



# INTERVARSITY URBANA<sup>12</sup>

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HEALTH CARE OF  
ORPHANED AND  
VULNERABLE CHILDREN

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# Objectives

- Introduction
- HUGE issue with millions of children in many different circumstances.
- Highlight certain health issues
- Provide general principles

# Where are we going?

- Definitions
- Global Stats
- Institutionalization  
and health
- Interventions
- outcomes

# OVC: Definition

- “**A high probability of a negative outcome**”, or an expected welfare loss above a socially accepted norm...
- results from risky/uncertain events,
- and the lack of appropriate risk management instruments.

- “At the same time, we should understand that the biblical concept of the ‘orphan’ and ‘fatherless’ includes more than just the boy or girl who has lost one or both parents.
- Rather, it describes the child who faces the world without the provision, protection and nurture that parents uniquely provide. No statistical analysis will ever perfectly capture the global number of children fitting this description.
- Regardless, God calls His people to reflect His heart and character in choosing to ‘defend the cause of the fatherless,’ to ‘visit the orphan and widow in their distress,’ and to ‘set the lonely in families’ - whatever the details of his or her situation may be.”

# Jack's story:

- 14 yo, orphaned about 7yo
- Children's home, then sister's house
- Ran away from sister's
- Smoker since 7yo
- Sniffs glue
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# Who are OVCs?

- Orphans
- Separated children in humanitarian crises
- Street children
- Children in worst forms of labor
- Children affected by armed conflict
- Children affected by HIV/AIDS
- Children living with a disability
- Others
  - Local groups, children of prostituted mothers,

# OVC: Definition

- **Orphan:** a child 0-17 yo whose mother (maternal) or father (paternal) or both (double orphans) are dead
  - Age of “orphan” differs among countries and organizations
- **"social orphans"** is sometimes used to describe children whose parents might be alive but are no longer fulfilling any of their parental duties

# Global Stats

- 153 million children worldwide have lost *either one parent (“single orphan”) or both parents*
- Approximately 9% have lost both parents
  - Most of these living with kin

# Child Labor – Worst Forms

## ILO Convention 182

- All forms of slavery
  - Child trafficking, debt bondage, serfdom, forced labor, child soldiers
- The use of a child for prostitution
  - includes pornography
- The use of a child for illicit activities
  - e.g. drug trafficking
- Work which is likely to harm the health, safety or morals of children.

# Street Kids

- What makes a home, home?
- Broad definition – just how much time on the street defines a street kid?
  - Not necessarily the same as “homeless”

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# Children Affected by HIV/AIDS

