: Creating safe and healthy living environment where all children are protected; Proactive prevention, minimization of risks of harm to children; minimization of specially disadvantaged children and children as victims of violence; Support and rehabilitation for specially disadvantaged children and children as victims of violence to create chance for them to reintegrate into communities and to get equal development.

924957

World Vision Toolkit for Mapping Child Protection System at Community Level

Ms Aimyleen Gabriel - World Vision

Tamara Tutnjevic Gorman

Purpose: The presentation describes and explains a toolkit to identify and understand child protection issues and to map the effectiveness of child protection system in a community. The toolkit has been developed based on the World Vision understanding of child protection system, as a set of co-ordinated formal and informal elements working together to prevent and respond to abuse, neglect, exploitation and other forms of violence against children. This toolkit has been developed for the use of frontline programme staff with key community stakeholders, and with some technical assistance from a child protection specialist. Data is generally gathered through combination of desk review and participatory research methods, including focus group discussions with community child protection groups and children, key informant interviews and community conversation workshops. The presentation offer information on results of toolkit use. Tested in two countries in Asia, and under test in four more countries. Toolkit is easy to use, applicable to a variety of contexts and easy to adapt. Week long training is normally sufficient to equip a research team with skills for data collection. The main challenge lies in the analysis of data, which is why expert support is recommended. As for the data on systems collected, the utilization of the toolkit proved that each community has its unique strengths and weaknesses when it comes to protection of children. Actors that respond to child protection issues, and the effectiveness of government mechanisms for child protection differ from community to community within the same country. The greatest weaknesses in all assessed systems is lack of access to support services for child victims of violence and exploitation and the low capacity of the range of service providers at community level (police, teachers, health workers and social workers).

924973

Child Protection Activities in SOS Bangladesh

Mr. Saiful Islam - Project Director SOS Children's Village International in Bangladesh

Child Protection Activities in SOS Bangladesh: SOS Children's Village are committed to creating and maintaining an environment which promotes caring values and prevents child abuse and exploitation. Condemning all forms of child abuse and exploitation, be it within or outside the organization, SOS always responds to any case of abuse and takes responsibility is to safe guard children from all forms of abuse and neglect. The presentation relates how Child Protection is a central part of bringing our vision to life. Child Protection activities started in SOS-Bangladesh from July-2005 as a PILOT Country in Asia. A National Child Protection Team and a project level Child Protection Teams were formed. A Code of Conduct was developed to maintain the appropriate standards of conduct that are expected from all co-workers of SOS-Bangladesh for the safety and protection of our children. The presentation will report how Child abuse has been reduced at every SOS facility and child friendly environment is prevailing in all the SOS Children's Villages and children are enjoying more liberty and equity. Children, mothers and co-workers do not hide to discuss and share any abuse cases. Physical punishment, tendency of mental abuse and negligence to children has been reduced remarkably. Reporting and Responding: We take all concerns raised seriously and take appropriate action. All forms of child abuse are treated equally and result in a variety of responses. Child Abuse Case Reporting and Responding Register has been maintained at every SOS facilities in Bangladesh. Reporting and Responding structure are as follows: Md. Saiful Islam Project Director SOS Children's Village Dhaka

925348

Plight of Trafficking and Outrageous Child Abuse in Kosi Region of Bihar

Abhinav Kumar - Student Ntonal Law Unversty, Orissa

Nishnt Bhaskar - Student NISHNT

Every year lives of thousands innocent and helpless children are washed away in the flood. Kosi region is the most affected and vulnerable area located in North region of Bihar. In 2008 Flood was catastrophic in Kosi Region in which thousands of people and their children died and it was declared a national calamity by the Prime Minister of India. Children died due to diarrhea; vomiting and fever. Devastating act of Kosi River is a phenomenal disaster at the world level. This paper aims to bring the Problem of Child Abuse, Health Hazard and Neglect of Child Rights in this region. Children are denied of the fundamental Rights of their Right to Education, which is still a far flung dream for this area; National Rural Health Mission (NRHM 2005) is unable to achieve the grassroots reality of vulnerable child life. The lives in Flood camps are terrible, these families and children are very prone to diarrhea. Poverty is a big problem; the displacement and Rehabilitation work is unsatisfactory. Due to such a situation, the circumstances result in creation of the ideal opportunity for Child traffickers. Children are targeted for Child Labour and Sexual Abuse by the traffickers. This paper deals with all these issues in details. After 65 years of independence why are these areas still not brought to the mainstream of development and urbanization, why government has not reached to settle this issue with Nepal, Every year Millions and Billions of money comes from International Institutions, Donations, Business Men and Government Ministry but rehabilitation of the children and their family is still incomplete. In streets of National Capital – Delhi, children from these areas can be traced as domestic servants in Bungalows, Hotels and Shops. UNICEF in collaboration with Bihar Government is trying hard to give a better life to the children of this area and to stop child labour. According to GhuranMahto, a senior functionary of BachpanBachaoAndolan (BBA), a Delhi-based child rights organization, over 12,000 children were trafficked to metropolitan cities from areas hit by the Kosi floods between October and December 2008. Unfortunately, a well-knit investigation into child trafficking cases is still awaited. Similarly, there is no integrated counter-trafficking initiative visible in Bihar. Ever since Bihar launched its Human Trafficking Prevention Programme in 2007 the cases on child trafficking is on the rise. Taking the issue of child abuse in North Bihar because of flood and devastating act of river kosi, the author has come up with analysis of the prevalent situation of this area and discussed the Medico-legal situation for the denial of compensation by the government to those victims whose families have badly suffered due to epidemics. Recommendation based on Legal, and Socio-Economic Conditions will be also laid down. This paper also contains model to settle the issue of Rehabilitation, Child Trafficking, Health ignorance and Backwardness in Education, Sexual Abuse, Child Labour and exploitations of the children in this area. Keyword: - Kosi Region, Child Trafficking, Poverty, Rehabilitation, Diarrhea, Flood Camps, Child Labour, Sexual Abuse, Right to Education

926719

No-Fault Conflict Resolution: The Best Solution to Parental Abduction

Dr Aruna Venkat - Associate Professor Nalsar

"As adults, many victims of bitter custody battles who had been permanently removed from a target parent, whisked away to a new town and were given a new identity, still long to be reunited with the lost parent. The loss cannot be undone. Childhood cannot be recaptured. Gone forever is that sense of history, intimacy, lost input of values and morals, self-awareness through knowing one's beginnings, love, contact with extended family, and much more. Virtually no child possesses the ability to protect him/herself against such an undignified and total loss". The Hague does not provide relief in many cases. A private industry is emerging to address this gap. As the world and its people have become more closely knitted together, cross-border relationships have intensified in both number and nature. However, with this surge, has come the

corresponding percentage of breakdowns in these relationships. Mediation is a voluntary method of settling disputes. A neutral third party, a mediator who does not exercise decision-making authority, assists the parties in negotiating a mutually beneficial settlement. It has been called no-fault conflict resolution because the goal is to reach a solution fairly and quickly, instead of deciding who is right, or who is wrong, in a costly court battle. The breakdown of the family can have detrimental effects, particularly on the children involved. Mediation and ADR bring a creative and flexible approach to conflict resolution. The emphasis is placed on individuals to resolve their dispute, which enables the parties to better tailor the solutions to match their needs and to suit their schedule.

928332

Child Labour

Mr Vatti Sambasiva - Coordinator Child Rights World Vision India

Ms Clara Raphael - Manager - Child Development World Vision India

World Vision India believes that all non school going children are child labour in one form or the other, and that a child enrolled in school is a child withdrawn from labour. The causes of child labour are complex and multifaceted. Therefore our approach should be multi dimensional. Area based approach is one of the best way. Our own experience has shown that it is possible to create Child Labour Free Areas with a comprehensive decentralized approach which has been developed in partnership with children and members of the local communities. Children themselves are an integral part of our child labour strategy, implementation and monitoring processes. Our approach is a triangular approach. 1) Prevention The prevention strategy is aimed at identifying existing pockets of child labour and , build community capacity in prevent the spread of child labour. 2) Restoration Building the capacity of the families so that children are not forced again to work. 3) Advocacy To strengthen the implementation and enforcement of National policies and laws that address child labour at all levels. Some approaches of World Vision in the field of Children's education. World Vision gives special attention on school dropouts, taking them through bridge courses, which will then enable them to get back into the mainstream of academics. Children, who have never had the opportunity to go to school, are thought to be literate through non-formal education. This is normally true for older children. To children without an aptitude for academics, World Vision provides various kinds of vocational trainings, which will make them self-reliant in the long run. Where schools are ill equipped or under staffed, World Vision steps in to provide what they need, giving them desks, black boards, maps, books. The problem requires a unified commitment by community, government and civil society organizations, more than that it requires a human touch.

933784

Child Abuse and Neglect (Child neglect and early marriage)

Mr. Kirthi Hettiarachchi - Project Director SOS Children's Villages of Sri Lanka

It has been said that children are our greatest natural resource. As such, the children of Sri Lanka deserve care and protection to keep them from harm. Child maltreatment, as generally defined, includes both abuse and neglect of children. Of these two general types, neglect represents approximately 60% of all child maltreatment and physical abuse represents approximately 20%. Additionally, sexual abuse represents approximately 10% of child maltreatment and approximately 7% is emotional maltreatment globally.*1. In Sri Lanka Child abuse and neglecting has been dramatically increased day by day. Here in Sri Lanka, if we consider the factors associated with child abuse and categorize them it'll be according to factors related to parents, children, families and the environment. In Sri Lanka 25% of court cases heard in courts are child abuse cases, reveals a study conducted by the Rehabilitation and Prison Reforms Ministry. A notable feature is that majority of children were victimized by their blood relatives. According to the study, 51% court cases of following cities, Ambilipitiya are on child abuses, 32.7% of Badulla district, 24% Kegalle, 45.27% from

Polonnaruwa, 40.17% from Rathnapura, 38.60% from Kandy, 33.16% from Anuradhapura reported as child abuses. *2. The Most common issues are lack of parenting skills, overuse of physical punishment, problems with coping and self-control, parental force on early marriage, marital difficulties and lack of interpersonal skills as well as lack of knowledge about child development. Situational stressors, such as Poverty, unplanned pregnancy or parental illness, also may increase the likelihood of abuse & Neglect. A child's behaviour may increase the likelihood of abuse, especially if the parent is unable to empathize with the child. In general, children who are different from their peers (for example, children with disabilities or children who are socially isolated) are at greater risk for abuse and neglect. Life stressors, such as marital conflict, difficult extended family relationships, drug and alcohol abuse, mental illness, domestic violence, financial stress and isolation may increase the likelihood that abuse and neglecting will occur. In high-risk families, communication between parent and child tends to be poor, and abusive parents often use ineffective and inconsistent discipline. Furthermore, it is important to note that factors such as poverty are associated with child abuse, a relationship indicated by an increase in rates during times of recession and parental job loss. Environmental factors are only one facet of child abuse. These situations are highly noticeable in North & North Central Provinces in Sri Lanka. To come up with a resolution for this massive problem, we gather information from Child Right Situation analysis (CRSA), Logical frame approach, case reports, surveys and feasibility studies. According to the information, we would be able to organize awareness programmes to minimize this situation. As well as we would educate the parents and adults through children. In the meantime we can pass the message to the parents through persons of trust. After thorough review of the outcome of all these analytical approaches to resolve the issue, as one of the strongest welfare organizations in the world, we can contribute with all our might and mind. We could enforce public awareness and create supportive communities among them. We can propose prevention programmes, develop them and make sure they sustain and practised. We also can support such programmes since if the work that has done so much for children is to continue and to grow, it is important to show that it yields benefits on many levels- for children, their families, and their communities. Consistent decisions to support the needs of children are at the heart of a bright future. Sources *1. Colorado depart of Public Health & Environment *2. National News, Sri Lanka (Lanka News).

939401

A framework of ethical principles to evaluate past, present and future child protection activities in the multi-disciplinary setting.

A/Prof Richard Roylance - Associate Professor School of Medicine, Griffith University, Australia

Professionals from the disciplines of Health, Social Services, Police, Justice, and Education have been increasingly involved in the identification, management and prevention of child abuse & neglect (CAN) since its identification as an issue of significance in the later half of the 20th century. The complex nature of the work has necessitated a closer relationship between health, social services, police, justice and education than had historically been the case. In particular, the juxtaposition of medical expertise with outcomes within the Legal System (Criminal, Children and Family Courts) is something that evolved well beyond the expectations of early workers in the field. This presentation draws on established ethical principles to examine the ethical implications of inter-disciplinary child protection for the child, the family, the professionals, elected officials and the broader community - and to provide an ethical framework for review of past, present and future child protection activities.

