


ASEAN Social Work Journal

- 
- **The Implementation of Child Rights and ASEAN Responses**
A. IMAM JALFAN DAMANIK
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 - **Social Services for Children of Mothers with HIV/AIDS**
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 - **Protection of Children Needing Alternative Care with Special Reference to Philippine Experience**
MARIA LYRA T. DEL CASTILLO

Special Edition

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Editorial Note

We all wish you have the prosperous year ahead. This special edition highlights child issues. Some articles are selected from the paper presented in ASEAN conference held in Jakarta, Indonesia in October 2011. I am very pleased to be able to welcome Editorial Board members from ASEAN countries

Children are the nation's future. However, in reality protection toward them is still a big challenge. The articles of this edition discuss the child problems in several settings. They are the weakest group of population, therefore, we -as adults- have responsibility to protect them, so that the principle of children's best interest is applied and they are able to thrive well. Only if this is ensured, they will be the future of a nation.

Ahmad Taufan Damanik notes that the role of Civil Society Organizations (CSOs) is still important for the future, especially looking at their contribution in the history of human rights development in ASEAN. They can influence the agenda, norms and standards of human rights, particularly children rights. By strengthening the CSOs participation, the grass root in ASEAN will have a vehicle to express and to struggle for their rights.

Diane M. Swales describes that maltreatment toward children brings huge impact not only to the children themselves, but also to their families, communities and society. For the children, the consequences are categorized into behavioral, mental, social and health related problems. It is important to develop national child protection systems which have a primary focus on prevention of child maltreatment

Fentiny Nugroho explores the needs and existing social services for children of mothers with HIV and AIDS. The available services include health, education and psychosocial services for children, as well as training and assistance for income generating of the child's parents. When the mothers have died, they want the extended family to raise their children. Community-based care is less desirable because the community tends to discriminate the people with HIV / AIDS.

Florence Martin argues, Indonesia has been strongly relied on institutional care. Research on the Quality of Care in Childcare Institutions

- 2007 triggered the paradigm shift as this research showed that the quality of many childcare institutions are below standard, children live in very bad situation for their development and growth. As a result, policy and practice are shifting from residential approach to family-based care

Kanya Eka Santi describes that the people of Poso, including children were used to live in violence. Violence seemed to be regarded as part of normal life. However, behind the construction of such violence, children in Poso have a hybrid identity through the blend of the local and global culture. The process, which is a form of adaptation to global cultural pressure, does not leave their own indigenous culture.

Makmur Sunusi argues that during the report making to the police, the recovery process from physical injuries and trauma, and the prosecution process, children who are sexually abused greatly need understanding and empathy. These can help them to attain the integration level and stability. A fruitful collaboration between agencies and professionals can lead to the friendly services to the victims.

Maria Lyra T. del Castillo discusses the Philippine experience in protection of children who need alternative care. A social worker plays a crucial role to deal with social problems related to parent-child relationship. When parents have difficulties to perform parenting, and temporarily or permanently are not able to raise their own children, the social workers advocate for the protection and fulfillment of child's rights by finding alternative care

I hope that you enjoy reading this special edition.

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The Implementation of Child Rights and ASEAN Responses

AHMAD TAUFAN DAMANIK

Indonesia Representative for Child Rights to the ASEAN Commission on the Promotion and the Protection of the Rights of Women and Children (ACWC) and Vice-Chair of ACWC

Abstract

As we noticed in the history of human rights development in ASEAN, the contribution of CSOs is still significant for the future. CSOs can contribute in setting the agenda, norms and standards of human rights, particularly children rights. They can raise and define the issues, priority and process as well as to build the constituency of ASEAN which is very important historically and it was done as well in the process of the establishment of ACWC and AICHR.

By engaging CSOs, ASEAN needs to ensure the democratization process in countries particularly the participation of civil society in the political process, including in ASEAN level. Furthermore, by strengthening the participation of CSOs, the grass root in ASEAN will have a vehicle to express and to struggle their rights.

Key Words : Human rights, child rights, ASEAN, implementation, responses

Historical Background

After forty four years, ASEAN is more developed and dynamic and plays more roles at regional and international levels in terms of politics, economics, security as well as socio-cultural affairs. The progress and dynamic occur either in the internal or external relation of ASEAN with other communities. This strategic position is further strengthened by the ASEAN Charter taking into force since December 15, 2008. However, on the contrary, the human rights issues remain as a major problem in every member state.

It is even worse in countries with less or non-democratic where there are many cases of human rights violation and impunity happen. Military-authoritarian government or a monarchy or a pseudo democracy also

minimizes the chances for civil society to balance the power of government. As the development in ASEAN countries, issues of indigenous rights, land, environmental damage occurs as the growth of the agricultural-industrial - plantations. In addition, issue of civil and political rights still remains a serious problem in the ASEAN member countries; particularly those have not implemented the democratic system. In several countries, armed conflicts occur in some ASEAN countries which pose a serious human rights violations such as war crimes, crimes against humanity, genocide, extra-judicial killings, including the use of child soldiers. In the last decade, ASEAN is also facing the problem of terrorism and counter terrorism that may raise issues of human rights violations. ASEAN has also problems of the death penalty, refugees, statelessness, and migrant workers, human trafficking, especially women and children, as well as the issues of access to justice and law.

Evolutionary Progress of Human Rights in ASEAN

Human rights issue was firstly mentioned in the "Joint Declaration of the ASEAN-EC Ministerial Meeting in 1978, which contents are as follows:

"... international cooperation to promote and respect for human rights and fundamental freedoms for all without distinction as to race, sex and religion should be enhanced."¹

Then on July 1993 following the World Conference in Vienna in the "the 26th Joint Communiqué" ASEAN-AMM, there was a statement mentioned:

"ASEAN recognizes that human rights are interrelated and indivisible. It affirms its commitment to and respect for human rights and fundamental freedoms as set out in the Vienna Declaration. It agreed that ASEAN should consider the establishment of an appropriate regional mechanism on human rights."²

1 ASEAN-EEC Ministerial Meeting, 1978, Foreign Affairs Malaysia, Vol 11 No 4, pp 42-52

2 NTS Alert 01/78 Issue, 1993

Previously, through a study group formed by UN Human Rights Commission, the idea of a Regional Human Rights Commission was introduced. With this idea, various UN resolutions also increasingly emphasized the importance of the establishment of regional human rights mechanisms. Unfortunately, the issues of human rights have not been developed in ASEAN region due to various political issues, security and economy have not being associated with human rights but still viewed as the issue of welfare. In addition to that, the democratization process was still very few within ASEAN countries.

In the contrary, many NGOs were still working on this effort and in 1983, a "Declaration to the Basic Duties of ASEAN Peoples and Governments" was drafted by the Regional Council for Human Rights - an NGO based in the Philippines and was supported by the advocacy of other NGOs in ASEAN. In June 1993, members of ASEAN accepted the Vienna Declaration and Program of Action (VDPA) in the World Conference on Human Rights in Vienna, which addressed the need to establish a regional mechanisms on human rights.³ However, at that moment, the governments in the ASEAN countries were still using the discourse of "Asian Values" as a counter argument of the "universal" idea and a position which commonly used in the theory and practice of human rights. At the same year, the ASEAN Inter-Parliamentary Assembly (AIPA) provided support to the following statement: "*it is likewise the task and responsibility of member States to establish an appropriate regional mechanism on human rights*".⁴

Since there was no further development after those commitments, therefore various academics, activists and civil society/ NGOs continued to discuss a regional mechanism on human rights and the Working Group on ASEAN Human Rights mechanism (1996). Since then, numerous meetings on human rights have been organized with supports from various international agencies, e.g. the Annual Meeting of the ASEAN-Institutes of Strategic and International Studies Colloquium on Human Rights (AICOHR), the Annual

³ Vienna Declaration and Program of Action, 1978

⁴ Asia-Pacific Human Rights Information Center, 1983

Meeting of Asia-Europe Meeting (ASEM) Informal Seminar on Human Rights. If previously ASEAN believed in "ASEAN Values" as the characteristic and uniqueness of ASEAN, since the economic crisis of 1997, this opinion began to be questioned.

In the Hanoi Action Plan the principle of universality started to be associated with the promotion and protection of human rights in ASEAN. It was followed by the Bali Concord II in 2003 and in the Vientiane Action Program (VAP) in 2005 and in the ASEAN Charter as an objective of this regional forum and in the integrated development of ASEAN community.⁵

In the 10th ASEAN Summit of November 2004 in Vientiane, ASEAN leaders formally accepted the proposed draft on the VAP, namely "We recognize the need to strengthen ASEAN and shall work towards the development of an ASEAN Charter".⁶ Subsequently, it was reinforced through the 11th ASEAN Summit on December 2005, which came up with the Kuala Lumpur Declaration on the establishment of the ASEAN Charter, containing a commitment to support the implementation of the ASEAN institutional framework which would realize the ASEAN dream and objectives. This declaration states that ASEAN recognizes and aims to promote democracy, human rights and obligations as well as transparency and good governance plus to strengthen the democratic institutions.⁷

Then, several groups, including NGOs developed a platform of regional human rights mechanism in ASEAN and proposed it to be included in the ASEAN Charter. Therefore, at least there are some historical dimensions of the ASEAN Commission for the Promotion and Protection of the Rights of Women and Children (ACWC) and the ASEAN Intergovernmental Commission for Human Rights (AIHCR) formation - dialogue, interaction between elements of international-national and regional levels. This interaction led to declarations, statements, resolutions and conventions at the International level cascading to the national and regional level. The ACWC and AIHCR also involved the role

5. Hanoi Action Plan, ASEAN Web

6. Vientiane Action Programme, ASEAN Web

7. 11th ASEAN Summit, 2005, ASEAN Web

of civil society through advocacy, diplomacy and approaches done to apply the principle of universalism of human rights at the national and regional level. Meaning, in the process NGOs was part of the history of democratization in ASEAN because of their strong advocacy efforts and awareness campaign on the importance of human rights in the current changes in ASEAN countries.

Finally and legally, human rights issue has been adopted in ASEAN Charter, where we may read in the preamble, Article 1 The Objective of the Charter; Article 2 The Principles of the Charter. In the article 14 it was stated that *"In conformity with the purposes and principles of the ASEAN Charter relating to the promotion and protection of human rights and fundamental freedoms, ASEAN shall establish an ASEAN human rights body".⁴*

The promotion and protection of human rights in ASEAN should at least comply with regional and international human rights covenants, namely are:

- Universal Declaration of Human Rights
- International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights
- CRC & CEDAW
- International Humanitarian Law (Geneva Convention)
- ILO Conventions and standards

However, if we scrutinize, the regional platforms that ASEAN has already set up are:

- Kuala Lumpur Agenda on ASEAN Youth Development (1997) Declaration of Principles to Strengthening ASEAN Collaboration on Youth (1983)
- Declaration on the Advancement of Women in ASEAN (1988)
- ASEAN Plan of Action on Children (1993)
- Yangon Declaration on Preparing ASEAN Youth for the Challenges of Globalization (2000)
- ASEAN declaration on the Commitments for Children in ASEAN (2001)
- Declaration on the commitment for Children (2001)

⁴ ASEAN Charter 2008

- Manila Declaration on Strengthening Participation in Sustainable Youth Employment (2003)
- ASEAN Declaration Against Trafficking in Persons Particularly Women and Children (2004)
- ASEAN Declaration on the promotion and protection of Migrant Workers (2007)
- ASEAN Charter (2008)

However, there has been no legally binding instrument that can be used as a common platform by ASEAN in dealing with issues like human rights or child rights because the instruments available are declaration, commitment or action plans which only morally binding but cannot be used as a legal reference in solving the child rights problems at the regional level. In addition, child rights issues covered by the ASEAN platform are still very limited. In this case, ASEAN still needs more binding regional platform and needs to cover more comprehensive child rights issues.

