We work to protect children worldwide from abuse and neglect

We are ISPCAN

The International Society for Prevention of Child Abuse and Neglect
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ISPCAN’s National Partners

Through our National Partner Program, ISPCAN has established strong links with 25 national and regional societies of child abuse and neglect professionals around the world. ISPCAN forms partnerships with existing national societies, and also assists ISPCAN members create national societies in countries that have none. In 2006, ISPCAN welcomed four new National Partners: Ponimanie in Belarus, ESAM (Enfants Solidaires d’Afrique et du Monde) in Benin, ANPPCAN Kenya, and the Turkish Society for Prevention of Child Abuse and Neglect (TSPCAN).

Ponimanie was created in Belarus in May 2000 and officially registered by the Minsk City Justice Department in November 2000. Ponimanie is an international professional NGO focused on child protection. Its activities and services include summer camps, training seminars and workshops for children, professionals and families, multidisciplinary child protection team consulting and assessment, community based projects, publications, analysis and research. Ponimanie’s mission is to make the world fit for children through its professional contribution.

ESAM (Enfants Solidaires d’Afrique et du Monde) was formed in Benin in November 1987 and registered with the government in May 1990. The organization’s goal is to promote the harmonious development of children in five areas: survival, education, protection, rights, and health. ESAM runs research, training and educational programs in the fields of Health and Nutrition, Education, Health and AIDS, Water Supply and Sanitation, Rural Service Paths, Agriculture, Education and Child Rights, and Training and Research. ESAM’s mission is to fight for the respect of the rights of children.

ANPPCAN Kenya, the Kenyan chapter of the African Network for the Prevention and Protection against Child Abuse and Neglect, was registered in Kenya as a National NGO in 1995. The organization acts as a national resource center on child abuse and neglect and children’s rights. ANPPCAN Kenya’s mission is to improve the welfare of children in Kenya and to enhance opportunities for the development of their full potential.

Turkish Society for Prevention of Child Abuse and Neglect (TSPCAN) was founded in Ankara in June 1988 as a voluntary, independent, multidisciplinary, nongovernmental organization. With more than 200 members, TSPCAN is committed to the prevention of child abuse and neglect within the framework of human and child rights law and practice. TSPCAN’s mission is to raise public awareness and to build capacities of professionals and concerned volunteers working for the prevention of child abuse and neglect.

Asia – Asian Regional Network of Child Abuse and Neglect Professionals (ARN)
Australia – National Association for Prevention of Child Abuse and Neglect (NAPCAN)
Belarus – Ponimanie
Benin – Enfants Solidaires d’Afrique et du Monde (ESAM)
Cameroon – Cameroon Society for the Prevention of Child Abuse and Neglect (CASP CAN)
Colombia – Afeko
Denmark – Danish Society for Prevention of Child Abuse and Neglect (DASP CAN)
Ethiopia – African Network for the Prevention and Protection Against Child Abuse and Neglect (ANPPCAN)
France – Association Française d'Information et de Recherche sur l'Enfance Maltraitée (AFIREM)
Germany – German Society for Prevention of Child Abuse and Neglect (GESPCAN)
Kenya – African Network for the Prevention and Protection Against Child Abuse and Neglect (ANPPCAN)
Malaysia – Malaysian Association for the Protection of Children (MAPC)
Nigeria – African Network for the Prevention and Protection Against Child Abuse and Neglect (ANPPCAN)
Nordic Region – Nordic Association for Prevention of Child Abuse and Neglect (NASPCAN)
Romania – National Society for Prevention of Child Abuse and Neglect (SN-CAN)
Singapore – Singapore Children’s Society
South Africa – South African Society for Prevention of Child Abuse and Neglect (SASP CAN)
Turkey – Turkish Society for Prevention of Child Abuse and Neglect (TSPCAN)
Uganda – African Network for the Prevention and Protection Against Child Abuse and Neglect (ANPPCAN)
UK – British Association for the Study and Prevention of Child Abuse and Neglect (BASP CAN)
USA – American Professional Society on the Abuse of Children (APSAC)
Our members are a team of dedicated professionals

ISPCAN members, who are professionals from over 180 countries working in Medicine, Mental Health, Law, Social Work, Education, Research, Policy, NGOs, Government, and Community Leaders, are helping children who have been abused, neglected, or who are at risk of maltreatment.

We understand that the only effective way to combat child abuse and neglect is to work together — linked in intersectorial efforts — often through interdisciplinary teams, to ensure maximum protection of our vulnerable charges — abused, neglected and at-risk children.

Our primary focus is to increase the awareness and professional capacity of all professionals who encounter child abuse and neglect and children’s advocates who play important roles in protecting children in their communities and internationally. Our goal is to support their readiness to detect, stop and treat child abuse and neglect, as well as to identify and work with at-risk children and their families to prevent child abuse and neglect from occurring.

In addition to supporting critical training, we strive to help these professionals to develop the local and national policies, systems and programs necessary to support and sustain their work in protecting vulnerable children to the maximum degree possible.

ISPCAN works worldwide. Since our establishment in 1977, we have held our biennial International Congress on child abuse and neglect in 16 cities around the world: Geneva, London, Amsterdam, Paris, Montreal, Sydney, Rio de Janeiro, Hamburg, Chicago, Kuala Lumpur, Dublin, Auckland, Durban (South Africa), Denver, Brisbane, and York (England).

