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Challenges facing child protection

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Abstract

The challenges facing children in the 21st century are immense and will need to be faced if we are to achieve the goal of child protection for all. Three specific constraints on child protection are examined in this article, namely poverty, HIV/AIDS infection, and war. The authors use their experience in Africa to raise issues of resilience and adaptation, dangers to child protection programs, and possible solutions.

Poverty can be both financial and psychological, and this affects the effect of prevention programs. In many African and Asian countries, the AIDS pandemic has changed the social structure of society with AIDS orphans and children infected and affected by HIV/AIDS becoming more common. The impact has devastating effects on the way we view child protection and in particular child sexual abuse. The consequences of post-traumatic stress resulting from war needs to be addressed, and the development of programs that place children in the center of relief programs to foster a culture of child protection is essential.

Finally, the article notes that the picture is not overly pessimistic and the examines the achievements in the field of children's rights which underpin all programs aimed at protecting children and the future need to consolidate successes achieved. © 2002 Elsevier Science Ltd. All rights reserved.

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I. Overview-lessons from the “South”

The evolution of sophisticated child abuse services is a relatively recent phenomenon, and the development of research into the field is as young. The major focus for child protection has taken place in the developed world with the emergence of legal and social measures in response to the epidemiologic studies that were the early characteristic of research. Yet despite this, the phenomenon of child abuse remains a challenging issue for all those in the field and for society as a whole. One cannot be sure that there is conclusive evidence to confirm that the child protection services in countries such as the US or those of Western Europe have changed the outcome of children in the long-term. The clarity of the service guidelines and the “perfection” of processes have not helped to reduce the inequalities in children's outcomes, when comparing children in different social classes. It is true that millions of children do not die in the western world, but the quality of their lives requires careful review to understand issues such as childhood prostitution. This raises some specific issues when compared to the commercial sexual exploitation of children abroad and children's violence.

While progress may have been made in North America, Australasia, and Western Europe, the position of children in the countries of Asia, South America, Eastern Europe, and Africa remains tenuous. The concept of child protection is often a distant dream, and the very structures of society negate the attempts to alleviate the position children find themselves in. This set of articles is a compilation of a number of contributions on the challenges facing child protection in those societies where children are the most vulnerable.

Southern Hemisphere (or “South”) will be used to denote the less developed countries outside the so-called Western democracies (the “North”). One could argue that some countries in Eastern Europe would fall in this grouping.

The collection of articles concentrates on the major structural problems that face children in Africa, though the findings relate to children everywhere. In less developed countries, the models for child protection formulated in prosperous countries of Western Europe, North America, and Australasia are undermined by the pervading issues of war with resultant economic upheaval and refugees, poverty, local practices, and now the impact of HIV infection and AIDS. Nonetheless, there are lessons that all advocates of children’s rights can learn.

A review of *Child Abuse & Neglect* over the past 10 years reveals that there has been a steady increase in the number of articles from less developed countries. More articles from the less developed countries have been published in the past 2 years than in the previous 10 years. This is a welcome development as it encourages research and the evolution of programs aimed at the protection of children. Dick Krugman, as editor of the *Journal*, can claim credit for introducing the climate that encouraged researchers from the less developed countries to submit their articles for consideration in the *Journal*.

Yet a review of the literature on child abuse in Africa reveals that most research is targeted at the documentation of the incidence and prevalence of the different types of abuse. Research in the prosperous countries has moved to program evaluation, risk assessment, and intervention. The relative dearth of research in less developed countries has been the result of many factors—the enormity of the problem, the lack of resources to afford the luxury of research, and the lack of trained researchers. Where research has occurred it has often been a copy of similar studies in the developed world.

The initial type of research is more epidemiologic in nature—deciding what type of abuse occurs and why it does so (e.g., Farinatti, Fonseca, Dondonis, & Brugger, 1990; Forjuh, 1995; Argent, Bass, & Lachman, 1995; Larson, Chapman, & Armstrong, 1998; Youssef, Attia, & Kamel, 1998a, 1998b; Shumba, 2001; Madu & Pelzer, 2000). This phenomenon is occurring years after similar studies were published in the US and has presented issues with new definitions of abuse and differing explanations for findings that may not fit in with those reported in US and Europe. Papers are often rejected by the *Journal* because of the failure to define the issues in “Western terms” and to address the outcome measures.

The aim of this set of articles is to highlight some of the specific issues that face the majority of the world’s children. Over the last 25 years, children have been granted increased protection under national and international law. Yet children continue to be abused in increasing numbers. Can international conventions provide a framework that is realistic, and how can we ensure that the law is implemented? This question is one that Jaap Doek addresses and which is central to the setting of minimum standards in child protection as noted by Klinck, Iuris, Louw, and Peens (2000). Marzouki addressed aspects of this in the 1996 Henry Kempe Lecture in Dublin (Marzouki, 1997). A central tenet of his argument is that the need for conventions on the rights of children is a confirmation of the absence of the rights. Yet these conventions allow children to hold society to account and provide the background to any attempts to develop child protective services. In all countries, the rights of children as documented in the convention are the foundation on which services will

develop. Doek notes the progress made and the future need to consolidate successes achieved. However, the catalogue of success should not mask the fact that extrafamilial structural abuse is a pervasive threat for children's lives worldwide. It kills, disables, and leads to violence and self-destruction. International child protection strategies cannot address the abuse of children in the Southern hemisphere without looking at issues like the global debt and without considering the struggles of their whole communities.

There has been detailed examination of the ecological factors influencing child abuse in the developed world (Parton, 1985; Zuravin, 1989). Ecological issues were raised as early as 1984 in Nigeria (Okeahialam, 1984). Global debt is now a major issue in many less developed countries. The poverty that faces the population of Africa negates against any realistic prospect of effective child protection services being developed. Most of these countries do not have the resources for child protection. Child labor continues to be an issue. Peter Ebigbo examines aspects of the effects of poverty on society and hence on children. He takes a philosophical and personal approach to the problem of poverty. The issue of poverty has been examined before (Wilson-Oyelaron, 1986) and does not mean that children will be abused. Yet it can prevent society as a whole from addressing the needs of children at risk, and it may well place children at risk. Poverty is measured in more than financial terms and can be looked at in a light that offers hope rather than despair.

In many African and Asian countries, the AIDS pandemic has changed the social structure of society with AIDS orphans and children infected and affected by HIV/AIDS becoming more common (e.g., Meursing et al., 1995; Oletto et al., 1994; Lema, 1997; Pitche, Kombate, Barruet, & Tchangai-Walla, 2000). The impact has devastating effects on the way we view child protection and in particular child sexual abuse. Bob and Sally Bundy examine issues arising from HIV in Zimbabwe, the growth of AIDS orphans, and the need for a new examination of looked-after children in foster care that is a challenge that faces many countries in Asia and Africa.

Many societies are in continual war zones, and to talk of child protection in these situations may not be realistic (Gabarino, 1993). The consequences of post-traumatic stress have yet to be addressed (Straker & Moosa, 1988; Pelzer, 1999). Nonetheless, we need to look at the development of programs that place children in the center of relief programs to foster a culture of child protection. Bev Killian analyses the effect war has on children and the need for the development of resilience to move to a climate that can engender conditions conducive to child protection.

It may be tempting to have a pessimistic outlook on the prospects for child protection after one reads the analysis of the problems. This would be an unfortunate consequence of this contribution. Many children in Africa are not abused and enjoy a full and productive life, although this is often harder to achieve than in the developed world. The richness of African culture and the inherent value placed on a child-centered family life can be an example to other more industrialized societies. Yet this very richness that sustains children under the most trying circumstances is being threatened by the existence of poverty, starvation, and preventable diseases including HIV/AIDS, war, and child labor. Much of this is influenced by the "developed" world.

A difference exists between children in the shanty towns of the South, as opposed to children in the deprived housing estates of inner cities in the North. Despite the life-

threatening reality of the children in the South, many deprived children in the South have what many deprived children in the North do not have—a sense of identity and belonging to their communities. This encourages their self-esteem, helping them to be emotionally more resilient to face their disadvantage.

Growing up as part of a community promotes children's emotional and social development and makes them more empathetic with their community. For many young people, the needs and aspirations of their community become their own individual wishes and needs. The feeling of a shared vision and the respect for their community empowers children and young people. Therefore, it is no surprise that many children and young people, growing up facing extrafamilial structural abuse in the South, play an active role in social change.