Hence, the commitment of ASEAN to establish ACWC (the ASEAN Commission for the Promotion and Protection of the Rights of Women and Children) - besides AICHR (The ASEAN Intergovernmental Commission for Human Rights) - was quite encouraging because it could be a starting point in preparing the framework of human rights advocacy, particularly the more concrete and comprehensive child rights

The Issue of Child Rights in ASEAN and the History of the Establishment of ACWC

Back to the issue of child rights, we can analyze the main issues and the recommendations issued by the Committee on the Rights of the Child in Concluding Observations of each ASEAN country members. All ASEAN countries still have not included the four principles of the CRC, particularly the principles of non-discrimination and respect to the view of the child

(child participation) into their national legal systems. Indonesia, for example, although has included another two principles of the best interest of the child and the survival and development, but the principles of respect to the view of the child (child participation) and non-discrimination are not yet accommodated in the constitution of Indonesia (Chapter on Human Rights), as well as in various legislations that regulate child rights directly or legislations which are relevant with child rights issues.

In addition, the Committee on the Rights of the Child also stressed the need for harmonization of legislation and national policies of each ASEAN country to be suitable or comply to standards set up in the CRC. For the case of Malaysia and Indonesia for example, the two countries even still need to harmonize national laws on child age limit (definition of the child), because some laws before and after the ratification of the CRC still define different ages of children with those stipulated in the CRC. Therefore, for each country which still has different definition of the child age in their legal system, the Committee recommends that the State Parties should take all necessary measures to harmonize the definition of child, including the use of the terminology, in the national laws so as to eliminate inconsistencies and contradictions.³

Each state is also encouraged to make improvements in its legislation and national policy in providing assurance of civil rights and freedom, family environment, especially the issue of alternative care, adoption, and basic rights such as right to education and health, especially for children with disabilities and children belong to groups of minorities. ASEAN countries also still have many problems in the child protection system, violence against children and trafficking issues and pornography involving children. ASEAN countries are required to cooperate with fellow members or international bodies in order to strengthen the child protection system, especially in the issues of children in need special protection.

Regarding the optional protocol, only few countries have ratified the Optional Protocol to the Convention on the Rights of the Child on the Sale

³ See the brief versions of Concluding Observations of ASEAN Member States

of children, Child Prostitution and Child Pornography (OPSC) and Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict (OPAC). Even, two countries that have ratified these two Optional Protocols, Philippines and Thailand, are still facing many problems with numbers of victims in sale, prostitution and pornography as well as other serious problems in the involvement of children in armed conflict.¹⁶

Furthermore, ASEAN countries should also be encouraged to establish a child protection system that not only built on the basis of legal system and strong policy, but also can be implemented into problem solving oriented programs. Each country issuing various National Action Plan for specific issues, such as the prevention and elimination of trafficking, prevention and elimination of commercial sexual exploitation, elimination of the worst forms of child labor (following the ILO Convention 182), like any other national action plan. However, the national action plans have not been followed by progressive and affirmative measures in the budget and regional policy and are still weak in the coordination between the relevant agencies or between central and local governments. Thus, although it has a variety of National Action Plans for a variety of child rights issues, but those have not been fully able to protect the rights of children.

In addition, there are various child protection issues which the ASEAN countries should cooperate with neighboring countries, for example, the issues of trafficking, commercial sexual exploitation of children, sale of children and abduction, pornography, illegal adoption that often requires cooperation among countries, both bilaterally and multilaterally. Unfortunately, the framework has been built was not so intense and not covers a variety of crucial issues. In the matter of rehabilitation, reintegration and reunification of the victims, ASEAN countries in general have not been good enough in preparing and implementing the minimum service standards. Lack of adequate training facilities available for the law enforcer, social workers, counselors and education executives as stipulated in international guidelines in handling

16. See the Concluding Observations for Thailand and Philippines related to CRC and Optional Protocols.

rehabilitation, recovery or reintegration of victims. Each ASEAN country still lacks of comprehensive and integrative data collection systems to be used in mapping the problems, preventions and the solutions for various violations of child rights.

However, ASEAN has obtained positive remarks from the Committee on Rights of the Child due to the progress achieved. Firstly, it is the state willingness to withdraw reservations on CRC articles. Gradually, the ASEAN countries have declared the withdrawal the reservations to some articles of CRC, thus the CRC is fully recognized. In general, ASEAN countries have already established legislations on child rights protection, specialized agencies and child rights protection-oriented programs. Some countries such as Indonesia, Thailand, Malaysia and the Philippines already have an independent body for human rights (NHRIs). Indonesia even has the Indonesian Child Protection Commission and the National Human Rights Commission plus the National Commission Anti Violent Against Women.

Some countries had also ratified the ILO Convention 182 and ILO Convention 138 although in Indonesia the national legislation on child labor has not been strong enough to ensure protection of children from possible economic exploitation and employment. While ASEAN already has the *Guidelines on Rehabilitation of Child Victims of Trafficking*, yet the effective national or regional legal system are not sufficient to prevent child trafficking; cases were increasing along the Mekong sub regional countries, Indonesia-Malaysia and Singapore, as well as between the sub-Mekong region with Malaysia and Singapore. The cooperation in preventing the transnational crime becomes increasingly important to be improved because such case is increasing both in quantity and quality.¹¹

Furthermore, the progresses had been achieved were strengthened by with the ASEAN commitment to establish inter-governmental commission to promote and protect the rights of women and children. As mentioned before, historically, the establishment of this institution was started from Hanoi

11 The ASEAN Guidelines For the Protection of the Rights of Trafficked Children, Asw ACT, 2010

Action Plan (1997 – 2004) which set several important agendas regarding the Promotion of Social Development and Impact of Financial and Economic Crisis, and Strengthening ASEAN cooperation collaboration in combating trafficking, and violent crimes against women and children, Strengthening the information exchange on human rights among ASEAN countries to promote and protect human rights and fundamental freedoms of all people in relation to the UN Charter, the Universal Declaration of Human Rights, the Vienna Declaration, Program of Action and Strive to achieve full implementation of CRC and CEDAW as well as other instruments related to the rights of women and children.

Then, ASEAN agreed on the Vientiane Action Programme (2004-2010) which emphasized the joint-commitment to develops programs and measurements in promoting human rights, preparing human rights body to promote and protect the rights of women and children, ASEAN also wants to develop and adopt Memorandum of Understanding to establish networking among the existing human rights mechanisms, to develop programs for networking, to promote education and public awareness on human rights. For those purposes, ASEAN agreed to set up a cooperation network among the existing human rights mechanisms and to develop ASEAN instrument on the promotion and protection of migrant workers by establishing a new body called the ASEAN Commission for the Promotion and Protection of the Rights of Women and Children (ACWC).

In principle, the establishment of any human rights mechanism should be based on Paris Principles with the emphasis on its independence from the government, pluralistic composition and representativeness, having broad mandates with adequate powers, sufficient resources and accessibility.

Though this commission is a new-born baby organization, there are some benefits by having ACWC in implementing CRC in ASEAN. It may play a role as an entrance for broader human rights mechanisms. Through this commission, ASEAN member countries are able to strengthen the regional response to the issues of child rights and it can be a platform for regional /

international dialogue to find regional mechanisms in implementing children rights. ACWC may also be seen as a mediation mechanism between reporting and monitoring of problems of the rights of children and improving the ability of ASEAN member countries in dealing with specific issues of children as well as to assist the state parties in complying with the international standards of women and children rights; mediating both national and International needs. ACWC may improve the standards of compliance of each ASEAN member country and to strengthen more conducive conditions for the formation of the commission.

There are 16 mandates and functions of ACWC in promoting and protection the rights of women and children, yet it has no power to investigate cases of rights of women and children in every country. There is no procedure of complaint as well because ASEAN has no legally binding instruments. ACWC also does not have state-reporting mechanism, but upon the request of state parties could assist the preparation of country reports to the Committee of CRC as well as assisting the implementation of the Convention on the Rights of the Child and other international instruments relating to the child rights.¹²

Therefore, the tasks of ACWC are more in promoting the implementation of CRC and other instruments related to child rights; developing policies, programs and innovative strategies for the promotion and protection of child rights to support ASEAN's community building. Given that there are many parties in ASEAN have not understand the CEDAW and CRC, therefore it is also important that ACWC should promote public awareness and education on child rights in ASEAN as well as conduct advocacy on behalf of children, particularly the vulnerable and marginalized groups, and to encourage ASEAN countries to accept and ratify international Instruments related to child.

Since the representative of ACWC is considered having expertise on children rights, therefore it is given function to develop the capacity of stakeholders at all levels - administrative, legislative, judicial, civil society,

¹² *Terms of Reference of the ASEAN Commission on the Promotion and the Protection of the Rights of Women and Children*

community leaders, children's rights institutions, through technical assistances, training and workshops, to pursue the rights of children.

ACWC may also propose and promote the measures, mechanisms and strategies of prevention and elimination of all forms of violations on child rights, including protecting the victims as well as encouraging ASEAN countries to accept and ratify international instruments related to child rights; supporting the involvement of ASEAN children in the process of dialogue and consultations in the ASEAN institutions associated with the promotion and protection of child rights; encouraging ASEAN members to collect and analyze data disaggregated by sex, age, and other related to the promotion and protection of child rights and encouraging research and studies on child rights, to assist countries to conduct review periodic review on legislation, regulations, policies and practices related to child rights; facilitating ASEAN member countries in experience exchange, including thematic issues of concern related to child rights, either through joint seminars and exchange visits, etc; providing advice and input to ASEAN institutions (by request) and performing other tasks delegated by the ASEAN leaders and foreign ministers.

For all the above tasks and mandates, ACWC is accounted, not only to the relevant ASEAN bodies, member states, but also to public. Therefore, dialogue, consultation or reports should be prepared in periodic basis and/or by conducting open sessions to civil society organizations. By considering the principle of non-intervention (see ASEAN Charter Article 2 (e) and consensus in decision making, ACWC should perform the constructive, non-confrontation and cooperative approaches and should always consider the *ASEAN Way and Asian Values*, which sometimes limits the promotion and protection of human rights at regional level. In addition, ACWC should respect the principles of human rights including the universality, indivisibility, interdependent of all fundamental freedoms and the rights of women and children. As an intergovernmental organization, consultative body and become an integral part of ASEAN structure, this commission should work together with the

government of ASEAN, with other ASEAN agencies, UN agencies as well as civil society organizations.

There are decided thematic issues relating to child rights issues considered as priority of ASEAN for the next five years :

- a. The elimination of violence against children
- b. The right of children to participate in all rights affecting their lives
- c. Cooperation in the elimination of trafficking of women and children
- d. The promotion and protection of the rights of children with disabilities
- e. Support for the implementation of child protection systems
- f. Promotion of the rights to early childhood education and education quality
- g. Promotion of the implementation of international instruments, ASEAN instruments or any other relating to the rights of children
- h. The defending of gender equality in education
- i. Support for the efforts on the elimination of discrimination against children affected by HIV and AIDS;
- j. Addressing the social impacts of the climate changes experienced by children

As a new agency responsible for promoting and protecting the child rights in ASEAN, indeed, there are many challenges to be faced both internally and externally. Firstly is about the alignment with AICHR-organizations and other agencies. ACWC has completed a concept paper describing the alignment with the main ideas that human rights advocacy should be done in a collaborative and coordinative among various bodies existing at the national, regional and international as well as other stakeholders, including civil society.

