

Bernard GERBAKA¹, Sana AWADA², Elie MIKHAEL³

Gerbaka B, Awada S, Mikhael E. Excerpts of the 2007 Lebanese report on the prevention of child abuse and neglect [CAN] and violence against children [VAC]. *J Med Liban* 2008 ; 56 (1) : 54-57.

ABSTRACT • OBJECTIVE OF THE REPORT : The prevention of child abuse and neglect [CAN] is a sustained and long-standing teamwork. Since the regional 2005 UNSV conference in Cairo, the CRC Geneva meeting in 2006 and the UNSV remarks in 2007, Lebanon has continued to join efforts in order to control CAN and VAC. This report summarizes the realizations and pitfalls in the Lebanese experience, in terms of needs, analysis, procedures, networking, challenges and vision. These initiatives were hindered by the war on Lebanon in July 2006 and are still challenged by the current unstable socio-political situation. Despite many obstacles, the multisectoral perspective still works, in the presence of a high level of common understanding of child rights. Within the Higher Council for Childhood, the grass rooting initiative still relies on political decision, local and national human resources, regional expertise and international cooperation, seeking for a national strategy for child protection in Lebanon. Health professionals in Lebanon have a prominent role in this framework, in terms of diagnostic skills, referral, networking, awareness and advocacy.

INTRODUCTION

This presentation reviews the gaps and realizations in the evaluation and control of CAN in Lebanon, and focuses on obstacles to success and parameters of prevention. Based on the growing knowledge base, this report intends to highlight the 4 years old grass-rooting initiative in Lebanon, to build a framework that focuses on the integration of health and education as well as child participation in the human rights awareness process. The whole procedure is based on a CRC matrix that incorporates children's rights, professional evidence, relevant social factors and intersectoral responsibilities for the prevention of VAC and the control of CAN.

The *Situation of children in Lebanon* is a document

that was edited in 2004, to bring a comprehensive knowledge base about children in Lebanon. This document has reported discrepancies and gaps in the implementation of the CRC towards children in Lebanon [1]. The June 2006 meeting in Geneva has allowed the ICRC and the Lebanese delegation to identify obstacles and solutions to the issues of safety and protection of children [2].

Even before the July 2006 war on Lebanon, there were scarce child specific health support services available. The capacities of those services to reach families involved in violent situations, or at risk of abuse, were then overwhelmed during the conflict. In such contexts of alternated peace and war, free childcare does not figure as a right in the Lebanese Constitution and relevant legislation, and there is no universal health screening for child or right to access free medical care. Moreover, there are few serious moves towards the implementation of a universal access to free health care for all citizens in Lebanon. Those gaps in laws and models were tackled during the dramatic conflict, as the response of the civil society and the Lebanese State, with the support of many countries and organizations in the Arab world and at the global level, offered immediate relief to the suffering population [Official figures reported then more than 1200 dead, over 3734 injured, and nearly the third of the Lebanese population displaced or refugees]. The real challenges appear however in times of peace and social conflict.

This report also looks at the ways in which the Lebanese strategy for child protection should comply with the United Nations Convention on the Rights of the Child, with attention to the needs and possibilities of a developing, insecure and ill-resourced country. The potential challenges and impacts of the CRC implementation are also explored, mainly in terms of :

1. Independent structures, to report on child issues : child observatory and child defender.
2. Child protection act and relevant comprehensive legislation.
3. Helpline for children and professionals, for the reporting of child maltreatment and for psychosocial support.
4. Training of multisectoral team and building professional curriculae.

1. Pediatrician, Lebanese correspondent of the Arab professionals' network for the prevention of child abuse and neglect www.APNPCAN.org ; Coordinator of LibanCAN. More details on www.atfalouna.gov.lb ; www.ChildOfLebanon.org ; www.UPEL.org ; OEIL@usj.edu.lb.

2. Social worker, Secretariat, The Higher Council for Childhood in Lebanon.

3. General Secretary, The Higher Council for Childhood in Lebanon.

Correspondence : Bernard Gerbaka, MD. Pediatric Intensive Care Unit & Pediatric Emergencies. Hôtel-Dieu de France Hospital. Bd. Alfred Naccache. POBox 166830 Achafrieh. Beirut. Lebanon.

