

# Leadership Briefing



prevention education treatment

In recent issues, we have shared statistics about child abuse locally, provincially and nationally, and summarized research about the impact of child maltreatment. Like many communities, Hamilton is challenged to respond to the realities of child abuse

with sound investments in prevention, education and treatment initiatives. In this issue, we mark Child Abuse Prevention Month with a look at the disturbing lack of treatment resources available to young people in this community who find themselves dealing with the trauma of abuse. Our community must come to understand the critical importance of treatment availability – children simply cannot be made to wait for help in the wake of abuse.

This issue also highlights our upcoming Child Abuse Prevention Month educational symposium – Spotlight on Prevention – with renowned author and researcher Dr. David Finkelhor and respected local researcher Dr. Harriet MacMillan. We are thrilled to present this unique learning opportunity in partnership with the Children's Aid Society of Hamilton and the Catholic Children's Aid Society of Hamilton. We encourage you to mark October 30<sup>th</sup> on your calendar and to join us for this rare opportunity to exchange insights and engage in dialogue with leading researchers from the field.

Finally, from the realm of research, we bring you several thought-provoking items about coping - for both parents and children - in a world that challenges us all to adapt *and respond* to the threats facing our youngest citizens and their families.

Please share this briefing, post it prominently, or use its content to educate others.

## Special Issue CHILD ABUSE PREVENTION MONTH

- Hamilton's Crucial Need for Treatment Services
- Oct. 30 Symposium with Dr. David Finkelhor
- Research: Coping & Helping in Challenging Times



**Are You A Leader for Kids?**  
Are you in a position to make a difference? **Leaders For Kids** offers a vehicle through which you can join forces with others who want to provide leadership and initiative in Hamilton's response to child abuse. Talk to us about getting involved and investing in the future – our kids.

# Waiting in the Wake of Trauma: Hamilton's Crucial Need for Treatment Services

**Michael is 7 years old. He has been sexually assaulted numerous times during the past year by an adult cousin. His family is devastated. He is in immediate need of treatment to deal with the trauma of his experience. *But he must wait.* Treatment services for children like Michael are in short supply in Hamilton, and cannot always respond to each and every child when needed. Unacceptable? You bet.**

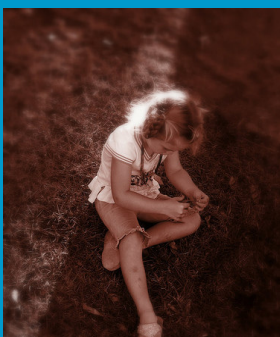
“(child protection) agencies may be the most visible battalion on the front lines of the fight against child abuse, but they are not alone. In fact...the services and treatment programs that (their) workers call on to help abused or neglected children are usually provided (outside), by other government agencies or by community organizations. Both prevention and treatment services are critical” (The Future of Children, *Protecting Children from Abuse and Neglect*). Although the Future of Children is a U.S. organization, their advocacy for service resources includes many messages that transcend borders and jurisdictions. Taking aim at “the burdens faced by families and communities where insufficient resources exist for the provision of adequate treatment”, the Future of Children insists that “flexible funds are essential to remedy the family problems that lie behind child abuse and neglect.

“Noncategorical federal and state funding streams must be created that allow communities and public social service departments to establish varied helping and treatment services targeted to the needs of vulnerable families. The urgency of protecting vulnerable children demands that (child protection) caseworkers also have access to unrestricted funds to purchase specific services or resources to meet children’s needs and stabilize their families”.

In its 2006 guidebook, *Preventing Child Maltreatment*, the World Health Organization (WHO) advocates for care and treatment services for child victims and their families, and points out that “services providing care and support to maltreated children and their families should be strengthened. Well-trained professionals who regularly work with children can be an invaluable asset in the detection of child maltreatment”. For communities like Hamilton, where too few of these services exist, disturbing incidence rates and a waiting list for treatment combine into a costly mix for victims and for the community. According to the WHO, “proper resources, allocated in an appropriate way, are required for research on child maltreatment, for prevention programmes and for care activities. The individual and societal benefits of safeguarding children from abuse and neglect well justify the investment needed”.

**“Investment in the early detection of child maltreatment is only worthwhile if the detection will be followed up by action to help and protect the child.”**

**World Health Organization**



When an instance of child maltreatment becomes known, help must be given to the child and the family. Child maltreatment may come to light because of signs – such as particular injuries – displayed by the child; through a disclosure by the child, or a report from a witness of or participant in the abuse; or through the discovery of some evidence, such as a diary or videotape. The role of service providers is to provide care in order to minimize the consequences of the abuse or neglect that has occurred, and to determine what actions could prevent future maltreatment. Legal reforms, policies and programmes should all help service providers to carry out these tasks. Interventions to assist maltreated children should deal with the immediate well-being of the children as well as addressing the long-term health and social costs associated with maltreatment.