Furthermore, since ASEAN does not have regionally-binding legal mechanisms, it is necessary to have the ability to design common platform on issues of concern related to women and children, e.g. issues of violence against women and children; trafficking; refugee; migrant workers which later became the basis for the establishment of more regionally-binding law

mechanism for the future. The integrated ASEAN community, of course, requires a legal framework that could be implemented and regionally-binding. Indeed, this challenge is not easy, given the different perspective in defining and resolving human rights issues, particularly child rights. This difference is due to historical background, social, cultural, political and social capabilities and countries as well.

As the dynamics of democratization that has just bloomed in ASEAN, making the uniqueness of the ASEAN values as affirmed by ASEAN leaders sometimes is in contrary with the principle of universalism in human rights and the justification of child rights violating practices. In practical, ACWC also faces challenges from the non-interference principle in promoting and protecting the rights of women and children therefore, the representatives should develop human rights diplomacy rather than pure advocacy practice. ACWC also requires more implementable framework of ASEAN cooperation in developing institutions for protecting the rights of women and children.

Conclusion: The Engagement with Civil Society Organizations

As we noticed in the history of human rights development in ASEAN, the contribution of CSOs is still significant for the future. CSOs can contribute in setting the agenda, norms and standards of human rights, particularly children rights. They can raise and define the issues, priority and process as well as to build the constituency of ASEAN which is very important historically and it was done as well in the process of the establishment of ACWC and AICHR.

By engaging CSOs, ASEAN needs to ensure the democratization process in countries particularly the participation of civil society in the political process, including in ASEAN level. Furthermore, by strengthening the participation of CSOs, the grass root in ASEAN will have a vehicle to express and to struggle their rights.

Other important roles of CSOs are to increase the accountability of states,

empower the capacity of social organization, to advocate social equality and to support the ASEAN transformation. CSOs can also continue to influence the agenda-setting of related organizations based on civil society's concerns and initiatives. CSO can also support the creation of national and regional pool of researchers, trainers, civil society experts on human rights issue. CSOs may also strengthen and improve existing infrastructure (i.e. ASEAN peoples' Center), procedures and mechanisms for civil society engagement with ACWC/AICHR in order to enhance regional communication and cooperation among civil society to minimize the factions within those working on ASEAN.¹³

If we see the Rule of Procedures of ACWC, it is agreed that transparency and accountability of ACWC is a must. One of the procedures is to be transparent and accountable to people and CSOs of ASEAN that can be done through direct communication or through media. While at the national level, the representatives can define their own procedure, for example Indonesia has regular meeting/consultations with CSOs. Under the article of External Relation of RoP, it is clearly mentioned that ACWC shall engage in dialogue with the institutions and entities (national, regional and international) that concern with the promotion and protection of the rights of women and children. ACWC should also refer to the article 16 of ASEAN Charter and the accreditation procedure. We noted that the CPR is currently reviewing the draft of Rules of Procedure and Criteria for Engagement with Entities Associated with ASEAN. While the work is in progress, the existing Guidelines on ASEAN's Relations with CSOs that was adopted in 2006 can be used as a reference. Pending finalization of the draft Rules of Procedure and Criteria for Engagement with Entities Associated with ASEAN, the CPR reiterated that this shall not prevent the ACWC from engaging with CSOs, including those not affiliated to ASEAN which is possible insofar as those CSOs uphold the same principles enshrined in the ASEAN Charter, visions and goals of ASEAN and contribute towards achieving the ASEAN Community.¹⁴

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Realizing Child Rights: The Critical Role of National Child Protection Systems

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Abstract

This paper explores the impacts, costs and the longer term consequences of child maltreatment for children themselves, their families, communities and society. The damage caused by external factors on brain development, such as child neglect which results in excessive and often repeated stress. The consequences have been grouped as behavioural, mental, social and health related problems.

This paper builds on emerging global and regional research on child maltreatment and provides a brief analysis of current practice responses to child maltreatment and the implications of those responses for children and society. Finally, it proposes approaches to national child protection systems which have a primary focus on prevention of child maltreatment.

Keywords: Child rights, critical role, child protection system

Realizing Child Rights: The Critical Role of National Child Protection Systems

This paper focuses on the critical importance of the prevention of child maltreatment for children's survival, growth and development, and the fulfilment of their maximum potential. The paper aims to enhance understanding of the inter-connectedness of children's rights to protection and why the violation of such rights have life-long impacts on the child, their family and community and society as a whole. The paper also explores some of the long term economic costs resulting from child maltreatment.

The content has been developed from the on-going work of UNICEF in the East Asia and Pacific region, and builds on global and regional research. The emerging evidence base, arising from the impact of child

1 Violence Prevention Alliance and Education Development Center. *Why Invest in Violence Prevention?* Geneva, Switzerland and New York USA: VPA and EDC, 2011; The Science of early Childhood Development; Closing the Gap Between What We Know and What We Do. National Scientific Council on the Developing Child at Harvard University. Copyright January 2007. World Health Organization (WHO); and International Society for Prevention of Child Abuse and Neglect (ISPICAN) (2006)

maltreatment, highlights some of the reasons as to why a systematic approach to child protection is of such importance. While fully acknowledging the structural determinants² of child maltreatment, such as poverty, economic disparities, discrimination, and the social environment, are major contributory or risk factors for child maltreatment, this paper will focus on the direct impact and consequences of maltreatment on the child. Further, the paper will present a broad overview of child protection systems rather than focus on specific child protection issues or national context.

Background

The predominant strategies promoted by many development actors, including International financial institutions (IFIs) and bilateral donors, supra-national corporations, and some development agencies have tended to emphasize economic growth, international trade and the promotion of the private sector as the primary components of national development strategies³. However, although millions of people in Asia have benefited from the extraordinary economic gains in the past two decades, progress has been highly uneven⁴, with one in three Asians remaining poor and vulnerable to economic, social and environmental risks. Recognition of the concerns of such economic marginalisation and increased inequity are being addressed through social protection approaches⁵ and similar poverty reduction strategies. This approach has emerged from the perception that a strong economy will

2. Community Level Factors and Child Maltreatment Rates, Claudia J. Coulton, Jill E. Korbin, Marilyn Su and Julie Choe. *Child Development*, Vol. 66, No. 5 (Oct., 1995), pp. 1262-1276. Published by: Blackwell Publishing on behalf of the Society for Research in Child Development, *Delinquent-Prone Communities*, Donald James Woodworth and a Brunner Ltd. Cambridge Crimeology Series, Cambridge University Press, 2004. ISBN 0 - 521-79094 - 8; A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice. DC, Goldman, J., Sakai, M. K., Nelson, D., Kennedy, K. Y. Office of Child Abuse and Neglect (HCN) Washington, 2003.
3. The MDG Story: Intention Denied. Jan Vondemoortele. *Development and Change* 42 (1) 1 - 21. Copyright 2011 - International Institute of Social Studies, The Hague, Blackwell Publishing.
4. Krugman, Paul (September 7, 1998): "Saving Asia: It's Time To Get Radical. The IMF plan not only has failed to revive Asia's troubled economies but has worsened the situation. It's now time for some painful medicine." *Fortune*, http://money.cnn.com/1998/09/07/news/economy/asia_index.html. Retrieved July 12, 2009.
5. Social Protection and the Welfare of Children and Youth at the WORLD BANK. Emmanuel Jimenez, Director, Human Development, East Asia and Pacific Region, The World Bank, March 10, 2006, ejimenez2@worldbank.org.

alleviate social welfare concerns through investment in private insurance and health schemes, private provision for child care for working parents, support for the elderly and those with disabilities.

These approaches often centre on poverty as the main constraint. It is widely recognized however that child maltreatment is not solely an issue of poverty⁶. While poverty is often a compounding or risk factor in child maltreatment cases, and increases children's vulnerability to external exploitation, poverty is not a root cause or pre-disposing factor for the occurrence of child maltreatment or neglect. Parents in poverty can essentially be good parents, and parents who are highly educated and economically secure do abuse and neglect their children.

As signatories to the UN Convention on the Rights of the Child (CRC), States Parties have pledged a commitment to fulfil children's entitlement to protection from abuse, neglect, exploitation and violence on a progressive basis, and they are obligated under international law to ensure that these commitments are met. However, as a result of economically based approaches⁷, social welfare and child welfare, unlike child health and education, tend to be excluded from mainstream political and economic debate, and do not feature as a priority with JPI's or donors, and, subsequently, in external dialogue with governments⁸. Experience from many countries confirms that social welfare systems and the functions of the social work role are crucial to the protection of children and their well-being over the course of their childhood. The absence of such systems has a significant long term impact for the protection of children who are abused, and ultimately on the social, economic and human capital of nation states.

6 A longitudinal analysis of risk factors for child maltreatment: findings of a 17-year prospective study of officially recorded and self-reported child abuse and neglect *Child Abuse & Neglect*, volume 22, Issue 11, November 1998. Pages 1065-1078. Jocelyn Brown, Patricia Conen, Jeffrey G Johnson, Suzanne Sabliger

7 Wilson Park/UNICEF Conference on Strengthening National Responses to Children Affected by HIV/AIDS: What is the Role of the State and Social Welfare in Africa? Monday 14 - Wednesday 16 November 2005

8 The Effects of Structural Adjustment Programs on the Lives of Children in Jamaica Sign Williams, *Globalization and Children* 2004, Part III, 151-160 DOI: 10.1007/9-306-47925-7_12

Emerging Research on Child Development

In terms of the impact of maltreatment, it is important to consider how children are or are not affected by maltreatment. Recent evidence on brain development disproves the notion that the genetic potential of a child is 'set in stone' at birth⁹. While children inherit a set of genes from their parents, scientists have found that neurochemical and hormonal changes in the brain, stimulated by the external environment and the infant's or child's experience of their world have significant influences on the developing brain architecture that last a lifetime. The nature and quality of parenting, the measures for prevention of child maltreatment and the environment in which the growing child lives, have both positive and negative impacts on the child's neurological development, particularly in the early years, and can result in long term effects on the child's mental and physical health, learning capacity, behaviour and social capital.

Brain Development

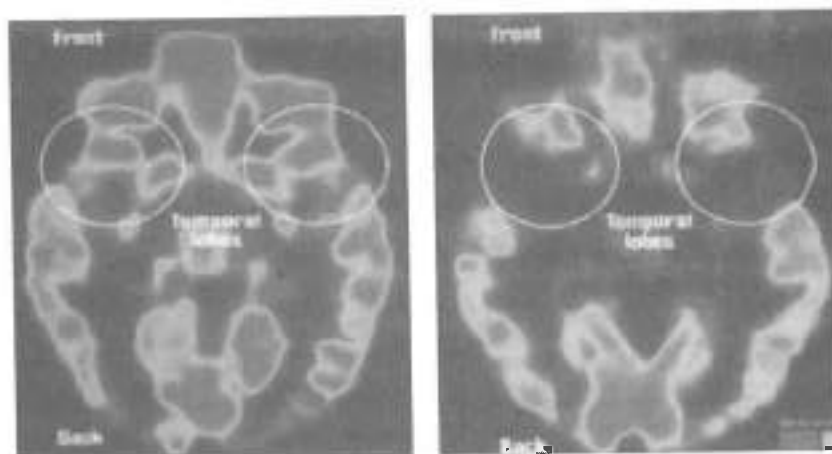
Brain development starts at the time of conception and continues up to and beyond adolescence. Research has shown that after birth, the brain adapts to the needs of the immediate environment¹⁰. For example, the Inuit language is very complex with many verb and tonal distinctions; however, if an Inuit child does not learn the Inuit language and the ability to discriminate these complex distinctions, she will never have the capacity to hear and speak the language. The brain uses and strengthens the brain connectivity necessary to survive and those connections which are stimulated as the brain develops - if the connections are not used they wither and die and these early connections cannot be regenerated once they are 'turned off' in the brain. Although the brain continues to develop in adolescence and to a lesser extent into adulthood, negative feral and early childhood experience are built into the architecture of the brain and significantly affect future learning capacity.