Tel. : +961 1 611630

e-mail : Info@ChildOfLebanon.org

Fax : +961 1 611636

THE BACKGROUND SINCE THE UNSV STUDY ON VAC

In 2001, the United Nations General Assembly, following recommendations from the Committee on the Rights of the Child, requested the Secretary-General to conduct an in-depth study of the question of violence against children. In 2003, Professor Paulo Pinheiro, from Brazil, was appointed as the independent expert to guide the study ; in 2004, with the help of a number of non-governmental organizations, including World Vision, Human Rights Watch, Save the Children, and the International Society for the Prevention of Child Abuse and Neglect, an advisory panel of representatives of selected non-governmental organizations convened to advise on the nature and conduct of the study. The final report from the study was delivered to the UN General Assembly in the beginning of 2007 [3]. The study provided an “in-depth” summary on the extent of child exposure to violence in homes, communities and schools. Representatives from the Arab region participated in the report, and provided relevant – yet insufficient – information about the MENA situation of children and the efforts undertaken in this regard [4].

THE RATIONALE OF THE LEBANESE SPECIFICITIES AND GAPS

Despite ongoing efforts by the Lebanese government and many organizations in Lebanon to address the multiple social and professional pitfalls in 2005 and 2006, CAN remains a serious threat, in a still unhealthy Lebanese society, to child rights implementation. There is still no child budget and no child protection act. There are no independent structures for child rights monitoring [National child defender, national child observatory] and no child helpline. Children are still present in high numbers in institutions. Therapy programs are scarce for victims and virtually absent for abusers [5]. Legislation is still far from meeting the CRC requirements [6]. Also, the human and social situation of refugees is very different from that of Lebanese children. Children are submitted to their religious reference, in terms of civil rights. Furthermore, after the 2006 war on Lebanon, children have been exposed to slaughter, physical and psychological maltreatment, as well as internal reconciliation issues. Truly, children are increasingly exposed to problems that are unequally evaluated in a hectic social context, where sustainable democracy, safety and peace are at risk. Children from different communities and diverse settings still suffer maltreatment, abuses and neglect of all sorts [7-8].

In fact, Lebanon, as other regional signatories of the CRC, has shown growing intentions and visualized fair compliance with the basic guiding principles, as shown in the periodic reports. However, the monitoring approach still has significant limitations, though initiatives in this regard tend to gather resources and efforts to create such structures, with academic and research settings. In order to present a realistic picture of the prob-

lem faced by children and the Lebanese efforts to implement the CRC provisions, the expertise of diverse and competent professionals, familiar with the state of children, was needed and build within the Higher Council for Childhood, with a sincere commitment to the provisions outlined in the CRC, and a code of conduct was required in 2007 for those working specifically with LibanCAN [the Lebanese Intersectoral Board of Associations Network for the prevention of child abuse and neglect, the Higher Council for Childhood in Lebanon], but also valuable for other professionals working with children, such as pediatricians.

It is therefore important to rely not only on the governments – in Lebanon and the Arab region – but also to draw from observations and findings of professionals, experts and NGOs who work closely with children, such as LibanCAN [The task force mandated from the Higher Council for Childhood to come forward with a national strategy for the prevention of CAN] in Lebanon and ArabISPCAN in the Arab world, with the cooperation of international institutions dedicated to CAN, such as ISPCAN and NCFR/I-CAN.

The mission of such professionals – at academic or informal levels – aims indeed at the prevention of maltreatment as well as the identification and management of abused and neglected children. In Lebanon, the task force for accomplishing this mission is a multidisciplinary team that integrated law enforcement personnel, child welfare and mental health specialists in addition to research resources and medical professionals. In these fields, Beirut has achieved considerable reduction in infant and child mortality and has realized many small steps towards the improvement of children condition [9].

POLICIES AND DECISION-MAKING AS FIRST STEPS IN THE NATIONAL STRATEGY FOR CHILD PROTECTION

The Higher Council for Childhood has designed in 2005 the framework and objectives of LibanCAN, the task force for the prevention of VAC and CAN. In this perspective, relevant Ministries [Interior and Municipalities, Social Affairs, Justice, Labor] as well as research centers and informal sector were invited to form a Lebanese resource network for the prevention of CAN, and six working groups were elected [Child sexual abuse, Child physical abuse & neglect, Research, Law, Training, Child participation] with representatives of the media and children with special needs ; the coordinators of those groups formed the steering committee and were asked :

- to prepare an internal understanding algorithm ;
- to design working objectives ;
- to gather other resources, relevant with the main mission [see below] ;
- to prepare the national strategy for child protection.

In spite of the security turmoil in Lebanon, a workshop dedicated to VAC in the families and in schools, as well as the child helpline, was organized in November

2006 by the Higher Council for Childhood [with the cooperation of : CHF/Access-Mena project 2004-2008, René Moawad Foundation, Save the Children Sweden] with the objective [findings and challenges] of designing societal and professional articulation between disclosures of CAN and appropriate response of the Lebanese institutions and society to the needs of children at risk or subject to violence.

