As AACAP celebrated its 60th Anniversary, we became aware of how much our organization has grown over the decades; not only in the number of members domestically, but also in the expansion of international members. We are in the unprecedented position to significantly influence the well-being of children all over the world. We are living in an era of globalization, a time in which we can communicate and collaborate quickly and efficiently across oceans and continents.

In her Plenary Address, “Partnering for the World’s Children,” our new president, Paramjit T. Joshi, MD, highlighted the importance of collaborating with our colleagues from other countries. It is her presidential initiative to embrace our colleagues globally, to share our resources for the mental well-being of children around the world, and to learn from our international colleagues. She plans to evaluate AACAP membership categories and structure to make it more inclusive; to have our Training and Education Committee share information globally through a user-friendly website; and to partner with global child and adolescent psychiatric organizations.

At a time when the United States is becoming more ethnically and culturally diverse, it is imperative that we, as child and adolescent psychiatrists, understand the background and values of our patients and their families. Dr. Joshi is the most appropriate leader for our times. In her address, she told us how she, as a child growing up in India, witnessed the disruption of families caused by the partitioning of her country. Later as a young adult, she saw opportunity in the challenges set before her in her new country, the United States.

Overcoming obstacles, Dr. Joshi soon became a leader in the field of child and adolescent psychiatry. She is a model for all of us when it comes to the art of incorporating all that is good from different cultures. Her leadership will be valued and appreciated in the years ahead as we, the members of AACAP, tackle the challenges before us. There is much work to be done, here in the United States and everywhere else in the world, if we are to provide our children and adolescents with accessible, innovative, and effective mental health care.

The International Symposium, “Violence and Children’s Mental Health: Experiences from Africa” provided some clear examples of the serious problems facing children there today. Children remain at very high risk for being subjected to violence and abuse. The purpose of the symposium was to reinforce the stereotype of Africa as a dark and violent place. Rather, the focus of the symposium showcased the work being done in Africa by child psychiatrists who are dedicated to the children they care for.

Maha Emadeldin, PhD, of Beni Suef University, Egypt, helped us to understand the mental health issues of 17 children who lost a parent in the violent events of the early days of the January 25, 2011, Egyptian Revolution, which led to the death of 225 people and injuries to 1,368 individuals. At one year after the loss of a parent, 76% of the children suffered from mental health problems requiring clinical attention. The children were noted to have more internalizing than externalizing difficulties.

Increase Ibukun Adeosun, MBBS, of the Federal Neuro-Psychiatric Hospital, Yaba Lagos, Nigeria, explained the problem of sexual abuse in Sub-Saharan Africa. After reviewing the literature pertaining to sexual violence victimization, Dr. Adeosun shared his research involving 189 school children using a mixed-method approach. He explained the strong cultural taboo of discussing sexual matters and how that norm, as well as others, contributed to the fact that only 9.2% of the children in his study reported a sexual violation. The sexual violence was reported primarily to friends and only a very small percentage was reported to authorities.

In a second presentation, Dr. Adeosun asked the question, “At what point do we cross the boundaries of harmless discipline and violence?” This is a question all child and adolescent psychiatrists must reflect upon no matter what our national origin. In a pilot study to assess the prevalence of any sort of violence victimization in a group of school-aged children in Nigeria, Dr. Adeosun discovered that 81% of the children had been victimized. The most prevalent forms of violence were bullying and corporal punishment. The prevalence of mental health problems was significantly

continued on page 40