942479

Protecting the rights and welfare of vulnerable children in conference proceedings: an ethical obligation

Dr Neerosh Mudaly - Senior Research Fellow Child Abuse Prevention Research Australia, Monash University

Professor Chris Goddard - Director Child Abuse Prevention Research Australia

There is extensive literature on the ethical requirements to ensure that the rights and welfare of vulnerable children who are involved in social interventions or research are protected. Further reflection, however, has revealed an omission on ethical requirements for how information about children is reported. Roberts (2008) states, "While taking about the views and feelings of children is one thing, parading them is quite another (p. 225). In our experience, photographs and other identifying information about vulnerable children have been freely paraded at conferences (ibid). We question how consent was obtained from such highly vulnerable children and whether consideration was given to the consequences for them of such exposure in the long term. The need to protect the rights and welfare of vulnerable children in the way information about them is reported and/or publicised is essential. Ethical procedures must be strictly applied and monitored. This is a necessity at child abuse conferences. We contend that by not doing so is further exploitation and abuse of children. This paper will examine the ethical issues that must be borne in mind when information about vulnerable children is reported particularly at child abuse conferences. The need to be cognisant of the factors that make children vulnerable to exploitation and abuse will be discussed. The paper will call for policies and procedures to be implemented to ensure that the rights and welfare of vulnerable children are protected at child abuse conferences. Reference: Roberts, H. (2008). Listening to children and hearing them. In P. Christensen & A. James (eds.). (2008). Research with children. Perspectives and Practices. 2nd Edition. London. Routledge. Pp. 225-238.

942984

Victims of child abuse: Intervention and management experiences of a child helpline.

Dr Manjit Sidhu - CHILDLINE

Dr. Prahbjot Malhi - Professor Post Graduate Institute of Medical Education and Research

Ms. Prahbjot Gupta

Objective: To highlight the role of child helplines in rescue and management of victims of child abuse. Method: All cases of child abuse referred to Childline, Chandigarh from April 2009 to March 2011 were included in the study. The data was collected by means of a semi-structured interview of the child and the family which sought details on the type and place of the abuse, the relationship with the perpetrator, the chronicity of the abuse and the immediate intervention. Results: There were 83 cases of child abuse in the age range of 1 to 18 years (Mean age=11.14 years, SD= 4.82) and 52% were girls. Majority (58%) were cases of physical abuse, 31% of emotional abuse, and 5% of sexual abuse. Almost two-thirds of the victims reported multiple forms of abuse. Majority of the children reported abuse by a close family member (61%), 13% by employer, and 7% by their teacher. There was a significant relationship between type of abuse and sex of the child ($t = 18.72, p = .009$) with more girls being victims of physical and sexual abuse and more boys being victims of emotional abuse. Childline used a multidisciplinary approach for case identification, management and rehabilitation involving persons from the medical, legal, education and social services. Family counseling was done for majority of the cases (80%), police complaints were lodged in 13% of the cases. Only in a small minority (4%) of the cases, were the children removed from the abusive environment and placed in state run shelter homes after co-ordination with the Child welfare committee of the city.

Conclusions: In the absence of adequate shelter homes, in developing countries, management of child abuse must focus on counselling of families and rehabilitating children in the home setting.

944123

Role of Media in child protection: legal aspects

Dr Devendra Sareen - Professor and Unit Head Pediatrics RNT Medical College

Dr. Srishti Sareen - Medical Graduate RNT Medical College

Dr. Srishti Ojha - Medical Graduate RNT Medical College

Dr. Nishtha Sareen - Medical Graduate RNT Medical College

Media is a double-edged tool. On the one hand it plays an important role in moulding public opinion, and on the other, tends to sensationalise issues to attract attention. Children in conflict with law who get featured on media, find it difficult to re-join mainstream society. Their employment opportunities dwindle as the stigma follows them into the job market and they are compelled to depend upon the underpaid unorganized sector for earning a livelihood. The presentation provides information on measures to curtail such victimization. India's legislation (The Juvenile Justice Act) protects the juvenile right to privacy by restricting media reportage. Under Juvenile Justice act, report in any newspaper, magazine, news-sheet or visual media of any inquiry regarding a juvenile in conflict with law or a child in need of care and protection cannot disclose the name, address of school or any other particulars calculated to lead to the identification of the juvenile or child, nor shall publish picture of any such juvenile or child. The child's right to privacy shall be respected at all stages in order to avoid harm being caused to her or him by undue publicity or by the process of labeling. Moreover, records of juvenile offenders are to be kept strictly confidential and closed to third parties. The Board shall initiate action against any media for publishing any matters relating to the children in conflict with law which would lead to the identification of the juvenile. Reports and articles regarding illegal detention of juveniles in prisons, apathy of the Government towards children should be encouraged as media coverage could improve situation for the children. Media should blank out crimes committed by the juveniles. It is imperative for media to portray the true picture in respect of juvenile crime.

944155

Interesting case reports

Dr. Devendra Sareen - Professor and Unit Head Pediatrics RNT Medical College

Dr. Abhishek Ojha - Medical Graduate RNT Medical College

Dr. Abhishek Sareen - Medical Graduate RNT Medical College

Nishtha Sareen - Medical Graduate RNT Medical College

Case 1: A 5 year old boy, throws a stone at his classmate. Due to injury sustained he loses his eye-sight. Police have arrested the boy under section 326 IPC, viz. for having caused grievous hurt with a weapon. What should be done? Case 2: An 11 year old boy, is employed as a domestic worker. He is not allowed to go out for entertainment in the evenings. On repeatedly being refused for the same, one day he boy gets angry and hits his employer with a heavy iron pan. Due to grievous injury the employer dies and a criminal case under section 302 IPC is registered against. What are the probable legal consequences? Case 3: A boy has committed rape. The case is presented to the Session Court after charge-sheet is filed. The boy for the first time before the session court raises the plea that he was only 16 years old on the date of offence. What do

you think the Session Court will decide? Case 4: A boy resides with his presents and has been arrested for having committed robbery, his case is pending before JJB. His parents apply for bail but the bail application is rejected by the JJB. What can be the subsequent probabilities? Case 5: A child has been sentenced on 12.4.2002 by the Session Court to life imprisonment for having committed murder on 2.1.2001. The child was born on 4.4.1983. An appeal has not been filed before the High Court. What are the future consequences in this case?

944175

Family conference to foster children resilience

Ms. Natalina Sangapta Peranginangin - Advocacy SOS Children's Villages Indonesia

Ms. Ayu Putu Eka Novita - assistant to national director SOS Childrens Villages Indonesia

What is resilience? Resilience is the human capacity to deal with, overcome, learn from, and even be transformed by the inevitable adversities of life. In fact, many children are not resilient and many parents and other care givers do not help children become resilient. Children need adults who know how to promote resilience and are indeed becoming more resilient themselves. To overcome adversities, children draw from three sources of resilience features labelled: I HAVE, I AM, I CAN. Resilience results from a combination of these features. SOS Children's Villages Indonesia is designed to be a loving home for every child. Educators are fathers to children and through a family conference, they involve to promote children resilience. A family conference is a regular event attended by all children to share with mother and educator. The benefits of a Family Conference are: a) To maintain good relationship among fathers, mothers and children, b) To build a family atmosphere, c) As a media to discover children's talents and interests (for example there are children who are good in storytelling, strong in imagination, eloquent in dialogues, etc), d) to chat, e) To comfort each other, f) To engraft moral values in children, g) To listen to each other, and g) To provide opportunities for individual to learn to love other with full consciousness. Through this, all features to become resilience are fulfilled.

944251

Helping Children With Special Needs Trough Family Workshop

Mr. dharta Wijaya - Inclusion Program SOS Children's Villages Indonesia

SOS Children's Villages Indonesia collaborated with Home PBS and conducted family workshops for children and families with special needs, from 30 July 2010 until 01 August 2010, in National Training Center SOS children's Villages Indonesia, Lembang, Bandung-Indonesia. The target for this workshop were families of the children with special needs, and extended families of the children with special needs. It is not easy for some parents to feel unconditional love for their children who have developmental disorders. They struggle with conflicting feelings towards their children and develop negative feelings towards them. It is difficult for parents to build positive perceptions about the future of their children. They generally tend to focus on their children disability and not on their potentials, talents, and all the learning progress that the children shown. Children with Special Needs, in a situation like this feel emotionally insecure. Through live events in the families who have children with special needs in SOS CV Indonesia, families are encouraged to be able to: 1. Create a schedule of activities that can alert parents to involve children with special needs. 2. Create data that can describe the behaviors of children in various learning activities 3. Develop a method of learning as a parent response to the expected behaviour of children 4. Develop activities in the family and the community as learning opportunities that have been prepared in Individual Educational Plan (IEP) and Individual Family Service Planning (IFSP). Cultural exchange is also an important factor for all the above can be run effectively. Families can be assisted in dealing with stress by engaging them early in the provision of information, services for children with special needs and their families, and other inclusive education services.

951385

Childhood HIV and Child Abuse

Dr Bela Sachdeva - Consultant Ahalia Hospital

Childhood HIV and Child Abuse: The association of HIV- AIDS and child abuse is double edged. HIV infected children may be vulnerable to discrimination, taboo, separation from siblings and may be subjected to inhuman treatment, causing mental and physical distress. Secondly, childhood sexual abuse may have an impact on child's vulnerability to HIV infection. So both aspects need to be considered. The presentation reviews in general terms, the expected effects on children in the domains of economic and food security, psychosocial care, education, health, family composition and stability of care. The close association between poverty and HIV/AIDS is then discussed and attention is drawn to the likely co-occurrence of HIV/AIDS, poverty, loss of caregivers and deprivation. The argument is made that the impact on large numbers of children of the combined effects of poverty and HIV/AIDS namely, dropping out of school, child labour abuses and the sexual exploitation and trafficking of children are likely to cause significant social disruption. Exposure to child sexual abuse has several short and long term deleterious health outcomes. they face social, interpersonal, behavioral and sexual difficulties in adult life for instance, poor school performance, substance abuse, alcohol use, mental illness, sexual dysfunction, multiple sex partners and inconsistent use of condoms etc which all lead to extreme vulnerability to HIV. Injection drug user (IDU) is known to increase HIV positivity. The ways to help prevent vulnerability to HIV infection, by protecting children and reducing the child's need to seek shelter, food and clothing through risky encounters with unscrupulous adults are discussed. Every effort also needs to be made to avert conditions that result in impersonal and cruel treatment of children. Orphanages and unstable foster care have been identified as high-risk environments for neglect and abuse in such children. The presentation will cite program interventions and research on protection of adolescent and young People to decrease the incidence of both abuse and HIV and the ways to empower adolescents particularly female sex and to increase their awareness towards the issue.

951387

Child Sexual Abuse: Extent, Recognition/examination, Reporting, Judicial Aspects, Rehabilitation

Martin Finkel - USA

Andal damodaran India

Dr Preet galagali - India

Dr. Jitendra Nagpal - India

The workshop will provide a perspective that outlines principles and discuss essential aspects of addressing the problem of child sexual abuse, from the disciplines of medicine and mental health, but do so in a construct of outlining informed expectations for governments and professionals to address this issue.

It will emphasize the importance of understanding the scope of the problem, governmental and professional responsibilities for recognition/reporting/prevention, crafting interdisciplinary collaboration and developing essential systems/resources to address the issue.

951393

**Risk factors for Severe Child Discipline Practices in Rural India. can be take in th
esociocultural stream**

Dr. Dipty Jain, Professor and Head, Deptt. Of Pediatrics, Govt. Medical College, Nagpur

The household survey recognises the type and severity of discipline practices in rural India . It also identify the risk and protective factor which can help in framing Parenting Program and interventions in preventing child abuse in rural India

951399

**Impact of hostility situation on level and nature of child neglect and abuse:
Example Palestinian
Children**

Palestinian Authority Mission in India
YWCA of India

The presentation examines the negative effects of situations of dispute and hostility on the access and assurance that children have to basic services and essential securities. Taking the Palestinian children's example, it explores how UNCRC Article 2 – The right to non discrimination regardless of identity – can be realized n such situations. It also invites consideration of whether this right of children can be addressed at all in isolation from policies and measures to resolve the deeper and causative issues that result in neglect and abuse. The CRC enjoins upon all States parties that they take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment notwithstanding the status, activities, expressed opinion or beliefs of the child's parents, legal guardians, or family members.

951412

The ICDP Programme as a Tool For Preventing Violence, Child Abuse And Neglect

Nicoletta Armstrong - Chair, ICDP International

In April 2011, the Committee on the Rights of the Child issued the General Comment No. 13 on the right of the child to freedom from all forms of violence. The rational for the GC13 states that “measures to end violence must be massively strengthened and expanded in order to effectively put an end to these practices which jeopardize children's development and societies' potential non-violent solutions for conflict resolution”. The Article 19 of this general comment declares that “protective measures should, as appropriate, include effective procedures for the establishment of social programs to provide necessary support for the child and for those who have the care of the child”. One available social program that focuses on providing support for parents, caregivers and children is the International Child Development Program (ICDP). It is a community oriented program with the objective of supporting and promoting psychosocial care competence and it is intended to supplement existing professionalized services by training local resource persons who work with children and families. ICDP is both the name of the program and the organization founded in 1992, in Oslo, Norway: www.icdp.info. The ICDP organization was led for nineteen years by Professor Karsten Hundeide, from Oslo University.

The ICDP program is based on the knowledge established from research on early communication, attachment, mediation and regulation. The program was positively evaluated and subsequently adopted by the World Health Organization (WHO) and its manual was published by WHO in 1994. Since then the

implementation of the ICDP program has taken place in over thirty countries worldwide. In 2005 a set of manuals were published by UNICEF Colombia. UNICEF has sponsored and promoted the work of ICDP in Macedonia, Argentina, Colombia, El Salvador, Guatemala, Angola and Mozambique.

