

VIOLENCE

AGAINST CHILDREN

Violence against children impedes their development and violates their rights. To raise a call that it be stopped, the United Nations conducted a Global Study on Violence Against Children. This involved nine regional consultations; in June 2005, a delegation from East Asia and the Pacific, including children, met to discuss how children experience violence at home, in communities and on the streets, in educational settings, in institutions, in work situations, in conflict with law and in the on-line environment.

In East Asia and the Pacific, a coalition of regional agencies is working to raise awareness of the issues and explore solutions. As part of this, a series of monthly newsletters is examining a key issue of the UN violence study (global report published in October and available at www.violencestudy.org), providing background, highlighting progress, sharing key facts, figures and resources, as well as introducing agencies, activists and children in the region who are leading the push to end the violence.

Children speak out

Save the Children Sweden asked children in Mongolian institutions how they were punished.¹ Their responses were unexpected and shocking:

- Adults “stomping” on a child’s “liver area” (stomach);
- Being forced to the ground;
- “Diagramming” (bullying):

Forcing children to stand in the hot sun all day or in a squatting position, mopping the floor all day or lining up for a head count at one- or two-minute intervals.

“Once I went to the toilet, without knowing that it was time for lining up for the head count. When I came out of toilet, the supervisor hit my head against the wall many times.”

- “Gasping for air”, which is also called “getting drugged” or “glucosed” (which would probably be “winded” in English); in other words, being punched “in the liver, on the face, arms or calf muscles.”

- Use of a rubber baton to hit children on the arms, legs and backs. *“The supervisors hit us with a rubber baton on our neck, legs and arms. If there is no rubber baton around, they use their belts to whip our backs. When we cry, we are yelled at to shut up.”*



Credit : World Vision/Justin Douglass

This Mongolian boy, orphaned when he was a year old, has never known the inside of an institution because other relatives stepped forward to care for him. He is lucky; violence within Mongolian residential child care is reportedly systematic and brutal.

Inside children's institutions

“You have to help us,” the 12-year-old boy pleaded to the Save the Children officers visiting the residential care facility where he lived in Fiji. “I was placed here for protection because I was living on the streets. But boys like me are mixed with the bad boys and we can’t even bathe or sleep properly because we are scared of getting stabbed, assaulted or something like that.”

Despite the guise of protection, the incarceration of this young boy actually has increased his exposure to violence. It is a story echoed around the region where, in too many institutions or “alternative” facilities throughout Asia and the Pacific, children are unable to escape the physical, emotional and sexual violence that goes unreported and unnoticed.

» *continued pg.2*

Inside:

- P.2** Defining institutional care
- P.4** Abandoned in China; protective care begins at home
- P.5** Country innovations
- P.6** Opinion: Ask the children what is happening
- P.7** Articles and angles
- P.8** Further reading; Global study, regional focus

¹From *What Children Say*, Beazley, H., Bessell, S., Ennew, J. and Waterson, R./Save the Children Sweden, 2005, www.vaceastasiapacific.org/images/whatchildrensay.pdf

Inside children's institutions » *continued from pg.1*

As with the Fijian boy, children in most cases are placed in alternative care “for their own good”, implying that their lives have already contained sufficient hardship and trauma to dislocate them from family and community. Of all children, they are most likely to need support, protection and specialized nurturing care. Yet current institutional practices fall far short of delivering it.

Children in alternative care are products of a variety of abusive backgrounds. Some may have been removed from their family to protect them from violence or from the streets where they are considered “homeless”. In some cases, children are housed with criminals because there are no other facilities for them, including children waiting to give testimony in a legal proceeding for a crime in which they were the victim.

Others are abandoned or given up by their families who can no longer cope with them. A large proportion of children with disabilities fit this category, living long term in hospitals or institutions of varying standards, many of which do not offer rehabilitation, education or community integration.

Children housed by the state typically have no parent or relative who will show interest in their well-being or demand the monitoring that has been agreed to

as part of the Convention on the Rights of the Child. Staff are often unskilled, unmotivated and poorly paid. Children are neglected, underfed, beaten, threatened and sometimes exploited.

In Mongolia, research carried out for a comparative Save the Children Sweden study revealed forms of systematic corporal punishment unique to institutional facilities, including beatings with a rubber baton, stomping on children's chests and abdominal areas and all-day floor-mopping sessions. “They use the Mongolian proverb, ‘When one cow rattles its horns it causes the horns of a thousand cattle to rattle’,” explained a 15-year-old boy, “as a reason to force all of us to do push-ups, or squats or keep our hands in the air – because one person does something wrong.”