Intrafamilial abuse is a reality for children worldwide, but we would argue that the majority of abused children both in the North and South are not having their needs met mainly because of structural extrafamilial abuse. Children require urgent action aimed at resolving the issues raised by structural extrafamilial abuse. Therefore all adults should endorse the UN Convention, as noted by Jaap Doek, and have a responsibility to advocate for children and their parents, for families, and the wider community. However, in addition to the need for a clear understanding of the problem facing children and the requirements for positive social change in a community, there is a need for a feeling of empowerment arising from people's belief that they have control over their lives.

Intrafamilial abuse must be addressed by child protection services that have a comprehensive and holistic approach, and therefore services should also tackle extrafamilial structural abuse. National child protection strategies cannot address issues that affect children within their families without addressing issues which affect families within their communities. The poverty of the South should not negate the development of child protection services. Rather, it could encourage the development of a different model, where child protection services exist despite war and death, where they are enmeshed within the services of a community, and where the participation of the community itself and children is seen as paramount. The purpose of research should be to support the development of services and strategies that improve children's outcomes. The research into child abuse and child protection services has allowed better understanding of the problem, but unfortunately abused children remain having a poor outcome in life and child abuse remains a significant cause of mortality and morbidity.

All adults involved in the advocacy of child protection need to learn from the adversity of children in Africa and elsewhere and the need to look at new ways of developing services (Lachman, 1996). The potential to prevent child abuse is there if the key issues are addressed. We need to build on the strength of the community as opposed to those of individuals. The biggest source of our optimism should be the children themselves. They have resilience and a wish for life that as adults we do not have. At the ISPCAN Congress in Durban South Africa in August 2000, the children and young people present had clarity and resilience. In particular, they issued a strong call for a world where children could not only survive but also be happy. Children in South Africa have spelled it out clearly: they have made an open challenge to adults' commitment to change, they want to be listened to, to be respected, and to see that adults take action that leads to an improvement of their lives. This is the challenge we now face in research, service development, and advocacy for children.

II. The effect of poverty on child protection in Africa

Ignorance begets poverty and poverty begets ignorance in a vicious cycle that results in and is reinforced by ill health, vulnerability, and voicelessness. Social exclusion and political marginalization compound the synergistic inter-relationship between poverty, ignorance, poor health, malnutrition, and mortality (Federal Government of Nigeria/UNICEF, 2001).

In attempting to understand poverty, especially its effect on the protection of the child in Africa, I remember the advice my father gave me before I left Nigeria for Germany for further studies. He said “*My son, avoid the company of the poor, for if you help a poor man, he will be against you saying that you helped him because he is poor, if you do not help a poor man, he will still be against you saying you did not help him because after all he is poor.*”

I pondered his words for several years. I understood a poor man as someone who does not have money and who is not rich. When I returned to Nigeria after my studies in Germany, I told my father that most of my friends were indeed poor people. He questioned what I understood what he meant by a “poor man.” He then categorized poverty as follows:

There is a kind of poverty called *ill-tempered poverty*. The person is so poor that he is always angry and curses anybody with whom he interacts. Of course the person is not in a position to even know what he can do to help him. He is condemned to perpetual poverty.

Those who have learned to depend on others for their subsistence practice *dependence poverty*. They have not developed the attitude of self-help and have learned to be helpless. As they cannot help themselves, they cannot escape poverty without outside change in attitudes.

The third type of poverty is *poverty of the mind*. This reflects the lack satisfaction with anything the person has, and he always feels cheated and disadvantaged by others even if he is cheating and lording it over others.

With these distinctions I began to understand the advice my father gave me years ago. The situation of poverty in Africa cannot be understood if one does not apply the above definitions.

The burden of debt

The first premise is that African countries are simply the proverbial ill-tempered, angry, poor people engulfed in the depth of poverty, incapable of helping themselves. Using the under 5 mortality rate as one of the better methods of measuring the level of children’s well-being, and accepting that its rate of change reflects decrease or increase in levels of poverty, one can ascertain that Africa as a whole is in dire straits. Africa occupies the top 40 positions in under 5 mortality rates with the exception of Afghanistan (4), Cambodia (24), Djibouti (26), Mongolia (28), Pakistan (33), Haiti (36), Iraq (37), and Yemen (38) (UNICEF State of the World’s Children, 2000). The picture has not changed significantly in 2001 as sub-Saharan Africa ranks highest consistently both in 1960 and in 1999, although there have been significant decreases in under 5 mortality rates from 258 per 1000 in 1960 to 173 per 1000 in 1999 (State of the World’s Children, 2001). The under 1 overall infant mortality rate decreased from 196 in 1960 and 107 in 1999.

The prospects for the future are not promising. An examination of the African countries' debt indicates clearly that debt overshadows basic social services. The external debt of sub-Saharan African countries (excluding South Africa) as a percentage of GNP was 79% in 1985 and 108% in 1997 (UNICEF State of the World's Children, 2000). All parameters demonstrate the effect of poverty whether by health, by nutrition, by GDP, or by education. Africa is heavily disadvantaged if one considers the effect of globalization and economic interdependency. This has resulted in tight controls by the IMF, World Bank, and other major economic institutions. African countries are so engulfed in this economic disadvantage that they cannot develop markets but can only be described as having emerging markets. The problem of management of debt is paramount. How can a country plan to relieve poverty when even before planning income is servicing debt? The survival instinct results in the human characteristics and leads to war, embezzlement, military regimes, child trafficking, child prostitution, early marriage, street child existence, ignorance, poverty, and disease.

The problem is so massive that even the 2020 formula, whereby each less developed country allocates 20% of the budget to basic social services and human development while the developed countries allocate 20% of their development aid to similar services has failed. James Grant, former Executive Director of UNICEF, introduced this. Of the 27 less developed countries recently surveyed, according to UNICEF only five—Belize, Burkina Faso, Namibia, Niger, and Uganda—allocate virtually 20% of their budgets to basic social services. Most governments spend only about 13% of their budgets this way, significantly short of what is needed. An example is in Cameroon in 1996–1997 when 4% of central spending went towards basic social services while 36% went towards debt service. In the United Republic of Tanzania, four times more is spent on repaying debt than on primary education and nine times more than on basic healthcare.

In summary, if nothing is done to lift African countries out of their debt burden and lessen the effect of globalization, African countries will not be able to emerge from poverty. Instead they will continue to be ill-tempered and all the other corollaries of poverty, namely ignorance, lack of access to basic developmental and social services, and, of course, disease will continue to burden them.

The burden of dependency

Even if the debt burden were to be relieved, the second type of poverty operative in Africa, namely learned dependency and helplessness, prevails. Africans, particularly south of the Sahara, possess qualities that have meaning and a proper place in the original lifestyle of Africans. Africans believe in large and small spirits that pervade the land. Africans believe in their ancestors. There is no sharp distinction between life and death, this world and the nether world, consciousness and unconsciousness. There is no appreciation of crisis in the face of contradiction or impediment as both sides are parts of accepted reality. There is a great deal of patience and elasticity in the face of crises or urgent situations or where things have gone wrong. Time is a relative concept, not rigidly adhered to. What one believes in and imagines is felt bodily—the mind and the body are one. Quite often reality is under-rated and one's own ability is easily over-rated. Africans are group-minded and are influenced by group opinion even if it is wrong. There is a great dependency on the older, more powerful,

while success and weakness are attributed to external forces which are often experienced as concrete parts of one's life (Ebigbo, 1986). The traditional African childrearing method socializes to what has been described by some as "The Small Prince" (Staewen, 1991); that is, one who has been so cared for in childrearing that he has not learned to struggle to depend on himself but rather depends on others. This includes one on whom actions revolve and who can exaggerate self-abilities and under-rate self-weakness. This may have its illustrative validity but the above constellation can breed superstitious beliefs and actions, which can lead quickly to war (palaver) or peace, depending on who is involved, a respected, powerful elder or a young, inexperienced leader whose opinion may not be relied upon (Wilke-Launer, 2000).

These characteristics have their strengths and validity in the African world but are weakened by the intrusion of western civilization that has established itself with almost opposite demands—the supremacy of the individual who can function autonomously and prevail everywhere, democracy, free market competition, performance, and achievement. For example, in Nigeria in Koko, a town in Delta State, an Italian ship abandoned toxic waste material. The inhabitants were asked to vacate to avoid radiation. Many refused and could not imagine how something invisible could destroy them. This resulted in over-exposure to radiation. A second example is in South Africa where the belief that an HIV-infected man can be cleansed if he has sex with a virgin girl has led to an epidemic of rapes.