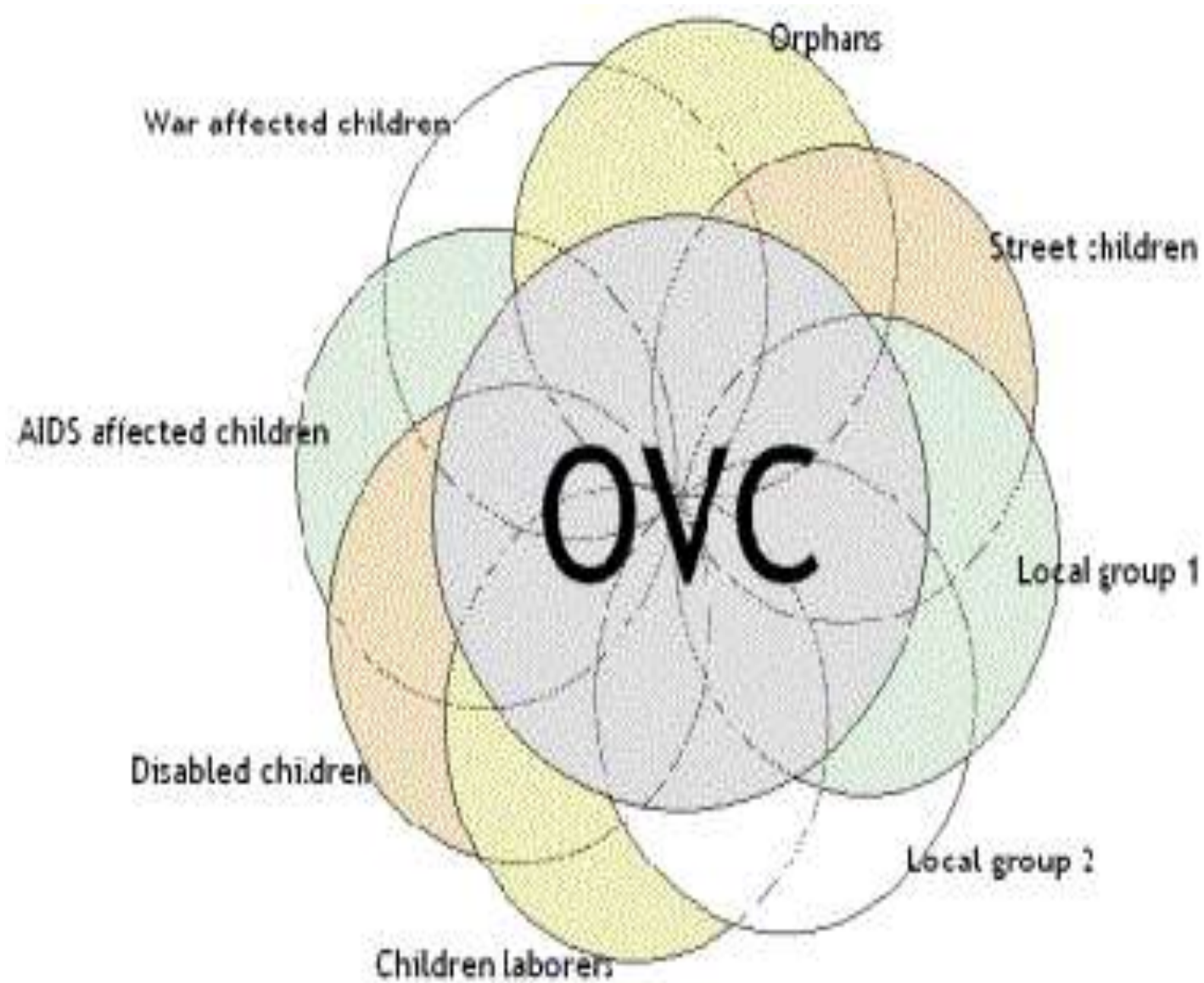
- 1) Children who live with parents infected with HIV/AIDS.
- 2) Children who are orphaned by HIV/AIDS.
- 3) Children who are infected with HIV/AIDS.
- 4) Children who live away from home because of HIV/AIDS.

# Children with Disabilities

- “A physical, intellectual or sensory impairment, medical conditions or mental illness, whether long or short-term, which leads to the loss or limitation of opportunities to take part in the life of the community on an equal level with others.”

# Local OVC Groups

- Identified groups of children who are particularly vulnerable in certain areas or countries
  - Restaviks in Haiti, child witches in DRC
- Identified locally, nationally
- Much overlap with other forms of vulnerability



# Downward Spiral of Vulnerability

Even an ordinary child depends on the support and supervision of caring adults.

A shock to the household worsens the situation (one parent dies, loses his/her job, illness, disability, alcoholism, covariant shock to community...)

Child disconnects completely with family and household.

A child in a poor household or a household with poor social network is even more vulnerable.

The child loses protection and/or is gradually forced to support him/herself.