We have held regional conferences on child abuse and neglect in Latin America, Europe, Africa, the Arab world, and Asia. We have helped train professionals on child abuse and neglect in close to 30 developing countries: Albania, Argentina, Bangladesh, Belarus, Belize, Brazil, Cameroon, China, Colombia, D. R. of the Congo, Egypt, Estonia, Ethiopia, Georgia, India, Kenya, Latvia, Lebanon, Malaysia, Pakistan, Palestine, Poland, Russia, South Africa, Sri Lanka, Syria, Thailand, and Yemen.

Further, we partner with 25 National Societies for Prevention of Child Abuse and Neglect, with a combined total membership of more than 10,000 professionals.

ISPCAN is a global leader on the treatment and prevention of child abuse and neglect. In addition to our conferences and training, we publish the preeminent international journal, Child Abuse and Neglect; the newsletter, Link (La Conexion); and numerous special reports.

We collaborate with UNICEF, WHO, ILO-IPEC, the UN High Commissioner on Human Rights UN Study on Violence Against Children project leaders, and the UN Committee on the Rights of the Child. We partner with many international NGOs, including Save the Children, ECPAT, WWSF, World Vision, Terre des Hommes, and Plan International. And we work closely with local NGOs and consult with local and national governments. Through our journal, newsletter, website, listserv, conferences, training events and our national partner program, we network with each other in a constant effort to expand and advance both research and practice on child abuse and neglect worldwide.

In the following pages, take a closer look at our programs, our achievements this past year, and our goals, and join us in our important mission to protect children worldwide. Join us a member. Join us as a partner. Join us as a donor. Join us.

Our members work to protect children worldwide.

We need YOU to help too.

Danya Glaser, MB, FRCPsych
President

Kimberly Svevo, MA CAE
Executive Director
Our proudest achievements in 2006

In 2006, we made major strides in our efforts to prevent child abuse and neglect

New guide on preventing child maltreatment
In October 2006, working jointly with the World Health Organization, we published the groundbreaking child abuse prevention guide, Preventing Child Maltreatment: A Guide to Taking Action and Generating Evidence. This new WHO-ISPCAN guide provides technical advice for professionals working in governments, research institutes and NGOs on how to measure the extent of child maltreatment and its consequences and how to design, implement and evaluate prevention programs. With this guide, the focus of the child maltreatment response shifts from treatment to prevention.

World report on violence against children
We contributed to this landmark global UN study, which identifies the forms of violence children are subjected to and calls on all nations to take 12 actions to halt the cruelty and mistreatment: 1) Develop a multi-sectoral national strategy to end violence against children. 2) Enact laws that prohibit all forms of violence against children, including the death penalty. 3) Address the underlying causes. 4) Act to change harmful attitudes, even harmful traditional practices. 5) Train professionals who work with abused and at-risk children. 6) Provide abused children access to health and social services and legal assistance. 7) Engage children in protection activities. 8) Provide safe channels for children to report violence. 9) Make those who perpetrate violence against children accountable. 10) Take into account the different risks facing girls and boys. 11) Improve data collection. 12) Implement all relevant treaties. ISPCAN is committed to helping countries implement these recommendations, particularly Recommendations 5, 6, and 11.

New model questionnaires for collecting data on child abuse
In 2006, in conjunction with the UN Secretary General’s Study on Violence against Children and with support from UNICEF and the Oak Foundation, we completed field testing of three new model questionnaires for collecting data on the extent and depth of child abuse from parents, independent young adults, and children over 11 years of age. With these research instruments, reports on the incidences of violence against children will be more accurate and more representative of the true scope of the problem. We had the questionnaires reviewed by more than 100 professionals, field tested in nine countries, and translated (to-date) into seven languages. These questionnaires are available free of charge to any professional who agrees to 1) use them in a culturally appropriate way that is sensitive to the needs of children, 2) submit the questionnaire for ethical review by a professionally approved entity in the country/countries where they will be used, and 3) share with ISPCAN a summary report of the findings. Simply download the questionnaires from ISPCAN’s website at http://www.ispcan.org/questionnaires.htm.

New edition of World Perspectives
In September 2006, we published the seventh edition of World Perspectives, a survey of key informants on the status of child abuse and neglect in 72 countries. Sixteen commentaries describe research projects or practice reforms underway, and an annotated bibliography summarizes key journal articles and government reports issued in 23 countries over the previous two years.

16th International Congress on Child Abuse and Neglect
In September 2006, we also held our 16th International Congress, “Children in a Changing World: Getting It Right,” in York, England. Professionals from around the world presented 691 papers, the abstracts for which are all available online at http://www.ispcan.org/congress2006/Book_Abstracts.html. (For more details on the 2006 Congress, see page 6.)