Another boy was saddened by the deliberate stigmatization that was part of his abuse. “In addition to beating and hitting us, our teacher also insults our family background. He says, ‘You can't just leave, you have nowhere else to go.’”

Whether or not the children could go elsewhere is usually not relevant; they are rarely asked where they would like to live. They are not always told how long they will stay, nor what will happen to them after they leave. And, as with the desperate young boy in Fiji, they have no

way to complain or change their situation.

Alternative care is necessary and desirable; children who have no chance for a safe family upbringing need somewhere else to go. Unfortunately, not all state welfare systems have mechanisms in place to assess children on a case-by-case basis. The most acceptable options are widely recognized to be foster care or group home living. However, it is not just state systems that can be apathetic; communities do not always support fostering, especially if there is stigma associated, as in the case of HIV-positive or street children or children recovering from sexual abuse or drug addiction.

While efforts are made to keep children out of institutions, the reality is that thousands of them currently have nowhere else to go. For this reason, better conditions are urgently required. This means a cleanup of the abuse and minimal standards found in facilities, both state- and privately run. More attention must be given to training and screening of childcare workers, regular reviews of children's situations and treatment, plus encouragement and protection for children and adults willing to speak out against the violence they witness inside these facilities.

Defining institutional care

Schools and even families could be considered institutions in which most children spend the greater part of their childhoods. These settings were explored elsewhere in the UN Study on Violence Against Children; this issue examines violence in institutions provided for children whose families cannot or will not care for them adequately, or who are shut away from society because they are regarded as delinquent, or are sick or have a disability. These institutions include orphanages, children's homes, prisons, reform schools and hospitals.

Although states are obliged under article 5 of the UNCRC to monitor children's welfare in any placement outside their families, they rarely fulfil this function, with the result that such hidden children are particularly vulnerable

to violence from ‘carers’ who may be untrained and unsupervised.

Residential care: In most countries there are many different types of residential children's homes and orphanages, managed by the state, by voluntary or non-government organizations including faith-based groups or private bodies. While most are bound by national legislation, some may have additional policies to protect the children in their care while others provide the bare minimum.

Protective custody: Children who are to testify as witnesses against alleged adult abusers are sometimes placed in institutions to protect them until the trial date. In many cases, due to lack of alternative facilities, this means housing them alongside adult criminals or juvenile offenders, where their surroundings place

them at risk of further violence. Child victims of trafficking or children with unclear immigration status may also be placed in institutions. Without any formal charge against them, some children are forgotten and can wait months or even years to be freed.

Temporary housing: Children displaced or separated from their parents by war or disaster are sometimes housed in camps or other forms of temporary housing. In many cases, these are community-based initiatives where children on their own may not know how to access food, shelter or medical treatment and are at risk of exploitation. For this reason, children-focused agencies often step in with children-friendly spaces, registration and monitoring of children on their own and with assistance to locate relatives.

» *continued pg.3*

Defining institutional care » *continued from pg.2*

Hospitals: Children with mental and physical disabilities are sometimes admitted to hospitals because of their medical and special care needs. These facilities range widely in quality. Staff may not be medical or childcare professionals. Especially in countries where government resources are overstretched, children in state-based hospitals may not receive physiotherapy and other forms of care specific to their disability, nor the opportunities for education or community interaction. This makes it less likely that their conditions will improve or that they will be able to learn to look after themselves as they grow older. In fact, many children lose any progress they may once have made.

Rehabilitation: Children who have been through certain traumatic experiences, for instance brothel work, drug addiction or enslavement, are often brought by police and other rescue agencies to state or NGO rehabilitation/reform centres. Here the protection from past negative

influences is well-meant, but discipline and treatment can be harsh. Security measures are akin to those of prisons. Constant criticism of past behaviour as wrong or bad can contribute to shame, guilt and negativity in children.

The best alternative: In many countries, foster parenting is encouraged as an alternative to children's institutions for orphaned or abandoned children and in some countries is government-subsidized. There are many successful examples of short-term and long-term fostering, although there are also cases of inadequate and harmful situations, such as physical, emotional and sexual abuse and/or forced labour within foster families. However, with appropriate state-based procedures in place for vetting and monitoring child placements, fostering provides the same level of protection from violence as a home with biological parents or adoptive parents.