# What contributes to vulnerability?

- Birth registration
- Institutionalization
- Child marriage
- Child trafficking
- Violence against children (even physical punishment)
- Child labor
- Children with disabilities
- Migration
- Children without parental care
- Children in justice systems
- Children in emergencies
- Sexual exploitation and abuse of children

# Intersection with Health Care

- Opportunities for identification of and to provide direct care to vulnerable children
- Advocacy
- Address whole picture



# The health care professional

- **Ecobiodevelopmental model:** understanding the social, behavioral, and economic determinants of lifelong disparities in physical and mental health.
- A growing scientific knowledge base links childhood toxic stress with disruptions of developing systems
- These disruptions can lead to lifelong impairments
  - learning, behavior, both physical and mental health.
- Comprehensive medical homes
- ACE study

# Acute Crises

- Humanitarian Crisis:
  - natural disaster
  - armed conflict
  - Widespread disease
- Separated and unaccompanied children



# Acute Crises

- Assess and meet physical needs & medical problems
- Psych First Aid
- Establish routines
  - Meals, school, bedtime
  - Restores sense of security
  - Basics of life are predictable – recovery easier
- Ensure child protection
  - screen caregivers
- Family reunification

# Psychological First Aid

- Establish human connection in non-intrusive compassionate manner
- Basic information-gathering techniques help providers make rapid assessments of survivors immediate needs, concerns and to implement supportive activities in a flexible manner
- Evidence-based, field-tested strategies applied in a variety of situations
- Supports adaptive coping skills, empower survivors, encourage taking active role in recovery

# PTSD and War Violence

- Twelve-year follow-up study of Khmer youths who suffered massive war trauma as children,
- PTSD & depression persists, but not necessarily significantly debilitating
- Trauma Symptom Checklist

# Long term Issues

- Acute crises often develop into long term problems – be prepared, think ahead
- Increasing risk of vulnerability and poor outcomes
  - Orphans
- Chronic deprivation
  - Malnutrition
  - Education
- Mental health, Developmental Traumatology
- Chronic Stress

# Institutionalization

- Should not be the first option,
- BUT occasionally is the only option
- Short-, mid-, long-term
- Prepare for transition immediately
- Majority of children in residential care are not true orphans
- Has become a coping mechanism for impoverished families

# Health risks associated with institutionalization

- Psycho-social deprivation
- Physical and sexual abuse
- Inadequate medical care
- Environmental toxins
- Malnutrition
- Infectious diseases

## Long Term Effects of Malnutrition

- Prospective, longitudinal cohort study
- Exposure group: 185 children with severe malnutrition during the first year of life
- Control group: 185 children with no malnutrition
  - age, environmental and socio-economic factors
- Inclusion criteria
  - no subsequent episodes of malnutrition
  - intact families

# THE GALLER STUDY

## Long Term Effects of Malnutrition

- No significant difference in physical growth
- Children exposed to malnutrition had an increased risk of cognitive deficits
  - learning disabilities, attention deficits
  - noted at 9 - 10 years of age

# Six Basic Services

- Health care, disease prevention
- Education
- Food & nutrition
- Financial support
- Legal services
- Psycho-social support
- BUT NOT enough to balance the disruption of attachment & psychosocial stability

# Developmental Delay

Rule of thumb:

- Institutionalized children experience 1 month of mixed developmental delay for every 3-4 months of institutionalization

# Early Cognitive Development

During the first three years of life, brain development crucial to focusing attention and cognitive skills