These attributes lead to ethnic loyalties rather than national loyalties, inequitable distribution of land and resources, and then to wars. Administration in the Western sense is problematic. Recently, at the Abuja Nigeria conference in April 2001 on AIDS in Africa, Bill Clinton remarked "We will find the money alright, but do we have the will to fight AIDS?" I question whether if the will is there African society has the administrative experience and steadfastness to combat AIDS. The African, having discarded his culture, tradition, and having been forced into Western ways of doing things, suffers a confusion of norms and values and a misplacement of priorities. This has led to a very poor attempt at Western-styled democracy and indeed very poor administration.

Poverty of the mind

Globalization should not make us become similar to one another but should enable us to know more about one another, make us respect one another's peculiarities, and enable us to achieve our individual goals. This leads to the third category, namely the poverty of the mind, that is, where the person is never satisfied and always feels disadvantaged even when exploiting others.

In the midst of poverty and hard conditions, there are always some who persevere, who have learned to be ruthless and egoistic to survive. Many members of the ruling classes in Africa fall into this category of poverty. They suffer from the get-rich-quick syndrome, the wealth-amassing syndrome, and the insatiable taste for wealth syndrome. If they become heads of state, they are not guided by the welfare of the people but by creating opportunities for amassing wealth and taking it out to other countries for safe keeping for themselves and their relatives. They can go to war to defend their ill-gotten wealth. This results in the spread of poverty around them.

According to this year's World Economic Indicators (WEI), by 2015 only Africa will have an increase in the number of people living on less than \$1 per day. The number is projected to increase from 242 million in 1990, when the development goals were agreed on, to 426 million in 2015 (PUNCH, 2001). However, the same report noted that Nigeria and South Africa have shown some level of commitment to reforms that set their economies on the path of growth.

Africa, if helped to eradicate poverty and embrace industrial culture without losing her identity, will be able to perform perfectly well and provide adequate protection to her children.

The case of Nigeria

Nigeria is a case in point in assessing the effects of poverty on children and the resultant influence on child protection in Africa. Nigeria is one of Africa's richest, naturally endowed countries and potentially one of the most prosperous. Prospects for realizing this potential were present during the oil boom in the 1970s. Yet following the slump in oil prices, Nigeria experienced sluggish growth in Gross Domestic Product (GDP) of approximately 0.4% per annum for a long period. Real GDP growth has since revived but remains low ranging from 3% in 1992 to only 1.3% in 1994 and to 2.2% in 1995. Consequently, Nigeria has plummeted from a middle income state in the late 1970s with a per capita of about \$1000 to a low income state in 1990s. Current annual per capita income is barely \$280.

In real terms, the population is poorer than before the oil boom. Increased dependency on the oil sector has exposed the economy to the vagaries of the world oil market. Shortfalls in oil revenue translate directly into lower national budgets and to reduced capacity to support development initiatives, especially in the social sector. This directly impacts the welfare of children and women. In the later 1980s, shortfalls contributed greatly to the breakdown of social infrastructure, widespread unemployment, and a huge debt burden. In addition, growing disparities between regions and socioeconomic groups led to an increase in social tensions and to greater insecurity to life and property. Growing austerity forced a large number of children into the streets to eke out a precarious existence, frequently as a means of helping to support family survival (Aderinto, 2000). Juvenile delinquency increased, as did the number of street beggars. Child labor and the number of cases of child abuse multiplied. For many such vulnerable children, the risk of contracting STD/HIV increased exponentially in the austere period. Currently, poverty is widespread, with almost 34 million Nigerians below the assumed poverty line.

In the late 1980s the extent of poverty decreased slightly, but in recent years poverty has not only deepened but income inequality has increased between and within regions. Within the urban areas, inequalities are sharp. A recent study found that 65% in the sample population were food poor. The number of meals and the quality of food intake per day have been reduced drastically in most poor families, from three to two times in the case of moderate poor, and at times to once daily or none at all for the hardcore poor. More and more families are cramped into one-room apartments (6–8 persons per room). In general, carbohydrates are consumed in place of high nutrient foods, thereby increasing the incidence of protein energy malnutrition. About 58% of boys and 44% of girls are chronically under-

nourished, depicting an unusual case of inverse gender disparity. Approximately 55% of children aged 3–4 years are chronically undernourished, compared to 12% among children younger than 6 months. Similarly, second-hand clothes are purchased more frequently than before. Lack of resources has also forced a large number of families to forego child education, sacrificing in most cases girl child education. In the East, boys are dropping out of school in large numbers to earn a living mainly through apprenticeship (Federal Government of Nigeria/UNICEF Program of Corporation, 1997–2001).

About 8 million Nigerian children are in exploitative child labor. About 19% of school children are engaged in labor after school, arranged through child trafficking, while 40% of street children are sold into labor. There is a syndicate of child trafficking operating throughout West and Central Africa, while trafficking in child prostitution reaching as far as Italy, Belgium, Turkey, and other countries booms. This is a grim picture in what is potentially a rich country. In essence, the three conditions of poverty are all found in Nigeria.

Conclusion

The purpose of this article is not to paint a picture of despair but rather to place in perspective the challenges that we face in the development of child protection programs in Africa. The African spirit and culture have much to offer, and there is a need to learn from the traditions and cultural heritage that is still there. Much can be learned from Africa and perhaps can be applied in the West. There is no doubt UNICEF and some NGOs and African leaders are addressing the problem. Progress has been made on all fronts with regard to child protection, but without debating and taking steps to address the issue of poverty in Africa, child protection will continue to be an academic issue. The eradication of poverty is essential to attaining the hopes of the United Nations Convention on the Rights of the Child in Africa.

III. The influence of HIV and AIDS on child protection

The social, psychological, and material consequences of the HIV/AIDS pandemic in Zimbabwe for child protection are complex, dynamic, and extreme. They are a part of the impact felt by society and the culture of the people as a whole and are in no way unique to children. Rather, children experience a particular pattern of effects determined by their family of origin, position, and status in life.

Following tremendous strides in the provision of health, education, and social services post-independence in the early 1980s, there are indications that these gains have been eroded. Infant, child, and maternal mortality have been rising from the mid 1990s, primary school completion rates have been falling, and the Department of Social Welfare is unable to cater to needy children and destitute families. The causes for these changes are multiple and complex and, apart from structural adjustment programs, high inflation, and reduced household real income levels, HIV/AIDS is believed to have contributed to this state of affairs.

According to the National AIDS Control Program, later called the National AIDS Council, at the turn of the century Zimbabwe had a population of about 12 million, of whom 670,000 children (1 in 6 of all children) were estimated to have been orphaned. UNAIDS/WHO, in

their update on Zimbabwe, put the figure higher and estimate that since the beginning of the epidemic (UNAIDS/WHO, 2000) 900,000 children had lost their mother or both parents to AIDS while under the age of 15 years.

An orphan in Zimbabwe is defined as a child who has lost one or both parents. The term “AIDS orphans” is discouraged because of the stigma attached, and all orphans are simply to be referred to as such, since no one talks of “traffic accident orphans” or “flood orphans.” Nevertheless, the term “AIDS orphans” is still in frequent use. In some definitions the lost parent is the mother. Whereas previously being orphaned meant loss of both parents, nowadays the death of one parent, often because of AIDS, is taken to mean the other will follow.

The Convention on the Rights of the Child (CRC) places primary responsibility for children on parents and guardians and, as the case may be, on the extended family (Article 5). So too does the African Charter on the Rights and Welfare of the Child (AC) (Articles 9[3] and 18). In more traditional times not only was the extended family more involved in the bringing up of children than it is today, but the community also played a stronger and more visible role. “The child belonged to everyone” it was said.

Sometimes now, however, the child belongs to no one. HIV/AIDS has wreaked havoc on the lives of children and families. The extended family, which previously absorbed orphaned children, is now overstretched, especially economically, and the stigma that often accompanies children whose parents have died of AIDS sometimes results in relatives being reluctant to take in orphaned children. Consequently, children now look after themselves, bringing up other children in their homes and on the streets. Their numbers are unknown.