Training of professionals in developing countries
In 2006, we provided training on child abuse and neglect for more than 2,000 professionals in 15 countries: Argentina, Bangladesh, Belarus, Brazil, Cameroon, Colombia, Democratic Republic of Congo, Estonia, Georgia, India, Kenya, Malaysia, Russia, South Africa, and Thailand. We trained professionals from different disciplines (physicians, mental health workers, and police, for example) and from different institutions (NGOs and government). Our training was aimed at 1) raising awareness of child abuse and neglect, 2) understanding child abuse and neglect laws and services, 3) improving skills in identifying, treating, and preventing child abuse and neglect, and 4) forming multidisciplinary teams that work collaboratively to prevent child abuse and neglect. (For more details on ISPCAN’s training, see pages 8-9.)
Who we serve

We care passionately about protecting children from all forms of violence and maltreatment. We care about all children, of all faiths, all ethnicities, all ages, from all around the world: infants, toddlers, boys, girls, and teenagers. We strive to protect all children… children abused physically, emotionally, or sexually by parents, relatives, or trusted caretakers. But also, in many parts of the developing world, street children, child soldiers recruited to fight wars, children who must work instead of going to school, children forced into prostitution or pornography, children sold and traded, refugee children made vulnerable by famine or war.

We believe every child deserves to grow up without violence.

No child should be subject to beatings, corporal punishment, or verbal or emotional abuse. No child should be victim to sexual relations with adults or the subject of pornography. No child should be bought or sold, recruited to fight a war, or have to work, instead of going to school. No child should have to eke out a living on the streets, and no child should be neglected, left without adequate available care. No child should be abused, ever, not at home, not at school, not at play, not at a place of worship, not in any country, not in any culture.

We support and advocate for full implementation of the UN Convention on the Rights of the Child, particularly Article 19: “State Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s), or any other person who has the care of the child.”

We concur with the 193 countries that have signed this treaty: Children have the right to life, right to an identity, right to the protection and care needed for their well-being, right to express their views, right to freedom of thought and religion, right to associate, right to a full and decent life, even if mentally or physically disabled, right to health care and education, right to enjoy their own culture and language, right to rest and leisure, and the right to be protected from economic exploitation, illicit drug use, sexual exploitation, torture, and capital punishment.

In 2006, we contributed to the UN World Report on Violence Against Children, the first comprehensive global effort to paint a detailed picture of the nature, extent and causes of violence against children, and to propose clear recommendations for action to prevent and respond to it. This landmark report concluded that violence against children happens within all social groups, in every country and society. Most violent acts against children are carried out by people they know and should be able to trust, including parents, boyfriends, teachers and employers. The report also found that much of the violence that affects children is socially condoned, sometimes allowed by national laws or rooted in cultural, economic or social practices. The report makes 12 recommendations for ending and preventing violence against children, recommendations that we at ISPCAN are committed to helping implement.

We are committed to protecting children from violence.
We are committed to the Rights of the Child.

Violence against children is a global problem

Violence against children occurs everywhere. No country, no culture, no ethnic or religious group is free of child abuse.

The 2006 World Report on Violence Against Children found that:

• 53,000 children were murdered in 2002
• 20 to 65 percent of school-aged children have been verbally or physically bullied
• 150 million girls and 73 million boys under 18 experienced forced sexual intercourse or other sexual violence
• 275 million children worldwide witness domestic violence each year
• 218 million children are involved in child labor, 126 million in hazardous work
• 100 to 140 million girls and women have undergone female genital cutting
• 1.8 million are involved in prostitution and pornography
• 1.2 million are victims of trafficking

And according to other sources*:

• 40 million children under age 15 suffer from abuse and neglect
• 130 million are not in school
• 100 million live on the street
• 10 million are refugees
• 13 million are displaced
• 15 million are AIDS orphans
• 2 million enter the sex trade yearly
• 1.2 million are trafficked yearly
• 55 percent are unregistered at birth

The magnitude of the problem is unspeakable. ISPCAN’s mission is to eliminate these statistics.

*The first statistic comes from the World Health Organization (WHO); all others come from the Canadian International Development Agency (CIDA).
We convene the largest group of child abuse professionals from around the world

ISPCAN holds its 16th biennial International Congress in York, England

From September 3 to 6, 2006, nearly 1000 professionals from 88 countries assembled in York, England, to hear 691 presentations on child abuse and neglect. The XVIth ISPCAN International Congress on Child Abuse and Neglect, entitled “Children in a Changing World: Getting It Right,” was organized in cooperation with the British Association for the Study and Prevention of Child Abuse and Neglect (BASPCAN).

The Congress’s plenary speakers were as internationally diverse as its attendees. Dr. Jaap Doek (Netherlands), the chairperson of the UN Committee on the Convention on the Rights of the Child, was the recipient of the 2006 Kempe Lecture Award, named after C. Henry Kempe, the founder of ISPCAN. In his opening plenary, Doek argued that child abuse and neglect professionals are more apt to find support for their work in their countries if they show that their treatment services are child rights based.

Prof. Harendra de Silva (Sri Lanka) presented his research and experiences on child protection issues during natural disasters. Prof. Hedy Cleaver (England) spoke on the impact of domestic violence and parental substance misuse on children. Beverley Hughes (UK), Minister for Children, Young People and Families, spoke on safeguarding children. Dr. Howard Dubowitz (US) spoke on child neglect, and Philip Noyes (UK) spoke on public responsibility in child protection. Dr. Assefa Bequele (Ethiopia) closed ISPCAN’s Congress with an impassioned presentation on promoting child rights in the context of poverty.

