

Declaration of Rome 2003:

Caring for Children Affected by Maltreatment, War, Terrorism, and Disaster

Untold millions of children, families and communities have been devastated by war, terrorism, disaster and maltreatment. Respect for children is the mark of a civilized society. Suffering is not the lot of the good or the bad. It belongs to all. Denial based on assuming the problem is too distant or related to cultural differences must be challenged in the modern civilized world. There are no longer any safe havens. In the wake of man-made and natural disasters there are increasing numbers of orphans, displaced children and families, broken families and disrupted societies. Children traumatized by these events have disrupted development and may be unable to function in education, comply with health care regimens, or find employment. Each incident of maltreatment may facilitate subsequent occurrences and thus lead to a vicious cycle. The social, personal and financial burden resulting from these traumas is enormous.

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Maltreatment, war, terrorism, and disasters are not new. What is new is the global communication and an increased awareness of the impact of these traumas on critical developmental tasks and resultant human functioning. The scars of these events are not easily expressed in language. With recognition of the impact has come an intense effort to understand how children and families are affected, how they respond, and how they can be helped. The same concerns are present for the family, the community and the society. No longer is the individual seen in isolation. The context has an important influence on the individual's development.

"Child abuse and neglect should be understood first and foremost as a health issue not only compromising the health of our nations children, but also threatening long-term physical and mental health outcomes over a lifetime, their parenting practices as future parents, and their economic productivity (through health consequences) as eventual wage earners."

April, 1997, Report of the US National Institutes of Health Working Group

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It is now evident that the historical context of conflicts, brain functioning in response to stress, and moral and religious development affect the child's response to maltreatment, war, terrorism and disaster. The integration of the new knowledge is a challenge, but it has demonstrable rewards.

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Child mental health professionals are at the forefront of developing and integrating this new knowledge. An integrated approach to care will yield the most favorable and enduring outcomes for children and the society. To this end, in Rome 2003, leading international figures in the field of trauma research and clinical care met to seek an integration of the current state of knowledge. As a result of their deliberations, the following principles were articulated.

1. Care for children impacted by war, terrorism, disaster and maltreatment should: respect the culture of the child and society, respect individual differences, promote re-integration into family and society, and enhance normal development.
2. The biological changes to the brain associated with trauma must be appreciated, as significant for influencing physical brain development and behavior.. As knowledge advances in these areas treatments will need to incorporate the means to ameliorate these biological changes.
3. The trauma of maltreatment, war, terrorism, and disaster is intergenerational. Care needs to be provided not only at the time of the trauma but in its aftermath, if later generations are not to be affected.
4. Governments should increase their investment in prevention, treatment and research in the area of caring for children affected by maltreatment, war, terrorism and disaster. Governmental officials and agencies responsible for health, education and social services need to collaborate to anticipate and prepare for the integrated responses needed in the aftermath of traumatic events. Government leadership is needed to facilitate inter-group understanding and reconciliation. (Government

action).

5. The UN Convention on the Rights of the Child must be seen as applicable to children subject to maltreatment and affected by war, terrorism and disaster. Governmental bodies, at all levels, need to recognize and incorporate the protections and entitlements afforded by the UN Convention on the Rights of the Child. Policies and programs should embrace the rights that articulated in the Convention. (Government action)
6. Policymakers and caregivers should be informed of the latest findings from research, to inform the development of systems of care that afford responsive and responsible care for children. (Government action)
7. Ideally, the trauma of war and terrorism can be diminished and ultimately prevented through education, negotiation, the mutual respect for rights and enhanced personal understanding. In the process of providing care, every effort should be made to foster a climate that will lessen that likelihood of continuing and future conflict. An accurate depiction of the dimension of human suffering following these events should be aired in the media. (Public awareness)
8. Legislators, clinicians, and the general public should be educated about the public health problems associated with emotional, physical, and sexual abuse, and about the recognition and treatment of children and families affected by child maltreatment. (Government action)
9. Care for children is an investment in the long-term health and productivity of nations. Therefore, care, treatment and prevention should be facilitated by an improvement of international cooperation, involvement of governments, NGO's, and international organizations. IACAPAP as the organization of child and adolescent mental health professionals strongly supports these recommendations.

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