Child protection

The legal mandate for the protection of children in Zimbabwe resides with the Department of Social Welfare in the Ministry of Public Service, Labor, and Social Welfare. The act that specifically protects children, The Child Protection and Adoption Act, was inherited at independence and contains provisions that are very similar to those that existed in South Africa during Apartheid, a country with which Zimbabwe (formerly Rhodesia) had a special relationship including extradition arrangements for children. Being a former colony of Great Britain, child protection provisions were and are modeled on the British system, right down to “case work,” but often without the human and material resources including vehicles to support such a system. The act has recently been amended but at its core are still protection and adoption issues.

Formal adoption and institutional care for “children in need of care” are practices that are foreign to the African majority, where fostering and informal adoption by family and kin rather than strangers are the rule (Powell, Morreira, Rudd, & Ngonyama, 1994).

For a while, after the attainment of political independence in 1980, institutional care appeared to be the solution for children of all races deemed “in need of care.” This included children with disabilities, orphaned and abused children, as well as children in conflict with the law, and those where parents/guardians were unable to exercise proper control, such as truants. In some instances these children became wards of the state.

About 6 years ago the model of institutionalization was recognized by the government as

unsustainable, particularly in the face of the predicted explosion in numbers of orphans because of HIV/AIDS. Thus a policy shift occurred in which institutions were to be used only as a last resort. Since then, numbers of needy children have increased dramatically, and in some rural localities where grandparents (often themselves bereaved) are bringing up orphaned children, their numbers and plight are already overwhelming.

Plight of orphans

AIDS affects children in many ways and some of these we have not even begun to understand. For example, a mother may be absent for long periods during which she is unable to care adequately for her children because she is caring for a family member in another household and/or attending funerals. What are the effects of children witnessing parents and other family members ostracized and rejected because of HIV/AIDS?

These days, orphans, especially those who lose their parents to HIV/AIDS, suffer among other things from:

- Having to care for sick and dying parents (without protective clothing) and younger siblings, as they become “parentized” themselves and lose out on their childhood;
- Loss of income as parents are unable to work, become ill, and die;
- Having to witness and endure parental death(s) and the associated emotional stress;
- Stigma within the community if it is suspected or known that their parent died of AIDS;
- Uncertainty regarding the future, since cultural taboos hinder discussion of succession issues while the person is still alive and many parents do not write wills;
- The effects of sibling separation and dispersion (Mtize, 2000) intended to lighten the burden of those who take up the mantle of care, but which results in the children suffering separation trauma, loss, and emotional stress;
- Situational trauma, in which children in urban areas who are largely taking care of themselves cannot afford service bills (for water, electricity, and sometimes rent/rates);
- Inability to access their deceased parents’ estate because of not having birth certificates (Southern African Research and Documentation Center, SARDC, 1998); and
- Lack of parental care, love, and guidance and, in the case of migrant families of foreign origin (e.g., Malawian/Zambian farm workers), the lack of an extended family system (Sithole, 2000).

A particular set of problems relate to schooling where funds are unavailable for the purchase of school uniforms, books, various school levies and fees, examination fees, and so on, and, as a result, children drop out of school. As such, they are denied the right to education.

In the most extreme cases of deprivation that results from orphanhood, where adequate care is not forthcoming, children are vulnerable to extremes of hunger and starvation, sexual abuse, and exploitation. Girls are particularly vulnerable to sexually transmitted infections and HIV transmission, as well as to other forms of abuse through being child domestic workers. Clearly there is a gender dimension to being an orphan.

For those who manage to stay in school, they often have to endure the stigma and ostracism resulting from the rumor or suspicion on the part of both pupils and/or staff that

their parents are HIV-positive or indeed have died of AIDS (Francis, 2000). The plight is even worse for those children who are themselves HIV-positive. In the early days of the pandemic it was thought unlikely that an infected baby would survive beyond the first year. Over the years, however, cases of HIV and AIDS have emerged in young children and teenagers that have been carried since birth. Such children may have lived a relatively normal life for several years, marred only by a slightly higher than normal incidence of childhood illness. However, their lives change dramatically when the syndrome appears, together with visible signs (skin infections, frequent bouts of unexplained illness), which may lead to stigma and its devastating psychological effects at school through the behavior of teachers as well as peers.

Analysis and intervention

The suffering of children orphaned through HIV/AIDS described above has three major components.

Economic. At all levels, from family to government, lack of funds, in its worst form, poverty, makes the economic burden of caring for orphans frequently close to intolerable and at other times impractical. In fact it has been observed that poverty and HIV/AIDS reinforce each other (Maeda, 2000).

Cultural. As in most African cultures, there are clear dictates which deal with status and care of orphans. However, when confronted by the AIDS pandemic, these cultures are no longer able to cope, and children not only find themselves without caregivers but also find some alternatives proscribed, such as adoption, that violate the family totem.

Social stigma. The ability of both traditional and modern institutions to adapt to the needs of the orphans in the HIV/AIDS context is severely constrained by the stigma attached to the disease. Indeed, this includes the suspicion of the disease, which reduces what little help might be available by a significant amount.

Public education, material support, and social/familial support (keep families together) are, therefore, the main arenas for necessary interventions.

The initial government response was well intentioned. For example:

- The National Orphan Care Policy recommends family and community care for orphans, rather than children's homes and institutionalization, and it goes beyond protection to provisions for meeting the needs of orphans with respect to physical, mental and psychosocial health, education, legal protection, and observance of children's rights in general;
- An AIDS levy that is a 3% surcharge on income tax was legislated. After initial disbursements to several groups of people living with AIDS, further disbursements were halted because the board set up to oversee the use of the funds "had not been properly constituted." Months later, the fund remains inoperative;
- Finally, the National AIDS Council was formed and is responsible for HIV/AIDS resource mobilization, policy development, and the overall coordination of HIV/AIDS programs. Nonetheless, the government is currently unable to provide financial resources for optimal intervention.

Yet there is a glimmer of hope. Some communities have reverted to traditional forms of care in which resources are pooled together for the benefit of the community's needy members (e.g., orphans, the elderly, and the sick). But at the same time, with limited income-generating capacity, these communities have difficulty in paying, for example, for school-related costs (books, levies, uniform, examination fees) and ensuring that the children's daily needs are met. Supporting and strengthening community efforts to meet orphaned children's needs will contribute to their human development and eliminate the need for "survival sex" in exchange for food or money. In this way, prevention of future HIV infection is also strengthened. However, the greatest challenge in relation to child protection and HIV/AIDS may not be just orphanhood but the other categories of vulnerability (street children, child labor, early marriage) that such children may move in and out of as their life circumstances change (Southern African Research and Documentation Center SARDC, 1998; UNICEF, 1998).

The Department of Social Welfare has been at the forefront of exploring community-based initiatives to care for orphans. To date, three models, namely rural, urban, and commercial farm models, have been piloted and are now being implemented in some communities.

Apart from government efforts, donors, churches, nongovernmental organizations, community-based organizations, and volunteer individuals have started programs of support for children affected by AIDS as well as other vulnerable children in rural, urban, and commercial farming areas. These programs provide material support and counseling, home visits, and support of home-based care.

Although many such programs already exist, new ones are constantly required. For example, mass media education loses its impact without regular injections of novelty. A continual battle must be waged against "campaign fatigue" for donors, implementation agencies, and recipients who see no immediate results and continue to watch friends and relatives sicken and die.

The future for orphans is not, however, completely bleak. Underlying the problems described above is a ubiquitous love for children and concern for their welfare which provide the impetus to forge ahead with the new ideas and strategies which are needed to improve and bring a semblance of normality to the lives of children orphaned by HIV/AIDS.

IV. Is child protection possible in areas of war and violence?

War in the last half of the 20th century has changed dramatically from the wars that occurred previously. Destruction of communities through instilling terror, humiliation, and degradation on ordinary citizens has become the focus of war. This has major adverse consequences for children raised under these conditions. They live with disrupted social, educational, health, and economic infrastructures. They experience the death and maiming of family members. Their families become fragmented and disintegrate. At the individual level, 10%–20% of children exposed to war are likely to develop psychiatric conditions without intervention (Dawes, 1994; Magwaza, Killian, Petersen, & Pillay, 1993). However, it is the psychodynamic consequences which are of particular concern. When children grow up

without protective parents, observing parental humiliation and terror, revenge fantasies are likely to develop. Children's education is disrupted, with consequent limited educational opportunities. Intervention strategies need to be directed simultaneously at the individual, family, small group, and community levels. Resilience factors have been widely documented, providing mental health professionals with concepts around which to develop appropriate, culture-sensitive interventions and community development programs.