**World Health Organization. 2006**

# Investing in Treatment is Vital

Providing appropriate and available treatment for children in the aftermath of abuse is an obligation communities must uphold as they seek to support child well being and strengthen overall community wellness. "To protect children from harm and to strengthen families so that they can meet their children's developmental needs, all concerned citizens must be able to identify and report suspected cases of child maltreatment. In addition, all relevant community professionals need to be involved in their community's identification, prevention and treatment efforts" (DePanfilis & Salus, A Coordinated Response to Child Abuse and Neglect: A Basic Manual). "Comprehensive treatment services must be available in each community to help parents change their dysfunctional patterns of behavior resulting in child abuse and neglect and to meet the child's treatment needs".

The National Clearinghouse on Family Violence (Public Health Agency of Canada) defines treatment responses as "tertiary prevention – activities that support and educate individuals and families in which abuse or neglect has already occurred. The aim of tertiary prevention is to prevent re-occurrence of abuse within the family and within society as a whole. Tertiary prevention activities are vital for the healing of abuse victims and the prevention of further abuse". With the shrinking funds for child welfare allocated primarily to investigation and foster care, prevention and treatment services for child maltreatment are increasingly nonexistent, inaccessible, or inappropriate (Faver, Crawford, Combs-Orme, *Children & Youth Services Review*, 1999).

## Hamilton's Challenge – Expanding Treatment Capacity

Current service capacity limitations are causing children and their families to wait for vital treatment after abuse has occurred. In part, this is because funding for treatment has not been a priority. While it is important to prevent child maltreatment and to educate the community about abuse, we cannot ignore the very real need for treatment by those who have already experienced abuse. Significant investment is needed – where will it come from? The Community Child Abuse Council recently restructured its core programs to implement best practices and has worked diligently to meet the needs of the local community. But our capacity limits us, and children are waiting as a result. The Kauffman Best Practices Project recently pointed out "there are few advocates who are encouraging agencies to adopt (best practices) or influencing funding sources to provide proper reimbursement. Foundations and government agencies alike should be encouraged to focus their available funding on the delivery of evidence-based services". As abused children wait, this is Hamilton's challenge.

*Specialized services cannot be replaced by promotion, prevention or early intervention programs. They are part of an important continuum. If this is done, serious problems will increase.*

Child Welfare League of Canada

*"(our research) highlights the importance of interventions oriented to the sexual abuse victims' treatment... aiming at a decrease in stigmatization and internal symptoms. Such interventions seem to decrease the impact of sexual abuse in the development of delinquent behavior during adolescence and early adulthood.*

Feiring, Miller-Johnson, & Cleland, (2007)





**Dr. David Finkelhor**



**Dr. Harriet MacMillan**



## **Spotlight on Prevention – Exploring the Prevention of Child Maltreatment**

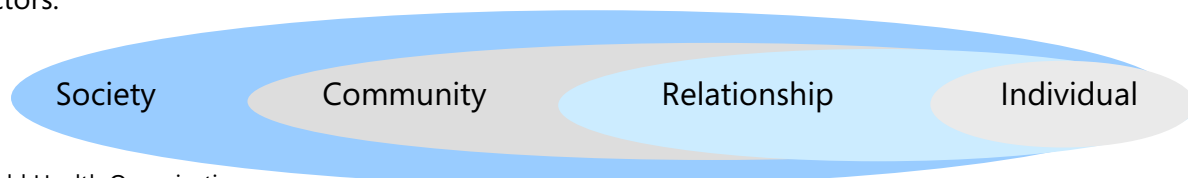
**October 30, 2008 – 8:30 a.m. – 1:30 p.m., Hamilton**

*A special presentation marking Child Abuse Prevention Month*

**Space is Limited – Register Today**  
**Call (905) 523-1020, ext. 12**

Presented by:  
Community Child Abuse Council, Catholic Children’s Aid Society of Hamilton, and Children’s Aid Society of Hamilton.

No single factor on its own can explain why some individuals behave violently towards children or why child maltreatment appears to be more prevalent in certain communities than in others. As with other forms of violence, child maltreatment is best understood by analysing the complex interaction of a number of factors at different levels – an understanding that is vital for dealing effectively with the problem of child maltreatment. The following ecological model outlines the interplay of these different factors:



World Health Organization

### **Of Interest...**

The Child Protection Unit of the Philippine General Hospital (CPU), founded in 1997, uses a multisectoral approach towards comprehensive medical and psychosocial services for maltreated children and their families. The aim is to prevent further maltreatment and to start the process of healing. The CPU operates 24 hours a day, seven days a week. The largest group of patients are those referred from law enforcement agencies, followed by walk-in patients referred from other hospital units. The overwhelming majority are sexually abused children. In 2005, the CPU cared for 972 new cases of maltreated children, 81% of whom had been sexually abused. From the first point of contact through a long follow-up, the CPU uses a multisectoral approach, with the actions of health, legal and social sectors coordinated through CPU’s case management system. The CPU also incorporates legal and police services. Its lawyers handle court cases and prepare children who are to testify. Additional legal services are provided by the Child Justice League. CPU doctors, social workers and psychiatrists provide evidence in court when summoned. Since 2004, an officer from the national police force has been detailed to the CPU, helping to file cases on-site. (See [www.cpu-net.org.ph](http://www.cpu-net.org.ph))