9. Early Experiences Can Alter Gene Expression and Affect Long-Term Development. Working Paper 10, Center on the Developing Child, Harvard University, May 2010

10. Ordinary magic: Resilience processes in development. *Master. Ann. N. Y. Acad. Sci.* 2004; 1032: 227-238. doi: 10.1002/9781118106668.ch12

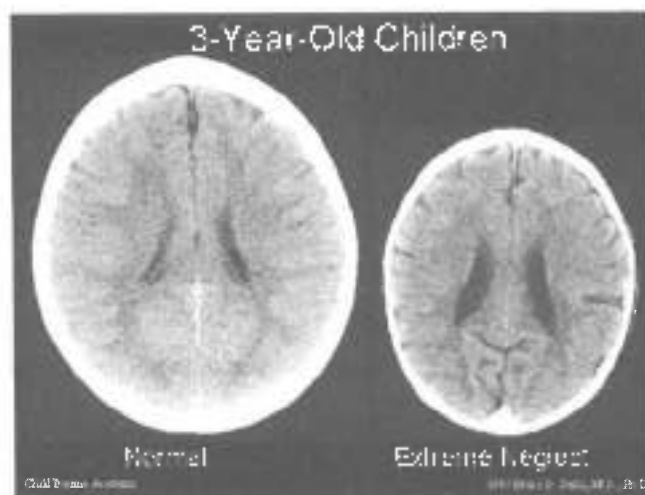
Toxic Stress Damages Brain Architecture Impact of Child Neglect on Brain Development

In this context we can clearly see the damage caused by external factors on brain development, such as child neglect which results in excessive and often repeated stress. Stress resulting from maltreatment or external factors causes the release of hormones and neurochemicals that impair cell growth and interfere with the formation of healthy neural circuits in the brain.



The over production of such chemicals arises as a natural survival mechanism, commonly known as the 'fight or flight' response". "This is necessary in times of danger in order for the body to survive. However, if survival becomes the main function for the organism then other parts of the brain do not develop to their potential, including the higher level cognitive thinking functions. This can be clearly seen in the two scans reproduced here, where the scan on the left shows a healthy brain with normal development in a young child and the scan on the right shows the brain of a child who has experienced chronic stress. Toxic stress can damage the brain's stress response system as well as limit other functions, and can contribute to premature ageing of the body.

11 Parry, B.D. The neurodevelopmental impact of violence architecture Chapter 18. In: *Textbook of Child and Adolescent Forensic Psychiatry*, (Eds. D. Schellky and E.P. Bonadoli) American Psychiatric Press, Inc. Washington, D.C. pp 221-238, 2007



In addition, it has been understood for over 5 decades that the attachment of a young child to a primary carer is critical for development¹². In the picture to the right of the page, we see CT scans of healthy 3 year olds with average head size, compared with the CT scan of a 3 year old child who has suffered from severe sensory-deprivation and neglect which clearly shows that the impact of such neglect results in a significantly smaller than average head and brain size and abnormal development of the cortex¹³

Consequences of child maltreatment

While these direct neurological impacts of maltreatment and neglect are increasingly understood, there is less knowledge and less public awareness of the long term consequences of child maltreatment. WHO and others have undertaken global studies on such consequences in which the outcomes have been grouped as behavioural, mental, social and health related¹⁴. A reduction in the brain's capacity for higher cognitive thinking will inevitably give rise to poorer educational achievement and increase the likelihood of early dropout from school. Subsequent employment patterns are thus focused on unskilled manual

12 Bowlby, J. (1969). *Attachment and Loss: Volume 1: Attachment*. London: The Hogarth Press, and the Institute of Psycho-Analysis. (1989). *The International Psycho-Analytical Library*, 79 1-401. London: The Hogarth Press and the Institute of Psycho-Analysis. Pinar, V. B. Glaser, L. (2006). *Understanding Attachment and Attachment Disorders: Theory, Evidence and Practice*. Child and Adolescent Mental Health, RCPs(U) London and Philadelphia

13 Pairy, B. (2002). Childhood experience and the expression of genetic potential. *Brain and Mind*, 3, 79-100.

14 *World report on violence and health* Edited by Elena G. Krug, Leslie L. Dahlberg, James A. Mercy, Anthony B. Zwi and Rafael. Geneva: World Health Organization, Geneva, 2002

or domestic labour which is often erratic and temporary in nature. Research has also shown that children who have been maltreated are more likely to engage in high risk behaviours, such as drug or alcohol abuse, violent relationships or early initiation to sexual activity. Early pregnancies are common for maltreated children but against the background of their own maltreatment they are less likely to be effective parents due to a lack of good adult role models in their own childhood. In turn, they experience a higher incidence of having their own children removed or placed in institutional care. Further, research¹⁵ indicates that as a result of their own dysfunctional upbringing, adults who have experienced child maltreatment can find it difficult to maintain relationships and are more likely to experience family breakdown in their adulthood. These patterns fuel further intergenerational cycles of poverty and violence¹⁶.

A recent study of Adverse Childhood Experiences¹⁷ in the Philippines showed that, after adjustment for age, sex and socio economic status, that adults who had experienced sexual abuse during childhood were 3 times more likely to have used illicit drugs, 12 times more likely to have engaged in early sex (prior to 16 years of age), 9 times more likely to have an early pregnancy, and 5 times more likely to attempt suicide.

How extensive is the nature and scale of child maltreatment?

Although data is limited, available research clearly indicates that child maltreatment is highly prevalent throughout the world, including for boys and girls in East Asia and the Pacific region. WHO's global study on violence in 2004¹⁸ estimated child sexual abuse prevalence by sub-region and sex and found significant levels of child sexual abuse across all countries and regions studied. (Fig 1)

15. Ibid

16. Boyd, C. (2007b) Boys and Domestic Violence: The implications of theories of inter-generational transmission of violence for boys who live with domestic violence. *Developing practice: the child, youth and family work journal*, No. 1, pp. 43-59.

17. Adverse Childhood Experiences (ACEs), Health Consequences in Later Life. Laurie S. Ramey, Ph.D., Bernadette J. Madrid, M.D., David W. Brown, DrSc. Presentation in Manila, 2011. (Study supported by the Prevention of Violence, Department of Injuries and Violence of the World Health Organization and Department of Health, 2011)

18. Child sexual abuse prevalence estimates by sub-region and sex. Andreas et al., Child sexual abuse, WHO, 2004

Fig 1. Child sexual abuse prevalence estimates by sub-region and sex

	Female %	Male %
Africa (high mortality)	21.3	9.6
Africa (very high mortality)	42.7	29.8
Latin America/Caribbean	13.3	20.0
Eastern Mediterranean	28.0	11.5
East Asia & Pacific	27.8	28.6

Further localized prevalence studies in East Asia and the Pacific alone highlight varying but still very significant results: a 75% reported level of physical abuse in Papua New Guinea (UNICEF Country Office Report¹⁹), while studies summarized in a UNICEF systematic literature review²⁰ identify that 21.9% of adults in Henan Province, China, reported at least one form of child sexual abuse before 16 years of age; 17.0% of children in Thailand reported having experienced sexual abuse, and in Cambodia, 18.9% of boys aged 12-15 years experienced genital touching by an adult after the age of 9 years. In Vietnam, a recent Multiple Indicator Cluster Survey (MICS) revealed that 60.9% of children aged between 2-14 years have experienced minor physical punishment as discipline, with 9.4% have experienced severe physical punishment. A recent study²¹ by Michael Dunne, Queensland University of Technology, Australia, found that 17.3% of boys and 10.9% of girls in Selangor, Malaysia, had been threatened with being seriously hurt or killed.

The Financial Costs of Child Maltreatment

The area of Child Protection has not been associated with rigorous economic analysis, of either a financial or a macroeconomic nature. This is due the lack of both the unavailability of data and to prevailing professional culture. Governments tend not to use economic analysis of child protection or trend data in their fiscal planning. A similar situation is seen with international development agencies. The lack of rigorous evidence is likely to be a

19 www.unicef.org/png/media_15628.htm

20 A Systematic Review on the Magnitude of Child Maltreatment in East Asia and the Pacific UNICEF EAPRO, 2012 (forthcoming).

21 Victimization experiences of adolescents in Malaysia. Wan-Yuen Choo, Michael P Dunne, Nery J Marel, Marylou Fleming and Yui Lin Wong/ *Adoles Health* 19(6): 627-34 (2011)

contributing reason for the limited commitment to long term investment in the sector. This is a gap that needs to be addressed, because the cost implications are real. As noted earlier, research shows that maltreatment can lead to severe negative physical, cognitive, psychological, behavioral or social consequences in childhood as well as adulthood – including drug and alcohol abuse; mental illness; poor health; homelessness; juvenile offending; domestic violence, criminality and incarceration – with major social and economic implications.

To date, much of the evidence on the economic impact of child maltreatment has come from the US. Estimates of the medical costs, loss in productivity, costs incurred via the legal and justice system, as well as costs due to the provision of child protection and welfare services, have amounted to staggering figures. One example, a 2002 study by the Michigan Children's Trust Fund calculated that child maltreatment costs for the State had more than doubled over a 10 year period. The total estimated annual cost of child maltreatment for Michigan included direct and indirect costs associated with the following²²:

Table 11: Total abuse related costs in Michigan, 1992 - 2002

Variable	1992	2002
Low birth weight	\$255,949,760	\$584,020,140
Loss of state tax income	\$46,201,865	\$68,081,514
Cost of medical treatment	\$4,978,018	\$13,251,791
Costs for special education	\$6,460,265	\$20,675,047
Protective Services	\$37,900,000	\$55,060,686
Foster care costs	\$73,459,561	\$465,736,392
Juvenile justice	\$207,011,712	\$305,333,028
Adult criminality	\$174,650,000	\$257,673,791
Psychological treatment	\$17,279,976	\$25,514,429
Total abuse-related costs	\$823,891,155	\$1,795,346,818

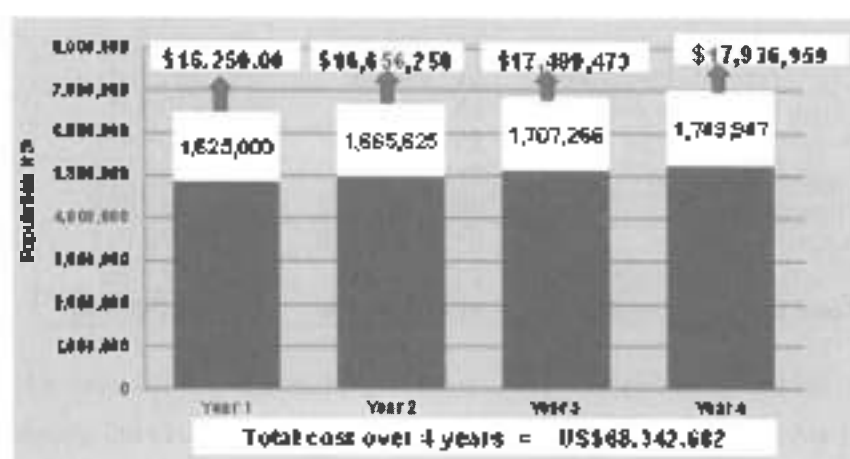
A recent study in Australia estimated that the annual cost of child maltreatment for all people ever abused in Australia was AU\$4 billion, and that the cost of the burden of disease reached a further AU\$6.7 billion. On the basis of this analysis the authors emphasized that investing in protecting children has a direct positive impact on national development in both human and economic terms, and reduces the need for public expenditures to address the long term

²² The Costs of Child Abuse vs. Child Abuse Prevention: A Multi-year Follow-up in Michigan. Ismail Neer, Ph.D., Michigan Children's Trust Fund; Robert A. Caldwell, Ph.D., February, 2005. Michigan State University

consequences of maltreatment.²³

Although absolute levels of cost in Asia and the Pacific are far lower than in the US or Australia, it is reasonable to assume that relative costs are comparable, and that the total costs to both governments and individuals are considerable. A costing analysis conducted by the UNICEF Pacific Office in Vanuatu during 2009, building upon a child abuse baseline research conducted in the previous year, generated high estimates of the direct, indirect, and lifelong costs of child abuse. In 2008, with a total population of 234,000, the total direct costs of child abuse, including emergency and non-emergency medical care, mental health treatment, child welfare services and law enforcement costs, were estimated to be between US\$1.96 million and US\$3.19 million annually. Indirect costs in the form of adult criminality were estimated at around US\$94,000 per year. Lifelong costs per child incurred per year due to maltreatment were also estimated to be high, at between US\$889,000 and US\$975,000²⁴.