Also, in order to seek better compliance with the provisions of the CRC and the optional protocols, the Higher Council for Childhood is setting the terms of reference of a comparative study with the Lebanese Constitution and laws. Such a process should lead to a child protection act or child law, and awaits funding. In the same perspective, LibanCAN is establishing the terms of reference of a national strategy for the prevention of VAC and CAN [10].

BUILDING THE INFORMATION AND THE KNOWLEDGE BASE

In this regard, it is noticeable that there are few available statistics on the extent of CAN in Lebanon. In fact, *child abuse and neglect* is still not a mandatory reportable or regularly disclosed entity, with some professional exceptions. Children subject to CAN are however frequently encountered in clinical practice and professional exercise, and may require urgent medical attention. For those reasons, multiple studies have been developed :

1. A field test for 2 questionnaires relevant with CAN [retrospective, family] were established in 2005-2006 in Lebanon and other countries, sponsored by www.ISPCAN.org and www.arabispcan.org developed and executed with www.ChildOfLebanon.org and www.yasalebanon.org and other resources, to allow better understanding about CAN. The child questionnaire, developed in other countries, was also supported by www.unicef.org and implemented with the Higher Council for Childhood, Save the children and www.KAFA.org.

These questionnaires are useful tools to study the extent of CAN in Lebanon and Arab countries.

2. Upon the request of the Higher Council for Childhood, a desk review of institutions and research centers, working with children in injuries and CAN issues, was performed in 2005-2006 by St Joseph University and supported by www.unicef.org ; this study is available at the university center for family and community health cusfc@usj.edu.lb and has focused on the following issues : definition of CAN, societal understanding of VAC, available data on CAN under the Lebanese law, identification of gaps and obstacles in the prevention of VAC and CAN. It is the opinion of the Higher Council for Childhood, represented in the board of the study, that this desk review should facilitate performing the field study – based on the above-mentioned questionnaires – and set the child helpline, based on relevant and competent institutions.

Later, comprehensive findings should help in the selection, redesign and evaluation of programs, initiatives and priorities, in the strategies for the prevention of VAC and CAN

Since there is a growing and concerted initiative in Lebanon for the recognition and banning of CAN, the relevant lack of findings did call for an independent, competent and participatory structure to analyze relevant child related information, to build with stakeholders, professionals in child related sectors, child and youth associations and dedicated NGOs, child protection initiatives and programs based on relevant accurate information. This vision of a child observatory does not need to finalize the data gathering to be able to act ; on the contrary, the knowledge base is an ongoing process, growing through a participatory social network and an evaluative intersectoral teamwork, all being keen to develop within the CRC framework with culturally sensitive local tools. The child observatory project has been developing for five years and has actually an independent academic and research setting. This child observatory is exploring the adequate articulation with a child helpline and LibanCAN.

CONCLUSION

In the recent June 2005 MENA regional UNSV consultation context, the June 2006 ICRC critics in Geneva and the limited information present in the 2007 UNSV report, confronting violence against children in Lebanon is more and more accepted as the responsibility of the society as a whole ; the inclusion of the informal sectors in the State prerogatives remains however a challenge. The emerging child protection movement is presently in a continuously growing, expanding, and hopefully inclusive and participative design. The result of this social congruence and intersectoral teamwork, led by professionals, will be a mixture of cultures, values, beliefs and challenges.

Our task force [LibanCAN] in the Higher Council for Childhood ensures that the Lebanese national child protection system is more inclusive, and shared with dedicated members of the social network. In such a project, the State and even local authorities will be players in the game, to help the accountability procedure. In this regard, evaluation is vital because those authorities set policies, formulate legislations and provide needed resources [11].

This ongoing task is child rights-approached, to ensure the right of the child at risk and the child victim. As this perspective necessarily requires that children themselves, who are subjected to violence, become involved in the development of the relevant policies and their evaluation, a child and youth subcommittee has been integrated in the general assembly of the task force, with a representative within the steering committee.

During the same national workshop on child protection system in 2005, another subcommittee for children

with special needs has also been integrated, to ensure the participation of representatives for vulnerable categories of population.

There is also a growing interest in CAN from informal networks in alliance with local authorities, some of which created a child and youth commission within municipal councils.

On the other hand, academic resources – medical and others – as well as scientific and research institutions have been included as a specific pillar in the steering committee of LibanCAN.