Victim of the system

In Fiji, a 12-year-old girl was allegedly sexually abused by her uncle with whom she was living and then later by another older relative. The case was referred to the police who interviewed the girl and the social welfare department responded quickly and appropriately to remove her from her home. It took six months for the police to charge the uncle. Then every few months, the girl was taken away from the institution she'd been placed into, to attend a court four hours' drive away as the victim/witness, only to have the case repeatedly adjourned. It took more than three years – until the girl was 15 – for the uncle to finally change his plea to guilty and the case to be finalized.

During that time, the girl was forced to relive the trauma every five or six months, with no contact from her family and no counselling. She was 18 months behind in her schooling, had no idea of what the future held and was never advised of what was happening except a couple of days before a trip to court. Her welfare worker never made contact except on the court day. She lost her family and friends. No one tracked the case or pressured the system to act. In her words, "No one was on my side."

As she left court on the day her uncle entered his plea of guilty, the police prosecutor told her they had recently charged the other alleged offender and she would be required to attend the court as a witness the following month. She had already spent almost a quarter of her life going between institution and court, uprooted from her community and constantly reminded of her past. Like so many other victims of sexual assault, she withdrew her statement and refused to give evidence.



Credit : World Vision/Katie Chalk

These fostered girls have violent pasts: one sexually abused by a relative, one trafficked into the sex trade. For the past three years they have lived with a loving family in Phnom Penh, Cambodia. "We were friends to start with," says one of them, "but now we are sisters. It's much better."

Abandoned in China - Xiao Yi's story

China is proud of its institutional care and its policy of adoption and short- or long-term fostering to keep children, and the costs of raising them, in the community. But state welfare has difficulty in keeping up with the never-ending stream of abandoned babies, mainly girls and especially girls with disabilities. It can take two to three months to register the baby, conduct a search for the parents (usually unsuccessful as abandonment is a criminal offence and parents risk jail or a major fine), assess her health and find an appropriate facility to care for her.

This delay often causes damage to the baby's development. Even healthy babies fall behind on muscle tone and interaction. For those with disabilities, the two or three months without therapy or play plus insufficient food can be life threatening.

Xiao Yi was one of those babies. Abandoned by her parents, Xiao Yi was diagnosed with cerebral palsy and epilepsy and eventually brought to a non-government children's home. She was around 8 months old and, at 6 kg, a little over half the weight that she should have been at that age. Her hands and limbs were positioned at odd angles and she had difficulty in breathing, opening her mouth or swallowing. It took around an hour to feed her each mealtime. As no staff at the

state institution had been allocated to invest this time in her well-being, she had been slowly starving.

Staff from World Vision's Tianjin Children's Rehabilitation Program designed a rehabilitation plan for Xiao Yi to strengthen her muscles and responses. They used physical therapy to stretch and exercise her wasted limbs, plus soft combs, vibrating toys and balls to stimulate her sensations. Her diet was monitored and painstakingly fed to her and after three months she was weighing in at around 10 kg.

A year later, small victories such as her ability to lift light objects, listen to music and laugh, encourage the staff. They hope, though it's too soon to tell, that she will be able to speak and walk when she is older. At that stage, the World Vision staff will work with the Government to place her in a small group home, with a trained caregiver and other children with disabilities.

NGO facilities like these give the government of China alternatives to state hospital or institutional care for children like Xiao Yi. But an abandoned girl child with disabilities is unlikely to receive priority treatment in state care, anywhere in the world. Girls like Xiao Yi typically don't survive to this age.

Protective care begins at home

In an ideal world there would be no need for institutional care. Because of violence, abuse, neglect and ignorance within communities and families, affected children need somewhere safe to go. Removing children from their parents for their own safety is an important state right. But the recognition and prevention of the threats to a child in a family environment is an important state responsibility.

The state health system can be used effectively to track and reduce home violence. It gives health care professionals access to children at all stages of their development, from under-5 child health clinics through to primary and secondary school health programmes. It can track and address community trends, such as poor overall nutrition or hygiene neglect, or high levels of non-accidental injuries in children. It can intervene in individual cases where home abuse is revealed.

But few health care systems are set up adequately to take on this responsibility. UNICEF and the World Health Organization are calling for greater emphasis on identifying violence through health programmes, proper training of staff, encouragement to increase family participation at under-5 health clinics and access to counselling and working with parents on alternatives to violence. Contact: *Steven Attwood, UNICEF Regional Child Survival Advisor, sattwood@unicef.org*



Credit: World Vision/Johnny Lo

After a year of intensive rehabilitation, Xiao Yi, nearly 2 years old, delights the staff at Prince of Peace with her smiles and giggles.