The example on the below was developed in one country in the Mekong sub-region²⁵. This country has a population of 6.5 million persons and a population growth rate of 2.9% per year.



In the absence of accurate national prevalence data, available regional estimates²⁶ were utilized as a basis for the calculation. Further, an approximate life-long annual cost of \$10 per child per year was allocated for victims of

23 Taylor, P., P. Moore, L. Pezzullo, J. Tuppi, C. Goddard, & L. De Botoli (2009). *The cost of child abuse in Australia*. Melbourne, Australia: Childhood Foundation and Child Abuse Prevention Research Australia.

24 UNICEF Pacific, 2009. *Living the financial burden of child abuse: A Vanuatu case study*. UNICEF, Suva.

25 Record of UNICEF East Asia and Pacific Regional Advisor – Child Protection. Country Presentation, 2009.

26 Andrews et al. *Child Sexual Abuse*. WHO, 2004.

child maltreatment. As can be seen, taking no action on child maltreatment is extremely expensive.

While such figures tend to be in line with other studies they may appear so high as to be beyond the capacity of many low and emerging economies. However, the issue is not solely related to the economic status of a country, but also, to the political and policy commitments made by nation states.

A recent BBC report²⁷ and documentary explores why the US, as one of the most prosperous nations on earth, has the worst child abuse record in the industrialized world. America's child maltreatment death rate is triple that of Canada and 11 times that of Italy. Over the past decade, more than 20,000 American children have been killed by their own family members – nearly four times the number of US soldiers killed in Iraq and Afghanistan. The single most significant predictor of child abuse in the US is the driving disparities²⁸ resulting from poverty in a rich nation, as a result since the economic downturn in the US, there has been a 30% increase in child maltreatment.

Incidence or baseline data, such as that collated in the Pacific, USA or Australia, however, is not available in many low or emerging middle income countries in East Asia. However, using approaches from global studies, regional data estimates and local costs for services, it is possible to broadly illustrate potential costs arising from the impact of child maltreatment.

It is also useful to illustrate expenditures on child maltreatment in relation to other expenditures, as Frank Putnam²⁹ highlights:

"[W]e find an incidence rate for child abuse and neglect that is about ten times as high as the incidence rate for all forms of cancer. [T]here is a multi-billion-dollar research base reliably renewed on an annual basis for cancer treatment and prevention. Nothing remotely similar to this exists for [the prevention of and response to] child abuse and neglect."

27 America's Child Abuse Epidemic, Seema Khan, Guardian, 24th October 2011

28 Changing Income Inequalities within and between Nations: New Evidence, Brian Goosing, American Sociological Review, Vol 66, No 5 (Oct., 2001), pp. 743-761 (Published by American Sociological Association)

29 Frank Putnam, M.D., National Institute of Mental Health, USA, "Why is it so Difficult for the Epidemic of Child Abuse to be Taken Seriously?" 2005.

Policy and Programme Responses for Child Maltreatment

In most countries of the region the preponderance of actions undertaken for child welfare and child protection is reactive, addressing issues after an event has occurred and the harm suffered. Little investment is made in the prevention of harms occurring or in establishing preventative policies and programmes where the best possible outcomes for the child can be achieved. In addition, even within reactive programming, budget allocations are often not serving the best interests of the child and the most cost effective immediate and long term outcomes for children and their families – and ultimately society.

For example, a common form of response to child welfare and protection concerns is the use of institutional or residential care. However, it has been well documented that even well-resourced and high quality residential care is no substitute for the bonding and attachment which occurs within the family context. It has further been evidenced globally that vast majority of children in institutions fare worse³⁰ in all development outcomes than peers who remain in their birth family, even where poverty is a factor. Such disparities in developmental outcomes increase the younger the age that the child is placed in the institution. Further, one UNICEF comparison study³¹ across six countries identified that 'unit' costs ranged across countries between US \$540 and \$3000 per child per year. This study further indicated that institutional care in the countries studied cost six to 14 times more than feasible, existing forms of community based care. Thus, government departments and service providers who invest the majority of their budgets in institutional care without corresponding family support policies, prevention strategies and programmes, are faced with increasing costs of the life-long impact on children as a result of the very actions aimed to protect them.

30 Mapping the number and characteristics of children under three in institutions across Europe at risk of harm. Professors Kevin Browne, Dr Catherine Mamet-Gechripis, Dr Renata Johnson, Dr Hean Agathos-Georgopoulou, Dr Marie Anjat, Dr Maria Herczog, Maria Keller-Mamata, Anna Kimbókou, Dr Ingrid Lath, Dr Mikael Costaignon, Dr Victoria Stan, Prof Sezen Zeytinözü. Funded by EU Daphne programme. WHO Regional Office for Europe and University of Birmingham. Copyright. Published by University of Birmingham (Centre for Forensic and Family Psychology) Birmingham, UK ISBN 0-704-42502-6. Published February 2005.

31 The Cost-Effectiveness of Six Models of Care for Orphan and Vulnerable Children in South Africa. Chris Desmond and Jeff Gow. Health Economics and HIV/AIDS Research Division, University of Natal Durban, South Africa. Prepared for UNICEF, Pretoria, South Africa, February 2001.

Further, research carried out in the US in 2000³² showed that where investment had been made in prevention strategies, there was a 40% reduction over 10 years in the number of child maltreatment cases processed by authorities, regardless of other mitigating factors. Building from this and similar related studies, such as those cited above, it is critical that policy developments are informed by verifiable data on the nature and scale of child maltreatment, more outcome evaluation studies on the impact of interventions, and accurate studies on the costs and benefits of prevention. The US study clearly highlighted that the costs of prevention strategies were substantially lower than the costs of reactive provision and perceiving child maltreatment as a peripheral agenda for any nation state. Thus, in child protection, it is clear that better outcomes for children and more cost effective and evidence based policies can be achieved through the application of evidence to policy development. Even in countries where there is awareness and potential capacity, without political commitment to invest in children's welfare and prevent child maltreatment in the first instance, the impact on the child and society is devastating.

A Way Forward

Analysis of the State Party Reports to the Convention on the Rights of the Child from ASEAN countries highlights that child welfare, child protection and child maltreatment is fraught with barriers for improving the realization of children's rights to protection. The CRC Concluding Observations have identified significant levels of concern about child maltreatment and the corresponding absence of data: poor or partially functioning social work infrastructures; limited capacity and weak leadership in government agencies responsible for social welfare and children's protection; low numbers of professional social workers; and poor quality of professional training³³.

These observations highlight the fundamental nature of the dilemma in many countries: when child welfare and child protection are generally excluded

32 Data from the 1990 - 2000 National Child Abuse and Neglect Data System (NCANDS) reports (US Department of Health and Human Services, 1992 - 2002).

33 Analysis of CRC Concluding Observations on country reports for ASEAN nations, UNICEF East Asia and Pacific Regional Office 2006.

from mainstream political debate, child protection continues to be perceived as a 'private' family level problem, not a public policy issue.

At present, in the development context, the standard approaches to child welfare and child protection concerns involve reactive and issue-based interventions. In the absence of effective investment in child welfare and child protection, attention focuses for usually short periods on only specific issues or highly visible instances of rights violations. Child trafficking victims and orphans, for instance, evoke widespread sympathy and significant funding for well received but often ill-advised responses, such as the construction of institutions. In comparison, abused children or those with disabilities are barely acknowledged except through sensationalized media reporting and localized charitable activities for small groups or individual children. This situation has led to inequities, the creation of parallel systems and services, and to increasing competition for scarce budgetary resources. Spanning legislation to policy, services, training, data collection and monitoring systems, parallel interventions and systems have been put into place to serve – at times, exclusively – discrete groups of children. Such approaches are rarely effective from a social perspective and they detract from government leadership on regulation, quality standards and equitable geographic coverage.

National Child Protection Systems

In line with the CRC, UNICEF's Child Protection Strategy (2008)³⁴ highlights that all children are subject to their evolving capacities, and therefore, are in need of special safeguards and care. As such, all children have the right to be protected from 'significant' harm and preventing and responding to violence, exploitation, neglect and abuse is essential for ensuring children's rights to survival, development and well-being.

Building on research as to 'what works' for child welfare and child protection³⁵, UNICEF is working to promote a more structured and strategic

³⁴ www.unicef.org/protection/files/CP_Strategy_English.pdf

³⁵ Including various texts from the Australian Institute of Family Studies. Delivering quality research on family well-being

approach to addressing protection concerns. A commitment has been made to advocate for and demonstrate the efficacy of national child protection systems. Much like the national health and education systems that have contributed to ASEAN countries' remarkable progress for children in recent decades, strong and comprehensive national child protection systems can work to prevent and respond to the multiple forms of maltreatment children suffer across the region.

A national child protection system³⁶ is located at the intersection of the social welfare system for children and families, the justice system and actions supporting social behaviour change. It is driven by a singular mission: to prevent abuses from occurring, and thus protect children from all forms of abuse, neglect, exploitation and violence. The three components intersect to support actions to protect children within the parameters of the domestic legal and policy framework. Child welfare structures for children and families are the 'who' and the 'what' of the national child protection system. These structures refer to the organization of institutions, including the different ministries, departments, and agencies, as well as their mandates, lines of accountability, responsibilities, capacities (human, financial and physical), and services provided for children. The governance of these structures includes regulation of the quality and provision of services through training, accreditation, supervision and guidance, and through monitoring, regulation, inspection and coordinating bodies.

Laws, policies and related processes shape, govern, mandate and resource the child welfare/ protection system, with direct effect through enforcement and sanctions. For example, with respect to child welfare systems, laws, policy and processes can support effective referrals and guidance on the roles and responsibilities of different systems actors, such as when social workers, teachers, families, (sometimes healthcare staff), relevant community members, parents and the child, seek solutions jointly to resolve issues or problems for the child and his/ her family, or in respect of the child's behaviour. This ensures that the child is not separated unnecessarily from his or her family and community.

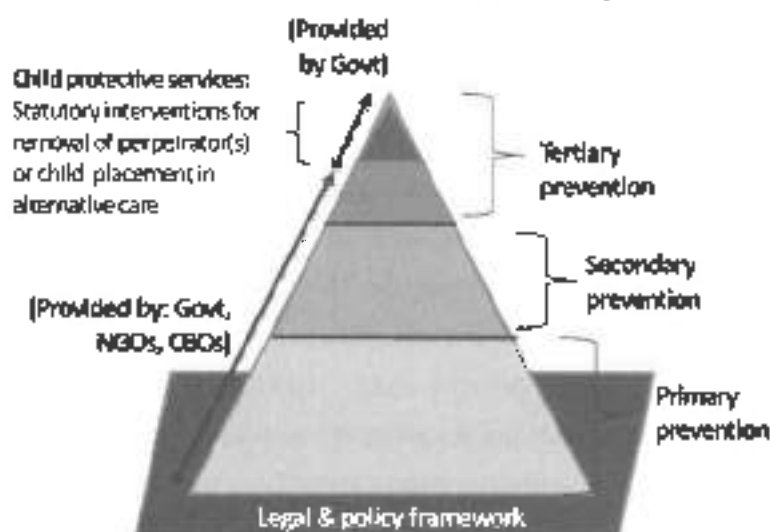
36 Building on Discussion Paper CHILD PROTECTION AND CHILD WELFARE IN ASIA AND THE PACIFIC, Ron Powells, Diane Swales, Amilee McCoy and Dr Nancy Peddie, High-Level Meeting on Cooperation for Child Rights in the Asia-Pacific Region, Beijing, China - 8 November 2010. www.unicef.org/esp/mediastory_34370.html

and also that the expertise and knowledge of the different actors across the national child protection system inform a response for the individual needs and circumstances of the child and his or her family.