The changing face of war

The terrible face of war has undergone major transformation over the last few decades, with dire consequences for children. Desjarlais, Eisenberg, Good, and Kleinman (1995) refer to collective organized violence as one of the most disturbing features of the late 20th century. The available statistics reflect the extent of the problem. There have been 35 major wars since 1980. Internationally, there are currently at least 40 areas of active conflict. During the period 1986–1996, it is estimated that more than 2 million children were killed in armed conflicts, 6 million children injured, and 1 million children orphaned (UNICEF, 1999). Almost 1% of the world's population are refugees or are displaced as a result of war, and more than 50% of these refugees are children (Lynch, 2000).

A dominant feature of war and organized violence has become the use of widespread terror campaigns to disrupt the entire fabric of social, economic, and community relations, creating a fragmented and disempowered society (Higson-Smith & Killian, 2000). The target is psychological warfare at a grassroots community level. The battlefields are the homes, schools, neighborhoods, and villages. Studies have shown that in World War I only 5% of all casualties were civilians, 50% in World War II, and 80% in the Vietnam War, whereas nowadays upwards of 90% of war casualties are civilians (International Symposium of Children and War in 1983). The people who are victimized by war are subjected to deliberate and systematic violence. This is manipulated in such a way as to instill fear, confusion, helplessness, and to terrorize entire populations through a process of intensive repression and organized violence. The actual mechanisms include sporadic outbursts of political violence, economic and social deprivation, discrimination, detention without trial, torture, and arson. The continual presence of the defense force creates an atmosphere of menace amid the accompanying erratic displays of strength. There is a pervasive daily threat of yet another outbreak of organized violence, making day-to-day routines and functioning seem too mundane to be of any relevance.

The objectives of modern warfare are to demoralize, to destroy hope, shatter values and aspirations, and to instill terror and wreak destruction. Civilians are the targets of the conflict, becoming the victims of severe psychosocial trauma, suffering dislocation, dire poverty, unattenuated grief, malnutrition, as well as the disruption of all forms of social and community functioning. Therefore, war creates an avalanche of social and psychological problems. The disruption of community, educational, health, and economic infrastructures, coupled with loss of life, fragmentation of families, and displaced populations, produce their own set of problems and consequent challenges for mental health professionals.

In addition, it seems that chronic political violence results in general increases of all forms of violence, including domestic, sexual, and criminal violence (Reeler, 1994). The state after

active conflict heralds an increase in apparently random or motiveless violence, reprisal killings, and revenge attacks. These catalysts are extremely significant when one considers the factors that prevent the advent of peace.

The impact of war and organized violence on children

Researchers have reported a wide range of negative consequences for children exposed to war and organized violence. Documented psychiatric symptoms include severe manifestations of anxiety, depression, post-traumatic stress disorders, and emotional and conduct disorders (Dawes, 1994; Paeans, 1994; Terr, 1991). However, it is the nonpsychiatric impact of war on children which is perhaps more pervasive, more damaging, and less readily identified. These include distorted family relations, revenge fantasies, compromised cognitive and scholastic functioning, possibly disrupted moral development, and the impact of children being raised in a fragmented, disempowered community.

Under normal circumstances, children grow up with a belief that their parents are strong, powerful, and able to protect them. War exposes children to situations in which they witness their parents' terror, helplessness, and humiliation. Children grow up knowing, at a developmentally inappropriate stage, that their parents are at significant risk and may lack the ability to take care of them. This disrupts the traditional family hierarchical subsystems and the belief in parental omnipotence. For traditional patriarchal communities, such as Zulu society where respect for elders is an important cultural value, this creates a set of additional difficulties. Young soldiers, deployed as militants in war zones, are known to torment local residents, at times out of youthful boredom and arrogance. The impact of this is likely to be devastating for the children who have observed their parents being subjected to humiliation.

In psychodynamic terms, experiencing one's parent as lacking the ability to protect one has been linked to the origins of aggression, shame, and the desire for revenge. Freud, in his autobiography, described a scene in which his Jewish father was subjected to a meaningless act of humiliation. He then identified this incident as giving rise to intense revenge fantasies and feelings of shame and humiliation when he observed his own father's submissiveness. The young boy could not see his father's action as a means to avoid confrontation and perhaps insure his survival, but saw his father as weak, was angered and shamed by the incident, and fantasized about ways of revenging his father's humiliation (Gay, 1988).

Revenge is an integral aspect of organized violence, where individuals, families, groups, and communities seek collective retaliation and vengeance following acts perpetrated against them, their kith, and kin. Children may actively fantasize about ways in which they can seek retaliation and punish the perpetrators. Individually-based revenge, however, appears to be less prevalent; rather people seek to avenge the injuries and indignities inflicted upon their family or their community (Killian, Meintjes, & Nhlengetwa, 2001). This may reflect the collectivist nature of societies in which the group is more significant than the individual. The objective of revenge is often the restitution of dignity and pride in the family name.

Furthermore, it seems that the child exposed to political violence desperately wants to compensate for loss and humiliation of the parents, particularly if the mother has been threatened (Punamaki, 1989, 2000). The child may then engage in "savior" daydreams that

may lead to the child adopting active and heroic roles by becoming actively involved in the struggle with the objective of restoring family and national identity.

Children raised in war suffer a compromised education. It is obvious that children living in fear cannot attend to their education. Anxiety, depression, poor concentration, fatigue, and ill health all impede scholastic achievement, leading to poor performance, high truancy, high drop out and failure rates, with the associated problems of limited employment opportunities.

The meaning attributed to the violence can constitute either a risk and/or a resilience factor. It is the cognitive appraisal of a stressful event that is critical in defining how the individual copes with the event (Lazarus, 1993). In situations of organized violence, children may see the events as being beneficial (e.g., “we have the ability to restore national pride”) or detrimental (e.g., “what more are we going to have to suffer?”). South African youth actively engaged in the struggle using the slogan “Liberation before Education,” thereby forfeiting their own educational needs and aspiring to restore the pride of their nation, a pride which had been seriously eroded through the racial discrimination policies of the apartheid era in this country. The meaning associated with their struggle, therefore, worked as a positive factor, decreasing the likelihood of negative consequences for the children and youth (Dawes, 1994). This research finding seems to support the literature on coping, which links active coping with greater resilience.

War provides severely compromised role models for ideal moral development. Violence and abuse of power may be perceived as the only adequate means for conflict resolution. Research in this field has served to highlight the complexity of the significant variables in this regard; however, the outcome for children is not clear. Although it seems that exposure to political violence will not by itself lead to lowered social-moral learning nor to a heightened propensity to act aggressively (Dawes, 1994), postconflict society makes it difficult to discern if perpetrators of immoral acts do so because of their exposure to violence, impaired upbringing (because of parental concerns being focused on other objectives), or other factors. If an individual’s identity is closely linked to being a warrior, for example, it is difficult for them to transform to an alternative self identity. Furthermore, much of the crime associated with postconflict areas may be associated with socioeconomic deprivation and the need to survive.

Family units live within small community areas, with the community at times being defined on geographical grounds, but more likely being defined by political party affiliation or by the *induna* (traditional chief) of the area. There has been extensive destruction of infrastructure: lack of housing, inadequate healthcare, unequal distribution of basic services, lack of skilled teachers, loss of weapon control and policing, high crime rates, and so on, all influenced by the political heritage of conflict. Much of the infrastructure of a functioning society is focused on children’s needs. In societies fraught by conflict, these structures no longer exist or are malfunctioning in one way or another. Obviously, this adversely affects children.

Intervention strategies for children and war

In the wake of structural and political violence, a broad systemic model of intervention is needed. Clearly, there is a need for both psychological and social reconstruction if psychosocial healing, especially of children, is to occur. Conceptualizing the psychosocial impact of organized violence at various systemic levels enables one, collaboratively and in respectful consultation with the relevant role players, to design meaningful and effective interventions.