During the Congress, delegates could attend symposia on domestic violence, disability, working with families of marginalized children, enhancing professional competence and confidence, effective interventions, children’s voices and rights, children in war, evidence based research, and internet crimes against children. They also could attend training sessions on child abuse and neglect for the disciplines of mental health, medicine, law enforcement, social work, and the essentials for new professionals. And they could participate in two training events prior to the conference:

• At the two-day Developing Countries Forum, 104 delegates from 43 countries heard keynote sessions from Serbia, Colombia, the Philippines, and Morocco on Building Coalitions and Influencing Policy Makers, Building Capacity for Child Protection Services in Developing Countries, Evaluating Practice and Programs, and Mobilizing Community Support.

• At the one-day Master Class, 70 participants heard experts speak on the role schools and communities have in preventing child abuse and neglect, how mental health personnel can identify at-risk children, the life span approach to creating a trauma narrative that helps children recover from abuse and neglect, the major transformations in child abuse and neglect prevention that psychological maltreatment requires, and a public health approach to preventing child maltreatment.

At the Congress, ISPCAN also presented five other biennial awards:

• The C. Henry Kempe Award, presented to an outstanding professional or organization working in the field of child abuse and neglect, went to Dr. Fu-Yong Jiao, People’s Hospital of Xi’an Medical University, China.

• The Multidisciplinary Team Award, given to a multidisciplinary team that has made substantial progress in the prevention or treatment of child abuse and neglect in its local community, went to Children’s House Iceland (Barnahus), led by Bragi Gudbrandson.

• The Distinguished Career Award went to Dr. Harendra de Silva of Sri Lanka for his longstanding dedication, expertise, and contributions to the field of child abuse and neglect.

• The Distinguished Service Award went to Priscilla Lui, Hong Kong, for her commitment and dedication to ISPCAN, and to Against Child Abuse, ISPCAN’s National Partner in Hong Kong.

• The Presidential Scholar Award went to Dr. Jingqi Chen of China, for Dr. Chen’s groundbreaking research on child maltreatment in China, which brought official recognition of this problem in China.

Our special thanks to all the ISPCAN committee members who helped organize the 2006 York Congress, particularly Organizing Committee Co-Chairs Jon Conte (USA) and David Spicer (UK); Scientific Committee Co-Chairs Jean Price (UK) and David Wolfe (Canada); and DC Forum Co-Chairs Daniel Mbassa Menick (Cameroon) and Ruth Soonets (Estonia).

ISPCAN looks forward to the 17th International Congress in September 2008 in Hong Kong.
ISPCAN networks to advance expertise

We are the international expert resource on child abuse and neglect

Since 1977, we have published what has become the preeminent international journal on child abuse and neglect. Through our journal, newsletter, special reports, listserv, and online discussions on special topics, we have become the international source of expert information, as well as the channel researchers and practitioners worldwide use to explore and exchange information on child abuse and neglect.

Child Abuse and Neglect: The International Journal

Our monthly, peer-reviewed journal provides an international, multidisciplinary forum on all aspects of child abuse and neglect, with special emphasis on prevention and treatment. In 2006, we published 77 articles, including a study of a Texas county jail, in which 59% of 100 randomly selected male inmates reported sexual abuse before puberty (January); a study of Turkish high school students, in which all respondents reported bullying (February); a study of 217 adolescent girls in the Bedouin-Arab community, which found that sexual, physical, and psychological abuse was a major problem (March); and a study of pediatric residents, which found that wide variations in child abuse reporting are likely due to lack of a definition for “reasonable suspicion” (April).

We published reports on the challenges facing child protection practitioners in Guatemala City (May), victimization of students by educational staff in Israel (June), the need to incorporate economic analysis in evaluating child maltreatment prevention programs (July), and a questionnaire for assessing abuse-related beliefs among survivors of child sexual abuse (August).

Other articles showed that the six-factor Child Abuse Potential (CAP) Inventory, first suggested by J.S. Milner in 1986, is relevant for assessing abuse risk of Chinese mothers in Hong Kong (September); 79% of a study group of 75 individuals who suffered from body dysmorphic disorder (BDD), an impairing preoccupation with a slight difference in appearance, had a history of child maltreatment (October); the 1- to 2-minute Adult Short Form of the Multidimensional Neglectful Behavior Scale (MNBS-AS) could be a useful clinical screening tool to identify cases of neglect, based on a sample of 7179 students at 33 universities in 17 countries, which showed a substantial percentage of university students experienced parental neglect and this neglect made students more likely to be violent toward a dating partner (November); and 28% of students at a Tanzanian university were victims of child sexual abuse (December).

The Link Newsletter

The Link reports on child abuse and neglect challenges and best practices around the world, as well as ISPCAN and member activities, events, programs and outreach. In 2006, articles addressed Growing up with Domestic Violence, Drug Endangered Children, and Street Children in Morocco. ISPCAN also published a Special Report on Preventing Physical Child Abuse and Neglect through Home Visitation, which recapped a Virtual Issues Discussion (VID) among 50 professionals from 13 countries.

The ISPCAN Listserv

ISPCAN’s daily listserv is perhaps the most interactive benefit of ISPCAN membership for members in any country around the world. When, for example, a researcher wants to learn about the prevalence of child maltreatment or tools to measure it, he or she can post a question on ISPCAN’s listserv, and experts from around the world respond with tips and suggestions. When a practitioner wants to know about mandated reporting or interagency collaborative frameworks for child protection, physicians, mental health workers, social workers, and attorneys from around the world share techniques they have used. In 2006, professionals worldwide posted more than 400 messages on 150 topics on the ISPCAN listserv.