Some elements of Child Welfare / Protection systems also include actions and strategies to promote changing those behaviours and corresponding actions that people believe will benefit children, but which are actually damaging to both children and society -- such as corporal punishment, gender bias in parenting practices, and the placement of children in inappropriate forms of care. Behaviour change approaches aim to reinforce those behaviours and actions that are in the best interests of children, such as parenting skills initiatives, in-house training of child care staff on care practices or the mandatory reporting of child abuse. Social behaviour change is an integral component of the task of the national child protection system. Child protection functions within the child welfare system.

As shown in the diagram below, child protection systems operate at different levels. The first level constitutes 'universal' or 'primary' prevention

Main Features of National CP Systems



Primary: Target general pop. (awareness raising & universal services)

Secondary: Target at-risk groups (e.g. services for families in difficulty; outreach)

Tertiary: Target individual child/family (e.g. removal of child; respite care.)

activities, wherein norms and standards are set to promote the knowledge, skills and understanding of society at large to ensure that children's rights to care, protection, guidance, nurturance and development are met.

At the 'primary' or 'universal' prevention level, the social welfare component operates against the backdrop of the legal framework through initiatives which may include: enhancing knowledge of child rights and development; promoting activities or services which stimulate increased capacities for effective child rearing, support for children in transition periods, such as during adolescence, and for public information.

The 'secondary' level of operation is responsive to specific needs or issues, while also carrying a specific preventative function for particular groups of children or families, including families with particular needs or factors which may make the children vulnerable to being in situations of potential risk. At a 'secondary' level, there is an interface between prevention and intervention activities, wherein actions by the social welfare system may take place to respond to specific communities, groups, families or individual children who are identified, through assessment and research evidence, as vulnerable to particular issues. At this level, social welfare systems may establish services for particularly marginalised members of the community, such as those families living in chronic poverty, parents with disabilities who may be constrained in their abilities to care for children, or where individual children have demonstrated behavioural or emotional difficulties.

The 'tertiary' level is one which demands direct intervention by child welfare systems, targeting individual children and families where a child is suffering, has suffered, or is highly likely to suffer significant harm, such as abuse, exploitation, neglect or violence, and where the laws, policies and standards are breached or rights violated. At the tertiary level, the child welfare service providers will intervene directly in the lives of individual children and families and may involve a detailed assessment of the child's and the family situation. Subsequent recommendations to the court, on the basis of this assessment and the child's best interests, would inform any legal decisions made in respect of the child's needs. Recommendations by social

welfare services (also referred to as statutory services) may include: referral for intensive family support or other specialist services; the temporary or permanent removal of the child from the parental home to a place of safety or an alternative care setting for a specified period of time. Such alternative care services may be provided by either the state or a designated non-government agency, but all parties are accountable to the justice system for compliance with the stipulations of the court order.

The involvement of a formal court decision or other formal processes is necessary to ensure that the needs and rights of the child are best served, often against the competing priorities of others, such as in cases of adjudication during adoption, parental custody, property and inheritance, or other such issues which directly affect the child's life. The justice system may also grant child victims restitution for any harm suffered and ensure the enforcement of these and other such orders.

Summary and Recommendations

The emerging evidence and wider implications of the consequences of child maltreatment are increasingly gaining global attention and a body of research and debate is steadily becoming available. Recognition of child maltreatment and children's protection and welfare has been particularly acknowledged by Asia and Pacific nations as evidenced at the 2010 High Level Intergovernmental Meeting in Beijing³⁷.

Hosted by the Chinese Government, this High Level Meeting on South to South Collaboration for Child Rights identified Child Protection and child welfare as one of four key emerging issues affecting children in the East and South Asia and Pacific regions, and a commitment was made to build and strengthen adequately-resourced national child protection and welfare systems and mechanisms. Such systems were to include the prevention of violence, abuse, neglect and exploitation, the establishment of timely and

³⁷ The Beijing Declaration on South-South Cooperation for Child Rights in the Asia Pacific Region, http://www.unicef.org/saprc/meetia_1417c.html

appropriate responses where protection concerns arise, and the mitigation of the impact of such concerns on the lives of children and their families.

While the establishment of fully functioning and effectively resourced child protection prevention and response systems are a long term goal, it must be acknowledged that in many ASEAN Member States, national child protection systems are already in development. Progress is evident in law and policy, and in developing responsive approaches for children in conflict with the law and child witnesses, and for victims of child abuse and exploitation, and commitments have been made to progress these developments over the next five years.³⁸

As this paper has shown, the evidence base is a prerequisite to effectively inform development in reducing the incidence, impact and consequences of child maltreatment. In order to further progress such developments and facilitate the realization of these commitments, existing gaps in knowledge and practice need to be recognized, and the means identified through which these developments can be effectively supported. There are many existing sources of information to support national child protection systems building, including academic studies, ongoing government action, and the experience of civil society and faith based organizations at community level. Further, the UN CRC Committee and others have identified research, data and evidence from practices as critical to ensure the best outcomes for children and families by the most cost effective means possible. These elements form the basis of the following concluding recommendations of this paper.

Recommendations

- Establish systematic and disaggregated data collection on the scale and nature of child maltreatment at national level.
- Establish processes for the critical analysis of incidence data to monitor trends and inform planning and policy.

³⁸ ASEAN STRATEGIC FRAMEWORK FOR SOCIAL WELFARE AND DEVELOPMENT (2011-2015) http://www.dtiap.org/resources/pdf/SO&SWD_Strategic_Framework_2011-2015_FINAL_12_01_04.pdf

- Ensure systematic evaluation of ongoing programmes and projects to support evidence based practice.
- Advocate for and undertake rigorous research on child abuse and maltreatment, its manifestations and strategies for prevention.
- Given the limited numbers of professional social workers and other cadres of staff experienced in work on child maltreatment, undertake research, studies and interagency debates to identify strategies for capacity development in parallel to national child protection systems development.

The concerns, issues and recommendations raised in this paper aim to further prompt the ongoing dialogue and action on the realization of children's rights to protection from violence, abuse, neglect and exploitation. While the elimination of child abuse, violence and exploitation should be the ultimate goal of any nation state, many would see such a goal as unachievable, however, as Nelson Mandela³⁹ wrote "Safety and security don't just happen they are the result of collective consensus and public investment. ... We owe our children, the most vulnerable citizens in our society, a life free of violence and fear."

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³⁹ World report on violence and health Edited by Etienne G. Krug, Linde L. Dahlberg, James A. Mercy, Anthony B. Zwi and Rafael Lozano. World Health Organization, Geneva, 2002

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Social Services for Children of Mothers with HIV/AIDS

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Abstract

The research was conducted in Jakarta to examine needs and existing services related to social programs for children of mothers with HIV and AIDS. The study used quantitative and qualitative approaches, with an exploratory type of research. The study employed survey (201 respondents: mothers with a positive HIV), in-depth-interview and focus-group discussion techniques. The informants were: mothers with HIV / AIDS, children of families living with HIV (>/ = 12 years), the family members who look after the children, Policy Makers and service providers (Government and NGOs). The research showed that the available services include health, education and psychosocial services for children, as well as training and assistance for income generating of the child's parents. Informants tend to look after their own children, and when the mothers have died, they want the extended family to care for their children. Community-based care is less desirable because the community tend to discriminate people with HIV / AIDS.

Keywords: children, HIV and AIDS, social services, social worker

Introduction

Background

Today, AIDS has become a global issue. In many countries AIDS causes a big concern because the number of sufferers is increasing. Social impact is also very large. Many children lose their parents. These children require serious attention, especially since many members of the community do not understand about AIDS and the ways of transmission. With this condition, the children become victims twice: loss of parental love and live in a stigma and marginalized. Society still tends to regard AIDS as a cursed disease because

of sexual intercourse committed by homosexuals and needle-sharing of drug users. However, the recent data has shown that the number of patients are heterosexual and women equal men, and even exceed the previous two categories. The facts prove that there is an increasing number of children who died of AIDS. UNICEF reveals 60% of all child deaths are caused by the AIDS virus (Lox & Pawat, 2006, p. 34/). This phenomenon has had a huge impact on the country, especially developing countries, because they are potential human resources for the development of the country.

The condition is especially indicated in countries where welfare systems that provide adequate services for these children has not been well developed. If this is not properly addressed, poor conditions of these children will eventually worsen the quality of human resources, and the overall state economy. For example, today in South Africa, one of four workers is infected with the AIDS virus. A large number of villagers have had AIDS and therefore, they are not able to work on their productive occupations (agriculture). Some reports claim that AIDS has triggered food crisis in Africa. Thus, the impact of AIDS are not only at family and individual levels, but also at the community and state levels.

In Indonesia, there is a trend of HIV epidemiology which has significantly increased since 2004, so if it is not immediately addressed, HIV / AIDS could become a serious problem in the future. Unfortunately, until recently the issue of HIV / AIDS has not been a priority to be addressed by the Indonesian government because the prevalence is regarded still low, namely 0.16. Even the issue of HIV / AIDS of children tends to be ignored.

At present, dealing with HIV/AIDS in Indonesia still focuses on the response to the epidemic with a medical approach, even though there are also many social problems in relation to the issues which need to be tackled. In the field, there are some difficulties encountered to handle the problem, among others: (1) antiretroviral drugs for children with positive HIV is not yet available, so doctors have to deliver antiretroviral drugs of adults which are crushed into powder and its dosage is adjusted to the weight of the child, (2)

difficulties in the diagnosis of HIV status because of high cost (3) a difference of opinion about formula feeding instead of breast milk for infants born to HIV positive mothers, which still becomes debatable and this is confusing for field practitioners . (4) the problem for medical treatment of children with HIV, especially when they come from families with low income (NIA, 2009).

Literature Review

HIV, Child and Child Rights

HIV and AIDS epidemic has affected the lives of millions of children and lead to increased risk of physical, emotional and economic conditions. Global commitment to combat the impact of AIDS on children is formulated in 'A World Fit for Children', in 2002. All children can be affected directly or indirectly. Children are indirectly affected when the services are not adequate. While, children can be affected directly in several ways, including:

- a. They live in an environment with high risk of HIV
 - b. They live with a chronically ill parent.
 - c. Family households are poor because their parents' illness
 - d. They obtained the stigma and discrimination because they live with HI infected family members.
 - e. Become orphans, losing one or both parents who die because of AIDS
- (UNICEF, 2006, p. 2)

Growth of the children who are affected and infected by HIV and AIDS will be disturbed. For children who are affected by AIDS, the nature of their childhood fundamentally is changed. Children are particularly at risk of losing the opportunity of schools, health protection, growth, development, nutrition and shelter. It is exacerbated when their parents die; they would be very lost, grief, anxiety, fear and no hope, that in the long run can lead to psychosomatic disorders, chronic depression, low self confidence, learning disabilities, and disruptive social behavior. This situation is often complicated by the existence of 'self-stigma', where children will blame themselves because of illness and

death of their parents and because of their family misfortunes (Smart, 2003, p.8). Resilience of children (ages 0-3 years) are at stake when their mothers are dying or nearly dead. Based on the results of research in Sub-Saharan Africa, children are 3.9 times more likely to die after 2 years of their mother's death (from AIDS). When children are infected with HIV (positive), it will be at higher risk for dying (UNICEF, 2006, p.19)

Illness and death from AIDS in a family cause trauma and hardship to the child. However, the impact of parental death is more influenced by the environment of each child, such as the economic conditions of households and their communities, children's relationships with caregivers, their age when his/her parents are sick / dying and other factors (UNICEF, 2006, p. 18). Death of parents due to AIDS have a big impact on children. They will lose their parents and will have a new nanny who do not necessarily lead to a sense of security and comfort for the child.