Country innovations

Improving infrastructure – Myanmar

World Vision recently signed an agreement with the Ministry of Social Welfare in Myanmar to help hundreds of people with disabilities and by providing basic infrastructure to the institutions that care for them. The agreement will result in new buildings and the renovation of current structures, including office buildings, classrooms, training halls, playgrounds, dormitories and water tanks. The centres will be provided with desks, chairs, blackboards, stationery, beds, toys and musical instruments, depending on their specific needs.

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Sheltering HIV-positive children – Thailand

Thailand has the largest number of children orphaned by AIDS; in addition, many of them who were born with the virus have been stigmatized and rejected by their communities. Many HIV-positive children are living out their lives in isolation wards of hospitals because nobody else will accept them.

In 1997 in south-east Thailand, a Thai pastor and his wife set up the House of Grace to offer shelter to children affected by HIV. Although Pastor Kitisak was ostracized by his congregation for his association with the children, he continued with the project, and now provides a home for more than 20 children aged 2–12. Not all of them are HIV-positive. The House of Grace also offers shelter and medical advice to mothers with HIV and works to assimilate its residents with the community and reduce stigma associated with the virus.

Website: www.houseofgracethailand.com

Safe house – Cambodia

World Vision's Neavea Thmey trauma centre in Phnom Penh assists sexually abused and trafficked girls to recover from their ordeal and find the strength and skills to lead a normal life. Girls aged between 8 and 15 spend up to a year inside the safe walls of the centre, learning and playing and, with the assistance of counselling, slowly coming to terms with their past. Girls who are willing to help in the prosecution of their abusers receive child-focused legal advice and emotional support. An important part

of their rehabilitation is assistance with returning to their community, ensuring they have skills and knowledge to protect themselves from further violence. If returning home puts the girls at further risk of abuse or retribution, then alternatives such as foster care or group homes are sought. Contact: *Haidy Ear-Dupuy, World Vision Cambodia*, haidy_ear-dupuy@wvi.org



At the trauma centre in Phnom Penh, sexually abused or trafficked girls are surrounded with familiar, comforting influences, like this puppy.

Credit: World Vision/Jon Warren

Inside government shelters – Thailand

The Center for the Protection of Child Rights (CPCR) is helping to implement new case management legislation into government homes for trafficked children in Thailand. Of particular emphasis has been an improvement in qualified staff, including more experts outside the shelter, such as psychiatrists from local hospitals, lawyers from the Ministry of Justice and teachers from the Ministry of Education. Cases are monitored by teams of professionals rather than a single social worker.

CPCR social workers and psychologists also follow up on cases that CPCR has referred to the government home. The CPCR advisory team visits the shelter home monthly to discuss difficult cases and check the progress of implementation of the new approaches.

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Government lifts standards – Philippines

Clear, strong policies and guidelines from governments can help to prevent violence in state institutions. The Philippines has 361 residential care institutions, managed and operated by government and non-government organisations, providing 24-hour care for poor, vulnerable or disadvantaged

children and families. Under a recent administrative order, these institutions must conform to standards contributing to safer, better protection and facilities for children in care.

Administrative Order 141 addresses staff/child ratios, laws for selection of personnel and systems for handling complaints including from affected children or from witnesses of violence. Children must be offered structured and child-focussed activities and education, and be free to move around, never locked in rooms. The laws apply to both government and NGO sector.

As a result, violence against children has led to penalties for eleven non-government organisations over the last four years. Staff accused of abuse have been jailed under the terms of the Anti-Child Abuse Law. Some institutions are being closely monitored for further infractions, and four have been closed down altogether.

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Family cottage-type care provides better protection

A better alternative to institutional care is to create a family-like environment where children receive more individualized care, for instance cottage-type care. A small number for children live together in a home environment where they receive the guidance and protection of parental figures and remain part of the community. In this way, they retain their ethnic, cultural and religious identities.

UNICEF has been instrumental in supporting this type of family and community-based care, working with government departments to set up “family cottages” in Malaysia, Myanmar and Indonesia. Courts and government welfare departments utilise and in some cases fund these “family cottages”, which usually house between eight to ten children. In Jakarta, Indonesia, the government has also provided a shelter where mothers and children can stay together, an innovative approach for families affected by trafficking or domestic violence.