Virtual Issues Discussions

In 2006, to promote dialogue on child abuse and neglect, ISPCAN held three Virtual Issues Discussions (VIDs): Assessing Children for Possible Abuse: A Forensic Versus a Holistic Approach (January), Corporal Punishment of Children versus Alternative Disciplinary Approaches (June), and Child/Youth Participation (November). Professionals from 29 countries participated in the VID on Child/Youth Participation, including several ISPCAN National Partners. The discussion touched on Child Participation in the UN Study on Violence Against Children, Youth Participation in Research, and Child-led Advocacy.

We aid select professionals in developing countries

Scholarships to attend ISPCAN events

In 2006, we awarded scholarships to 56 professionals from developing countries, enabling them to attend and contribute to the 16th International Congress in York, England. There they furthered their knowledge and networked with professionals internationally, then took this experience home, where they applied it to programs and training events in their countries. Thanks to grants from Fox Valley Technical College, Interchurch Organization for Development Cooperation (ICCO), the Oak Foundation, OJDP, UNICEF Eastern Europe, UNICEF New York, and the World Health Organization (WHO), ISPCAN awarded $54,000 in scholarships in 2006.

Honorary memberships to ISPCAN

Each year, we award 25 honorary memberships to professionals from developing countries, thanks to support from donors and partners, particularly Elsevier Science and UNICEF-New York. Each honorary member receives full ISPCAN membership benefits for two years, including a subscription to Child Abuse & Neglect. In 2006, 50 professionals received this honor.

For a list of the individuals who received scholarships and honorary memberships, visit our website, http://www.ispcan.org/scholarships.
A story of two girls, and the difference training makes

Thandi

Thandi (a pseudonym) is a young Zulu girl who lived with her mother, stepfather, and siblings in a home made from scraps of wood, cardboard, and plastic in a tightly packed slum in South Africa. When she was 13 years old, Thandi became pregnant and went to a hospital for an abortion. Located in an impoverished area and overloaded with HIV/AIDS patients, the hospital was under-resourced, over-crowded, and under-staffed. At the hospital, the nurse who examined Thandi asked her who the baby’s father was. Thandi said her baby’s father was her stepfather. Her stepfather had slept with her for the last year. The nurse did not believe her. She told Thandi no father would ever have sex with his daughter, no father would ever do that. She told Thandi she was lying, and if she lied, the clinic could not help her, because the clinic did not help liars.

So Thandi did the only thing she could do: She lied. She fabricated a story that the nurse would believe: She had slept with a boy, but she could not have the baby. Now the nurse agreed to help her. The clinic performed the abortion, then sent Thandi back home to live with her family.

And Thandi’s stepfather slept with her again, and when Thandi’s period did not resume she thought she was pregnant and went back to the clinic for another abortion. This time, the test was negative; she was not pregnant. But another test, with a much more dire consequence, came back positive. Thandi now had HIV. Her stepfather had repeatedly raped her, made her pregnant, and caused her to have an abortion. Now, because a nurse untrained in child abuse refused to believe her story, refused to step in and stop the abuse, now because the professional Thandi turned to for help turned her away, because of this, Thandi is now infected with the fatal HIV virus, and, in a country with few HIV medicines, doomed to a very short life.

Zandile

Fourteen-year-old Zandile (a pseudonym) grew up in a thatch and wattle hut in South Africa, routinely beaten by her alcoholic mother and sexually molested by her mother’s boyfriends. Because her mother was often drunk, Zandile had to take care of the house, the cooking, and caring for her 3-year-old sister and 9-year-old brother. Zandile’s stepfather was a driver, and he worked away from home for long periods of time. After a month’s absence, he would return home, find Zandile’s mother drunk, and beat her in a rage. This was the life Zandile lived, every day the object and witness of violence at the hands of people who were supposed to take care of her. To this day, she has marks all over her body, marks that will never go away.

One day while bathing her 3-year-old sister, Zandile picked up a knife and stabbed her little sister to death. For three days she hid her sister’s body under the hut and said nothing. Then she took the body out and exposed it to the neighbors, who called the police.

Zandile could not explain her behavior. She had always seen violence as the solution to every problem. Her mother beat her. Her stepfather beat her mother. But she did not understand that. She could not explain why she killed her sister. Zandile’s stepfather drew on the family’s Zulu beliefs to explain the horrific act. An evil spirit, called a thokolosh, possessed the girl and told her to kill her sister, he explained. What else but an evil spirit could have turned Zandile into the monster that murdered her little sister?

The police arrested Zandile and for eight months held her in solitary confinement in an adult police cell. South Africa has no facilities for girls who have committed serious crimes, so they are incarcerated in jails for adult women, where they often are sexually abused by inmates and guards.