- planning
- problem solving
- critical thinking
- good judgment

# Comparison of family foster care to institutional care

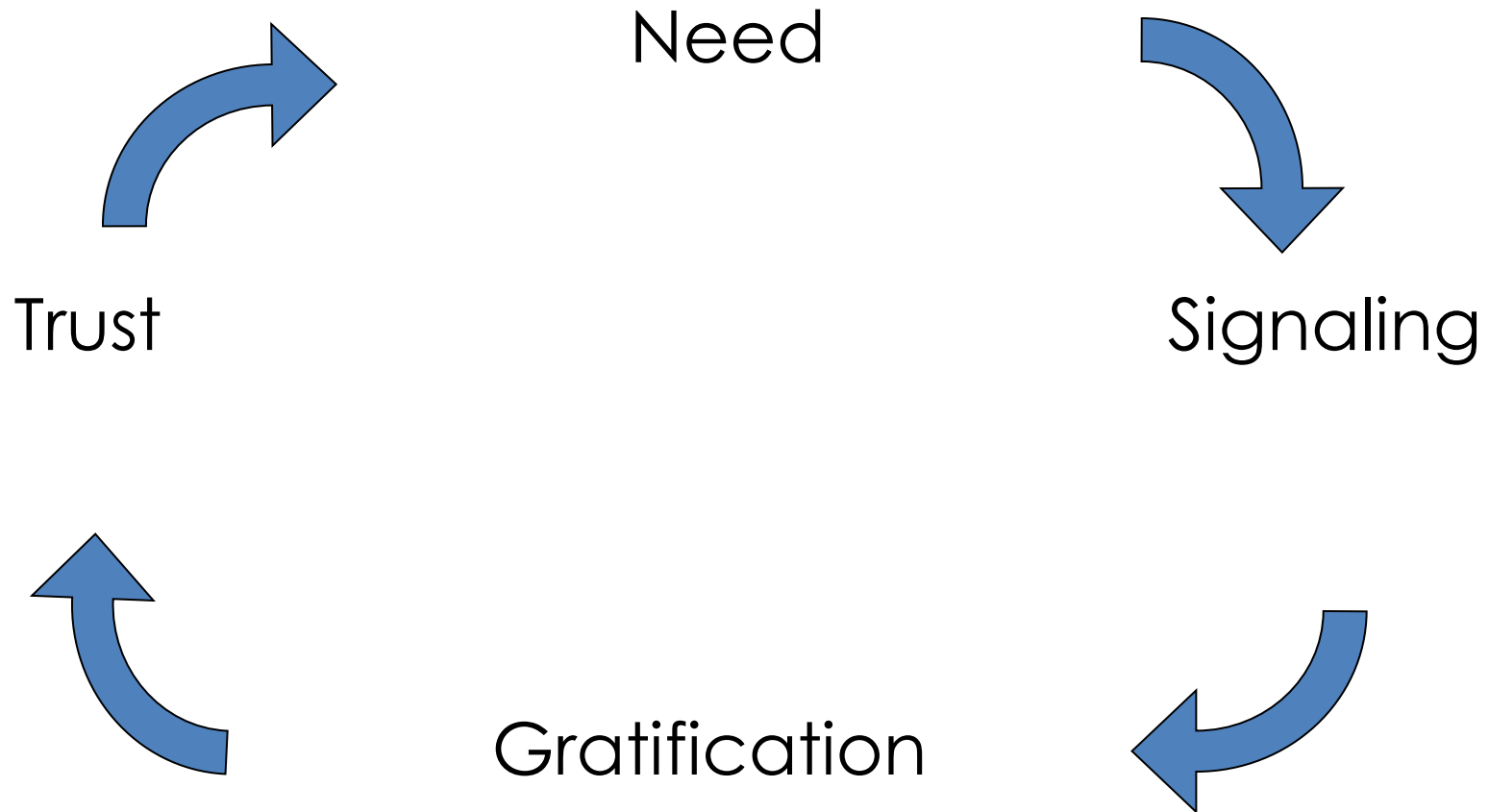
## ❖ FAMILY CARE

- Love
- Affection
- Structure
- 1:1 attention
- Individual focus
- Belonging to an extended family
- Stimulation through relationships

