LibanCAN: The path to the stars!

From a tower of Babel, through a Hyde Park, then a melting pot, towards a mosaic

NCFR/ICAN Thursday Session
San Diego Conference on Child and Family Maltreatment,

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Lebanese Institute for Child Rights www.chiloflebanon.com
Acknowledgements:


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2) Beirut municipal commission for child and youth

(3) Municipal Council of Beirut 2004

(4) Higher Council for Childhood in Lebanon

(5) Lebanese Epidemiological Association


(7) Child Protection Initiative, Arab Urban Development Institute

(8) Vice-Dean, Faculty of Public Health, AUB

(9) Lebanese Society of Family Medicine

(10) YASA

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(12) Mental Health Center, AUB

(13) Lebanese Pediatric Society
Is there an “official” record or count maintained by a government agency of suspected child abuse cases?

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<th>COUNTRY</th>
<th>PHYSICAL ABUSE</th>
<th>PSYCHOLOGICAL MALTREATMENT</th>
<th>SEXUAL ABUSE</th>
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Why Child Abuse is Important

Makassed, November 19th 2005

From: "Why Child Abuse is Important"
BACKGROUND

- CAN remains a serious threat,
- unequally evaluated
- near universal ratification does not guarantee effective implementation
- Compliance v/s monitoring
- expertise of independent professionals
Understanding difficulties and intervention in CAN

- gaps in the evaluation and control of CAN in Lebanon
- obstacles to success and parameters of prevention
- integrated health and human rights process for prevention
- professional evidence, relevant social factors and intersectoral responsibilities
- needs and possibilities of a developing and ill-resourced country
- challenges and impacts
Rationale

- most of the abuses often go unnoticed and unreported
- strong movement towards prevention of CAN
- multidisciplinary team
- reliable monitoring, professionnal training and societal implication
- associated risk factors
Child Maltreatment Diagnosis:
a building block approach*

Threshold

Police Investigation

Child Protection Investigation

Medical Assessment

*adapted from Ludwig, 1993
Child Maltreatment Diagnosis: a building block approach*

- Parent/Child Interaction
- X-rays & Lab tests
- Physical Exam
- Medical History
- ASA
- Loop Marks
- Multiple Fractures Anger/Fear

*adapted from Ludwig, 1993
Continuum of Care

OPTIMAL
Optimal growth & development

Occasional mild or unrealized potential harm

Repeated or chronic, high risk or actual harm

Impaired growth, development or health

Serious injury or deficit

Death

GROSSLY INADEQUATE
Information, education and action

- Few available statistics
- Frequently encountered in clinical practice
- An independent, competent and participatory structure
Management Principles

- Interdisciplinary
- Comprehensive
- Address contributors to the problem
- Consider past interventions, results
- Begin with least intrusive approach
- Tailor approach to family’s strengths & needs
- Long term follow-up
Action Strategies

- Careful evaluation
- Involve *professionals* - early
- Visits
- Anticipate needs
- Referrals
- Close follow up
Program Components

1. CAPACITY BUILDING
2. NATIONAL MOBILIZATION
3. MEDIA CAMPAIGN
4. LEGAL STRATEGIES
• **LibanCAN mission** is to build a system to prevent CAN:
• **LibanCAN is committed to:**

1. Increase inter-professional networking
2. Develop activities to prevent violence
3. Promote the participation of children
LibanCAN mission:

- To design a “Child protection system”
- To contribute in developing official and social action strategies
- To cooperate with policy makers for the implementation of a single and CRC compliant Lebanese child protection system
- Interdisciplinary team approach, develop skills and knowledge, encourage collaboration, call on academic and research, stimulate funding, interact with families, youth participation
Objectives of LibanCAN

- To identify valuable resources and key persons
- To develop and improve models
- To increase public awareness
- To design and facilitate educational and training materials
- To support municipal and governmental cooperation
- To launch specialized centers
- To ensure adequate and independent surveillance
LibanCAN/HCCLEB
The National Coordinating Body

Local Level

National Level

Donors

UN Agencies

Concerned Ministries

National Steering Committee

Local authorities

NGOs

National Task Forces

Media

Research

Arab League

Regional & International levels

ISPCAN, ICAN-NCFR

ArabPNPCAN
LibanCAN: A multidisciplinary team: GO’s & NGO’s

- Public health professionals: Pediatricians, Forensic Medicine, Orthopedic surgeons, Neurosurgeons, etc.
- Social workers
- Academic resources and research professionals: Epidemiologists, etc.
- Legal staff: Law and Police officials
- Media
- Volunteers
Build up on existing systems

- Look into risk factors in children
- Recognize high risk cases
- Pick up children with problems
- Organizational shift in mindset
اللجنة الأولى: القانونية والإجرائية
اللجنة الثانية: الإبحاث والدراسات والرصد
المجلس الثالث: البرامج والتدريب
اللجنة الرابعة: الاستغلال الجنسي

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سوء المعاملة والإهمال
اللجنة السادسة: الإعلاء وكسب التأييد والعلاقات العامة
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Protective Environment

- Government Commitment
- Legislation
- Monitoring and Reporting
- Attitudes
- Essential Services and Rehabilitation
- Open Discussion
- Awareness of Community
- Children's Lifeskills

PROTECTIVE ENVIRONMENT