Network Established in Cambodia, Oceania, Philippines, Thailand, and Vietnam

From June to July 2003, Dr. Les Spencer, Project Consultant for the Regional Emergency Psychosocial Support Network, visited Thailand, Cambodia and Vietnam to network with people and organizations doing psychosocial work and to collect relevant materials for a planned training module for emergency response teams. A meeting in Bangkok with representatives of local and international NGOs explored possibilities of gaining contacts with groups working in the Thai-Burmese border. In his detailed report, Dr. Spencer described the trip to Cambodia as “very fruitful” with “excellent exchanges” conducted with contacts in Phnom Penh. Meanwhile, some of the contacts that Dr. Spencer met in Vietnam expressed interest in joining the network and recommended potential members. During the three-country visit, Dr. Spencer also gathered various materials, ranging from booklets to CDs.

During his visits to Bangkok, Thailand and Phnom Penh, Cambodia from June 6 to 16, Dr. Spencer met with representatives of various organizations. In Thailand, he met with Catherine Breen of the International Rescue Committee (IRC), Dr. Elizabeth Emerson from the World Health Organization (WHO) – Thailand, and Sally Thompson of the Burmese Border Consortium (BBC). The network consultant also met with the Regional Coordinator of the SEA Coalition to Stop the Use of Child Soldiers, Glenda Ramirez. In Phnom Penh, Dr. Spencer met with representatives of groups that are already members of the regional network. He met separately with Dr. Keli Galabu and Jason Barber of LICADHO, Pidra Chea and Pech Kang Sam of the Vulnerable Children Assistance Organization (VCAO), Thy Chan To, Mao Sok Kim and Loong Boon of the Cambodia Transcultural Psychosocial Organization (TPO), and Dr. Bhoomi of Cambodians.

During his visit at a center run by Cambodians, he witnessed children avidly follow the exquisite move of a young professional teacher from the Cambodian National Dance Academy. He described the center as “enchanting” and a superb model of gently being with children in ways that support psychological integrity.”
Demobilization of Child Soldiers: The Philippine Experience

(Edited excerpt of the paper presented by Lourdes G. Balanon, Undersecretary for Policy and programs, Department of Social Welfare and Development, Republic of the Philippines during the International Conference on Children in the Crossfire: Prevention and Rehabilitation of Child Soldiers held in Washington DC, USA from May 7 to 8, 2003.)

The Philippines has been besieged by two internal conflicts for more than three decades. The first one is between the government armed forces and the revolutionary arm of the Communist Party of the Philippines, the New People’s Army (NPA) and the other is the government forces and the Moro National Liberation Front (MNF) and its breakaway group, the Moro Islamic Liberation Front (MILF). A third group emerged in late 1990s, the Abu Sayyaf Group (ASG) which is known for its kidnapping and hostage taking activities. The Moro groups and the Abu Sayyaf operate only in Mindanao, south of the Philippines. Cases of child soldiers have been documented in areas where the armed groups are active. UNICEF (1999) estimated that 3% of the approximate 9,000 NPA fighters are children. The MILF has an estimated strength of 6,000 to 10,000 and media and NGOs confirm that there are children including girls used in combat. Despite the NPA and MILF’s pretensions that they no longer recruit children, there are children who are rescued/captured by the Armed Forces of the Philippines (AFP). Last year, seven children escaped from the ASG where they were used to act as spies, cooks, couriers and medical aids. With the current offensives against the NPA and the MILF, there are reports of intensive recruitment going on among young people and children. On the other hand, there are no reports of government forces using children in armed conflicts. However, media has reported children in paramilitary units.

The Philippines is a State Party to the Convention on the Rights of the Child and its Optional Protocol on the Involvement of Children in Armed Conflict and the ILO Convention 182, which provides the rules and regulations for the care and humane treatment of rescued or surrendered child soldiers who are entitled to separate detention facilities; immediate notification of his/her parents; immediate free legal assistance; and be released within 24 hours to the custody of the Department of Social Welfare and Development (DSWD) or any responsible member of the community determined by the court. Children taken into custody by government forces shall be informed of his/her constitutional rights; be treated humanely; be provided food and the necessary medical attention/treatment and ensure his/her physical safety. A Memorandum of Agreement on the handling and treatment of children involved in armed conflict was signed by nine government agencies including the AFP, PNPH (Philippine National Police), DSWD on March 21, 2000.

DEMobilIZATION PROCESS

In view of the lack of information on children in the armed groups, child soldiers only come to the attention of the government when they voluntarily surrender to the authorities, to religious or non-governmental organizations (NGO) or are recruited to become members of any armed group, nor be allowed to directly or indirectly participate in combat. It also sets the rules and regulations providing for the care and humane treatment of rescued or surrendered child soldiers who are entitled to separate detention facilities; immediate notification of his/her parents; immediate free legal assistance; and be released within 24 hours to the custody of the Department of Social Welfare and Development (DSWD) or any responsible member of the community determined by the court. Children taken into custody by government forces shall be informed of his/her constitutional rights; be treated humanely; be provided food and the necessary medical attention/treatment and ensure his/her physical safety. A Memorandum of Agreement on the handling and treatment of children involved in armed conflict was signed by nine government agencies including the AFP, PNPH (Philippine National Police), DSWD on March 21, 2000.