The ICDP program encourages caregivers and agents from networks that work with children and families, as well as key persons in authorities, to define children in a positive way; it raises the caregivers' awareness about the children's psychosocial needs, how to protect and respond to these needs. The ICDP program reflects universally accepted humanitarian values about the significance of activating human empathy and compassion as a basis of care for vulnerable children. The program is another expression of the same humanitarian spirit as it is encoded in the convention of children's rights. The promotion of children's rights presupposes a parallel move or advocacy for a more humanized conception and sensitive relationship to children as the core and the content for all action, whereas the legal aspect relating to human rights provides a protective framework for the real caring work with children and their families.

The ICDP program may be a helpful tool to put in practice in any community in order to create positive conditions for the fulfillment of fundamental children's rights: the right to be protected from violence and to receive the loving care and guidance from the immediate environment which is required to ensure healthy human development.

951417

Violence in alternative care, reduction and preventative measures from the UN Guidelines on Alternative Care of Children.

Mr: Emmanuel Sherwin SOS Children's Villages International advocacy advisor.

This presentation will look at the development of the UN Guidelines on Alternative Care of Children and the various thematic areas, such as family strengthening measures and the range of alternative care options when biological family care is no longer an option.

The presentation will specifically focus on the application of the UN Guidelines on Alternative Care of Children to the reduction of violence and abuse within formal care arrangements. Moreover the presentation will give participants the opportunity to understand of the guidelines interpretation of solitary confinement or any other forms of physical or psychological violence and the appropriate use of chemical and physical restraint.

951419

Involving children and young people in policy making, children as experts

Reidar Hjermand - Ombudsman for Children, Norway

When children and young people participate in things that matters to them, things get better for all. The Ombudsman for Children involves children and young people as experts in policy making in all areas. Young people with certain life experiences, such as domestic violence, sexual abuse and hospitalization, are invited to the Ombudsman's office in order to bring along experience that the society can learn from. The Ombudsman for Children facilitates meetings between the young people and the decision makers in central positions in Norway. The children's experiences and their advice function as catalysts in child policy making in Norway.

**PREVENTION OF
CHILD ABUSE AND NEGLECT:
BEST PRACTICE MODELS &
STRATEGIES**

804201

Bullying among Children in Elementary Schools in Muscat Region

Muna Al Saadoon - Assit Prof/Dr Sultan Qaboos University

Bullying is one of the serious problems that may face children at school-age and it is thought to be a problem of each and every school. It is considered to be a serious problem as it might affect children's performance at school and may affect their psychological health. There are no published data about this problem in Oman schools.

Objectives: This study was planned to assess the presence and magnitude of the phenomenon among elementary school children in Muscat region. The study was planned to assess victimization, regardless of the place it occurred in, thus giving more realistic picture of the child experience.

Method: A total of 1229 (45.1% male and 54.9% female) Omani school children all of them in level 8 were included in the study. The sample was randomly selected from wilayat of Al-Seeb and Bushur in Muscat region. All participants were asked to complete a questionnaire (during the academic year 2006/2007) that was developed for this study. Consent was obtained from both students and parents. The study was approved by the ethical committees in both college of Medicine and Health Sciences in SQU and research department in Ministry of Education. Data analysis was done using SPSS program.

Results: It was found that 76.5% male and 76.1% female experienced one or another form of bullying. In 80% of the incidents the students reported that the bullying took place in the school. It was evident that although the majority of the incidents occurred at schools only 22.8% of the victims asked for help from an adult in the school. In almost half of the cases the bullying was initiated by a student of the same age or older than the victim. 35% of the students had no clue of the reason of being treated in this way by others. Factors contributing to the phenomena were looked at. The association between victimization and depressive symptoms was also studied.

Conclusion: The first study of bullying in Oman reveals that the problem is common in school children. No sex difference was found among the victims. The majority of cases were reported in schools. Almost one third of the victims did not know the reason for victimization. Only 22.8% asked for help in the schools. We recommend vigorous procedures to prevent this problem in schools in order to avoid the bad effects on school performance and the psychological state of the child. This can be done by better communication of the children with their parents on the one hand and with their teachers/principals on the other. Also, strong cooperation between parents and the school is very important to alleviate the side effects. Finally, the school children should be educated and encouraged to report any type of bullying to the school administration as early as possible. Bullying is a common problem among children and programs to prevent it, reduce the impact on the children need to be considered and initiated by the Ministry of Education.

815218

Toward Better Protection of the Youngest Children

Mrs. Karolina Lewandowska - Nobody's Children Foundation

The subject of the presentation is the experience in building a multidisciplinary approach to work with parents of the youngest children (0-3 years old) to prevent child abuse and neglect. Poland has taken the first step to create programs which aim at giving parents an opportunity to find help if they experience problems related to parenthood, and also showing professionals the way to encourage families to seek help. As an example, there will be presented one of the first programs in Poland addressed to the youngest children and their families, the program run by Nobody Children Foundation in close cooperation with local authorities in Warsaw. Media campaign, training and consultations for parents constitute one part of the program, though the most challenging part was to create cooperation between institutions such as: health centers, day-nurseries, social workers, children hospitals, courts and other institutions. The presentation will explain how the multidisciplinary partnership was established and how we deal with different difficult situations which arise during work.

863906

Quality of home environment and developmental functioning of Indian children from low income families.

Prof. Prahbjot Malhi - Professor (Child Psychology), Post Graduate Institute of Medical Education and Research

Dr Bhavneet Bharti - Associate Professor (Pediatrics), PGIMER

Dr Manjit Sidhu - Counsellor, PGIMER

Objective: To study the impact of home environment on child's developmental profile in low income families from India. **Method:** Sixty nine children in the age range of 1 to 6 years (Mean =3.45 years, SD = 1.25) and their mothers were recruited from the Anganwadis of Chandigarh, an urban north Indian city. A home visit was made to assess the quality of home environment using the Mohite Home Environment Inventory (Mohite, 1989). The inventory provides scores on 5 sub-scales including language stimulation; physical environment; encouragement of social maturity; variety of stimulation; and maternal attitude and disciplining. The main outcome measure was the child's developmental functioning as measured by the multi-domain Developmental Assessment Battery (Sidhu et al., 2010). The Kuppaswamy scale (Kumar et al., 2007) was used to measure the socio-economic status (SES) of the family. The 't' test was used to compare the developmental functioning and home environment of children from lower (n= 41) and lower-middle (n= 28) socio-economic status groups. **Results:** There were significant differences in the two SES groups on all the developmental domains and in the quality of home environments. Children from lower-middle SES had significantly ($t= 4.02$, $P= .000$) higher total DQ (Mean= 103, SD= 14.19) as compared to the lower SES group (Mean= 88, SD= 15.98). Nearly half (46.3%) of the children from lower SES families had borderline or low average DQs as compared to only 17.6% of children from lower middle class homes. Multivariate regression analysis revealed that 29% of the variance in the total DQs of children was accounted by income, education of the father, and maternal attitude and disciplining practices at home ($F= 8.94$, $P= .000$). **Conclusions:** Home environment variables need to be targeted in intervention programs aimed at improving developmental outcomes in children from poor families.

885305

An Attempt To End Child Labour & Child Trafficking

Upama Bhattacharjee - Student, National Law University, Delhi

Children are vulnerable to many forms of abuse and exploitation and have long been victims of trafficking for the purpose of both sexual and labour exploitation. There has been some analysis of trafficking of children in Asia, where trafficking persists despite significant prevention efforts. With regard to the Pacific region it is relevant to note that over one-third of the population is under fifteen years of age. However, little is known about trafficking in the region. Child labour has been defined as the work, which harms the well-being of children and hinders their education, development and future livelihoods. Not all forms of work undertaken by children are considered as child labour. As per the ILO Conventions, the activities of children twelve years and older who are undertaking light work and those fifteen years and above whose work is not classified as 'hazardous' are excluded. It is also relevant to note in this regard that child trafficking represents 'a failure to protect the rights of the most vulnerable children'. A close examination of the statistics reveal that the Asia Pacific region has the largest number of child laborers in the world and has experienced slower progress in child labour elimination compared to other regions. The worst form of child labour exists in the region of any conflict or civil unrest as the children are often used as soldiers, porters, sex providers and general helpers for militias. In India the condition of children is often overshadowed by the various reports. Education policies insufficiently address the issue, as there is limited access to education. Further direct and indirect costs and quality issues add to the failure of such policies. There is need to improve reach in remote rural communities, indigenous communities, isolated workplaces such as households in order to eliminate child labour.

The child labourers are poverty stricken children who have to work to earn a living for themselves and their families. So only imparting education will not help them and hence some scheme should be devised where such students can learn some work along with getting education.

901048

From Streets to School: A Case Study of Plan Pakistan Program Unit, Chakwal

Zeeshan Ahmed - Program Unit Manager, Plan Pakistan

Plan Pakistan Program Unit Chakwal started an initiative of Drop In Center (DIC) for street working Children in 2010 for prevention of child abuse and neglect through the provision of psycho-social support, informal education, medical care, awareness raising, provision of food, recreational facilities, and the opportunity to have care givers support and mentoring for their overall development and childhood care. According to an initial baseline study, around 1500 or more street working children are present in the district working at streets for garbage collection and allied trades to support their family's livelihood at the cost of their childhood. During less than a year the DIC registered more than 250 street working children and arranged the above mentioned support for them. Registration process in DIC was carried out after following the social mobilization approach / process with the parents of street working children. Through advocacy and awareness raising campaign with the stakeholders, the initiative was well recognized by the district government and formal request was made to the provincial authorities by the District Coordination Officer for the provision of state land and annual budget to formally own the DIC. Moreover, local trade groups while acknowledging the need and importance of such initiatives, have decided to start another DIC from June, 2011 from their own resources and with the support of local philanthropists. The DIC encouraged and successfully enrolled 17 street working children in the mainstream government primary schools and two of the children stood first and second in final exams. Moreover, keeping in view the success and outcome of the DIC, one local mosque religious leader and one beggar offered their home portion to be served as DIC for street working children with an aim to bring those children from streets to school.

901049

Preventive Strategies to address Child Abuse and Neglect focusing on Day Care Unique Model by Mobile Creches

Ms Sonia Sharma - Manager Programme Mobile Creches

The Mobile Creches Day care programme at construction sites demonstrates how early preventive interventions can be used as a viable approach for replication in other vulnerable situations to address the issues of child abuse and neglect. In India, children under six are either outside the state security net for childcare or suffer violations of their entitlements due to poor implementation of State laws and schemes. The National Family Health Survey III highlights utter neglect of young children. 47% of children suffer from malnutrition, 80% children have anaemia and more than 50% children are unimmunized. As 90% of brain development takes place by six years, young children should be provided care, opportunities and experiences that lead to their all-round development making them less susceptible to abuse and neglect. To address this, Mobile Creches adopts a three pronged approach (preventive, curative and promotive) that helps children to achieve holistic development through an integrated programme which is also culturally appropriate. The Mobile Creches centre provides the institutional support to protect children from neglect. Intervention in health comes through immunization, health check-ups and growth monitoring including nutrition. Mobile Creches nurtures the natural curiosity through an integrated, play-based approach transacted through a variety of enjoyable and age appropriate activities. The proactive engagement provides an enabling environment for child survival, protection, development and participation. Mobile Creches has reached out to more than 7,50,000 children through 600 day-care centres and have trained 6000 childcare

communities hit by the tsunami, causing 600 dead and 1,500 missing. One month after the disaster, they still had over 10,000 people living in 90 evacuation centers. An NPO called Peace Winds Japan (PWJ), in collaborations with USA organizations, Mercy Corps and the Dougy Center, started their Psychosocial Support Program. Utilizing a small space in each shelter, PWJ created a play room for toddlers and school children. With the schools reopening, PWJ are visiting there weekly to read picture books to the children. Also, PWJ has provided school teachers, child care workers, and Child Guidance Center workers with training sessions regarding mental health care for children.

3. Lessons learned and recommendations: Although the exact figure is unknown, it is that estimated several hundred children lost their parents due to the disaster. Ongoing Counseling services are crucial for those children as well as for child victims with fear of the disaster. Also, holistic psychosocial care is essential for families with children, who now reside in temporary housing with great anxiety and little hope for their future.

916157

Training Community Health and Child Care Workers on Prevention, Identification and Early Stimulation of Children with Disabilities in Poor Resource Communities

Dr. Geeta Chopra - Associate Professor, Delhi University

Key issue of children with disabilities will be addressed, focusing on skill development in the area of childhood disabilities, using an innovative program technique. The workshop would open to the participants a comprehensive and field tested Training Module for training of grass-root community child-care and health workers on prevention, early detection and early stimulation of children with disabilities in communities. The resource person will share with the participants the entire training module, which comprises of three practical guide-books, one each on Prevention of Disabilities, one on Early Detection of Disabilities and one on Stimulating Development in Children with Disabilities at School and at Home. These books are written in a simple communicative style and are profusely illustrated. These three books are available in English and Hindi. About 10 posters and charts have also been developed on early detection as well as on strategies for managing children with disabilities. A Disability Screening Schedule, which is a proforma for early detection of childhood disabilities, which has a very high sensitivity and specificity focused group discussion situations, simulation situations and role play which are training aids and a complete training programme and methodology. The module has gone through two field trials. Different set of community workers were trained using the module, hence demonstrating a high replicability of the module. These two trials focused on prevention and early detection of disabilities. A population of more than 60,000 has been reached out, covering more than 8,000 children under six and detecting more than 625 (about 8%) children with disability in the first two trials. The third trial is still ongoing and is expected to reach out to about 2500-3000 children under 6 years and a population of about 30,000. The scope of the third trial has been expanded whereby the trained workers are not just detecting disabilities in the early years, but also including children with disabilities to attend the preschool programme. During the workshop, the participants would be familiarized with the components of the module as well as the usage.