Table 1

A summary of key findings that promote resilience factors

Intra-personal factors

- Temperament that elicits positive responses from family and strangers—high activity level, low excitability, low distress, high degree of sociability, enjoyment of novel experiences, high internal locus of control, low defensiveness and high cooperativeness
- High self esteem and a positive sense of self
- Boys, until adolescence, at greater risk than girls
- Good problem solving skills
- A sense of meaning in their lives, a sense of purpose
- Area of personal competence, having interests, sports, hobbies, etc.
- Being in control of the past by being able to talk or play through difficult past experiences, but not dwell on painful memories

Interpersonal factors

- Secure attachment relationships, clear parent-child boundaries (child not expected to be parent's friend or to provide emotional support to parent)
- Authoritative parenting styles
- At least one person who gave support and care that matched the child's needs
- Ability to find and make use of social support outside of the family—informal sources also improve communication and problem solving skills
- Perceived social support (child's appraisal of social support is critical), social embeddedness
- Social skills—being able to form friendships and develop new relationships

Contextual factors

- Parents concerned and involved in child's education
 - Earlier life experience or hardship that made children resourceful
 - Clear structured routine within a neat, clean and less crowded environment
 - Parents provide children with self direction and are interested in children's goals and interests
 - Societal attitude of positive respect for authority/leadership
 - Boys require structure, rules and assigned chores
 - Girls develop autonomy and a sense of responsibility through taking care of younger siblings
 - Presence of a positive role model—most likely a teacher, sports coach, or church leader
 - Support from a church group.
-

The individual. At the individual level, there is physical and psychological trauma, material, and psychological loss and injury. Despite the pervasive negative consequences for children exposed to organized violence, certain factors can increase the resiliency of children. As indicated in Table 1, the resiliency factors identified in a variety of situations also apply to the child in war (Killian, 1994; Werner, 1999; Rutter, 1983).

Individual therapy may be indicated for children who are especially disturbed by war, however the indications are more strongly towards group interventions. Group work is likely to decrease the child's sense of alienation, create a sense of belonging, and help the child to cognitively and emotionally process what she or he has been through.

Families and small groups. The lack of trust between individuals and the loss of meaningful role models and attachment figures have contributed to maladaptive functioning and distorted socialization. Interventions aimed at restoring family and small group functioning are critical. Parents and caregivers need to be integrally involved to restore them to their rightful place as having authority over their children and to empower them to take responsibility for their children. The education of their children is often an important issue for

victimized communities, and the formation of active parent bodies within the school structures can form an appropriate vehicle through which other interventions are possible.

Many caregivers have themselves been victims, have been exposed to numerous adversities, and have coped, positively or negatively, with the adverse realities of their life situations. Community leadership structures need to be informed about the impact of organized violence. They also need support, perhaps trauma counseling, and opportunities for networking. Fun activities in which the purpose is merely to get together and have fun are extremely important. Sporting, entertainment, and meal-centered activities all form an important aspect of such work. Art, psychodrama, and other expressive modalities of therapy are especially useful in working with small groups and communities (Veale, 2000). Without first addressing the individual trauma and psychological scars of the caregivers and community leaders, one would achieve little in terms of social reconstruction.

Community or society. Sartorius (1994, in Peltzer, 1996) has analyzed factors that help to reduce the risk in refugee populations for psychological and physical illnesses: opportunities to promote interaction and cohesion; continuity of life plans; promotion of individual and group initiative; knowledge about the immediate future; the creation of job opportunities (as opposed to obligatory or unneeded labor); social networking; and preset and clear rules of conduct. Our experience shows that community interaction, networking, and creating opportunities for communication actively facilitates community development.

Conclusions

Longitudinal studies of children exposed to organized violence provide us with some hope for the future of these children (Cairns & Dawes, 1996; Palmer, 1999). It appears that while most adults who have grown up in war-torn areas are deeply affected by their childhood experiences, only a minority are pathologically disturbed. The majority find turning points in their lives, through which they have been able to live fulfilling and productive lives (Palmer, 1999, p. 441). In the grim stories of children of war there are stories of resilience, of individual and group courage, and of heroism. For some, the emotional scars will remain for much of their lives.

The effects on children of growing up in an environment in which they are exposed to a culture of terror and hate, to disruptions of all facets of their development, must never be minimized. If peace is ever to prevail, we need to focus on the needs of the children and the various systems in which they live. All intervention programs need to be multifaceted and aimed at the various systemic levels. They need to be culturally sensitive and empowering and offer grassroots reconstruction.

V. The vulnerable child: from charity to entitlement

Child protection: a brief historical overview

When the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) was formally established, protection of children from abuse and neglect already had a long history. This protection became an organized service in Europe in the 16th and 17th century

with the establishment of orphanages and other children's homes by various groups of concerned citizens, often supported by churches. During the following centuries, these activities became better organized and were given a firm basis in child protection laws in the Western world, particularly at the end of the century.

The driving force behind this development was the concern about the well-being of the child as a vulnerable individual. As such, she deserved our compassion and support. We had to save the child from the negative conditions she was living in. It was a moral—often religiously motivated—obligation, a matter of charity that should be supported with the necessary legal tools. In the course of the 20th century, child protection has become a solidly institutionalized system in most societies, and the volunteers were gradually and to a large extent replaced by professionals.

But this institutionalized and professionalized child protection system based on a welfare approach has changed considerably over the past 25 years. Child protection has moved and is still moving from the welfare approach to a rights-based approach, that is, from charity to entitlement. The child became entitled to protection instead of being the recipient of charity. The motor behind this change is undoubtedly the UN CRC.

In this contribution, I will describe the role of the CRC and the impact it has, can and should have, on the prevention of and the responses to the abuse and neglect of children.

The CRC

After a drafting process that took 10 years, the CRC was unanimously adopted by the General Assembly of the United Nations on November 20, 1989. To avoid misunderstanding, this was not a full-time activity. The working group drafting the CRC met every year in Geneva for only 1 week and 2 weeks in the last year (Detrick, 1992).

The Convention has been ratified by 191 states and became the only (almost) universally-adopted human rights treaty. The only two states that have not ratified the CRC are Somalia, because of the lack of an internationally-recognized government, and the US, because of the lack of political will.

The CRC is also the human rights treaty with the broadest coverage. The Convention contains not only political and civil rights but also the economic, social, and cultural rights, including inter alia, the right to be protected from all forms of discrimination and the right not to be subjected to torture or any form of inhuman or degrading treatment. These rights are also enshrined in the International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Economic, Social, and Cultural Rights (ICESCR), the International Convention on the Elimination of Racial Discrimination (ICERD), the International Convention on the Elimination of all forms of Discrimination against Women (ICEDAW), and the International Convention against Torture (ICAT).

All those rights are explicitly made applicable to children (persons below 18 years of age) in the unique context of their growing and evolving capacities, the relationship with the prime responsibility of the parents for their upbringing and the subsidiary responsibility of the state in that regard (see articles 5, 9, 12, 18, 24, 27, and 28 CRC).

In addition, special provisions can be found in the CRC concerning the child's right to the

necessary protection in all kinds of difficult circumstances, which are often and unfortunately man-made.

I refer *inter alia* to the articles on child abuse and neglect within the family or in care institutions (art. 19 CRC), on refugee children (art. 21 CRC), on disabled children (art. 23 CRC), on working children (art. 32 CRC), children sexually or otherwise exploited or abused (art. 33–36 CRC), children in armed conflicts (art. 38 CRC), and children in conflict with the law (art. 37 and 40 CRC). In reality, this was a very comprehensive human rights instrument that covered all aspects of the life of a child and her/his development into adulthood. The convention entered into force on September 2, 1990.

The impact of the CRC: towards a better protection of the child and the full implementation of her or his rights

The CRC has had and still has a considerable impact in 191 states parties since 1990. This is not only the result of the efforts of those states parties to implement the CRC but also the consequence of the participation of the parties in some major international events. I will come back to the (direct) implementation of the CRC at the national level but will first give a brief overview of major international events.

Major international developments

The WSC

This summit, organized by UNICEF, was held in September 1990 in New York, shortly after the CRC entered into force. The World Summit on Children (WSC) produced a Declaration and an ambitious Plan of Action for the next decade; the various goals to be achieved in the next decade focused on health and education but also included children in especially difficult circumstances. These documents were signed by more than 100 states that were supposed to develop and implement national plans of actions based on the WSC. The link with the implementation of the CRC was clearly formulated by the Secretary-General of the UN in his recent report on the results of the WSC over the last decade: “The dreams and aspirations of a better world for children were embodied in the Summit goals for child survival and development which, taken together, represented the clearest and most practical expression of much of what the Convention on the Rights of the Child is about” (United Nations, 2001).