In addition, mass media and opinion leaders are stimulated to share the advocacy effort in this new vision. More and more, private sector and NGOs are invited to participate to this inclusive national Lebanese brain storming to set a child protection system, as funders and providers.

It is finally vital, in a child-oriented system to invite professionals in direct contact with children – such as pediatricians – as well as youth, to this process. In this regard, there is a belief that front liners can contribute to the development of a better understanding of universal child rights, as well as focused, adapted, socially accepted, functional and optimized actions ; one of the main actions would be the development of a health-oriented curriculae on *child abuse and neglect*.

Implications and future perspectives

Lebanon and other countries in the MENA region are still challenged to plan systems, set priorities and provide a basis for political and social debate on the condition and the future of the children, with the participation of children. In this perspective, the following activities are scheduled :

1. MEETING WITH CHILDREN IN DIFFERENT REGIONS OF LEBANON, to take their opinions about CAN and VAC ; the child questionnaire developed by ISPCAN and supported by UNICEF can be a useful tool in such a task. The main objectives of those meetings are to • agree on definitions of VAC and CAN • reach a common understanding about the way to combat violence • organize in small groups in municipalities • exchange with children their output about the UNSV results and recommendations, as well as procedures they find useful... to be able to include child recommendations in the upcoming strategy for child protection against violence
2. MEETING IN OFFICIAL SETTINGS – if possible, in the current situation – AND WITH LOCAL AUTHORITIES [Municipalities and Mohafazats] to enhance already existing national and local movements towards child protection [child municipal delegate, as in Beirut] and child participation [child municipalities, as in Beirut, Saida, Zahle, Tripoli, etc.] and stimulate legislative revision of laws to comply with the provisions of the CRC, increase local knowledge about the UNSV and contribute in finding appropriate procedures to initiate advocacy and

sustainable child protection ; this initiative can be enforced by health professionals within local authorities, universities and as well as with NGOs and local communities.

Lebanon, like other countries in the region, is urged to launch a sustainable, CRC compliant and socially accepted child protection initiative that would be a comprehensive melting pot of existing and developing programs.

In this context, actions aiming to promote child rights and relevant initiatives need to be reexamined, reassembled and redispached ; the recent Lebanese efforts to integrate children's rights within global human rights and public health approach require in fact a "Child protection act" and a child budget. The child helpline, the child defender and the child observatory are the pivots of : knowledge base and training, rehabilitation and prevention, global child rights and local childhood requisites, which will then demonstrate the interdependence of children's globally recognized rights and locally often unrecognized insights. This vision needs social stability, common vision, interaction between formal and informal sector, professional interventions [12] and child participation. In all those fields, health professionals can bring their inputs and competence, together with child and youth representatives.

REFERENCES

1. The third national report on the situation of children in Lebanon, 1998-2003. www.atfalouna.gov.lb
2. The International Committee for the Rights of Child meeting, Geneva, June 2006. www.UPEL.org
3. Pinheiro PS. The UNGS report on Violence against Children [VAC], 2007. www.violencestudy.org
4. The MENA Regional Consultation on Violence against Children, Cairo, June 2005.
5. ISPCAN's World Perspectives on Child Abuse, 6th and 7th edition. www.ISPCAN.org
6. The reply of the Lebanese State on the UN questionnaire on VAC, 2004. www.childoflebanon.org
7. The EU Guidelines on Children and Armed Conflict, 2003. www.violencestudy.org
8. The four Geneva Conventions of 1949 and its two Additional Protocols of 1977, the Rome Statute of the International Criminal Court (1998), Security Council resolutions devoted to CAAC : 1261 (1999) ; 1314 (2001) ; 1379 (2001) ; 1460 (2003) ; and 1539 (2004).
9. Deeb M, Gerbaka B, Ajouz-Sidani R, Kheir-El-Kadi M. The vulnerable and disadvantaged children in Arab cities. Child and the City Conference, Amman, 2004.
10. Building a Multisectoral Task Force in Lebanon for the Prevention of Child Abuse and Neglect ; *Public Health Approaches to Child Maltreatment : Prevention as a Priority*. Town and Country Resort & Convention Center, San Diego, CA, January 23, 2006.
11. The prevention of child abuse and neglect [CAN] is a long-standing teamwork, relies on a regional expertise and needs an international cooperation. Town and Country Resort & Convention Center, San Diego, CA, January 26, 2006.
12. Hage G, Gerbaka B. Toward an efficient child protective strategy in Lebanon : A call for pediatricians' true child advocacy. *Pediatrica*, 2007. www.soclibpedia.org



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