917988

Allies for Change: Engaging Boys to Prevent Violence

Mr. Laxman Belbase - Thematic Advisor, Gender Issues, Save the Children

Engaging boys and young-men is important in an integral approach to fight against gender-based violence including child sexual abuse & neglect. Boys are also 'gendered' & many have an interest in changing rigid, inequitable & harmful gender norms & values. Hence Save the Children, in collaboration with 'Safer

workers with its Mumbai and Pune counterparts. To ensure access to the right to maximize potential for all under six children, Mobile Creches is pushing the agenda of universalization of creches and daycare through advocacy with its networking partners and Government. It is also advocating for implementation of Building and other Construction Workers' Act, 1996 (Section 35 which mandates creches on sites).

909071

Implementation of Stepping Stones Triple P (Positive Parenting Program) with Parents of a Child diagnosed with an Autism Spectrum Disorder.

Dr. Toshihiko Yanagawa - Prof., School of Health and Nursing Science, Wakayama Medical University

Dr. Noriko Kato - Department of Health Promotion, National Institute of Public Health

Prof. Masae Ueno - Prof., School of Nursing, Osaka Prefecture University

Prof. Kazuko Yamada - Prof., School of Health and Nursing, Wakayama Medical University

The child diagnosed with an autism spectrum disorder has both peculiar developmental and behavior problems. The child often becomes a difficult child for parents.

Purpose : The aim of this study was to measure the effect of Stepping Stones Triple P which was developed for parents who have the child with some disabilities.

Methods : The participants were parents who have 2-to 10- year-old child diagnosed with an autism spectrum disorder (ASD). We divided into two groups. Group A (Intervention-Follow-up Group) consisted of 34 mothers whose ages were 37.5 ± 3.8 and their children's ages were 4.8 ± 1.9 . Group B (Waiting-Intervention Group) consisted of 20 mothers aged 36 ± 5.1 and children aged 4.6 ± 1.4 . We assessed by the use of 5 questionnaires, such as Eyberg child behavior checklist (Eyberg), Strength Difficulties Questionnaire (SDQ), Parenting Sale (PS), Depression-Anxiety- Stress Sca (DASS) and Problem Setting and Behavior Checklist (PSBC) at the point of pre, post-intervention and 3 month follow up conditions.

Results: There were not any changes among waiting group (B: $n=20$). We identified short-term improvement on almost all measures except on DASS among intervention group (A+B: $n=54$). At long term follow-up after 3 months, some measures (Eyberg, PS, PSBC) showed positive continuing effects among follow-up group ($n=34$).

Conclusion” Stepping Stones Triple P was useful for the child with ASD and for the parents. We hope this program can be the secondary prevention of child abuse and neglect and will be popularized in communityng

910183

Psychosocial Support for the Child Victims of the East Japan Earthquake and Tsunami

Professor Yumiko Kirino - Professor Kyoto, Notre Dame University

Dr. Yasuhide Nakamura - Professor, Prof. Graduate School of Human Sciences, Osaka University

Dr. Toshihiko Yanagawa - Professor, School of Health and Nursing Science, Wakayama Medical University

1. Background: Magnitude 9.1 Earthquake and Tsunami hit the Eastern Japan on March 11, 2011, causing nearly 25,000 people dead or missing. Now that two months have passed since the earthquake, the number of children living at shelters has drastically decreased, and so has the media coverage of the disaster. However, many children are still living with their families in their homes without adequate infrastructure, or living with their relatives temporality. The stricken communities are struggling to restart their daily health and welfare services for children. However, they are having difficulty in doing so with their offices destroyed, and many doctors and health nurses passing away.

2. Activities: Kisenuma, a port city in Miyagi prefecture with the population of 74,000 is one of the victim

Society', implemented a project in Surkhet district in Nepal 'Allies for Change: Creating Safer Environment for Girls, Women and Boys' , during 2008 and 2009. This project focused on encouraging and engaging boys to discuss on issues related to violence against girls and boys and take responsibility to challenge mal-practices and prevent gender-based violence. The project encouraged caregivers to support change, engage community stakeholders and mainstream gender issues into local policy and practice. This project used a holistic approach to engage boys and used Life-Cycle & Socio-Ecological Frameworks to initiate social-behaviour-change. These frameworks address the issues of gender-based violence and hegemonic forms of masculinities. 201 boys and 147 girls, representing 12 child clubs, were mobilised who further outreached to around 22, 500 children and youths in the district. One important outcome of the project was the significant increase in confidence and skills among the boys and girls to take learning forward within the activities of their Child Clubs. The project has had a high level sustainability as the child clubs are continuing the empowerment and training of other boys and girls in the district even today. The project has created a momentum and a community engagement for many children, young people, parents, teachers, politicians and other actors in preventing violence and change traditional harmful behaviour. The project is documented through a reference paper, a video documentary & a step-by-step guide on engaging young boys to prevent violence. These tools can be used to initiate community-based work to challenge the stereotypical gender norms & values, including the notion of hegemonic masculinities among boys and young men. Currently, this project is being replicated in Bangladesh. .

This interactive discussion will help the participants to understand the importance of engaging boys and young men in the fight against violence & abuse, have insight on how to work with boys to challenge gender-based violence.

918000

End Corporal Punishment of Children in all settings

Mr. Jerome Conilleau - Regional Technical Advisor on Child Protection, Save the Children, Sweden

There remain a staggering 168 countries worldwide where the law allows parents to hit children in their own home, the place where they should feel safest. Only 4.5% of all children are protected by law from punitive assaults by their parents. In Asia, countries have taken many initiatives towards prohibiting corporal punishment (CoP) of children in the education setting but none of them have enacted legislation banning CoP in all settings. However, SAARC and ASEAN Member States are committed to protect children through implementing the UN Convention on the Rights of the Child. This paper gives an overview of the existing gaps in the legislation and opportunities for a ban on CoP. It illustrates the key steps and supportive measures for law reform with learning from those Asian countries that have enacted some form of legal prohibitions and from the 29 countries from other regions that achieved full prohibition in law. Essential elements to enforce prohibition are systematic repeal of legal defences, laws and regulations authorising CoP; explicit prohibition of CoP in the legislation; appropriate responses and sanctions for continued use of CoP; and clear direction and training to services providers for children and families. Successful implementation of legal reforms requires ongoing awareness-raising in all settings, the promotion of positive parenting and non-violent discipline of children, the integration of prohibition into professional codes of conducts and the systematic monitoring and evaluation of children's experiences of CoP. Advocacy involving children themselves is also essential to ensure appropriate human resources and budget allocation for law reform and implementation. Methodology: the 'Global Initiative to End all Corporal Punishment of Children' has been monitoring the global situation of CoP for many years and Save the Children has been combating CoP in collaboration with children, civil society and government representatives, through targeted campaigns and interventions.

920587

Sexual Abuse of Children Through Internet

Mr. Jitender Singh Shekhawat - Student, National Law University, Jodhpur

Sexual abuse of children is a phenomenon that predates from the arrival of Internet. Internet has become a common medium of recruiting children for sexual purposes as it provides an easy access to the affected party and there is much less chances of offenders being identified. It results in showing devastating effect on the lives of sexually abused children which includes depression, anxiety and low-self esteem. The sexual abuse of child on internet may be through pornography and pedophilia which have been referred as the harshest form of internet crime. This paper will review the preventional efforts both relating to offender management i.e. exploring the problem of sex offenders who are using internet as a medium of producing and distributing images of child sexual abuse and those related to educational programs as well as includes warning and signs of any child who might be at risk online and provide a guide to parents to protect their child from internet exploitation. It is of vital importance that decision makers, law enforcement agencies and NGOs combine their efforts to protect children from being abused through internet. One such organisation is The Child Exploitation and Online Protection (CEOP) Centre which delivers a multi-agency service dedicated to tackling the exploitation of children by tracking and bringing offenders to account either directly or with the help of local and international police forces. The Virtual Global Task Force is another agency which empowers and protects children online.

920620

Care Practices and Prevalence of Malnutrition in the Construction Sites of Chandigarh: Child Neglect in an upcoming Metropolitan City

Dr Bhavneet Bharti - Associate Professor Advanced Pediatrics Center, PGIMER, Chandigarh

Dr Prahbjot Malhi - Child Psychologist Advanced Pediatric Center, PGIMER

Dr Madusudan S

Dr Manmeet Kaur

Malnutrition in a child represents a significant violation of the basic human right to survival and is a proxy measure of child neglect. **Aims & Objectives:** To study the child care practices, prevalence of malnutrition, and immunization status among children <6 years at the construction sites of an urban centre in North India.

Methodology: A total of 239 children aged 6 years or less were enrolled from 33 eligible construction sites in Chandigarh in the year 2009-10. Undernutrition was defined as weight for age < -2 z scores; stunting as height for age < -2 z scores; and wasting as weight/height < 2 z scores. (as per WHO Standards). **Results:** Most of the study population comprised of migrant laborers from various states of India, including Bihar, Madhya Pradesh, Uttar Pradesh, Chattisgarh, Jharkhand and Rajasthan. Majority (85%) of the families were nuclear families and 75% of the families had more than 4 members. None of the sites had a creche for the children of working mothers, despite of the provisions under the Buildings and other Construction Workers Act, 1996. Only 5% of the mothers were at home and involved in the care of the family; rest were working at the site. Among these working mothers, 7.8 % of the children were looked after by the grandparents, 46.3 % by the older siblings and 19.6% by others, like a neighboring family member and 13.3% were left unsupervised. The prevalence of undernutrition was 56.5%, stunting as 37.8% and wasting as 41.6%. A little more than one-fifth of the children (21.25%) were severely malnourished (weight for age <- 3z score). Despite free immunization services, a staggering number of children (43.8%) were unimmunized. These rates are very high , given the NFHS 3 findings that no state in India had more than 20% unimmunized children. It seems then that children of migrant laborers remain invisible in terms of healthcare accessibility, various programs and policy benefits. **Conclusion:** Given the high prevalence of malnutrition and unimmunized status among children of migrant laborers, there is an urgent need to provide basic health promoting services to this vulnerable section of the society. Tailoring the all-inclusive,

community oriented package of services to suit the 'migrant' nature of the population of construction workers will yield the desired effect. Right to basic entitlement (Nutrition, health, immunization , education) Assessing the Nutritional status (wasting, stunting , underweight) Use of recent WHO standards (Use of Anthro software to calculate z scores) are some of the measures that need to be taken.

922457

Development of an Evidence Informed Practice Framework for working with Vulnerable Children and Families

Ms Pauline Dixon - Executive Manager, Family Services, Wanslea Family Services

Mr Stephan Lund - Executive Manager, Specialist Services and Out of Home Care, Wanslea Family Services

In partnership with the Parenting Research Centre, Victoria, Wanslea practice in working with vulnerable families has been mapped with the view to establishing an evidence based practice framework. Staff have worked with the parenting research centre to co-produce an evidence informed action plan . This will guide staff in their interventions with families where children have been identified at risk or are being returned to their families following child protection involvement. This paper will describe the process of linking knowledge and research evidence to practice in a non-government agency that has been working with families for nearly 70 years. It will also explore the new area of Implementation Science and how the use of evidence based practice can enhance the safety and wellbeing of children and their families.

922740

Child Abuse and Dissociation: Real or Imagined?

Dr. Myrna Frank - Psychologist, Center for Life Transitions

Dissociation develops in some children as a way to cope with maltreatment and neglect. It often goes unrecognized and if not identified and treated, it can have lasting detrimental consequences. Pathological dissociation disrupts development and affects the normal integration of memory, a sense of identity, and the self-regulation of emotion. Understanding these processes can help professionals intervene so as to minimize resulting academic, social and psychological problems.

Participants will gain: 1) an understanding of the risks of dissociation resulting from abuse and neglect, 2) a working knowledge of dissociative symptoms and processes, and 3) an understanding of how dissociation can impede healthy psychological development.

922973

Can School Workbooks Be An Effective Methodology For Personal Safety Education Aimed At Prevention Of Child Sexual Abuse? Our Experience With 'On Track' - A Workbook Series For 3rd To 9th Standard Students

Dr Sangeeta Saksena - Founder, Enfold Proactive Health Trust

Dr Shaibya Saldanha - Founder, Enfold Proactive Health Trust

Context: Since 2001 we have worked with over 18,000 students of std 1-12, with the aim of building students' self confidence, communication, relationships and emotional management skills, as a means to help students be physically, mentally and emotionally healthy and safe. Receiving positive feedback , we designed a workbook series to reach more students. Developing an effective workbook, along with Dr

Shekhar Seshadri, child Psychiatrist, NIMHANS, we designed 'On Track' a series of workbooks for students of standards 3-9. Our aim was helping students learn that they too deserve respect, dignity and safety, what they can do to obtain these and what they can do in case of abuse. Workbooks provided: 'Experiential learning opportunities', 'Strategies for internalization of concepts', 'Pictures, titles, and fun activities' carrying subliminal messages. We avoided moralization, stories of excessive heroism, judgmental statements, etc. Teachers' and parents' manuals covering aspects of child psychology and safety completed the series. Research: After a year of 'On Track' use, qualitative feedback was taken from 217 students from standards 3-9. Students were asked if they learnt anything new about themselves, whether it helped them deal with their emotions, did it affect their relationships with family, friends, teachers, and whether the workbook would help them in being safe. Students were asked to give examples from their life. Findings: 94% of students reported improved self awareness, 92% reported improved communication and relationships, 69% reported improvement in handling emotions and 78% reported increased personal safety awareness. Conclusion: 'On Track' is effective in helping students develop healthy self esteem and be safe. Even though used for just one year, the workbooks brought about a change in students' behaviour and attitude. A long term study with a control population is needed to demonstrate its effectiveness in reducing child sexual abuse.