## National Child Day: November 20

The U.N. General Assembly recommended in 1954 resolution 836(IX) that all countries institute a Universal Children's Day, to be observed as a day of worldwide fraternity and understanding between children and of activity promoting the welfare of the world's children. It suggested to governments that the Day be observed on the date which each considers appropriate. The date of 20 November marks the day in which the Assembly adopted the Declaration of the Rights of the Child, in 1959, and the Convention on the Rights of the Child, in 1989. The Government of Canada in 1993 designated November 20th as National Child Day.



## Children Cope Differently

A sample of 123 children and their families who had reported sexual abuse were compared to a control group of 123 non-abused children and their families. Children completed questionnaires evaluating coping strategies, perceived social support, and self-esteem. Mothers completed questionnaires evaluating children's behavioural problems and quality of family relationships. Results showed four clusters: an anxiety group in which children displayed some behaviour problems, a severe distress group in which children showed more highly elevated behaviour problems, and two clusters in which children functioned within normal levels. The greatest number of sexually abused children were in the anxiety group. The severe distress group had the greatest percentage of children reporting severe sexual abuse. Findings show that there are significant psychosocial differences between children who have reported sexual abuse, ranging from severe distress to resilience. **A range of treatment options are required to meet the ranges of individual needs of children and their families having to cope with the aftermath of sexual abuse.**

Hébert, M., Parent, N., Daignault, I., & Tourigny, M. (2006). A Typological Analysis of Behavioral Profiles of Sexually Abused Children. *Child Maltreatment*, 11(3), 203-216.

The spread of substance abuse among parents, rates of family breakup, deepening pockets of poverty, and cuts in government services have intensified family problems and reduced options for helping.

The Future of Children  
Protecting Children from Abuse and Neglect

*"...systems change with the times. The policies or guidelines of what is acceptable or unacceptable, problematic or not, twenty years ago are not the same as the ones we consider today – they change as people, knowledge and ideas change. Specialized services are perceived to be expensive. In the long run, are they really? Because they are expensive, they are often the first service to be cut when times are tough. They are often the last-resort of service to be used when all else has failed and this sets up an almost impossible outcome situation for service providers."*

Child Welfare League of Canada

# Convention on the Rights of the Child

The Convention on the Rights of the Child is the first legally binding international instrument to incorporate the full range of human rights—civil, cultural, economic, political and social rights. In 1989, world leaders decided that children needed a special convention just for them because people under 18 years old often need special care and protection that adults do not. The leaders also wanted to make sure that the world recognized that children have human rights too.

The Convention sets out these rights in 54 articles and two Optional Protocols. It spells out the basic human rights that children everywhere have: the right to **survival**; to **develop to the fullest**; to **protection** from harmful influences, abuse and exploitation; and to **participate fully** in family, cultural and social life. The four core principles of the Convention are **non-discrimination**; devotion to the **best interests of the child**; the **right to life, survival and development**; and **respect for the views of the child**. Every right spelled out in the Convention is inherent to the human dignity and harmonious development of every child. The Convention protects children's rights by setting standards in health care; education; and legal, civil and social services.

**Article 39 (Rehabilitation of child victims):** Children who have been neglected, abused or exploited should receive special help to physically and psychologically recover and reintegrate into society. Particular attention should be paid to restoring the health, self-respect and dignity of the child.

By agreeing to undertake the obligations of the Convention (by ratifying or acceding to it), national governments have committed themselves to protecting and ensuring children's rights and they have agreed to hold themselves accountable for this commitment before the international community. States parties to the Convention are obliged to develop and undertake all actions and policies in the light of the best interests of the child.

UNICEF ([http://www.unicef.org/crc/index\\_30228.html](http://www.unicef.org/crc/index_30228.html))

Canada is a signatory to the Convention on the Rights of the Child (ratified December 13, 1991) and to subsequent Optional Protocols. For a plain language overview of the Convention, check: [http://www.unicef.org/crc/files/Rights\\_overview.pdf](http://www.unicef.org/crc/files/Rights_overview.pdf)



In 2004 the Senate Human Rights Committee began a study of Canada's international obligations in relation to the rights of children in Canada. The final report in 2007, *Children: The Silenced Citizens*, made 24 recommendations to bring Canada into compliance with its legal obligations. These include recommendations about child protection, violence against children, corporal punishment, bullying, and sexual exploitation.

To access a copy of the Senate Committee Report and related resources go to: [www.rightsofchildren.ca](http://www.rightsofchildren.ca)

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