

## Child maltreatment comes out of the shadows

A child protection centre in Jordan has become a model for other child safety and welfare programmes in the region. Dale Gavlak reports.

Sabah and Nidal (names changed) were abandoned by their mother as toddlers and left with their father, who had no idea how to look after them. After feeding them and changing their diapers in the morning, he would leave them alone for 10 hours while he went to work. The children are now in the care of the Dar Al Aman child protection centre in Amman, Jordan.

Dar Al Aman – which means “house of security” in Arabic – is the only therapeutic centre in WHO’s Eastern Mediterranean Region that offers psychological, medical, social and educational services to maltreated children. It also counsels families and teaches them the principles of good parenting.

“We aim to unify the family by using therapy to help the child overcome the problems they’ve faced and empower the family, so that the child can return home,” said Dar Al Aman’s child safety manager Nancy Naghour. Sometimes children who have suffered extreme physical, sexual and psychological abuse are sent to the centre by court order. Dar Al Aman accommodates 32 children at a time and is privately funded.

Established in 2000 by the Jordan River Foundation, a charity chaired by Queen Rania of Jordan, Dar al Aman has helped more than 280 children and their families. Queen Rania has spear-headed child protection efforts in her country over the past decade by raising public awareness of abuse and the need to promote the well-being of children.

“Her Majesty Queen Rania was very courageous. She said we have to face this abuse, even if it’s a taboo subject,” Naghour said. “She said we have to open a safe place to help these children and their families. Without her, it wouldn’t have been easy to start dealing with such a very sensitive and complicated issue in our culture and society,” she added.

Other institutions in Jordan are also working to prevent child maltreatment and create greater public awareness of the problem, such as the Queen Rania Center for Child and Family, established in 2005, the Family

Protection Department, the National Council for Family Affairs, Questscope’s mentoring programme and the Jordan Society for Protecting Victims of Family Violence.

But Dar Al Aman has served as a model for other child welfare and safety programmes in WHO’s Eastern Mediterranean Region, which spans 22 countries and includes the Palestinian territories. Egypt, Lebanon, Saudi Arabia, the Syrian Arab Republic and Yemen also host care centres, according to Dr Syed Jaffar Hussain, a child safety expert from the World Health Organization’s (WHO) Regional Office for the Eastern Mediterranean. “These centres also have free helplines, which anyone can call, including the child, to report abuse. The centres make sure they follow up those cases,” he said.

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*Nancy Naghour*

Such centres are gaining acceptance from communities across the region, Hussain said, despite a fear on the part of some families that they could “become stigmatized by abuse”. Stigmatization is one factor that makes it difficult to gain a clear picture of the true extent of child abuse. Another is honour.

Middle Eastern communities, where honour is to be preserved and shame to be avoided at all costs, are “very private about family matters, even if [certain family practices] are harmful,” Naghour said, adding that misconceptions among some parents that hitting children is necessary to discipline them also perpetuate child abuse. Such factors, said Hussain, can lead to “a reluctance by parents or the children themselves to engage with those centres and seek assistance”.

Poor data is a problem worldwide. “Accurate and meaningful data on child abuse are hard to come by, and official statistics rarely reveal a great deal about patterns of child abuse,” according to the United Nations Children’s Fund information sheet on child abuse.

Poor data were also discussed at a WHO-sponsored conference in Saudi Arabia in March. The conference – the third of its kind in the region in five years – urged countries to prevent child maltreatment, and to detect and tackle child abuse that has occurred. Participants called for more services to support victims, so that abused children receive appropriate treatment and can be rehabilitated.

Existing data are scant. The WHO Global Burden of Disease Database estimates that 1.2 million children experienced some form of violence in 2004 in the WHO Eastern Mediterranean Region.

A recent survey also gave some indication as to the extent of child abuse and maltreatment in the WHO Region. The Global School-based Student Health Survey, conducted in 12 countries by WHO, in collaboration with other UN organizations and with technical support from the Centers for Disease Control and Prevention, Atlanta, United States of America, showed that 43% of males and 29% of females between 13 and 15 years of age were physically or psychologically abused, in 2006–2007. According to the survey, 73% of children said they were hit at school, while 40% said they were seriously beaten in some countries of the Eastern Mediterranean region. Verbal and sexual violence also occur in schools although precise figures are not known.