923557

A Child Protection System Project: Prevalence of Child Abuse in sSchools in Kerala

Dr Sebind Kumar - Assistant Professor, Govt. Medical College Thrissur, Kerala, India
Dr Manoj Therayil - Consultant Psychiatrist, NHS, UK

Introduction: Child protection systems are non-existent, rudimentary or non functional in India. Local self government, Education department and an NGO (Open Mind) initiated a unique model for ensuring safety of children in a Municipal Corporation (Thrissur) in the state of Kerala. At school level, participating schools nominated Child Protection Officers. At community level, local areas nominated ward level Community Child Protection Officers. Both were given intensive training. A referral and assessment system is being implemented. Integration with other statutory and voluntary agencies is aimed to give seamless functioning of the model. The present study was conducted as part of this wider project. Objectives: To study the prevalence of physical, sexual and emotional maltreatment in high schools under Thrissur Municipal Corporation, Kerala. Methods: Institutional ethics board gave ethical clearance. Half of the total schools were randomly selected to participate in the school survey. Population survey tools developed by ISPCAN were translated, modified and validated for this study. Data was analyzed using SPSS 12. Results: 6682 students from 35 high schools participated in the study. Of these 63% were boys and 37% were girls. 2.8% children never felt safe at school. Nearly one in three reported being emotionally abused. Various forms of physical abuse were reported by up to 10% of the participants. Sexual abuse was reported by up to 3.6% of the children. Discussion: Emotional abuse is very common. The impact of this on learning and mental health is likely to be deleterious though unstudied in this population. Though law prohibits corporal punishment in schools, the proportion of students reporting physical maltreatment raises concerns about the enforcement. Significantly more boys than girls reported various forms of sexual abuse contrary to the public perception.

924704

'Chuppi Todo' (Break the Silence) Campaign against Child Sexual Abuse through Educational Film on Safe and Unsafe Touch

Mr. Sanjay Singh - Campaign Coordinator and Consultant, Plan India

Child sexual abuse (CSA) is common in India with 53% children sexually abused (Ministry of Women and Child Development, Government of India, 2007). Moreover, 50% of sexual offenders are known to the victim and boys are equally at risk as girls. With such overwhelming statistics, a need for an intervention that prepared children to understand the fundamentals of touch and ways to deal with it was envisaged in the form of an educational film 'Chuppi Todo' or Break the Silence. The hypothesis of the film is that if children understood bad touch they would say no to it and report it, thus, breaking the whole wheel of silence and guilt that perpetuates this malaise. Additionally, 2-minute TV spots have been made that increase public awareness about CSA and encourage children to talk about it with the slogan 'Don't keep mum, speak to your mom'. The format of the campaign includes interaction with children about child rights, screening of the film 'Chuppi Todo' on a large screen in schools and communities, followed by a discussion with child rights professionals/psychologists. The impact of the film in terms of awareness creation about CSA and how to seek help is measured through a pre and post-film questionnaire that is statistically analysed. In the current campaign, the Plan India supported 'Chuppi Todo' film is being screened by more than 15 NGOs of Delhi. The campaign is also being supported by Delhi Commission for Protection of Child Rights (DCPCR). Infosys-supported pilot study was conducted in 2010 with 'Chuppi todo' film screened in seven cities of India by an alumni of TISS and the results showed 90% increase in awareness levels about safe and unsafe touch.

924736

Preventing Child Abuse: Experiences from Eastern Highlands Province, Papua New Guinea

Ms Laila Khondkar - Child Rights Advisor, Save the Children

Ms Olivia Ericho - Child Participation Coordinator, Save the Children

In Papua New Guinea, children face high level of violence, abuse, exploitation and neglect. Children living in settlement areas are very disadvantaged regarding access to basic services, and poor parental practices make them vulnerable. Save the Children in partnership with Kafe Women's Association (a community based organization) has been implementing Article 19 Project in Banana Block settlement (Goroka, Eastern Highlands Province) since July 2008. The objective is to create a child-sensitive community. 80 Parents have been trained on positive disciplining; six parents support groups have been formed and are functioning. Two Children's Clubs were organized. The children have received training on child rights, and participated in consultations to express views on issues affecting them. They have been involved in drama performance in the community and radio programs on child protection issues (e.g. adoption, positive parenting), organizing sports competition etc. 160 Children took part in these, and initiatives were taken to develop their capacity. A mid-term review was conducted in June, 2010. Relevant documents were reviewed, Focus Group Discussions and in-depth interviews were held with children, parents, community members, NGO staffs, and events were observed. Findings from mid-term-review suggest that awareness of parents on positive disciplining has increased. Some of them are practising the technique. However, rigorous support and monitoring is needed to bring meaningful changes in behaviour, which will prevent child abuse. This could be used as an entry point to develop community based child protection mechanism. Participating in sports was a rewarding experience for children, as earlier they used to engage in risky behaviours due to lack of recreational facilities. Children's self-esteem, organizing and communication skills developed as a result of their engagement in various activities; this could be utilized to strengthen their capacity to protect themselves from abuse. More efforts should be made to include children from diverse backgrounds.

924763

Challenges in Managing Children in Emergency Situations in Pakistan

Dr. Naeem Zafar - President PAHCHAAN

Protection And Help of CHildren Against Abuse and Neglect (PAHCHAAN) has provided relief and psychosocial rehabilitation in 3 major emergencies in Pakistan over the last 5 years, including the 2005 Earthquake, 2009 IDP crisis and 2010 floods. As its name implies PAHCHAAN works exclusively for children's protection rights, but because of frequent disasters, it had to incorporate children in emergencies as one of its program streams. It has provided relief through local fund raising in the first two disasters, and managed Static and Mobile Child Friendly Spaces and Women Friendly Spaces for more than 20000 children and 4000 women, providing them psychosocial rehabilitation and opportunities for education and vocational training. It also trained personnel on child protection and formed Child Protection Committees in disaster stricken districts of Swabi, Buner, Taunsa and Dera Ghazi Khan in the most affected disaster areas. The projects included close coordination with Government Departments and other NGOs and involved working in districts. Providing relief and rehabilitation to children in emergency situations is fraught with difficulties and PAHCHAAN was no exception, We faced innumerable challenges, as diverse as project initiation and management issues, lack of experience of working in remote areas, local politics, local government inertia, donor expectations vs lack of support, logistic nightmares, financial and human resource constraints and the complete breakdown of project staff under stress. These challenges reduced the efficiency of the support being provided to the beneficiary child. Although the children and women were benefited, we could have done much more. This paper will record some of these challenges faced by PAHCHAAN in its emergency projects and how it (un)successfully managed to work against all odds. It will also provide some suggestions for organizations planning to work in disasters.

924794

Child Abuse and Neglect in Mongolia

Sain baina uu Tserendavaa Jambal - National Director SOS Children's Villages Mongolia
Sain baina uu Solongo Sarantuya- Pedagogue SOS Children's Villages Mongolia

In Mongolia, neglect among children is common among the all other abuse types. Children who live in disabled families and street children are more likely to become victims of abuse. Children's rights are violated mostly in the family, school, when children do the labor work, in public places, in the health and education sectors.

Types of child abuse: 1) Neglect 2) Physical abuse 3) Child sexual abuse 4) Psychological/emotional abuse. Reasons for becoming victims of abuse are poverty and unemployment, migration from countryside, low incomes, bad and pernicious habits like use of alcohol and drugs, food which does not meet the hygiene demand, air pollution, people's conscience and low level of education and influence of government and socio-economic situation.

Findings: 80% of the kindergarten children, 77.5% of the elementary school students and 98.6% of the high school students are abused in their school or kindergartens or near these places. According to a research by the Central Statistical Office, people with disabilities were 76,369 in 2008, 80,796 in 2009, and 82,465 in 2010. Among these 78,000 are children which covers 9.5% of these disabled people, which means the number of these children have increased by 0.2% compared to the previous year. 66.2 % of these children are born with disabilities and 33.8% of these occur during their life time.

Potential ways for reducing child abuse: Training and discussions for parents and children on the following issues: law and legislation, family violence, human trafficking, AIDS, prevention from car accident, clean environment, protection of nature, negative impact of using drugs or alcohol, organize any kind of activities with schools, kindergartens about right way of bringing up children etc. Psychological and legislative support and advice for parents: increase their knowledge on children's upbringing, providing psychological support to children who are victims of abuse, organizing activities with support of professional organizations on introducing state laws, child rights and any other laws which everyone must

know, supporting children with making their dream come true, fulfilling their goals, learning the life and being physically strong, etc.

Other measures would include opening a cabinet which gives advice for adults and children about preventing human trafficking and providing rehabilitation service for victims and giving advice on law and legislation; conducting survey on child abuse around school and kindergarten by the Ministry of Education and Science with support from UNICEF; spreading awareness on UN Child Rights Convention; providing children with education through informal methods, especially for those children who have dropped out of school; supporting families to enhance their incomes; supporting families with planting vegetables; finding a working place from the Labor market by collaborating with sub districts; supporting vulnerable families with disabled children through medical and food support, with the cooperation of health organizations involved with poor families in medical check-ups to prevent occurrence of various diseases any kind of diseases; supporting and offering solutions for parents and children between 14-17 years, assisting families to send their children in day care centers and kindergartens; supporting children to get general school education, opening day care centers for those children who are psychologically disabled; preparing specialists who can work with psychologically disabled children; increasing the number of schools and kindergartens.

It would be appropriate to help and assist children to prevent them from discrimination, choosing street life, being affected by the influence of bad people, being addicted in bad habits, losing their health, and becoming disabled. It would also be appropriate to improve the skills and moralities of parents, teachers and professional workers who work with children; appealing to public by using the mass media and creating cartoons against child abuse, etc; broadcasting TV programs showing how important it is to be studying and introducing the child rights perspective in popular programs which children are interested; spreading knowledge about education through printing and distribution of leaflets and posters, which depict the importance of education, prevention from human trafficking and its negative impact, increasing people's understanding about the advantages of prohibiting physical and psychological punishment for children and discrimination against children. Other measures would include closely working with schools and kindergartens where disabled children were being educated; showing movies and having discussions, showing true story based movies, and movies about famous and successful people and discussing ways through which they had attained success; organising campaigns and supporting schools and kindergartens with disabled children by building fitness rooms, organizing jogging trips among elders and children, organizing meetings with famous and well known people to share their achievements and dreams with children; activating children's participation in public events like competitions and festivals etc to spend their time efficiently; strengthening the cooperation among leaders, teachers and social workers with parents and evaluating their work through citing examples of actions and activities undertaken by them to decrease the number of children who are dropped out of school and reduce the incidence of child abuse; teaching people to have food which are good for health; creating a healthy environment through provision of bins for disposal of wastes, installing taps on the streets for drinking water availability and creating recreational infrastructures like sports grounds and play fields for street children.

924808

Ten Steps To Creating Safe Environments For Children And Youth: How Organizations And Communities Can Prevent, Mitigate And Respond To Interpersonal Violence

Mrs. Judi Fairholm - Director, Canadian Red Cross Program

Dr. Sinha Wickremesekera - Head of Child Protection Program, Canadian Red Cross

Objective: The Red Cross will conduct an interactive, participatory workshop on Ten Steps to Creating Safe Environments resource to help organizations create protective systems to prevent violence against children.

Context: Virtually every child interacts with or is dependent on the care or services provided by institutions. Whether the nature of the institution is education, health, spiritual, or recreation each has an essential role in addressing interpersonal violence. However, most institutions across Asia lack concrete, user-friendly or evidence-based systems to reduce risk of violence against children. Response In Sri Lanka, India, Pakistan

and Australia have been quite encouraging and now starting in the Maldives and Indonesia, the Red Cross is collaborating with schools and communities to help develop, implement and maintain protective systems through a resource called 'Ten Steps to Creating Safe Environments for Children and Youth'.• The resource has emerged from a combination of research findings, testing and piloting and consultations and feedback with communities. The steps: 1. Understand the problem 2. Recognize children's vulnerability and resilience 3. Define protection instruments 4. Create a prevention team 5. Complete a risk assessment 6. Develop policies and procedures 7. Educate adults, youth and children 8. Respond to disclosures of violence 9. Meet the challenges 10. Maintain safe environments. The 'Ten Steps' resource is structured to provide concrete direction while providing communities and institutions like schools space to identify their own needs, gaps, strengths and to design interventions that are culturally appropriate and contextual. Key resources for 'Ten Steps' are 20 hour training for senior leadership; a three hour workshop for managers; a manual for step-by-step guidance; and templates for agencies to adapt or create their own institutional resources.