An orphan / orphans (orphan) is a child aged under 18 years in which the mother, father or both parents died. Specifically, the orphan / orphans (orphan) can be described as follows: (UNICEF, 2006, p. 4)

- a. Single orphan - a child who lost a parent
- b. Double orphans - children who have lost both parents
- c. Maternal orphan - a child whose mother died
- d. Paternal orphan - a child whose father died

Orphans / orphans often have to move to a new home. In Sub-Saharan Africa, extended family, like aunts and uncles are often viewed as a substitute for parents, provide protection for children. However, for children in Southern Africa, migration has raised short-term trauma. If kids are feeling threatened in their new environment or when there are changes in the caregiving environment, then the placement failed and the kids will try to move on again (UNICEF, 2006, p. 18).

The definition of "orphan" must be clear, because it is crucial for services and policy. Government of Malawi, for example, initially defines orphans as "children who lost their mother or both parents". But later they changed the

definition of "children aged under 15 who lost their mother or both parents". With this new definition, more and more children are recorded. For example, in 2000, based on the previous definition, the number of orphans were 660,000; by using the new definition, the number of orphans is 1,123,947. It is very important, and has implications on policy; if they are not included in the data, they will not be reached by the sources of care (Barnett & Whiteside., 2002, pp. 198-199.)

Children's Rights

Based on the Convention on the Child's Rights (CRC), there are four principles:

- a. non-discrimination, meaning that all of the rights recognized and embodied in the CRC should be applied to every child without any distinction. This principle is a reflection of the universality of human rights principle.
- b. The best interest of the child, means that all actions concerning children, then what is best for the child must be the paramount consideration.
- c. Survival and child development means that the child's right to life which is inherent in every child should be recognized and that the right of the child survival and development should be guaranteed. This principle reflects the indivisibility of human rights principle.
- d. Respect for the child's views, meaning the child opinion, especially concerning matters that affect their lives, need to be considered in any decision making. In the case of his parents (or whatever reason cannot guarantee the growth of the child, then the child will be placed in foster care or eligible for adoptive or foster child by another person in accordance with the provisions of existing regulations. (Article 7 paragraph 2 and 3) Every child has the right to health care and social security in accordance with the physical, mental, spiritual and social aspects. (verse 8).

To serve children who are affected and infected by HIV and AIDS, there is need to do capacity building of institutions and individuals, including the

officers, to enable them to strengthen the community, so that community-based programs can be run effectively. And most importantly, campaign / counseling is very important because the community's understanding is still limited and they have prejudice and fear of HIV / AIDS. With the educational program, it is hoped the community can understand about HIV / AIDS and victims, including children who lost parents to AIDS.

The Roles of Social Worker

Many people have a "them and us" mentality about persons who are HIV positive or have AIDS. They are feared to have social contact. The social impact is enormous: they are isolated, the possibility of losing a job, are abandoned by family, spouse and friends. When a child is exposed to the virus, usually the parent of other children going to school prohibits the child in the same place with their children, and forbid their children to make contact with the child. A social worker who are with HIV positive disclose negative aspects as follows: "Like no other illness since the advent of modern medicine, AIDS carries with it a stigma of shame and pointed finger of blame, suggesting those who are sick are at fault for being infected Shame and blame persons with AIDS can lead into denial and hiding, which may cause potential avoidance of medical care, involvement in unsafe sexual activity, and a lack of support from a support system. Further, this isolates the person with AIDS and exacerbates feelings of aloneness and despair".

Social work is a profession known to support and advocates for the oppressed, such as, the poor, the elderly, disabled, and women. Social worker has an ethical obligation to combat the tremendous injustices related to AIDS. AIDS is not a gay disease or a drug user's disease. It is a human disease (Zastrow, 1996, 486).

In carrying out duties, there are some roles played by a social worker, among others:

1. Enabler: to help clients express their feelings and needs, then together with the client to determine a strategy to develop the personal capacity

to deal with the problem effectively.

2. **Mediator:** a social worker become a mediator when there are two sides of the conflict. The social worker should be in neutral and be objective. The social worker asks each party to understand their position and know the mistakes they have made
3. **Educator:** Social workers must have good knowledge and understanding of the problem dealt with, and be able to communicate well. In prevention, education aspect is very important for the community
4. **Broker:** the social worker connects clients with existing resources, both government sources and non-governmental (public)
5. **Facilitator:** social workers are able to lead group activities, like-therapy group

As an "empowering profession", everything which is done by a social worker must be able to empower the clients, in order to overcome the problems on their own in the future

Social services are delivered by community organizations, NGOs, religious groups etc. The types of services provided include health and nutrition programs, child care and education, income generating, and support for extended family, etc.. A paper entitled "Principles to Guide Programming for Orphans and Other Children Affected by HIV / AIDS" , which was developed by UNICEF and UNAIDS (2001), offers a number of issues and tries to help communities and families with some principles which are as follows:

1. Strengthening the protection and care for orphans and other vulnerable children in the extended family and community
2. Strengthening the capacity of dealing with economic problems among families and communities
3. To enhance the capacity of family and community
4. To improve the capacity of families and communities to provide with the psychological needs of orphans, the vulnerable and those who cared for them.
5. To establish cooperation with preventive activities, care and support

- of HIV / AIDS for people living with HIV / AIDS and to make efforts to support orphans and other vulnerable children
6. To focus on vulnerable children and community in general, not only on the orphan with HIV/AIDS
 7. To give a special attention to the roles of boys and girls, men and women and to eliminate gender discrimination
 8. To ensure full involvement of the youth as part of problem solving.
 9. To strengthen schools and give an access to education
 10. To reduce stigma and discrimination
 11. The necessity of acceleration on the exchange of information and learning
 12. Strengthen partnerships at all levels and build coalitions among key stakeholders
 13. To ensure that there is strong external support and not ignore initiative and motivation of the community.

Furthermore, UNICEF (2004) published the Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV / AIDS. The document outlines the impact of HIV / AIDS on children include psycho-social stress, economic problems and the risk of HIV infection so that there are 5 strategies to meet the needs of these children namely to build the capacity of families, providing support to the community, providing important services for children (education, health), improve policy and provide a supportive environment for children.

Study Objective

To provide an overview of the needs and existing services related to social programs for children of mothers with HIV and AIDS

Study Method

A. Research Approach

This study used quantitative and qualitative approaches. Quantitative approach is to formulate the research variables, measurement and produces numerical data, to determine the tendency of a social phenomenon. The qualitative research method is a procedure of research that produces descriptive data in the form of words written or spoken of the people and behaviors that can be observed. Thus, we can obtain data more deeply and clearly related to the research topic.

B. Type of Research

This type of research is exploratory. This form of exploratory research is still relatively limited because of research on children exposed to HIV / AIDS prevention and mitigation. This research is open and through this research on the subject of the picture will be clearer and more detailed.

C. Data Collection

Data collected in the form of primary and secondary data. Data collection techniques are performed:

1. **Primary Data.** Using survey and in depth interview techniques Through a quantitative survey data obtained using a questionnaire. While in-depth interviews using semi-structured interview guide in order to obtain in-depth data
2. **Secondary Data.** Secondary data collection is done by Library and Documentation Studies. The data obtained through books, studies, journals, archives and documents.

D. Informant/Respondent.

- a. Mothers with HIV / AIDS
- b. Children from families living with HIV (</ - 12 years)

- c. Family members who care for children of the mothers with HIV/AIDS
- d. Policy Makers
- e. Service providers (Government and NGOs)

E. Study Site

In this study, survey and in-depth interviews conducted on respondents / informants related to HIV / AIDS and service providers are located in Jakarta area

F. Sampling and Informant

Quantitative data (through surveys) was collected from 201 mothers with a positive HIV. Qualitative data was obtained from the interesting cases, then they were explored through a focus group and depth interviews. FGDs conducted on HIV-positive mothers and children of people living with HIV, while in-depth interviews carried out to gather data from the husband of mothers with HIV-positive; extended family members, staff of NGOs as service providers and decision makers.

Study Results and Discussion

Based on the data obtained, the majority of respondents (91%) are working mothers, among others, as private sector employees, shopkeepers, laborers, merchants, women sex workers and others. In fact, some of them (5,5%) are involved in NGOs as HIV and AIDS outreach workers. Moreover, many respondents also state that they are active in peer support activities facilitated by the NGOs. Through the peer support program, they can do more productive activities, such as exchanging information, providing mutual support or doing productive economic activities, for example, to make beaded necklaces.

The infected mothers fight for their lives and their children. According to the mothers, children comprise half of their souls, the motivation, encouragement and their future life.

"... The child is hope ... if there are not children, I feel empty ...when my child is around me, all of my tiredness and problems have gone ... (V. HIV-positive mother, October 2009)

Based on the above expression, it is obvious that they feel a child is precious and valuable to them. Therefore, they want the best for their children. However, there is fear that the conditions can affect the education of the children who are HIV-infected ; they are anxious about discrimination that will occur at school and community as expressed by the father of AH:

"... when my kid is engaged in the school's extracurricular activities, he takes the medicine first. Teacher often asks, 'what drugs?'. If he answers it is HIV drugs, I am sure my kid will be isolated by his teachers and friends, therefore I told him to say that he takes drugs for reducing sweat" (Wa. HIV-positive mothers, October 2009)

Therefore, HIV-positive parents usually do not inform the HIV status to their children and to the community. also they do not inform the child about his/her own HIV status if they are infected. This is to prevent disclosure spontaneously and unintentionally by the children, because they do not understand the impact of stigma and discrimination that will be generated. The informant indicates the presence of stigma and discrimination when a parent with HIV status is revealed through the media, and this brings negative impact on the child.

"... There was a disclosure of a parent's HIV status at Kick Andy Program, Metro TV After that, friends, guardians, and the other students discriminate against the child. finally it's advocated by an NGO..." (AH, the husband of HIV-positive mothers, September 2009).

It seems that the disclosure of parent's HIV status causes certain conditions: they are not active in the community activities. There is evident from the survey that 84.6% of respondents are not active in community activities, 68.2% is also not active in religious activities. However, respondents are generally quite active in the peer activities with NGOs (48.3%) and 49.8% are involved in the activities of extended family.

Based on the interviews, it is revealed that any child born from HIV positive mothers, have to undergo various tests to ensure the child's HIV status. The cost to take the HIV test for children is also often an obstacle for parents to seek health of their children who are at risk of being infected. Based on survey results, it is known that for a HIV test for children, either by PCR or VL, it costs between Rp. 225,000 - Rp. 850,000,- not including the cost of CD4 test between Rp. 57,000 - Rp. 125,000, -. However, with the support of extended family, NGOs and peer groups, cost barriers can be overcome so that the children with unknown status can have the test.

After the children who are at risk of being positive HIV have been detected, then the NGOs seek to support the mothers to be able to have access to ARVs for their children. The efforts of mothers who are HIV-positive in fighting for their children's health are amazing, as it must go through several stages and be faced with patience. In this case, NGOs or peer group greatly help the mothers to check the status of their children as early as possible, and be able to access antiretroviral drugs when needed. The provision of antiretroviral drugs is done regularly and in proper doses, children infected with HIV can do activities like other children in general.