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» continued pg.8

Ask the children what is happening

An opinion piece by David Evans, Australia/Fiji Law and Justice Program

In Fiji, corporal punishment of children in care is illegal. If physical force or inhuman confinement is used on a child in care in this country, then it is considered as abuse under the Juveniles Act. No caning, no hitting, no whipping or punching is allowed.

That is not bad for legislation that is over 50 years old. But having a clear law in place does not mean that it is enforced. Often the only way to find out what is going on is to ask the children.

In 2004, I was working with UNICEF in a child participation workshop about a new charter to protect them. We gave groups of children in one Fijian institution a charter item to translate into rules that made sense and offered practical improvements. They handed back to us suggestions such as "employing security guards" and that "there shouldn't be any dangerous animals kept at the home".

Then one group of girls told us, "Staff should put the boys in the [solitary] cell instead of punching them."

This was particularly disturbing because not only were we previously assured that physical punishment was never practised and that the solitary cell was never used, but because the children at the institution accepted that this was a normal and permissible standard of treatment.

Further probing with the children revealed that some staff routinely punch children for an infraction of the rules and the cell mentioned clearly contravened the provisions of the Juveniles Act. It is 1.3 m by 1.7 m, dirty, dark, with concrete

floor and walls, no natural light or ventilation, no furniture or bedding except a piece of foam at night. Although it was not frequently used, just a couple of weeks before the workshop a 12-year-old boy had been put in the cell for 24 hours for fighting.

The children went on to tell us, and the staff later confirmed it, that they were smacked for not making good grades in school or forced to stand on a chair to be told in a publicly humiliating way that they were stupid. One girl was smacked in front of others because she told lies. The lie she told to another girl was that her dad was some day coming to fetch her and take her home – when in fact her father was dead.

Why do people in authority use force or embarrassment to get children to do what they want? Is it because they don't know any different? Don't they know it is wrong and harmful? Is it lack of training? – The answer to all these questions is probably "yes". But in my experience, most staff are genuinely caring people. They are not ogres. So why does it happen?

Part of the reason is because it seems to get instant results – they are seen to be doing something to correct unwanted behaviour and they feel they are in control. It is also easy.

In an institutional environment where children receive mainly negative attention from adults and are left to make their own conclusions on appropriate behaviour, violence teaches young people some dangerous lessons. If you're bigger, stronger, in a more

powerful position, then you can impose your will on others by force. Aggression is normal and acceptable – it is an adult thing to do. We encourage bigger kids to act violently towards younger, more vulnerable kids. We teach prospective parents that it's okay to hit their children. We teach young men that it's acceptable to beat their wives.

Since our study inadvertently revealed the extent of violence in that institution, the cell has been taken out of use, a zero tolerance policy on violence has been introduced and staff have responded well to training and support on positive encouragement of the children in their care. This has already produced a marked change in the way children relate to staff and on the children's behaviour.

This shows that Fijians recognize the problems and are able and willing to address them. It also shows that documents, plans, legislation and agreement are all useless unless there is a concerted effort to make them a reality. Children in care are too easily forgotten. We need to create a system that really does offer them care and protection, plus the opportunity for a productive fulfilling life.

David Evans works for the AusAID-funded Australia/Fiji Law and Justice Program. His full presentation on treatment of children in juvenile justice and institutional care is available online <http://www.vaceastasiapacific.org/images/uniceflaw.doc> and he can also be contacted for information or comment: davidevans@unwired.com.fj

Raising the standards in reporting

The International Journalist Guidelines for Reporting on Issues Involving Children www.ijf.org/default.asp?index=192&Language=EN provide good direction for journalists. In addition, Knowing Children www.knowingchildren.org gives the following advice:

- Reporting on violence in institutions quickly runs up against issues of access. Many facilities are privately run, but all institutions have "rules" for who can enter and who can talk with the under-aged residents. While these rules may be there for security, they also serve to mask abuse and neglect. Every child resident of these institutions has rights and the media can help in determining whether those rights are being respected.
- As always, children know better than anybody how they are treated and

what should change. Children with disabilities, in particular children with speech impediments, are rarely subjects of media interviews. Communication with them is by nature slow, but it is valid and fascinating. Take the time.