924831

Safe Schools - To Discuss The Base Line Evaluation Results Of The Pilot Phase Of The Ten Steps To Creating Safe Environments Program Within The School System In Sri Lanka

Dr. Sinha Wickremesekera - Head Of Child Protection Program Canadian Redcross

The Red Cross, In Partnership With The Sri Lanka Ministry Of Education, National Child Protection Authority And The Probation And Child Care Services Department Launched A Pilot Initiative Within Selected Government Schools With The Specific Objective Of creating environments free of violence and abuse within these schools. This program was adapted from the Canadian Red Cross Respected Violence and Abuse Prevention Program, Ten Steps to Creating Safe Environments. The pilot phase of the program is limited to 25 primary and secondary schools (Grade 1-9 only) and commenced in September 2010. A baseline evaluation to ascertain the current status of the schools with respect to safe environments within the selected schools was carried out from November 2010 to February 2011. The presentation will discuss the findings from a comprehensive baseline evaluation consisting of principals, teachers, and parents from the pilot phase schools. The specific objectives of the evaluation were to ascertain the knowledge, attitudes and perceptions of the school community on safe environments and the current availability of policies and procedures within the schools to prevent violence and abuse. Self administered and interviewer administered questionnaires were used to collect data for this evaluation. The baseline results show that while there is keen interest in promoting cultures of non-violence, the actual systems within schools to prevent child maltreatment are not robust and often inconsistent, and the knowledge and practical skills to address violence are not understood widely. Interventions like the Red Cross "Ten Steps"• are helping to fill these gaps and reinforce strengths. The findings from this evaluation will be used to scale up the program to other schools across Sri Lanka and may have regional implications for other Red Cross locations in Asia. This would help in the understanding of evidence-based approach to developing protective systems within schools, using comprehensive, culturally appropriate methodology in complex urban and rural environments.

924909

The Strengthening of Function and Mechanism of Government Partners to Respond to the case of Boy Sexual Abuse

Chea Him - Project Officer, World Vision Cambodia

This presentation describes the process of strengthening of the Police Anti Human Trafficking role and mechanisms to respond to the case of boy sexual abuse and provide improved prevention mechanism to

boys. 'My Son' Project is the project against sexual abuse of boys. The project has initially strived for improving the understanding among community people about child protection and child rights, especially boy sexual abuse. The training manual on 'How to work with boys' have been developed by 'My Son' Project staff after understanding of the boy sexual abuse issue through researching and clarification from the researcher. The project has developed training tools and a hand book to explain how boys being victims of sexual abuse feel and how they need support. This training has evolved through the member of BTB Commanding Unit and support from Provincial Governor, engaging support and participation to from government partners, communities and NGOs. Boy Sexual Abuse is a new issue in Cambodia. Parents, communities, NGOs, MoSVY have never been interested in this issue. The boy sexual abuse issue has spread-out and among the communities and government departments under BTB Commanding Unit subordinates, especially among Provincial and district police departments. One such case reported on 27 May 2010, was quickly responded to by the Anti Human Police. The offender was sent to jail on the day the case was reported.

The presentation provides a description of the process of reporting and taking action and reflects the achievement of working with the government at the provincial level. This presentation describes the process of strengthening of the Police Anti Human Trafficking role and the mechanism adopted to respond to the case of boy sexual.

924970

Personal Safety Education Program

Ms. Pooja Taparia - Arpan

The paper will discuss ways by which Arpan (NGO) has been implementing the Personal Safety Education (PSE) Program in schools and NGO setups in Mumbai to help prevent the occurrence of child sexual abuse amongst children and intervene when cases are reported by empowering parents and teachers with skills.

925057

Prevention of Abuse and Neglect for Orphaned and Abandoned Children in India - An SOS best practice model

Mr. Bartholomew J. Basumatary - Director, Programme, SOS Children's Villages of India
Dr. Archina Dhar - Director, Research and Advocacy, SOS Children's Villages of India

In 2004 there were over 143 million orphaned and abandoned children, in 93 developing countries, worldwide. This is 8.4% of all children in the world. In 2003 alone, more than 16 million children were orphaned. Number of orphans will increase dramatically by 2015, at an estimated growth of 15 to 20 million per year (UNICEF). Amidst India's simmering new success and growing economy, there is a hidden India in which an entire generation of children is growing up parentless. This holocaust is waging a silent war against magnitude of Indian children which was estimated to be about 35 millions in 2003, as per the report of UNICEF. The perpetrator is poverty, and its foot soldiers are AIDS, malaria, gender and caste discrimination, illiteracy, malnutrition, and conflict. It is estimated that India has the largest number of AIDS orphans in the world and this number is expected to double in the next 5 years. The odds against orphaned and abandoned children are staggering. In the absence of sufficient number of orphanages, both government and private, which provide protective environment, these children are much more vulnerable to all kinds of abuses such as verbal, physical, emotional and sexual and face the risks of social exclusion, economic deprivation and illiteracy. Protection of children from violence is a matter of urgency. Children have suffered adult.

925125

When Arts Are Used As A Tool To Generate Positive Sustainable Societal Change And Promote Child Rights

Valerie Khan - Acting National Director, Groupe Developement

Syed Irfan Haider - Head of Finance and Administration Department, Groupe Developement

Karine Le Roch Programme Manager for South Asia, Groupe Developement

Child protection issues have been drastically increasing in Pakistan. It is therefore imperative to develop a culture sensitive strategy to discuss child protection, denounce child sexual abuses and advocate for a child protection system to be established at the national level. Despite wide stigma and taboos putting the artist in a marginalized corner of the Pakistani society, arts is a language appealing to diverse beneficiaries, in a peaceful, cognitive, efficient manner; artists and workshops participants joined Groupe Developement in this creative humanistic adventure to generate positive sustainable societal change. Four workshops were designed as a process to ensure arts acceptance and its positive impact; they happened in three cities of Pakistan: Lahore, Islamabad, Quetta. The first workshop aimed at making caregivers and children victims of sexual abuse and commercial sexual exploitation or marginalized street children discover arts and its power of expression. Participants experienced catharsis and the soothing effect of creating and inventing. The objective of the second workshop was to build the capacity of caregivers and peer educators on how to use arts to communicate with street children who may face various kind of abuses and who are trafficked. The third workshop built on the acquired capacities of children and caregivers, explored arts as a language to convey advocacy and lobbying messages. The fourth workshop benefited from all previous experiences: a tool was developed and training was provided to enhance caregivers and children's artistic capacities. The process culminated in an inclusive child performing arts festival advocating for child rights. By actively participating in arts related activities, children and adults benefited from their contribution as actors and turned into proactive change makers; change in practices and the involvement of key stakeholders and policy makers are in process. This presentation illustrates how arts can contribute to changing policies, practices and promoting child rights.

925151

How to collaborate with MDT in difficult Case Management of Child Maltreatment

Kota Takaoka - Assistant professor Chiba university

Objective : To clarify the points in conflict between each Institute's multi-disciplinary-team(MDT) approach to child maltreatment cases and to solve the conflict of MDT case conference.

Method: Researcher interviewed 67 professionals, Social Workers in Child Protection Services, Case Workers in Local Government, Public Health Nurse in Health Center and Care Givers in Nursery Homes. The interview data was categorized using Grounded Theory Approach. Finally, points of conflicts in MDT were summarized and cleared to make the framework sheet for conflict solution in conference.

Results : As a result, in each profession, 2 categories: 'difference in thinking', 'difference institutes' and 'complaining to conference' were likely to be conflicts in child care planning. Thus It was clear that Nursery Homes and Public Health Centers which work mainly on the preventive approach have “anxiety of support system for children in need of protection”, while local governments and Child Protection Services which mainly work as an intervention approach have “difficulty of MDT management”.

Conclusion: It was clear to change MDT conference system. And each professions and institutes not only accepting different disciplines have different support cognitions, but also sharing the concrete support behavior plans in conferences. Therefore it is evitable to make a solution frame worksheet and use it.

925282

Shaken Baby Prevention Program in Turkey

Dr. Figen Sahin - Professor of Pediatrics, Gazi University
Dr. Aysin Tasar
Dr Ufuk Beyazova

Shaken Baby Syndrome (SBS) which can result in serious harm in infants is known to be prevented by training programs. In Turkey awareness about consequences of shaking a baby is very limited even among the professionals and no training programs are available for families. In this study, effectiveness of a family training program for prevention of shaken baby syndrome, which is to our knowledge the first SBS prevention program in Turkey, is evaluated. The training material composed of a video developed for a 'Crying Baby Project' which was performed in Australia and used for this study after translation and Turkish sound recording. The material was tested in two different hospitals in Ankara Turkey, one of which is a university hospital and the other is a government hospital. Training was given to a total of 545 mothers, 217 (39.8%) of whom were trained within 48 hours after childbirth, 235 (43.1%) during 7th day checkup of the infant and 93 (17.1%) before the childbirth, during the last checkup for pregnancy. The mothers were given a pre-test before watching the video and a post-test after watching the video. The mothers were called 2-4 months after the training and asked some questions to evaluate how much they remembered about the video. The scores of the post-test revealed that the key messages of the video were learned by the mothers; percentage of mothers who agreed on the phrase 'A normal, healthy baby can cry upto 2-3 hours/day' increased from 45.9% to 78.4% ($p = 0,001$) and the phrase 'shaking a baby is harmful for the baby' increased from 59.8% to 75.8% ($p = 0,001$). Correct answers about the dangers of shaking were statistically significantly higher in post-test compared to pre-test ($p = 0,001$). In conclusion, this program is useful for increasing awareness and knowledge of parents about SBS. Further studies are needed to evaluate the effectiveness of the training on actual parent behaviour.

925327

Developing Resilience In Sexually Abused Children: A Workshop For Practitioner

Dr. Kavita Jangam - Psychiatric Social Worker NIMHANS
Dr. Shekhar Seshadri -Professor, NIMHANS
Ms. Divya Ravindran - Research Scholar, NIMHANS

Resilience is a universal capacity which allows a person to prevent, minimize or overcome the damaging effects of adversity. The quality of resilience in children provides the ability to recover from trauma, respond to stress and maintain a sense of meaning, hope and identity. Resilience at any one time is a combination of personal and environmental factors that protect a child. A number of personal characteristics have been identified i.e. social competence, a reflective rather than impulsive way of reacting, good problem solving abilities, positive self esteem and a belief that one can have control over one's own environment. A major external factor supporting resilient behavior is the presence of emphatic, caring persons in a child's life that provides abused children the determination and the capacity to deal with adversity. Studies have shown increase in the incidence of child sexual abuse - the most devastating experience for children. Sexual abuse experience impairs these capacities of children which lead to maladaptive behaviours and severe psycho-social consequences. Resilience plays an important role in recovering from trauma for children. Few resilient children are able to overcome the trauma with their personal and environmental resources whereas others don't. The practitioners working with children need to adopt resilience building programs as one of the important preventive and promotive strategies for children. Here the focus would be on empowering children with skills and capacities by enabling them to recognize their own personal and environmental resources to fight against abusive experiences. The resilience building program can be conducted with children using various individual and group activities in the interactive sessions and through experiential learning sessions. The workshop aims at understanding the aspects of resilience for sexually abused children and demonstrating some of the methodologies and

activities which can be used with the children for developing resilience. The workshop is meant for the practitioners from various settings, working with sexually abused children.

The participants will be enriched with their understanding on resilience among sexually abused children and its development. The workshop will also help them to understand the different methodologies used in resilience development program.

925473

Empowered Communities Strengthening Systems to Save and Protect Children

Mr Reni Jacob - Director, World Vision India

Every day, 5000 children die in India. They simply don't die; they are killed because of a dire institutional neglect perpetuated by unjust systems and structures and social and cultural practices. It's the worst form of human rights violation and abuse where children don't survive. With more mothers being anemic and malnourished in India, children's vulnerability starts in the womb. The question we grapple with is why despite India's flagship programmes like Integrated Child Development Services Scheme, National Rural Health Mission, Janani Suraksha Yojna, Mahatma Gandhi Rural Employment Guarantee Act, more children continue to die every year. Our field studies imply that apart from dysfunctional health services and inadequate manpower, more contributory ones include lack of accountability to the community and inadequate participation from the communities. Empowering Communities Citizen's Voice and Action is an approach to strengthen the institutions in the communities that are entitled to protect children who are vulnerable. This works by mobilizing citizens, equipping them with tools to monitor government services, and facilitating a process to improve those services. This approach transforms the dialogue between communities and government in order to improve services that impact their everyday life. Mobilizing children by using simple pictorial score through a card, children themselves understand what an ideal service looks like and compare reality with the ideal. This enables children to realise their rights and assess the performance of services for them and also engage with the service providers to improve the quality of services. When communities start to participate with the service providers, it creates a very collaborative environment to facilitate effective service delivery, thereby setting right the institutions that neglect the needs and rights of children.

926732

Community Based Child Protection

Dr Anjana Purkayastha - Director - Design & Child Development, World Vision India

Mrs Clara Raphael - Manager, Child Development, World Vision India

Child abuse and neglect creates trauma in children. In India, World Vision has adopted a 3-pronged strategy - Prevention, Restoration and Advocacy to facilitate a protective environment for children in the communities working with individuals, communities and civil societies to place equal importance to the issue of prevention of child abuse. Child protection is a collective accountability. The relevant stakeholders are provided with trainings to understand the urgency of child protection and form a collective voice in protecting children from abuse and exploitation. There is a need for a focus on systematic preventive measures and not just programs to reduce child vulnerability.