PULIH

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PULIH is a non-profit organization in Indonesia providing psychosocial support and trauma prevention and intervention to individuals and communities affected by acts of violence. Formed on July 24, 2002, PULIH understands that every person has the right to be protected from violence and has the rights to be provided services for psychological recovery and integration. The organization, which is active in areas like Jakarta, Aceh and Ambon, is committed to re-empower survivors, families, and communities to gain a productive and meaningful life, and to raise awareness of the importance of health and well-being for the community, particularly in issues of mental health, by raising awareness about trauma prevention and intervention. PULIH provides direct services through a clinic. Aside from providing expert assistance in court proceedings, it also has capacity building and community education services. (MPP)

Phoenix Center

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Funded by the federal government, the Phoenix Center exists primarily to facilitate the psychological rehabilitation of survivors of torture and trauma in the refugee and asylum seeker community. It provides expert assistance in court proceedings, it also has capacity building and community education services. (MPP)

Medical Action Group (MAG)

Established on April 16, 1982 as the health sector’s response to grave human rights violations perpetrated by the administration of Ferdinand Marcos (1965-1986), the Medical Action Group (MAG) is a health service organization of physicians, nurses, dentists, psychologists, health students and health workers collectively working for the promotion and defense of health and human rights in the Philippines. The Medical Action Group envisions a society where the health and human rights of its citizens are upheld and protected at all times. This society ensures that health care is accessible to all, is appropriate and effective; and guarantees as well other human rights in accordance with the United Nations’ Universal Declaration of Human Rights. MAG provides assistance to people who are over- or under-developed, biopsychosocially vulnerable communities, biopsychosocial support and trauma victims of torture and political detention. The organization also conducts research and documentation work on torture incidences in the Philippines. It has a human rights education and advocacy component. Aside from maintaining a resource center, MAG also published a quarterly news–magazine, “Progress Notes,” which carries news and information on health and human rights situation in the country and health and human rights developments here and abroad. MAG has also conducted fact-finding missions in regions throughout the Philippines. (MPP)
Children around the world are victimized by violence in their homes, schools, and communities as well as in institutions. Among those particularly at elevated risk are children with disabilities, children living in institutions, children deprived of parental care, children in conflict with the law, children living in extreme poverty, children facing harmful cultural practices, and other marginalized children. In recognizing the magnitude of violence against children, the United Nations Committee on the Rights of the Child recommended in 2001 the conduct of a study on violence against children. It recommended a study as “thorough and influential” as the 1996 study by Graca Machel on the impact of armed conflict on children.

In November of the same year, the General Assembly agreed unanimously to request Secretary-General Kofi Annan to conduct an in-depth study on the issue. On February 12, 2003, the Secretary-General appointed an independent expert to direct the study, Mr. Paolo Sergio Pinheiro, who was the Special Representative in Burundi and Mozambique. From June 22 to 24, members of the NGO Advisory Panel for the UN study met in Geneva for the first time. Nineteen of the members coming from countries including Brazil, Kenya, the Philippines, Tanzania, South Africa, and the United States, attended the two-day meeting. They discussed the key aspects of the study, including its scope, research agenda, participation of children, regional consultations, and follow-up plans. The panel presented the outline to Pinheiro and to representatives of UNICEF, the World Health Organization, and the Office of the High Commissioner for Human Rights.

The study seeks to “provide an in-depth global picture of violence against children and propose clear recommendations for the improvement of legislation, policy and programmes relating to the prevention of and responses to violence against children.” The UN study also examines the causes and consequence of violence on children and its linkages to poverty and globalization, as well as state responsibility for violence and the concept of due diligence.

Highlighting the importance of national action and participation in forming and shaping the study and post-study action, the study is not “an end in itself but it is hoped that the study will spur national, regional and international action towards the eradication of violence against children.” The results of the study will be used to prompt action by governments, NGOs, and “Civil Society.” Increased national action and participation in the study will give more credence and weight as a result of the involvement of a wide sector. This ensures that the global study would still “reflect national realities” and “facilitate the development of responsive mechanisms.” At the national level, preliminary actions involve the identification of key actors, whereas, in many of the states, the government will take the initiative in disseminating information about the study and encouraging a detailed national response. It may also be necessary for NGOs to take the lead in identifying and alerting key governmental and non-governmental bodies and individuals. In both scenarios, the active involvement of “Civil Society” is important.