Zandile’s court case was assigned to a local prosecutor who had been trained in child abuse and neglect by ChildLine South Africa, an NGO that works to stop and prevent child abuse. This prosecutor knew the girl needed special representation, so he recruited a lawyer from the Child Law Clinic at the University of Pretoria, who helped conduct ChildLine’s training. This lawyer in turn got ChildLine involved, and ChildLine gathered a team of professionals around this child: child protection officials, medical assessment personnel, the principal of a children’s home, the child lawyer, police, the commissioner of the children’s court, a social worker for an agency that served the area, the prosecutor, and the ChildLine representative. This multidisciplinary team conducted an assessment on Zandile, soliciting input from Zandile, her family, and all the professionals. Once Zandile had pleaded guilty, the police, who ChildLine also had trained, agreed to show the team Zandile’s legal case file. By the time Zandile went to court for sentencing, this team had reached a consensus on what that sentence should be. Because the prosecutor agreed with it, the magistrate accepted it too.

The team’s first choice was to put Zandile in foster care. But no family would have this child in foster care; and the South African foster care system is overburdened by AIDS, with a million AIDS orphans requiring foster care. A children’s home was the team’s second option. But imagine putting a child who had murdered another child in a children’s group home. Again, conferencing amongst the multidisciplinary team is what made this possible. The principal of the children’s group home was part of the team. He understood the child abuse that had led to Zandile’s horrific act. If the group home had not worked, Zandile would have been put in jail, with adults, where she would have been easy prey for more abuse.

A story of two girls

This is the story of two girls, both from the same country, both severely and repeatedly abused. Thandi sought help from an untrained professional who sent her back to her home, where she was sexually abused again, and infected with the HIV virus. A victim of violence herself, Zandile lashed out in a horrific act of violence and was jailed. But a lawyer trained in child abuse recognized the special care she needed and a multi-disciplinary team of trained professionals stepped in to provide it. In the first case, lack of access to trained professionals doomed Thandi to an early death. In the second case, the intervention of trained professionals saved Zandile from a life of imprisonment. When the lives of vulnerable children are at stake, we must ensure at a minimum that they have access to trained professionals to help them. It is a matter of life or death.
We provide training, so children can get help

We train professionals all over the world, especially in developing countries, where resources are limited, so abused children have a place to turn for help.

When a child is malnourished, you can give them food. When a child is sick, you can give them medicine. But when a child is abused, food and medicine alone will not help. When a child is abused, the help he or she needs is the help that only professionals trained in child abuse and neglect can give.

In too many places in the world, particularly in developing countries, there are no professionals trained in child abuse and neglect, and there is no place professionals can go to get trained. With no trained professional to turn to for help, the abused or at-risk child has no way to get help.

That is where ISPCAN steps in.

Working with local partner organizations, ISPCAN trains professionals in developing countries on how to detect, stop, treat, and prevent child abuse and neglect. We have curricula designed especially for training medical professionals, mental health professionals, and multi-disciplinary groups of professionals.

We also have Train the Trainer and Train the Facilitator programs, so we increase the number of local experts qualified to conduct training on child abuse and neglect. That helps build local capacity to respond to child abuse long term.

Moreover, we constantly strive to update our training and make it relevant and culturally appropriate for the countries in which we conduct the training. And, whenever possible, we strive to provide resource materials in local languages.

Since 2000, we have trained thousands of professionals in close to 30 developing countries. In 2006, we trained more than 2000 professionals in 15 countries: Argentina, Bangladesh, Belarus, Brazil, Cameroon, Colombia, Democratic Republic of Congo Congo, Estonia, Georgia, India, Kenya, Malaysia, Russia, South Africa, and Thailand. We trained professionals from different disciplines (physicians, mental health workers, and police, for example) and from different institutions (NGOs and government). Our training was aimed at 1) raising awareness of child abuse and neglect, 2) understanding child abuse and neglect laws and services, 3) improving skills in identifying, treating, and preventing child abuse and neglect, and 4) forming multidisciplinary teams that work collaboratively to prevent child abuse and neglect.

Countries Where ISPCAN Conducted Training in 2006

<table>
<thead>
<tr>
<th>Country</th>
<th>Local NGO partner</th>
<th>Number of attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Argentina</td>
<td>Familias del Nuevo Siglo</td>
<td>771</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>Ministry of Women and Children Affairs</td>
<td>30</td>
</tr>
<tr>
<td>Belarus</td>
<td>Ponimanie</td>
<td>95</td>
</tr>
<tr>
<td>Brazil</td>
<td>Centro de Estudios Integrados, Infância, Adolescência e Saúde (CEIIAS)</td>
<td>73</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Cameroon Society for the Prevention of Child Abuse and Neglect (CSPCAN)</td>
<td>45</td>
</tr>
<tr>
<td>Colombia</td>
<td>Afecot</td>
<td>180</td>
</tr>
<tr>
<td>D.R. Congo</td>
<td>IUS ET VITA</td>
<td>50</td>
</tr>
<tr>
<td>Estonia</td>
<td>Tartu Child Support Centre</td>
<td>183</td>
</tr>
<tr>
<td>Georgia</td>
<td>The Public Health and Medicine Development Fund of Georgia</td>
<td>172</td>
</tr>
<tr>
<td>India</td>
<td>Metropolitan (Bypass) Institute for Developmental Studies and Welfare</td>
<td>117</td>
</tr>
<tr>
<td>Kenya</td>
<td>African Network for the Prevention and Protection against Child Abuse and Neglect (ANPPCAN)</td>
<td>35</td>
</tr>
<tr>
<td>Malaysia</td>
<td>Malaysian Association for the Protection of Children (MAPC)</td>
<td>134</td>
</tr>
<tr>
<td>Russia (Nizhny Novgorod)</td>
<td>Nizhniy Novgorod Resource Center</td>
<td>227</td>
</tr>
<tr>
<td>Russia (St. Petersburg)</td>
<td>St. Petersburg State University</td>
<td>23</td>
</tr>
<tr>
<td>South Africa</td>
<td>South African Society for the Prevention of Child Abuse and Neglect (SASPCAN)</td>
<td>204</td>
</tr>
<tr>
<td>Thailand</td>
<td>The Center for the Protection of Children’s Rights Foundation</td>
<td>60</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>2000 +</td>
</tr>
</tbody>
</table>