Our Program for parents: Children are best cared for in their own families and parents are the prime care givers for providing care and safe environment to children. We intentionally engage with parents, caregivers and community partners to build their capacity for children's holistic development and for them to enjoy their childhood.

Our Programme for Children: Children are trained on child rights to articulate and demand for their rights.

They are empowered through the Child Rights Assembly and Children's Parliament / Panchayat through forming a collective voice in demanding for their rights.

Our programmes for Community Based Organizations: In all our target communities, the community leaders, Self Help Groups (50,000 groups) and the Family Forums within the community have all been sensitized on Child Rights/Child Protection. We work in 25 States and cover 5,536 Communities and the latter have taken up the responsibility in providing support to the children from abuse and exploitation. The Child Protection Units (CPUs) have been formed in the community and the latter take the ownership and sustainability in handling cases such as child sexual abuse, child labour, child trafficking etc. CPUs play a crucial role in prevention and also providing care, psychological recovery and legal services etc. The CPUs are the watchdogs for providing safe and secure environment for children.

928342

Qualitative Assessment: Children Deprived of Parental Care

Mr Joseph Wesley - Program Officer, World Vision India

Dr Anjana Purkayastha - Director, Design & Child Development, World Vision India

A qualitative study initiated with children deprived of parental care (CDOPC) residing in transit centres in Chennai in May 2008 sought to identify the problems affecting them, leave home, and activities or pro social behaviours indicative of healthy functioning or wellbeing. Over several weeks, free-list interviewing was employed with 36 children (mean = 14.3 yrs), and Key Informant Interviewing, with 33 children from six transit centres (mean = 15.2 yrs). Interviews elicited descriptions of how children perceived their problems in terms of their: 1) Nature and variety; 2) Importance and severity; 3) Local terminology used to describe them; 4) Causes of problems, local responses; and, 5) local resources for response. The studies of 75 interviewees provided a total of 2467 discrete statements concerning 'problems', 'causes' and 'resilience'. The study concludes that amongst the participating transit centres, running-away was often a flight from abuse (violence, alcohol related violence, and psychological abuse), poverty, social relational issues, discipline, educational barriers and child labour at home. Despite these challenges, the children interviewed typically retained a positive image of how a child should live, if only given the opportunity (good employment, education, helping others, and being a happy, good person with positive relationships). The study describes children as those who 'escape out of the frying pan into the fire'. The transit centres too often fell short of achieving their stated goal of protection. Systems must be strengthened or established to protect children within families and communities, and within the institutions intended to serve as a safety net and social defence. Development programs should focus on providing the resources and security needed to achieve the positive image described by children within families. Furthermore, when children are isolated from their families and communities of origin, everyone need to come together to ensure that 'all policies and programs for children must first reach the needs of the most vulnerable and excluded children' (UNICEF 2007).

928346

Prevalence Study: Wellbeing of Children in Transit Homes, Chennai India 2010

Mr Joseph Wesley - Program Officer, World Vision India

Dr Anjana Purkayastha - Director, Design & Child Development, World Vision India

Transit homes in Southern India are intended to protect children deprived of parental care from life on the street, and to reunify them with their families when possible. This prevalence study was undertaken to address these information gaps and conducted by World Vision and Loyola University under the academic supervision of Tulane University. The fieldwork was completed over six weeks between January and May

Objective: This assessment study was done to establish the relationship between physical and psychological violence, exerted by parents, and sexual violence with risk for illicit consumption of alcohol, tobacco and drugs amongst adolescents.

Method: A cross-sectional study using a self-administered questionnaire was carried out with adolescent students in five secondary schools (one in each state in the South-East region of Nigeria). A total of 587 students participated: 59.7% males and 40.3% females, and the age range were between 13 and 19 years of age. Some instruments such as the Performance Dashboards, among other components, were used to evaluate sexual violence and substance use.

Results: More than 75% of the respondents revealed that they had suffered some form of psychological or physical violence from their parents and elder siblings while about 15% of them reported sexual violence. Analysis showed that psychological violence exerted by either parent or an elder sibling, implied twice the risk for the victims to abuse any of the substances. The proportion of use of the substances was similar in both sexes. Having suffered sexual violence increased the risk of consuming drugs various times in males; whereby, being a victim of multiple forms of violence within the family increased the risk of consuming any of the substances notably in the female; in comparison to non-victims.

Conclusion: Management protocols and treatment programs for young people who have suffered family and sexual violence should consider adolescence not only as a stage of vulnerability for substance use and abuse but also as a critical time to implement preventive measures.

940401

Safeguarding Children Across Services: Messages from Research on identifying and Responding to Child Maltreatment

Jenny Gray - Department for Education

Carolyn Davies - Institute of Education

Harriet Ward - University of Loughborough

The presentation will highlight key findings from a research programme commissioned by the UK government to strengthen the evidence base for the development of policies and practice to improve the protection of children in England. The studies looked at how children might be better safeguarded in the three key areas of recognition, effective intervention and interagency working with a particular focus on neglect and physical and emotional abuse. The programme of 15 research studies was commissioned as an important element in the government response to a high profile child death Inquiry. A brief discussion of key findings relating to the first two themes will be provided to contextualise the main focus of the presentation. This will look in greater detail at findings in relation to the third theme, inter-agency and inter-disciplinary working. Protecting children from harm requires alertness and effective interventions from practitioners across a range of disciplines. The presentation will look at what the studies say about how inter-disciplinary working operates at a front line practitioner level and across agencies. It will consider particular pressure points and how these are being addressed. The presentation will, explore the evidence on how this is managed in England and how is it supported at a local level. It will also look at arrangements for training and consider the evidence on effectiveness at different levels. There will be an open discussion of what the studies say about the effective of mechanisms designed to promote joint working in England and the implications of proposed changes.

944107

Future Of Tribal Street Children : A Challenging Task

Dr. Devendra Sareen - Professor and Unit Head, Pediatrics RNT Medical College
Dr. Abhishek Ojha - Medical Graduate RNT Medical College
Dr. Srishti Sareen - Medical Graduate, RNT Medical College
Dr. Nishtha Sareen - Medical Graduate, RNT Medical College

Introduction: Street children, still remain an unsolved problem in the developing countries specially in the tribal areas. These children lag behind in their socio-cultural, physical, psychological and mental development in comparison to normal children. Hence, the present study had been under taken to find out their socio-cultural profile and future prospects.

Material & Methods: This cross sectional study was conducted around Udaipur city and included 400 tribal street children chosen randomly. After obtaining a detailed history regarding their caste, parents' profession, family and environmental history, a detailed assessment of every child was done. Special emphasis was laid upon child trafficking. After a detailed physical examination data analysis was done. **Results :** We observed that 94.25% of street children belonged to very poor families. Their parents were illiterate (90.25%). Majority of them (79.5%) were residing in joint families. 21% had history of previous schooling and 6.25% had step parents. 30% of them were subjected to child abuse, physical abuse being the commonest (87.5%). Most of them were addicted to Gutkha (92%) tobacco (65.5%) and were working at a remote place (48.25%), not getting adequate shelter (77.5%). Poverty (53%), family circumstances (24.5%) and lack of interest in the studies (20.25%) were the major factors to become a street child. Majority (77.5%) of them were not getting adequate shelter. 80% of them were not well entertained and were not satisfied with the behavior of their owner (77%). 40% were exposed to occupational hazards. Despite all this, 93.5% had ambition to become good citizen of the country. **Conclusion :** These tribal street children must be provided tender loving care and emotional support. Various NGOs are to be sensitized for detecting and reporting child trafficking we must empower educational and co-curricular development of these street children to ensure that they attain a secure future.

944179

Sharing The Thogomelo Project Capacity Building Approach To Prevent Child Abuse And Neglect In South Africa

Ms Margaret Roper - Team leader, Child Protection, Health and Development, Africa
Mr Sibusiso Malope - Provincial Training Coordinator, Health and Development Africa

Background: The Thogomelo Project seeks to build the knowledge, abilities and psychosocial wellbeing of CCGs to enhance the quality of services to vulnerable children. A key focus is to prevent child abuse and neglect. The burden of care and support for vulnerable children falls largely on community caregivers (CCGs) living in poorly resourced areas. Stresses associated with the HIV pandemic, poverty and high levels of child abuse and neglect compromise their psycho-social wellbeing, and hence the quality or support and child protection services they provide to vulnerable children. Building the child protection skills and improving the psycho-social wellbeing of CCGs is central to the Thogomelo Project approach.

Purpose of interactive presentation: The purpose is to share the capacity development methodology used in the Project to enhance the practice of occupations working in the child protection sector. In addition, we share the lessons learnt in developing, monitoring and implementing an accredited skills development programmes in child protection.

Method: The Thogomelo Project uses a holistic learning approach; interactive and participatory adult learning methodologies; and creates a supportive learning environment to increase the likelihood of CCGs being able to respond to children. Responding to child abuse and HIV in South Africa, means that it is

necessary to mitigate the negative impact of caregiving by implementing training that build the knowledge and skills of CCG's, and offers relevant support, fosters respect and appreciation, and strengthens community referral networks. A strong evidence-base is incorporated to determine the effectiveness of the training.

Conclusion: The monitoring and evaluation system and results indicate that the learning methods have had a positive impact on increasing CCG's knowledge, skills and wellbeing, and how they respond and prevent child abuse and neglect in South Africa.

944189

Implementing A Whole Community Approach To Preventing Violence Against Children In 29 Villages Of Tamil Nadu, India

Manimaran Duraisamy - Program Manager- Humanitarian Values Canadian Red Cross

Statistics from the Government of India on the levels of interpersonal violence against children are deeply troubling. In a 2007 government survey of more than 17,000 participants, the levels of emotional, physical and sexual abuse, and neglect were each over 50%. The status of the girl child across India is especially worrisome. Since 2008, the Indian Red Cross Society, Canadian Red Cross and village leaders have been collaborating in 29 villages in the state of Tamil Nadu on a project called 'Be Safe' to prevent violence against children. 'Be Safe' uses a primary prevention, evidence-based, local-culture driven model to address interpersonal violence against children. It focuses on defining to adults/parents the forms of and vulnerabilities for interpersonal violence, the advantages of valuing boys and girls, violence prevention strategies, and how to access help if violence against children does occur. The training component of the project is structured in a cascading format to build capacity at multiple levels: master trainers (4 days), adult and youth volunteer educators (2 days) and parents and youth in communities (2-3 hours). 'Be Safe' content and implementation strategies are based on consultations with parents, teachers/principals, children/youth, village leaders, governmental agencies like the Ministry of Education, and local NGOs. The project uses a whole community approach that consists of: a) Education to parents and village leaders; b) Education to principals, teachers, counselors, and other school staff; c) Development of protective frameworks within schools to prevent and respond to violence against children; d) Education to youth (led by youth themselves) being piloted in the fall of 2011 for students in grades 9.

Strengths and challenges: At present all adults in the 29 villages (32,000) have been educated. An evaluation in 2010 by IMRB International found an increase of 27% in knowledge, perceived skills and attitudes among adult participants at the community level and significant increases among the master trainers and volunteer educators. However, contextual factors like social inequalities and a lack of robust support systems are still barriers to overall quality and outcomes. The results from a baseline for education to teachers and youth will be available shortly, but from the initial finding (draft report) it was observed that there is a need to have systems in place in schools (29 schools surveyed across 6 Districts) to introduce, build and reframe systems (if available); also teachers and parents were primarily involved in the process with support from the school administration (Head master of the school) to make the school a safe place. Drafting Code of Conduct for respective schools and committees with student, parent and teacher representatives to supervise all listed items in the code of conduct is in place in a school to be able to make the place safe for children. Follow up studies will be conducted for adults, teachers and youth in 2012.

Future directions: The findings from the project are now being used for replication in the state of Andhra Pradesh (India) and other countries in West Africa, the Caribbean and Australia.

944210

Empowering At-risk Children and Child Survivors to Conduct Advocacy to Combat Commercial Sexual Exploitation of Children

Ms. Junita Upadhyay - Deputy Director of Programmes, ECPAT International

Mr. Bimol Bhetwal - Regional Officer, ECPAT International

ECPAT's Youth Partnership Programme [YPP] aims to positively change the lives of children and young people that have been commercially sexually exploited or are at-risk through an innovative approach that empowers and builds their capacity so that they can take a lead role in conducting advocacy against the crime. The initiative successfully addresses specifically the many challenges that child survivors face: exclusion, extreme form of discrimination, access to basic services and the ability to control or influence other important aspects of their lives. Through a supportive environment with a child rights base approach, the YPP Programme provides knowledge, capacity building, life skills, learning opportunities, channels for civil engagement and successful integration into social and political life. The YPP allows vulnerable children and survivors to not only be 'beneficiaries' but more importantly, 'leaders and implementers', where they progressively have roles in programme management, conducting monitoring and evaluation and implementing various activities with the local communities. Meaningful child and youth participation is a key aspect of the YPP programme and there are different ways it is integrated, such as: 1) the 'Participatory Monitoring and Evaluation' (PME) within the YPP initiative directly involves young participants at all stages, where they can provide continuous input to ensure that they are benefiting from the projects, 2) YPP youth have also conducted a participatory youth-led research on the vulnerabilities of at-risk children and young people living and working in red light areas, slums, restaurants and dance-bars, where findings have provided important feedback for improving current outreach services. This paper would like to present strategies for ensuring meaningful child and youth participation as well as working with at-risk children and survivors by drawing cases from the Global YPP Programme.