- Labelling children as "disabled", "street children", "delinquents" and so on can unwittingly provoke judgement or negativity among the audience. Make sure that descriptors used are of circumstance and not of the children themselves.
- The industry is in need of "whistle-blowers" – staff who have witnessed violence and violations within institutional systems and who are prepared to talk about it. Many are hesitant to do so because of fear of losing their jobs or being identified as key witnesses in proceedings.

Anonymous sources contribute less significantly to quantifiable evidence of the problem than willing spokespeople. Encourage participation in interviews by explaining the extent of violence in institutions, plus the volume of agencies and civil society groups working to address it.

- Growing up in an institution continues to stigmatize children. In seeking to expose the abuse or inhumane treatment of children, journalists need to remember that protection includes the impact that a media story might generate. When talking with children about their experiences, inform them first how that information will be used and make sure they are comfortable with that. If there is any doubt, do not name them or give details that could identify them.

Articles and angles

Adoption must be monitored

Typing “international adoption” into an Internet search bar will bring up literally thousands of web sites, some of which urge prospective parents to rush. “Hurry! Babies are waiting...” signals one site.

The demand is sometimes met by unscrupulous means. In 2004, a high profile adoption broker in the US was found guilty of taking up to 700 Cambodian children away from their families to supply the developed world market.² Indonesia has been criticized by the UN Committee for the Convention on the Rights of the Child for not providing “sufficient safeguards against abusive practices, including trafficking of children.”³ If children are unable to be raised in a family environment in their own culture, what are the guidelines for ensuring they will be protected in another? And how do governments ensure that international adoption is handled sensitively, ethically and with the best interests of the child in mind?

Contact: *Laurence Gray, World Vision Asia-Pacific*, laurence_gray@wvi.org

Who are we protecting?

Most agencies regard alternative care in terms of protecting the child. But for some governments, the motivation to remove homeless children from the street has more to do with protecting communities from the threat these children may pose. Ongoing interest in the welfare of a child who has been living on the street is not always on the state agenda. This leads to a tragic cycle: Children leave home because of domestic violence, they then experience violence on the streets from authorities, then end up unable to protect themselves against or escape the violence in the institution where they are placed. Contact: *Don Lord, World Vision Mongolia*, don_lord@wvi.org

Neglect in institutions still happening

After international horror at extreme cruelty and neglect towards abandoned children in Romania in the late 1980s, former Soviet bloc countries scrambled to improve the conditions in their large state-based institutions. Access has improved, allowing child welfare and

protection agents to become involved in monitoring and improvement of state care. But despite all efforts, pockets of abuse remain. Three years ago, the Mongolian government asked World Vision to assist with rehousing and rehabilitation of 25 children who had been discovered in long-term hospital care. The children did not know even basic skills of interactions or self-care including toilet usage. They were covered in infections and rashes, and many had lost use of their limbs through inactivity. As one staff member put it, the children were only “part human.”

Contact: *Burmaa Dorj, World Vision Mongolia*, burmaa_dorj@wvi.org



Ochbataar, 21, spent his entire childhood in a Mongolian state hospital, inactive and without the skills to communicate at even a basic level.

Lost in the system

Children across the region often express confusion when asked about how long they have been living in institutions, how much longer they expect to be there, why they are there or what happens to them next. One girl in Fiji had been placed into a care facility because she had been abused by her father and was still there 18 months after her father died, despite being allowed to attend the funeral.

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Rights recognized for trafficked children

Recent revisions to immigration laws as part of south-east Asia’s COMMIT process mean that child victims of trafficking in the Mekong subregion countries are

protected from criminal charges, for either their illegal migration status or their activities. However, facilities have not kept up with these new laws. While children are not arrested, they are still housed in institutions, occasionally even in prisons alongside juvenile and adult offenders while waiting for anti-trafficking or child welfare organizations to take charge of them.

No trafficked child should be held in detention at any time, and accommodation facilities should not resemble jails. How are countries in the region stepping up to the challenge of treating trafficked children with kindness, sensitivity and consultation about their future?

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Australia’s shame – children in detention

Australia’s creative redefinition of its borders and asylum policy has led to strong international criticism. Perhaps the most emotive of the rights violations has been the treatment of children who arrived between 1992 and 2005 seeking asylum. Housed indefinitely in high security prison facilities in Australia’s desert or on neighbouring non-Australian islands, over 2000 refugee children witnessed and experienced violence by guards, hunger strikes, self-mutilation, fires and riots. In July 2005, after massive public campaigning, the last child was moved to community-based housing. But the laws that made it possible to detain children behind razor wire are still in place.