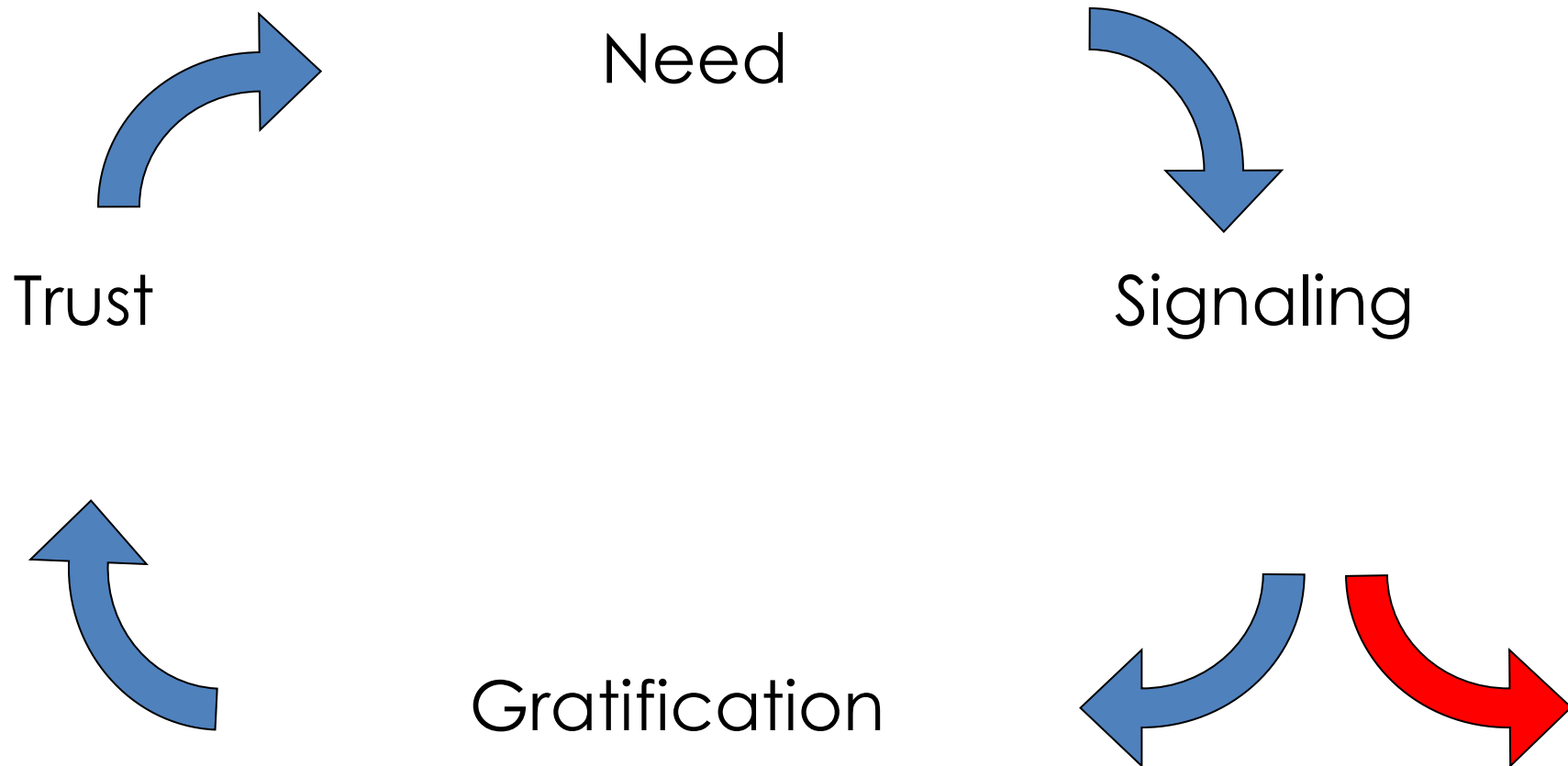
## ❖ INSTITUTIONAL CARE

- Acceptance, tolerance
- Distance
- Routine
- 1:8-1:35 attention
- Group focus
- Belonging to/ identifying with group
- Stimulation through programs