944669

Secondary Trauma: Understanding its impact and taking steps to protect yourself

David Conrad - Training and Consultation Project Coordinator, International Society for the Prevention of Child Abuse and Neglect

The presenter will define secondary trauma and differentiate it from burnout, post-traumatic stress disorder, vicarious trauma and compassion fatigue. Working in small groups he will encourage audience members to identify and share with their peers how they are impacted by their work emotionally, cognitively, interpersonally and physically. The presenter will also identify risk factors and possible negative effects faced by professionals working with traumatized children and families. With audience participation, the presenter will outline personal, professional and organizational strategies participants can use to protect themselves from secondary trauma. Using exercises he has developed, the facilitator will encourage the audience to explore the critical role that resiliency and self-care play in protecting professionals from the inevitable trauma they encounter in their work. The facilitator will provide audience members with a copy of the exercises and encourage them to use the exercise with members of their own team when they return to their workplace.

944808

A Study on the Awareness of United Nations Convention on Child Rights among Secondary School Teachers and Student Teachers

Mrs Usha Ajithkumar - Asst. Professor, Hansraj Jivandas College of Education

The classrooms of India are not safe sanctuaries of education we snugly believe them to be. It is being noticed that corporal punishment in schools, both government as well as private, is deeply ingrained as a tool to discipline children and as a normal action. Schools exist without classrooms and classrooms without boards, toilets, water, teachers and teaching. Children face particular exclusions and discrimination against which they have a right to full protection. The fact that children are not adults, and the low social status afforded to them in Indian society, means they receive unfair treatment, and are left out of decision-making. Children's low status in our society, among other factors, also means they are more vulnerable to sexual abuse and other forms of violence and exploitation. Children are as human and sensitive as adults are, if not more. They need to be secure with a caring atmosphere. The purpose of a child's education is to develop his/her personality, talent and mental and physical abilities to the fullest. In view of the growing instances of sexual abuse and violation of child's rights as reported in the newspapers, teachers are perceived as important agents who have a responsibility towards the protection of children. Many a time the protectors of child rights, the teachers, become the abusers of child rights. More often than not, it is the teachers who violate child rights in school through corporal punishment, ridicule and discrimination. The increasing incidents of child rights violation by teachers as daily reported in the newspapers make it imperative to ascertain the awareness of child rights among the teachers and the future teachers.

946283

Offering Services to Children in Internet Spaces

Mrs Lamese Bryczkowski - Project Manager, Childline South Africa

The need: Globally, children are increasingly using the internet and texting as a form of communication. Childline South Africa is using this medium of communication to link young people to counselling services. Using technological innovations and communications, the mobile culture in Africa is a logical progression in outreach services to children and youth and offers a unique opportunity to reach out to the disabled youth, particularly the speech and hearing impaired who cannot utilise telephone help line facilities. Online counselling as a service offered to youth in particular, is already in place and successful in several other countries. The objective of this paper is to indicate the value of internet and texting counselling to children and youth, as well as to adults with concerns about children. This paper will thus describe how the online counselling service was set up to provide a service to children and youth. Specific training needs for counsellors with regard to ensuring a quality response to children and youth.

947279

Bringing Hope, Education, Love and Protection to Children

Segawa Ephraim - Director, Centre for Child Advocacy and Life Planning, Uganda

Executive Director Mentor Volunteers Uganda is responsible for providing help, understanding, guidance and support to approximately 500 children abused and neglected of their right to education and healthcare; identifying children denied of their education and health rights; enrolling them in government and private schools and providing scholastic materials, parental mentoring, counseling, guidance and parent education; stopping child employment in shops, factories, house girls or any employment sector; forming

Local Child Welfare Groups (LCWG) in Namayumba, Nansana, Ntwetwe in Kiboga, Ganda, Kabumbi and Ntenjeru in Mukono

Activities: a) February 2000-July 2004, part time Counselors at Amar Medical Centre provided preventive and supportive counseling to clients seeking Voluntary Counseling and Testing. b) January 2004-December 2006, Counselors at Ashinaga Japans organization provided psychosocial support to AIDS orphans. c) May - December 2006, Social Workers in Tanzania Youth Exchange Network provided counseling to children at school and in their homes.

To date I am the program Director, Centre for Child Advocacy and Life Planning, Extreme College School and Nansana community primary school, taking care of approximately 500 children, 40 employees and approximately 60 volunteers received every year from USA and Europe.

951386

Psycho social determinants of nutritional neglect- Experience of a developing country

Prof Aisha Mehnaz
Ms Shahnaz Yasin
Dr Ashfaq Mala
Dr Krishan Rai
Uzma Munnawer
Dr Rakesh Raj
Abida Tariq,
Dr Nusrat Shah
Dr Fehmina Arif

Objective: Nutritional Neglect is of global prevalence .It affects 40% of children under five years of age in Pakistan. Simple nutritional intervention has little impact in decreasing the morbidity and mortality related to nutritional neglect. This study is done to determine the Demographic features and psycho- Social determinant of nutritional neglect and to suggest interventional strategies.

Methodology: Team comprising of Pediatrician, Psychologist, Medical Social worker and social motivator interviewed the mother and children suffering from nutritional neglect using pre designed Proforma .Information about demographic, social and psychological factors were collected and analyzed.

Results: Total of 428 children suffering from nutritional neglect were seen at Pediatrics unit of a tertiary care hospital from January 2009 to December 2009, 75% of children were below 5 years age, 51% were females. Large family size (83% family has >5 members), Young mothers (60%), uneducated parents (67% father and 77% mother), Poor income (65% were earning less the \$2 US dollar/day), addiction (23%), tobacco smoking (42%), non nutritive substance use (39%) were other determinants identified, 43% mothers complained of domestic violence at home. In 79% husband is the perpetrator. In 38% there is use of physical force (beating) during violence.

Psychological indicators identified in mothers were depression (75%), anxiety (80%), helplessness (75%), displaced aggression (75%) and insecurity (60%). In 53 children evaluated, showed lack of confidence (70%), aggression (80%), rebellious behavior (75%), Lack of social interaction (70%) and paranoid tendencies (60%)

Conclusion: Important determinants identified in this study affecting the health and development of the children. An integrated and holistic approach is needed .Intervention is need at multiple levels as isolated intervention will not produce a desirable results.

951388

Institutionalized Policy focus for prevention of child abuse

Mohammad Aftab
Dr. Neelima Pandey

The paper will present: Impact of exclusive and well institutionalized child protection policy in on creating a culture, political will, capacities, concrete procures and mechanisms and consequently in preventing abuse of children in institutions and organizations. The paper is based on the experience of two global INGOs working for the right of children in marginalized communities of several South Asian countries.

951394

Prevention of Violence in Schools

Randeep Kaur
Ruchi Chaudhary
Raza Haider

Summary: A paper capturing outcome of a the three year long campaign on preventing physical, sexual violence in schools in south Asian countries. The paper highlights the importance of use of positive discipline techniques to be used by teachers.

951410

Effectiveness of Public Awareness Programme on prevention of female foeticide and female infanticide in terms of knowledge and attitude of adults.

Shyama Devi
Jyoti Sarin
Rathish Nair

A study was conducted to evaluate the effectiveness of Public Awareness Programme (PAP) on prevention of female foeticide and female infanticide in terms of knowledge and attitude of adults in a selected community in Ambala, Haryana. The objectives of the study were to assess and evaluate the knowledge as well as attitude of adults regarding prevention of female foeticide and female infanticide before and after the administration of Public Awareness Programme (PAP), to determine the relationship between their knowledge and attitude before and after the administration of PAP, to establish relationship of their knowledge and attitude with selected variables. The conceptual framework adopted for the study was based on Stufflebeam's CIPP (Context, Input, process, product) model. An evaluative approach with one group pretest and post test design was selected. The sample comprised of 86 adults of Budhiya village who were selected conveniently. Data was collected through structured interview schedule and likert's five point attitude scale. Data analysis revealed that t values for knowledge and attitude were statistically significant at .05 level. Result also showed that there was statistically significant relationship between the knowledge and attitude. The findings of the study reflect that PAP was effective in enhancing knowledge and developing favourable attitude of adults regarding prevention of female foeticide and female infanticide.

951415

Child Rights & Juvenile Justice

Anees Jillani

Pakistan has a population of around 180 million; about 50% of them are children. It is thus a welcoming development that only about 1,500 children out of this huge population are actually in prisons at any one point of time in Pakistan. However, the issue does not just relate to children in prisons. It also covers children who come into conflict with the law, i.e., those who are under-trial in different courts. The number of these children, mostly released on bail, would be running into thousands and there is no data of any kind available to ascertain their number.

The problems to be tackled in the sphere of juvenile justice are manifold and often complex. All are important from a children's rights standpoint. One such is the age of criminal responsibility. The simple and basic concept of setting an age below which a child cannot be heard or tried in a criminal court is of great practical importance for the proper administration of juvenile justice.

The PPC (Pakistan Penal Code 1860) remained the major law governing crime and criminals in relation to children until the introduction of the JJSO (Juvenile Justice System Ordinance 2000). However, there are still many provisions of the PPC and the Criminal Procedure Code 1898 that continue to apply to children.

Section 82 of the PPC says that nothing is an offense which is done by a child under seven years of age. This section is often criticized and there is a need to upgrade this age to a reasonable one reflecting our civilized status in the comity of nations. PPC's section 83 gives judge discretion to ignore the age stated in section 82 and raise it up to 12 years, in the case of a child who has not attained sufficient maturity of understanding to judge the nature and consequences of his or her conduct on that occasion. The two sections can be merged by a simple amendment to raise the minimum age of criminal responsibility to 12 years.

However, what counts most for juvenile justice is whether or not the rights of children both below and above whatever age is chosen are fully respected when they come into conflict with the law.

The JJSO, introduced by the Musharraf regime in 2000, is a law that every Pakistani can be proud of. However, like any man-made law, it is not a perfect piece of legislation and there are loopholes and gaps in it.

It is totally silent on the important issues of prevention, diversion and detention. Without effective prevention, one is unlikely to successfully implement a juvenile justice system worthy of its name.

Any attempt to deal with juvenile justice cannot be successful unless it addresses the core elements, namely: prevention of children coming into conflict with the law; interventions without resorting to judicial proceedings (i.e. diversion) and interventions in the context of judicial proceedings (i.e., alternatives to deprivation of liberty); the minimum age of criminal responsibility and the upper age-limits for juvenile justice; the guarantees for a fair trial; and conditions of deprivation of liberty as a last resort, both pre-trial and post-trial.

These unfortunately are aspects which are most often ignored by the policy-makers, legislators, the police and the judiciary.

951420

National Study on Child Abuse India, 2007 & the way forward !

Amod K. Kanth, Prof. K. Elumalai, Ms. Jeebanjyoti Mohanti,

'National Study on Child Abuse India, 2007' was sponsored by the MWCD, Govt. of India, also supported by UNICEF & the Save the Children. This landmark project, which was carried out as the Indian Chapter of the 'Global Violence Against Children' country studies, was applauded by the UN General Secretary himself and, presently, it is being used as the basis for all related legislations, policies & govt. programs. Carried out in 13 states of India with nearly 18000 respondents, it was the largest-ever

Study on the subject, the next being that of China's Country Study. The findings of this study are directly resulting into the formulation of 'Sexual Offences Against Children Bill', which is under the active consideration of the Parliament.

951403

Experience of Starting A Child Response Unit At A Teaching Hospital

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There is a strongly felt need for effective systems to assist children who have suffered any abuse, physical, emotional or sexual. The management of M S Ramaiah Hospital agreed to support the formation of a hospital-based child response unit with a multidisciplinary approach. The steps taken towards this end as well as the various obstacles met are enumerated.

Steps taken were :

1) Identifying and connecting with stakeholders like the police, hospitals, NGOs, local child welfare committees, judiciary.Meeting them independently with aid of a government letter from the office of women and child welfare.Acceptance of police to take history from child in hospital premises is being established.

2) A discussion was held in the hospital with police, hospitals management and administrative representatives, social services.

Lacunae were :

At Hospitals:

- Due to lack of training, sensitization and comprehensive intake & examination forms,
- Court appearance by doctors
- Improper storage of evidence.

At Police stations:

- Police are not sensitised and people get intimidated by the police and social stigma.

At NGOs:

- NGOs work on an ad-hoc basis.
- Insufficient staffing.

The main problem was that repeated questioning of the already abused child by the police, doctors, social worker, media, etc and delays lead to many problems.

The objectives of a comprehensive child abuse response unit were to :

a)Identify, mark a room/block –accessible,secure and private,history sheets and examination equipment, audio/ video , 1 way screen,Digital camera ,A team of staff nurse, medical social worker, paediatrician , gynaecologist, psychiatrist and forensic physician and Training of above, Availability of kit to obtain forensic samples ,Availability of admission facilities if required.

The management, principal and Dean, associate dean, Director of hospital, Heads of departments, nursing superindent were all cooperative.

However change in management and principal led to some delay.

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