A girl makes bricks at a factory in Pakistan. ISPCAN works to prevent all forms of child abuse.
We thank our supporters

Without the support of donors and volunteers, ISPCAN could not accomplish all the good it does to prevent child abuse and neglect worldwide. We thank you for your crucial support.

ISPCAN Honorary Ambassadors (contributions of US $50,000 & above)

The Oak Foundation (Switzerland)
ICCO: Interchurch Organization for Development Cooperation
UNICEF – New York (International)
Alcoa Foundation (USA)

ISPCAN Distinguished Benefactors (contributions of US $15,000 - $49,999)

Fox Valley Technical College - Criminal Justice Division (USA)
Kerk in Actie/Global Ministries (Netherlands)
Office of Juvenile Justice and Delinquency Prevention (USA)
UBS: Optimus Foundation (Switzerland)

Donors (contributions of US $2,500 - $14,999)

Elsevier (UK)
Public Health Agency of Canada
UNICEF Eastern Europe
World Health Organization (Switzerland)

Individual & Corporate Donors (contributions of US $500 - $2,499)

Children's Chadwick Center for Children and Families (USA)
Ruth Kempe
John Leventhal
Daniel Mbassa Menick
Save the Children – Sweden
Judith Scherer

We also thank these organizations for supporting Council members in fulfilling ISPCAN’s mission:

The Center on Child Abuse and Neglect, Department of Pediatrics, University of Oklahoma Health Sciences Center
The Chapin Hall Center for Children at the University of Chicago
The Hospital for Sick Children, Toronto
Centre for Addiction and Mental Health, University of Toronto

Friends (contributions of $35 - $499)

Install-Chicago, Inc
Kaspersky Lab
Dynamic Phys. Therapy
Kelly Ace
Verena Bartels
Elizabeth V. Berjat
Carol Berkowitz
Kristen L. Blume
George Brown
Judith Burton
Chinnyere Ekwenye
Barbara Walling Boat
Marla R. Brassard
Klaus-Peter David
Mel Del Degan
Jaap Doek
Howard Dubowitz
Diane Ferdinand
Christine Foley
Matthew Galvin
Danya Glaser
Jenny Gray
Bernhard Hermann
Mehdi. Sham Kasim
Jun Kato
Alex Levin
Litchford
Mary Louise E. Kerwin

Volunteers

Abdul Kareem Aloody
Pete Bardak
Rebekah Cianci
Linda Johnson
Bob Kallen
Won Kim
Abdul Karim S Mahdi
Sandra Mehl
Kim Oates
Carrie Parks
Beeraj Patel

ISPCAN is getting stronger, so we can help others be more effective

As we help organizations around the world build their capacities to prevent child abuse and neglect, we decided we needed to evaluate our own capacity to help them. So in October 2006, with funding support from The Oak Foundation, and assistance of an external facilitator, our staff and Executive Council met and analyzed our organization’s own strengths and weaknesses.

At that planning meeting, we identified three areas of our organization we needed to strengthen, so we could do more, and be more effective at what we do. We found that we need:

• More skilled staff (administrative, fundraising, management)
• More diversified donor base (More donors, more funds/donor, more long-term donors)
• Streamlined governing structure (Smaller board focused on policy, not operations)

With this critical self-analysis, we embarked on what will be an ongoing process to upgrade our capacity to support individuals and organizations that work to prevent child abuse and neglect. We plan to increase our staff from 11 to at least 15 by 2010, and to enhance our own professional skills, through staff training and education.

We intend to improve our policies, procedures, and practice; upgrade the look and utility of our website; improve the collection and dissemination of resources on child abuse and neglect; and strengthen our already good collaborations with international organizations and nongovernmental organizations around the world. Further, we will upgrade the quality of our programs, especially our training, education and technical assistance to our members and partners.

In short, through this Organizational Capacity Development initiative, which is generously funded by The Oak Foundation, ISPCAN will extend its reach in assisting members and partners in attaining their goals to prevent violence against children in the home and family, especially through implementation of the Convention on the Rights of the Child, the WHO/ISPCAN Guide on Preventing Child Maltreatment, and the World Report on Violence Against Children. By partnering and working closely with child abuse and neglect professionals, governments, NGOs and UN agencies, ISPCAN will continue to strengthen its role as the global leader in protecting children from abuse and neglect.
We maximize the use of our funds

Our 2006 Financial Report

ISPCAN’s current financial picture is strong, reflecting our success in developing and sustaining a diverse funding base. Income from our membership fees, publication royalties, grants, and International Congress and regional conferences have allowed us to provide a wide array of services, as well as support member-initiated projects in specific countries.