The role of the NGO Advisory Panel is to proactively advise on all aspects of the study, and to provide expert and secretariat input on its content, process, and outcome. The NGO Panel is also tasked to ensure child participation, encourage and facilitate broad and effective NGO involvement, aid mobilize follow-ups to the study, and ensure that the study and its recommendations are based on human rights. The panel is co-chaired by Jo Becker of Human Rights Watch, and Melanie Gow of World Vision International, Australia. Dr. Elizabeth Protacio de Castro, Convener of the Psychosocial Trauma and Human Rights Program of University of the Philippines Center for Integrative and Development Studies (UP CIDS-PST) and Project Director of the Regional Psychosocial Network, was chosen to become part of the advisory panel in December 2002. She is the only member in the panel to come from the East Asia and Pacific Region. (MPP)
To demobilization of children. The deadline for registration is on October 15, 2003, (MPP)

For more information about the workshop and registration, please contact Jean-Luc Series of UNICEF-EAPRO through jean-luc@unicef.org or Brenda Ramirez of the SEA Coalition to Stop the Use of Child Soldiers at sb coordinator@childsoldiers@yahoo.com.

The Refugees Studies Centre at the University of Oxford, with the support of the Andrew W. Mellon Foundation, is conducting in December 2003, the second term of its seminars series entitled “Adolescents, Armed Conflict and Forced Migration.” The first term was held from April to June this year. A new endeavor, the seminar series aims to move forward talking about adolescents and their experiences of forced migration and armed conflict. The themes covered by the seminar include the construction and experience of adolescence in the context of armed conflict and forced migration, suffering and healing, the integration of displaced adolescents, post-conlict resolution, and programme development. For more information, e-mail the Refugee Studies Centre at rsc@geh.ox.ac.uk or visit their website www.rsc.ox.ac.uk. (MPP)  

While under military custody, the child must be: a) informed of his/her rights; b) provided immediate physical and medical treatment to the psychological/psychiatric treatment when necessary, or transport him/her to the nearest medical facility for treatment in case of an emergency; c) must be given adequate food, appropriate clothing and other basic needs; d) protect the child from exposure to media, except when such is justified by compelling national security interest; and e) protect the child from further exploitation and trauma, particularly that no tactical interrogation or similar forms of investigation or use in military operations.

The transfer of the child from the military or police to the DSWD should be made within 24 hours from the time of rescue or surrender. However, when the situation does not warrant such requisition, the DSWD should ensure that no tactical interrogation is done while the child is undergoing medical treatment.

The first tasks of the social worker upon receipt of the report are a) to visit the child, to establish his/her identity, to assess her situation and prepare for her transfer to the custody of the DSWD and b) to notify the child’s parents or relatives to inform them of the child’s situation and give them opportunity to visit the child. Transfer of the child and relatives sometimes are difficult particularly if there have been no contacts between them. In some instances, for security reasons, another venue for visitation maybe arranged with the family. The social worker's assessment is focused on the child's physical, social and psychological condition; his/her strengths and vulnerabilities; his/her perceptions and feelings about the situation and plans e.g. return to family; and other support system as well as other external resources to effect change in his/her situation. The assessment of the psychosocial wellbeing of the child becomes the basis in the formulation of treatment and rehabilitation plan in consultation with the child, his/her family and other professionals, as necessary. The child’s feelings of anger, guilt, loss of what happened as well as his/her fears, anxieties and uncertainty of what lies ahead must be handled with understanding and assurance that help is available with her cooperation.

The child is usually admitted in a center for children once transferred to the custody of the DSWD. Here, he/she is with other children who have other problems such as being abandoned, neglected and abused. There are no specific centers for children. The special needs of girl children are taken into consideration in the center and there are specific centers for girls as well. The child is provided basic needs, counseling and stress debriefing and other interventions to prepare for family reunification or alternative plans arrived at. As they have no time to play and socialize with others, the children often times enjoy play and recreational activities. The military and the police are not allowed in the center's premises. In some instances, the DSWD files a petition in court for the child’s involuntary commitment to support the child's continuing stay in the center when his/her immediate return to his/her family is not possible. There could be some issues to be resolved such as the security of child and family, and opportunities for the child's rehabilitation and reintegrative in the community. The child’s stay in the center should be as short as possible.

In cases where the parents/relatives are ready to accept the child back to their care and custody, immediate release of the child is effectuated with continuing assistance in terms of educational and psychological support. In cases where the parents/relatives are not able to accept the child back to their care and custody, immediate release of the child is not be effected. The DSWD ensures that no tactical interrogation is done while the child is undergoing medical treatment.

Lessons Learned: Demobilization is a complex and fragile process. The parties to the peace agreements should not be held accountable for failing to implement their obligations. The child’s rights and the principles and procedures of international law must be respected. The child’s rights to protection, development, and participation in the decisions that affect their lives must be respected. The child’s rights to protection, development, and participation in the decisions that affect their lives must be respected. The child’s rights to protection, development, and participation in the decisions that affect their lives must be respected.