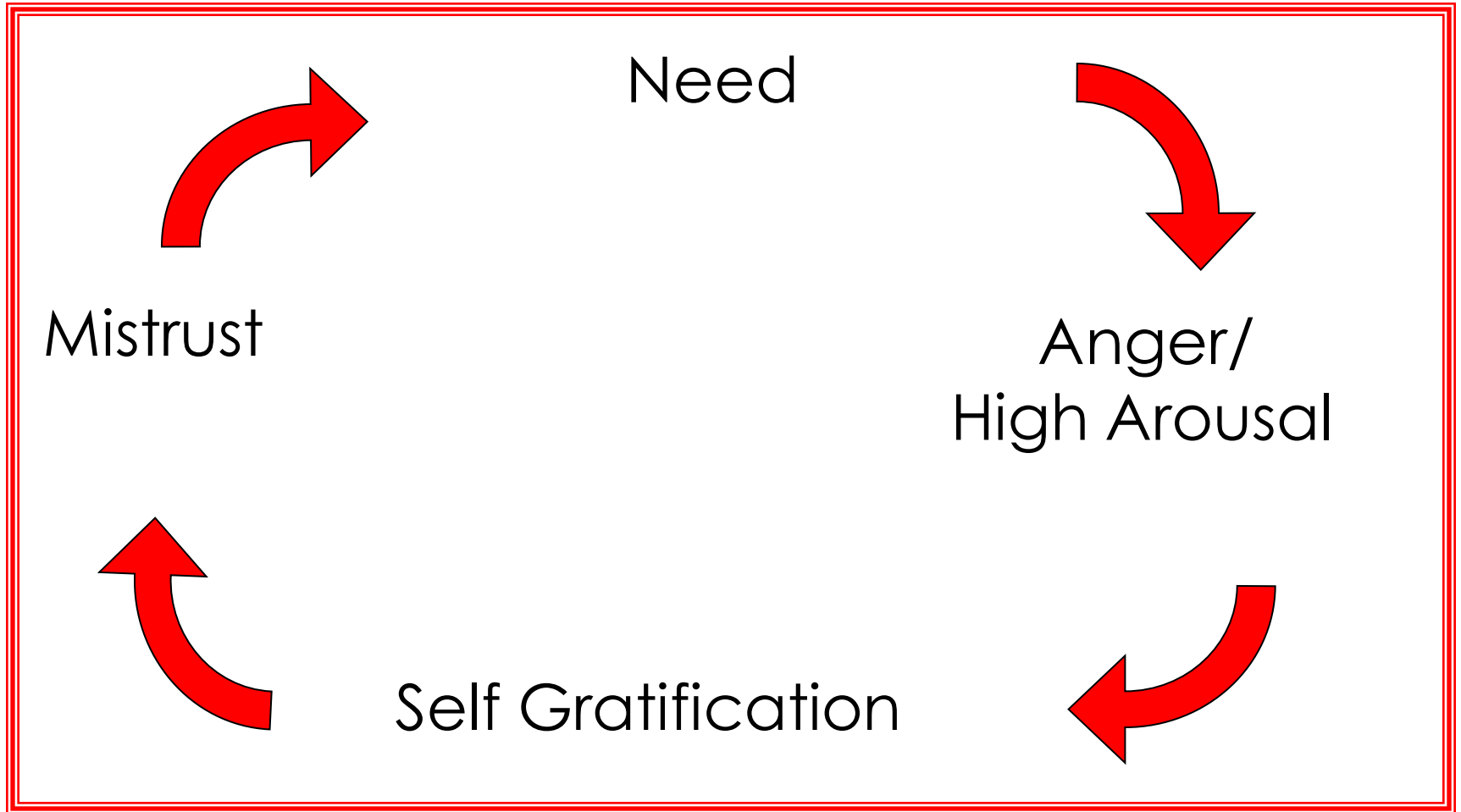
# Critical Cycle of Bonding



# Aberrant Cycle of Bonding



# Abnormal Attachment



# Common Behavioral Problems

- Attachment disorder
- Tactile Defensiveness
- Feeding and eating disorders/behaviors
- Stereotypical behaviors
- Lack of self-regulation
- “ADHD/ ADD”  
(Hypervigilance)
- Sleep difficulties
- “Autism”
- PTSD
- < 3yo greatest risk