Thanks to significant volunteer contributions made by our members and National Partners, funds donated to ISPCAN have added impact.

In essence, a dollar donated to ISPCAN provides much more than a dollar’s worth of services. Thanks to professionals who volunteer their time, ISPCAN is able to provide a far richer array of training programs and more intensive support to professionals worldwide than it would otherwise. These volunteer resources also have helped the Secretariat hold administrative and fund-raising costs to less than 12% of total expenses, a modest level given the diversity and scope of our services.

Revenues in 2006 were comparable to those in 2005, except for Congress and Conference revenues, which were much greater in 2006, due to the great success of ISPCAN’s 2006 International Congress, which is held every other year. The 16th International Congress in York, England, was attended by nearly 1000 professionals. Membership revenues in 2006 were about the same as in 2005—US $130 for 1 year, $240 for 2 years, with reduced rates for Developing Country* members of $50 for 1 year, $95 for 2 years.

Expenses in 2006 also were comparable to those in 2005, except for Congress and Conference expenses, which were higher in 2006 because of ISPCAN’s biennial International Congress; Research expenses, which were higher in 2005 because of the biennial World Perspectives; and Strategic Planning expenses, which were higher in 2006, because of the new Organizational Capacity Development work that ISPCAN has begun. ISPCAN also spent slightly more on Developing Countries Training in 2006 than it did in 2005. In 2006, we provided training on child abuse and neglect to 2200 professionals in 12 developing countries, as part of our effort to support professionals working in areas with limited institutional support.

In 2006, we provided training on child abuse and neglect to more than 2000 professionals in 12 developing countries, as part of our effort to support professionals working in areas with limited institutional support.

ISPCAN is a nonprofit, tax-exempt organization, as designated by the U.S. Internal Revenue Service, under 501(c)(3) of the Internal Revenue Code.

Financial Audit 2006 (Selected Data)

ISPCAN audited financial results for 2006: Current Assets at the end of 2006 were $1,144,022; Property and Equipment at Cost (minus depreciation) was $12,221. At the end of 2006, Total Assets were $1,156,243 and Liabilities were $197,226, bringing ISPCAN’s year end Net Assets to $959,017. This is a net increase of $156,454.

ISPCAN is formally audited each year in accordance with relevant auditing standards. For a copy of the complete 2006 audited financial statement, please contact the ISPCAN Secretariat.

* Developing Country status is based on information from World Bank reports.

2006 Revenue

<table>
<thead>
<tr>
<th>Category</th>
<th>2006 ($)</th>
<th>2005 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership Dues</td>
<td>183,834</td>
<td>181,768</td>
</tr>
<tr>
<td>Publication Royalties</td>
<td>173,329</td>
<td>178,060</td>
</tr>
<tr>
<td>Congress and Fees</td>
<td>706,149</td>
<td>281,052</td>
</tr>
<tr>
<td>Grants and Contributions</td>
<td>520,131</td>
<td>554,186</td>
</tr>
<tr>
<td>In-Kind Contributions</td>
<td>38,000</td>
<td>39,865</td>
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<tr>
<td>Interest / Investments</td>
<td>24,236</td>
<td>9,933</td>
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<tr>
<td>Miscellaneous Services</td>
<td>9,279</td>
<td>5,702</td>
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<td><strong>Total</strong></td>
<td><strong>1,654,958</strong></td>
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2006 Expenses

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<tr>
<td>Membership Programs</td>
<td>65,884</td>
<td>52,570</td>
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<td>Journal / Newsletter</td>
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<td>Awards</td>
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<tr>
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<td><strong>1,214,135</strong></td>
</tr>
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Join us in our mission
We work to protect children worldwide from abuse and neglect.

Join us as a member.
Annual dues are $130 for professionals in developed countries, and $50 for professionals in developing countries. As a member, you receive our international monthly journal and quarterly newsletter, access to our Listserv and Virtual Issue Discussions, discounts at our conferences, and just as important, you will be supporting our efforts to train professionals in developing countries, sponsor research on child abuse and neglect, and advance the rights of children around the world.

Join us as a partner.
You will be in the good company of organizations like UNICEF, the World Health Organization, The Oak Foundation, Save the Children, ECPAT, Terre des Hommes, ILO/IPEC, World Vision International, 25 National Societies for the Prevention of Child Abuse and Neglect, and numerous local NGOs that work to prevent violence against children in developing countries.

Join us as a donor.
Our member dues pay for our journal, newsletter, listserv, and other member services. But without the support of foundations, corporations, organizations, and individuals—without your support—we cannot assure broad participation at our conferences from professionals in developing countries and we cannot provide much-needed training and technical assistance to professionals in developing countries. Without your crucial financial support, abused and at-risk children in developing countries have no trained professional to turn to for help. Without your support, these children have no help, no hope, no one who can stop the abuse, no one who can prevent the abuse.

Please join us.

The International Society for Prevention of Child Abuse and Neglect
245 W. Roosevelt Road, Building 6, Suite 39, West Chicago, IL 60185, USA
Tel. 1.630.876.6913 • Fax: 1.630.876.6917
Email: ispcan@ispcan.org • Website: www.ispcan.org