Some 155 countries developed and are implementing national plans of action. In 2000, a wide-ranging end-of-decade review process, supported and organized by UNICEF, resulted in comprehensive national progress reports by more than 130 countries. The report of the Secretary-General provides a detailed picture of the real and significant progress made in some areas but also of the setbacks and in some cases regression, some of it serious enough to threaten earlier gains. I have to limit myself to some general results:

- Sixty-three countries reduced mortality among children under the age of 5 by one-third since 1990;

- Deaths of young children from diarrheal diseases were reduced by 50%, saving a million young lives in the course of the last decade;
- High and sustained levels of child immunization resulted in 3 million fewer child deaths than in 1990, and polio is at the brink of eradication with a 99% reduction of reported cases;
- An additional 1.5 billion people have access to iodized salt, with an estimated 90 million newborns protected every year against iodine deficiency disorders (IDDs), the world's major cause of mental retardation; and
- More children than ever before are in school.

But much more still has to be achieved as:

- Over 10 million children die every year, often from readily preventable diseases, and about 150 million children are malnourished; and
- The scale of the HIV/AIDS epidemic exceeds the worst-case projections of 1991. Worldwide the number of people living with HIV or AIDS is 50% higher than expected. Sub-Saharan Africa is very seriously affected by this epidemic, but the virus is rapidly spreading in Eastern Europe and Asia. In the year 2000, 600,000 children under 15 years of age were infected with HIV; 500,000 children lost their mother or both parents. The under 5 mortality rate is expected to increase by over 100% in the worst affected countries by 2010. Over 100 million children are not attending school, 60% of them girls. In a 30 trillion US dollars global economy, about 600 million children in less developed countries have to struggle to survive, eat, and learn on less than \$1 a day. And even in the world's richest countries, about 47 million children live below the national poverty line.

In September 2001, the General Assembly of the United Nations devoted a Special Session to Children (UNGASS), reviewing the results of the WSC, and adopted a new International Plan of Action for the next decade. It is clear that further improvement in the implementation of the child's right to survival and development is urgently needed, and not only in the areas of health and education.

World Congress Against Commercial Sexual Exploitation of Children, Stockholm 1996

This Congress set out an agenda for action to combat and prevent commercial exploitation of children, which was adopted by 122 governments. Many of those governments developed and implemented national plans of actions based on this agenda. As a result, measures have been taken including laws introducing extraterritorial jurisdiction allowing for the prosecution and sentencing of citizens who purchased sexual services from minors abroad, improved law enforcement cooperation between countries, and commitments from the travel industry. Programs have been developed to protect and assist children, such as community involved monitoring, awareness raising campaigns, improved educational opportunities for at-risk children, and shelter, recovery, and reintegration programs. Quantitative and qualitative research has been carried out. The economic and social commission for Asia and the Pacific launched a regional program covering 12 countries aimed at supporting victims of sexual abuse and exploitation.

NGOs, and in particular the organization End Child Prostitution, Child Pornography, and Trafficking of Children for Sexual Purposes (ECPAT), played and still play a key role in the efforts to combat and prevent this phenomenon. UN agencies such as UNICEF, the ILO, and WHO became actively involved in the fight against commercial sexual exploitation. Concrete figures about the impact of these activities are very limited, and the incidences of commercial sexual exploitation may have been reduced in some parts of the world, but the “industry” most likely moved its “business” to other parts of the world.

In other words, the protection of children against sexual exploitation may have improved to some extent but an ongoing and further strengthening of the efforts in this regard is necessary. This would include, for example, further improvement of effective legal responses and their enforcement, promotion of better collaboration between law enforcement agencies, and a further development of recovery and reintegration measures for child victims.

Children in armed conflicts

In the past decade, more than 2 million children were killed in armed conflicts, and many other children were disabled and psychologically scarred by the experiences of the war terror. Armed conflicts also lead to (internal) displacement of people. In 2000, there were about 35 million internally displaced persons and refugees, of whom about 80% were children and women.

In at least 68 countries, children live with the daily fear of land mines, and about 10,000 children are killed or maimed by mines every year. About 300,000 children worldwide are actively involved in armed conflicts, either as child soldiers or in other roles, such as messenger. Girls are often sexually abused by military men.

The issue of children in armed conflicts has received and still receives very serious attention. A crucial role in raising international awareness was played by the report Graça Machel submitted to the General Assembly in 1996 (United Nations, 1996). This study was recommended by the Committee on the Rights of the Child to the General Assembly of the UN, which requested the Secretary-General to undertake such study (see art. 45 under c. CRC). Machel’s report provided the first comprehensive assessment of the multiple ways in which children’s rights are violated in the context of armed conflicts. It emphasized the need to strengthen and develop existing international standards to protect children in armed conflicts and suggested various measures in that regard. Results to date include:

- The appointment of a special representative of the Secretary-General for children in armed conflicts. This person’s mandate is to assess progress achieved, steps taken, and difficulties encountered in strengthening the protection of children and to raise awareness, promote collection of data, and foster international cooperation to ensure respect for children’s rights in the various stages of armed conflicts. The work of the special representative so far has been of critical importance for bringing and keeping the children in armed conflicts high on the political agenda at the global and regional levels;
- The Security Council has established an annual open debate on children in armed conflicts, acknowledging the link between violations of children’s rights and threats to

international peace and security. Other bodies, like the Organization of African Unity (OAU), the European Union (EU), and the Organization for Security and Cooperation in Europe (OSCE), are addressing the issue of protection of children in armed conflicts;

- Child protection advisors have been appointed as part of the UN peacekeeping missions in the Democratic Republic of Congo and Sierra Leone. The peace agendas and accords in Burundi, Northern Ireland, and Sierra Leone pay specific attention to the well-being of war-affected children;
- An optional protocol to the CRC on the involvement of children in armed conflicts was adopted by the General Assembly of the UN in 2000 (Resolution 54/263 annex 1). This protocol sets the age at which participation in armed conflicts is permitted at 18 years and puts a ban on compulsory recruitment below the age of 18 years (the same prohibition can be found in ILO Convention 182; see hereafter);
- The Rome Statute of the International Criminal Court (Doc. A/CONF.183/9) defines the conscription, enlistment, and use of children to participate in armed conflicts as a war crime and includes provisions for the protection of child victims and witnesses before the Court;
- Programs for the demobilization, the rehabilitation, and the reintegration in their families and communities of child soldiers are underway in, for example, Guatemala, Sierra Leone, and the Democratic Republic of Congo;

Many activities, projects, and so on have been carried out and/or are underway to help children who are the victims of armed conflicts, including children maimed by land mines and children living in refugee camps or who are internally displaced—activities in which (inter)national NGOs, together with UN agencies like UNICEF and UNHCR (High Commissioner on Refugees), play an important role. Recovery, healthcare, education, and reunification with the family are the main components of these programs. The progress achieved is considerable but still a lot remains to be done, including the achievement of a full and effective ban on the recruitment of children and their involvement in armed conflicts via a universal ratification and implementation of the optional protocol to the CRC; integration of child protection into peace processes and agreements; control of illicit flow of small arms and light weapons; and the full implementation of the ban on the production and the use of antipersonnel mines.

Child labor

Regardless of the growing number of NGOs in the course of the 1980s trying to combat and prevent child labor, this issue received very little attention at the international level. It did not appear on the international political agenda. But over the past decade child labor became an important political and social issue both at the international and the national level. It started with an important donation by the German government in 1991 (50 million Deutschmarks for a 5-year period) to the International Labor Organization (ILO), earmarked for combating child labor at the occasion of the reunification of both Germanies and the adoption and enactment of the Convention on the Rights of the Child. With this money the International Program for the Elimination of Child Labor (IPEC) was established and started its activities in 1992 in six countries. Thanks to the support from other governments, IPEC

developed into a global partnership between governments, employers, trade unions, and NGOs, with national coordinating mechanisms to facilitate the development and implementation of national plans of action to prevent and eliminate child labor. In 2000, IPEC had nearly 100 participating and donor countries and supported or implemented about 1000 different programs and projects.

In the meantime, the CRC enhanced the ratification of the existing ILO standards, in particular ILO Convention 138 on the Minimum Age for Admission to Employment. Besides the growing number of NGOs combating child labor, UN agencies, notably UNICEF and the World Bank, became more extensively involved in the issue. In 1999, a new ILO Convention 182 was adopted on the elimination of the worst forms of child labor and entered into force in November 2000.