Stories from the children in detention www.chilout.org/information/childrens_cases.html

“I am getting crazy, I cut my hand. I can’t talk to my mother. I can’t talk to anyone and I am very tired. There is no solution for me – I just have to commit suicide – there is no choice.”

– 12-year-old girl at Woomera Detention Centre, Australia, 2002

² *Adoption Scammer Gets 18 Months in Jail, ABC News November 2004*, <http://abcnews.go.com/WNT/story?id=267559&page=1>

³ *Compilation of Concerns and Recommendations adopted by the Treaty Bodies and Special Procedures, UN Global Study on Violence Against Children, 2005*

Further reading

Child-Friendly Standards and Guidelines for the Recovery and Integration of Trafficked Children, Elaine Pearson/ILO-IPEC Bangkok, 2005. This document explains to care providers what must, must not and what should be done at every stage of the recovery and integration/reintegration process. As States are ultimately responsible for the protection of children's rights, these guidelines are intended to remind government officials of their obligations under international human rights standards; this document includes practical examples from within the region to show what is and is not acceptable toward fulfilling those obligations. www.ilo.org/public/english/region/asro/bangkok/library/download/pub06-04.pdf

"I don't know why they are keeping me here. I haven't done anything wrong. I don't like it here. I want to go home."

– A trafficked boy locked inside a shelter home, 2005.

From: Pearson, Elaine, *Child-Friendly Standards and Guidelines for the Recovery and Integration of Trafficked Children*, ILO-IPEC Bangkok, 2005

What children say: Results of comparative research on physical and emotional punishment of children in Southeast Asia, East Asia and Pacific in 2005

Beazley, H., Bessell, S., Ennew, J. and Waterson, R./Save the Children Sweden, 2005

More than 3,000 children and around 1,000 adults were interviewed from eight countries in the region to create this overview of attitudes and concerns. Results show differences in cultural reasons for corporal punishment as well as in the severity of punishments. However, in all countries there was a major gap between what adults claimed to do and what children reported them doing. www.vaceastasiapacific.org/images/whatchildrensay.pdf

A last resort? National enquiry into children in immigration detention Human Rights and Equal Opportunity Commission Australia, 2004

An comprehensive online report that uses international law to expose the human rights and child rights violations in the Australian government's asylum seeker policy. This report, with massive public campaigning around its findings, was instrumental in freeing all refugee children from detention centres by 2005. www.humanrights.gov.au/human_rights/children_detention_report/

Country innovations » continued from pg.5

Child rights for orphans – Thailand

Since the country's independence in 1948, the Karen people from eastern Myanmar have been in armed conflict with the government. Thousands of Karen children are currently living in refugee camps along the border between Thailand and Myanmar, many of them orphaned by the war.

In 2005 a Karen boy asked a visitor to the orphanage where he was living to find him a copy of the Convention on the Rights of the Child in his own language. As no translation existed, the Thai NGO Knowing Children took on the respon-

sibility of translating, printing and overseeing the distribution of the official text, prefaced by a children-friendly explanation with pictures drawn by a Karen artist.

The translation will be published as a pocket guide in November 2006 and will be available as soft copy on web sites, including www.crin.org and www.vaceastasiapacific.org. The launch is scheduled to take place in the Karen orphanage where the boy who requested his rights still lives, and he will be presented with the first copy. Contact: admin@knowingchildren.org

Global study, regional focus

Participants at the East Asia and Pacific Regional Consultation on Violence Against Children, which fed into the UN Global Study, noted the lack of current statistics on children living in institutionalized or state care. While there should be greater access and research on living conditions in the region's institutions, the participants set as a main goal the provision of family-based alternatives that meet the needs of children and effectively protect them from all forms of violence.

The participants to the consultation also called for:

- Prevention of inappropriate institutionalization of children and prevention of corporal punishment and stigmatization of children in institutions
- Better legislation, policies, strategies, guidelines and standards on the institutionalization of children, including in alternative care. This includes a ban on corporal punishment in all institutions (as well as in schools and in the home) and respect for children's participation in decisions about their care and treatment
- Development of quality programmes and services for children in institutions and to prevent the institutionalization of children
- Agreed-upon guidelines for governments to monitor all children's institutions (government/non-government and private).

In accordance with child protection protocols, names have been changed and/or identities hidden of children who have suffered abuse.

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