Hussain praised the survey and other efforts by United Nations agencies and other organizations to make communities aware that child abuse and neglect are not to be tolerated and must be tackled effectively. WHO for example helps to train relevant personnel in ministries of health, social affairs and education as well as nongovernmental organizations throughout the region on child maltreatment prevention and child protection efforts. It also helps to build care centres’ capacities by “expanding the scope of preventive and rehabilitative services,

and scaling up efforts to expand coverage of those services to the children,” according to Hussain.

Local initiatives can also have a powerful effect, such as a recent campaign in Jordan, in which the Jordan River Foundation drew considerable public attention to the issue of child maltreatment by using a television programme to publicize positive parenting practices. Last year a new law was passed in Jordan recommending therapy for the victims and perpetrators of child abuse.

“An impact assessment showed that these measures have had a very

positive effect and we notice the difference,” Naghour said. “Now families are coming to us and asking for help.” These developments, she said, had led to the establishment of an outreach service that sends child protection experts into the community to provide therapeutic support to children and their families. Child safety experts stress that impact evaluation of child maltreatment prevention and protection interventions and the work of child protection centres is essential, to ensure that programmes are effective and based on evidence.

Poverty can also contribute to child abuse and neglect. “Poverty has so many dynamics making a child more vulnerable to abuse and neglect,” Hussain said. The frustration of an unemployed father may lead to an angry outburst and beating, while in other instances children forced to work are vulnerable to other forms of abuse and injuries. While violence against children may not be decreasing, Hussain said that “more social awareness of the issue has brought cases to light because of reporting mechanisms now in place,” and, in turn, this may help prevention efforts. ■

## Education and legislation are key to preventing child injuries



Courtesy of Wim Rogmans

Wim Rogmans

Wim Rogmans leads the European Association for Injury Prevention and Safety Promotion (EuroSafe) and is based in Amsterdam, the Netherlands. Until 2009, Rogmans was director of the Consumer Safety Institute, in the Netherlands, for 25 years. He has degrees in psychology (1978), social sciences (1984) and business administration (1995). He has organized numerous international conferences and is honorary editor of the *International Journal of Injury Control and Safety Promotion*.

falling into ponds or open water near their homes while playing and going between home and school. It’s an issue that has been addressed in many countries by making swimming lessons obligatory in schools. That helps, but it’s not a foolproof solution. You also need supervision, proper fencing of open water in neighbourhoods and, in case of an accident, proper response by ensuring that bystanders have training in resuscitation and first aid. We have to be careful that we don’t just introduce measures in one setting because they have proven to be effective in another. We need to understand the context in which these accidents occur. For example, legislation for swimming-pool fencing is not as relevant in the Scandinavian region, where there are almost no private swimming pools, as it is in the southern area of Europe. In the northern part of Europe it’s more important to ensure the urban planning process takes into account all the risks for young people.

Almost one million children around the world die each year due to unintentional injuries. Many of these injuries are preventable, says Wim Rogmans.

*Q: What are the main causes of child injuries?*

A: The main causes globally are road traffic, falls and drowning. In particular, road traffic injuries are a growing problem in emerging economies. In all countries, injuries caused by falls from windows or down stairs are an important issue, particularly among very young children, and are often due to poor housing conditions.

*Q: How does the situation in Europe compare to that in the rest of the world?*

A: In general, the situation in Europe is not as bad as it is in other places. But nevertheless there is a huge divide within Europe and therefore injury is still a challenge that needs addressing, particularly in the eastern and central parts of Europe, followed by the south.

The main picture is almost the same in both high- and low-income countries, but the circumstances under which these incidents occur differ. For instance, fires occur in high- and middle-income countries due to people smoking in bed or frying potatoes, while in developing countries they often start during regular cooking procedures with widespread use of open fires.

*Q: And what about drowning?*

A: Drowning is prevalent in almost all countries, but under different circumstances. In southern Europe, due to the climate, there are lots of private swimming pools where many drownings occur. In the northern part of Europe, stretches of water are often integrated features of residential areas so children usually drown by

*Q: Is poisoning also an important issue?*

A: Accidental poisoning is an issue that has been successfully addressed over the past decades, particularly in north America and western Europe, through strict legislation for child-resistant packaging of medical and household products. This needs to be introduced and enforced in all communities and countries.