This new convention is an important contribution to an increased focus of existing and new activities on the elimination of the worst forms of child labor, including bonded child labor and other forms of child slavery, sexual exploitation of children, and involvement of children in armed conflicts. It is too early to report concrete results in this regard. But experiences so far have learned that an effective approach for the elimination of child labor has to be holistic and integrated in nature. It is not enough just to remove children from the (hazardous) work place. Measures should be taken to provide the child with education, to develop income-generating projects for their parents, to involve the community, and above all the children themselves. Many NGOs have paid and are paying increasing attention to the participation of working children in the activities aimed at a reduction and ultimately the elimination of child labor. Some of the most prominent projects to address child labor, often a joint effort of NGOs, employers, trade unions, and UN agencies, in particular IPEC, are:

- The Rugmark initiative introducing a label for carpets produced without the involvement of children, covering carpet exports in South Asia;
- Agreements reached involving the employers, UNICEF, ILO, and NGOs to eliminate child labor from the garment industry in Bangladesh and a similar agreement to eliminate child labor from the soccer ball stitching industry in Sialkot, Pakistan. These and other initiatives were largely stimulated by consumers' concerns in industrialized countries about fair labor standards and ethical purchasing by companies, which in some cases led to development by transnational companies of their own codes of conduct.

Yet only 5% of working children can be found in the formal and export sector which was given a lot of attention in the 1990s. About 70% of working children in less developed countries work in agriculture and the informal sectors. The invisibility of this type of child labor is a serious challenge, compounded by the clandestine nature of such practices as trafficking. An example of addressing the problem of trafficking for the purpose of working in plantations is an agreement between Cote d'Ivoire to Burundi, including efforts to reintegrate the children in their families and communities.

Concrete results reported by IPEC are that about 150,000 children have been removed from their work place and provided with education and other necessary support. Much progress has been made, but ongoing and increasing activities are needed to eliminate child labor, in particular the worst forms of it. It will be important to promote effective imple-

mentation at the national level of existing national standards via national plans of action and the allocation of necessary resources and to provide essential support to poor families enabling them to educate children via community-based programs that make quality education free and accessible.

Implementation of the CRC at the national level

The activities mentioned above are at the same time a contribution to the implementation of the CRC. But there is more. So far about 160 states parties have submitted their first report to the Committee on the Rights of the Child about their implementation of the CRC. About 40 states parties already submitted their second report. Indeed, it is considerable paperwork but the practical importance of it should not be underestimated. It means that in 160 countries (40 of them for the second time) the governments made an assessment of their implementation of the rights of the child as enshrined in the CRC. This assessment includes the progress made but also the identification of shortcomings and involves quite a number of ministries and other governmental bodies. In other words, throughout the governmental institutions awareness has developed regarding the rights of the child. Measures were taken to bring existing legislation into conformity with the CRC. Policies and programs were developed and implemented to make children's rights a reality in the country. These activities were aimed at strengthening the capacity of parents to raise their children (art. 18 CRC), to reduce institutionalization of children and to improve where necessary living conditions in the institution, to increase and strengthen foster family care as an alternative for children deprived of a family environment, and to improve adoption procedures. Furthermore, measures have been taken to prevent and combat child abuse and neglect in the family by improving legislation and introducing prevention programs and adequate treatment services for child victims of abuse and neglect. Other areas where measures were taken with a variety of comprehensiveness and effectiveness are the discrimination of girls and of children belonging to minorities or indigenous populations, refugee children, disabled children, abduction of children, and children in conflict with the law. In short, the implementation of the CRC has contributed to better protection of, in particular, the vulnerable child. This conclusion, however, does not apply equally to all the states that have reported. Many of them are in the process of developing policies and programs, and the actual implementation is often rather limited and sometimes still absent.

The Committee on the Rights of the Child has so far reviewed about 160 reports in a dialogue with a delegation of the respective states parties. It has issued for each state party a set of concluding observations and recommendations containing various and rather concrete suggestions for improvements of the implementation of the rights of the child. The results of these recommendations will be considered when the state party submits its next report. The Committee has no authority to enforce the implementation of its recommendations. But the Committee is confident that NGOs and UN agencies like UNICEF, WHO, ILO, and others with which the Committee closely cooperates will do everything within their abilities to contribute to the gradual and full implementation of the CRC.

Concluding observations

It can be concluded that over the past 25 years, and particularly during the last decade, considerable progress has been achieved in the protection of the vulnerable child. The force behind this progress is undoubtedly the implementation of the CRC and the related major events that have contributed to that implementation (Holmström, 2000).

A considerable part of this progress can be found in various concrete measures in the area of health and education, but also in other areas where the survival and development of children are seriously endangered like child labor, commercial sexual exploitation, and armed conflicts. At the same time, the fact that a lot of the progress is limited to plans and good intentions should not be ignored. In other words, the challenge for the next decade is the effective implementation of these plans and good intentions. Important in this regard is that this implementation has become more and more a matter of respect for the rights of the child. The 191 states parties to the CRC have committed themselves to ensure the rights of their children to a full and harmonious development and where ever necessary to an effective protection against all forms of violence in their homes, schools or institutions, and against all forms of exploitations. This commitment recognizes that children today are citizens with rights.

The Special Session on Children of the General Assembly of the UN in September 2001 was an excellent opportunity to reaffirm and strengthen this commitment. The children are moving slowly—and in many countries too slowly—but gradually to a world which fits them better.

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Résumé

Les défis que les enfants du XXI^{ème} siècle devront surmonter sont énormes. Il faut donc les confronter si l'on veut atteindre ses buts, soit ceux de protéger tous les enfants. L'article note trois obstacles, notamment la pauvreté, le SIDA et la guerre. Se basant sur leurs expériences en Afrique, les auteurs soulèvent la question de l'endurance et de l'adaptation, les dangers auxquels font face les programmes de protection de l'enfance, et les solutions à y apporter.

Il y a la pauvreté de l'avoir et la pauvreté du savoir, et toutes deux sont importantes au niveau des programmes de prévention. Dans plusieurs pays africains et asiatiques, le SIDA a atteint des proportions pandémiques qui ont changé la structure de la société, étant donné que les enfants rendus orphelins par le SIDA et les enfants infectés ou affectés par la maladie sont de plus en plus nombreux. Ces conséquences sont dévastatrices par rapport à la façon dont on envisage les programmes de protection de l'enfance, surtout les agressions sexuelles. Les séquelles du stress post-traumatique doivent faire partie de nos préoccupations et il faut élaborer des programmes qui placent les enfants tout au centre des programmes d'aide afin de promouvoir une culture de la protection des enfants.

Enfin, l'article note que la situation n'est pas excessivement pessimiste et examine les réalisations achevées dans le domaine des droits des enfants, lesquelles sous-tendent tous les programmes de protection de l'enfance et le besoin à l'avenir de cimenter les succès atteints.

Resumen

Los desafíos que enfrentan los niños en el siglo 21 son inmensos y necesitarán enfrentarse si vamos a alcanzar el objetivo de la protección infantil para todos. En este artículo se examinan tres restricciones específicas en la protección infantil: la pobreza, la infección por HIV/SIDA, y la guerra. Los autores utilizan su experiencia en África para presentar aspectos de resiliencia y adaptación, los peligros para los programas de protección infantil y posibles soluciones.

La pobreza puede ser tanto financiera como psicológica y esta afecta el efecto de los programas de prevención. En muchos países africanos y asiáticos, la pandemia del SIDA ha cambiado la estructura social de la sociedad, donde son más comunes cada vez los huérfanos del SIDA y los niños infectados y afectados por el HIV/SIDA. El impacto tiene efectos devastadores en la manera en que vemos la protección infantil y en particular el abuso sexual a los niños. Es esencial tomar en cuenta las consecuencias del stress post-traumático provocado por las muchas necesidades que deben enfrentarse y el desarrollo de programas que pongan a los niños en el centro de los programas de ayuda para promover una cultura de protección infantil.

Finalmente, el artículo señala que el cuadro no es demasiado pesimista y examina los logros en el campo de los derechos del niño que sustentan todos los programas dirigidos a proteger los niños y la necesidad futura de consolidar los éxitos alcanzados.