# Can they catch up?

- The longer a child is in the institution, the more unlikely they are to completely catch up to their peers
- BUT: Children placed in fostering and adoptive settings begin to show catch-up in all areas nearly immediately and continue to catch up for months and years following removal from the institution
- Bucharest Early Intervention Project

# Adoption: the child-centered approach

Adoption is about finding  
families for children

NOT finding children for families

# Summary:

## Challenges facing OVCs

- Difficulty in accessing basic services- such as health, education, food, legal, financial and psychosocial services.
- A very limited choice of livelihood strategies and means of generating income.
- A tendency to rely on negative coping strategies, such as early marriage, commercial sex or harmful forms of labor.
- A heavy responsibility, particularly for children who are heads of household, for the survival and wellbeing of other members of the household.

# What NOT to do

- Rush to be present to give aid UNLESS previously approved and called up
- Be a voluntourist/orphan-tourist
  - Most volunteers are ill-equipped to properly care for traumatized children
- Support orphanages that do not support children

# What you MAY do

- Support children & strengthen families
  - Consider alternative family placement before institutionalization
  - Support educational opportunities
- Do homework on organization before getting personally/financially involved
- Remember child participation & child protection
- Encourage partners to address child protection issues before child protection becomes an issue

# What you MAY do

- Read and dig deeper than CNN HLN
- Get trained as a child mental health specialist, social worker, or health care professional working with vulnerable children
- Support youth centers
- Discover the passion that God has creatively wired within you

# 12 strategies for Supporting OVCs

1. Focus on the most vulnerable children, not only those orphaned by HIV/AIDS.
2. Strengthen the capacity of families and communities to care for children.
3. Reduce stigma and discrimination.
4. Support HIV prevention and awareness, particularly among youth.
5. Strengthen the ability of caregivers and youth to earn livelihoods.
6. Provide material assistance to those who are too old or ill to work.

# 12 Strategies for supporting OVCs

7. Ensure access to health care, life-saving medications, and home-based care.
8. Provide daycare and other support services that ease the burden on caregivers.
9. Support schools and ensure access to education, for girls as well as boys.
10. Support the psychosocial, as well as material, needs of children.
11. Engage children and youth in the decisions that affect their lives.
12. Protect children from abuse, gender discrimination, and labor exploitation

# Resources

- Better Care Network
  - <http://www.crin.org/bcn/toolkit/>
- Christian Alliance for Orphans
- Faith to Action Initiative
  - <http://www.faithbasedcarefororphans.org/>
- Psychological First Aid. National Child Traumatic Stress Network

# Resources

- Karleen Gribble. The post-institutionalized child. *The Benevolent Society*.
- Eva Holsinger & Anna Mandalakas
- Sack WH, Him C, Dickason D. Twelve-year follow-up study of Khmer youths who suffered massive war trauma as children. *J Am Acad of Child & Adol Psychiatry*, Vol 38(9), Sep 1999, 1173-1179.

# Resources

- Galler J, *et. al.* Infant Malnutrition Is Associated with Persisting Attention Deficits in Middle Adulthood. *J. Nutr.* April 1, 2012.
- Cambodia's Orphan Business  
<http://www.aljazeera.com/programmes/peopleandpower/2012/05/201252243030438171.html>

# Resources

- Orphanages Not the Solution  
<http://orphanagesno/index.html>
- Child Safe Network <http://www.childsafe-international.org/>
- Child Info [www.childinfo.org](http://www.childinfo.org)
- Families Not Orphanages  
<http://www.ccainstitute.org/images/stories/pdf/families%20not%20orphanages.pdf>