However, it is noted from several cases that although HIV-positive children have routinely obtain ARVs, children's health conditions are not always stable, and tend to be more vulnerable than other children. It is recognized by the following informant:

"... ya my child (infected) is sickly ... I take care and watch, as if my child is standing on edge. one day he could be taken away.. at any time...as you have known (the severity of) his illness ... "(Wa. HIV-positive mothers, October 2009)"

In fact, due to their fragile condition, children infected with HIV sometimes must undergo treatment in the hospital for a long period of time. Thus, the other problem is raised, which is related to economic conditions. Based on in depth-interview, the problem is slightly overcome with the Certificate of the Disadvantaged (SKTM) that obligates the hospital to provide cost reduction

by 50% as stated by the informants.

Based on the few cases encountered, the resistance of the infected child depends on how early the child's HIV status is detected. Weak survival of HIV-infected children could occur because the HIV test is not done as early as possible (due to ignorance of their parents or guardians) and outage of ARVs for children. In addition, the problem of nutrition and access to health services is also very much involved. ARVs for children is not available yet in Indonesia, so they are taking ARVs for adult dosage adjusted to age and weight. Yet through the ARV, the quality of life of children can be better and they can survive much longer, as illustrated by the cases of this study.

As identified by UNICEF (Smart, 2003) that the problem of school dropouts, poor nutrition, housing problems and lack of access to health services are the factors that cause increased susceptibility of children to HIV. The support of extended family, peers, and NGOs is important in order to reduce the impact of the HIV epidemic on vulnerable children exposed to HIV and AIDS, especially in terms of nutritional needs and shelter. However, to meet the needs of access to health and education, the role of government through Certificate of the Disadvantaged (SKTM) and School Operation Assistance (BOS) would be very helpful.

Furthermore, the results also show that the most important role is played by the extended family, especially if HIV-positive parents can not care for their own child, for example, because the parents are ill or died. When parents are still alive, in general, these children live with their biological parents or relatives because of the respondent (mother) are more confident caring for their own children. However, there are cases when the mother is still alive, but the children live together with the extended family. The reasons are as follows: the child is close to her grandmother, the extended family can accept the infected child, medical and education costs, a fear that her child is infected HIV from the mother, mothers are working, the family knows the child's disease history and the family is able to supervise taking the medication. Data shows that the child living with family is receiving adequate care and support

from both parents and family members. The support is present in many forms, such as, providing education, moral and spiritual support, shelter, child care, health costs and so on. The intention of parents to entrust their children who are affected and infected by HIV/AIDS to stay with the extended family is also seen when HIV-positive mothers have died

Therefore, programs to strengthen family resilience in the economic and psychosocial need must be strengthened to minimize the impact of the HIV epidemic on children. When asked about a plan to entrust the child respondents to the institutional care, only 7 people (3,5%) of respondents who chose the institution as a place to nurture their children. Those who choose the institution have some reasons: there is no relatives, the institution provides educational services and good health care for children without discrimination. However, they hope the institution has a professional staff. The respondents who do not want the child to stay at the institutional care, state that the child might not get proper service, special nursing care of children with HIV / AIDS is not available, the child might lack of attention. Actually the placement of children in the orphanage also place children at risk. Several other studies show that children who are placed in the nursing home, experience delays in their physical, mental and social development, especially those related to anxiety, symptoms of depression, uncertainty, aggression, low self-esteem and other antisocial behaviors (Gudbrandson, 2004 and Tobis, 2000 in Singletary, 2007:302). In addition, Bulkenya (1999) in Singletary (2007) also reveals a number of issues related to nursing care of children in Uganda with particular regard to high staff turnover, which also influences the child's growth and development. The absence of health checks on staff could lead to children infected with various diseases such as tuberculosis that makes children more vulnerable.

The desire of respondents to the affected and infected children to stay with the nuclear or extended family is also in line with the views that the family is the most responsible one for the child. It is also in accordance with the Williams's view in Jon E. Singletary (2007, p 304) that the model of family

and community based care is the best to meet the needs of the child who is affected and infected with HIV / AIDS, and especially when the services provide economic assistance, education and health care, besides social support from the community. This is because the provision of care which complies with the interests of the child can only be done within the family or extended family for continuity of care. Furthermore, the important aspect is to strengthen the community. However, it is important to note that this study results give a different emphasis from William's view. Due to discrimination of the community to HIV/AIDS patients, this study suggests that the respondents/ informants tend to have a family based-care combined with drop in center. Thus, this differs from William's who proposes the model of family and community-based care. The purpose of this model is that the orphaned or vulnerable children affected and infected with HIV / AIDS obtain support from adults who know and still remain in their communities. This model seeks to empower households where children live so that they can obtain adequate care and protection. However, to strengthen the nuclear or extended family, which generally comes from the economically lower middle class, including to reduce the discrimination from the government and community agencies that provide services, there should be a synergy to strengthen families and to provide counseling to the community about HIV / AIDS. This is in line with some of the principles of dealing with children with HIV/AIDS as claimed in Ion E. Singletary (2007, p 305) as follows:

1. Strengthening the protection and care for orphans and other vulnerable children in the extended family and community
2. Strengthening the capacity of dealing with economic problems for families and communities
3. Enhancing the capacity of families and communities to provide with the psychological needs of orphans, the vulnerable and those who cared for them
4. strengthening schools and give an access to education
5. Reducing stigma and discrimination

Support from community members is needed, including from the religious and community leaders, in order for community-based services to be effective, socialization needs to be held acknowledging that HIV / AIDS transmission is not as easy as they think. The community still feels scared to approach people with HIV and AIDS.

An informant comments as follows:

"Whereas it upside down; instead of the normal people fear of people with HIV, actually the persons with HIV are afraid of normal people. When the normal people cough, for example, people with HIV got it easily. Therefore, the right info about HIV/AIDS must be disseminated"

People do not want to shake hands, because they are afraid of being infected. This misunderstanding is still a dilemma in the community. If people know someone with HIV, he is even shunned.

Although the support is provided by neighbors, but the survey results show that 38.8% of respondents had experienced unpleasant response/reaction from the family, health care, community and others. The responses include biased service in the hospital, discrimination, experiencing stigma, such as, separated dining with others including cutlery, hospital staff feel disgusted, fired from work, child is forbidden to play with peers, disclosure the status of mothers and children in front of other patients, do not want to check the child because of his status. This stigma will affect the child development, therefore, in dealing with HIV/AIDS, stigmatization issue must be addressed properly.

The study indicates that children who lost one or both parents are the vulnerable children. They need a comprehensive social service to reduce such vulnerability. The importance of the social services begins with the emergence of HIV / AIDS in families that require additional resources for treatment. Especially if the patient is a bread winner, there is a problem with family economy. Thus, they require support from other parties including the extended family and community. This is further exacerbated in the event of death in people with HIV / AIDS.

The social service for these specific children is a program to reduce the

impact of HIV and AIDS on the children, which among others, can also be a care-support-treatment, which covers both affected and infected children. Besides, according to Bonnard (Bonnard, 2002, 15) which revealed that the services emerged based on the thought of a long-term impact on families who have HIV / AIDS. Therefore, there are various programs organized by NGOs associated with health and psychosocial services. This kind of service is identified in the study, as described by the informant is as follows:

"Health Division provides routine health care and we have a drop-in center clinic. In addition, the division also has psychosocial service. The children come to the drop-in center to get health care. There is also a room for children to play which is equipped with toys, children can also be drawing, coloring, etc. They can play together too, while there is a staff watching."

But from the expressions of informants, suggesting that although they have the support in terms of health care and psychosocial services but it is less adequate. As for the services include income generating program, some institutions have provided the necessary knowledge and skills.

Briefly, this Study finds that some institutions render various services. The study demonstrates that there are NGOs which only provide health services, there are some giving training in order to improve the economy, including financial aid and educational assistance, and some that provide services and advocacy of social psychology. Overall, these services are in line with the views of UNAIDS (2008) that there are three important elements must be considered in order to reduce the impact of the HIV epidemic on children: education, social protection and improved access to ARV treatment.

How should social workers respond to HIV/AIDS related to child conditions? Based on observation, not many of Indonesian social workers who work in the field of AIDS prevention and treatment. Perhaps this happens because in the country, the focus of HIV/AIDS treatment is still on medical aspect. Social Workers specializing in child issue are very limited that deal with children who are affected/infected by HIV/AIDS. In Indonesia, social work education at a Bachelor level (S1) produces generalist social workers.

However, in the educational process, students not only undertake the core curriculum subjects, but also courses that support the other fields, for example, health issues which one topic of discussion is concerned with HIV and AIDS. Moreover, some social work schools also offer courses on Child Protection. It would be good if in this course there are sessions on HIV and AIDS and how the role of social workers in helping children who are infected with HIV / AIDS. In addition, apparently it needs to hold training for Social Workers, specifically working with children in families who are HIV and AIDS patients, and children who have been infected. Thus, social workers work for prevention and treatment.

In particular, the roles that should be done by social workers are as follows:

1. **Enabler:** social worker help clients to express their feelings and needs, then together with the client to determine a strategy to develop the personal capacity to deal with the problem effectively. This is mainly done by children who can already communicate.
2. **Mediator:** the social worker plays a role as mediator, for example, when there are parents who insist that children with HIV and AIDS must resign from school. In this situation, there are two sides of the conflict. The social worker should be in neutral and impartial. The social worker asked each party to understand their position and know the mistakes that have occurred.
3. **Educator:** Social workers must have good knowledge and understanding of the problem dealt with, and able to communicate well. In prevention, education aspect is very important to the community. As an educator, the social worker can play a crucial role to eliminate stigma and discrimination against families and children with HIV/AIDS
4. **Broker:** the social worker connects clients with existing resources, both government and non-government. For example, the social workers can make connections with some Ministries/agencies to develop income generating programs

5. **Facilitator:** social workers are able to lead group activity, for example, group therapy. They form groups of children with HIV/AIDS, through playing games the children will obtain psychosocial treatment.

Dominelli reminds that "social workers have traditionally worked with children according to adultist paradigms" (2004, p.102). When working with children, especially those who live with HIV/AIDS, the social workers especially need to understand the children's world, their experiences, despair and expectations. Social workers need to do many counseling sessions and to play the roles mentioned above, especially for children who are badly affected by AIDS, when their childhood changed dramatically. There are several problems encountered by the children, such as, losing the opportunity of schools, health protection, growth, development, nutrition and shelter. It becomes worse when their parents die; they would be very lost, grief, anxiety, fear and no hope. This situation is often complicated by the existence of 'self-stigma', where children will blame themselves because of illness and death of their parents and because of his family misfortunes (Smart, 2003, p.8). Further, all these can prevent them from growing to be socially and emotionally healthy children. Having looked at the huge impact on the children, the Indonesian social workers should contribute more to dealing with children with HIV/AIDS, so that the child's rights can be fulfilled

Conclusions and Recommendations

1. The social services needed are the services which are not only rendered to orphaned children due to death of parents but also to children whose parents with HIV/AIDS are still alive:
2. The existing services for those children include health, education and limited psychosocial services for children, as well as training and assistance for income generating for the child's parents. It is found that not all agencies provide with the psychosocial services

3. The existing services model are family-based care. The community-based care is limited because, even though there is public support, there are still fears of stigma from society.

The study indicates that most informants expect the children are cared by extended family. However, for those who do not have extended family, they tend to place their children in the orphanage (institutional - based) with specific criteria which are good for their children, such as, it should have a yard, nutritious food, health care, and education

Recommendations

1. Child protection mainstreaming

Policies and Programs for HIV and AIDS in children should be based on Child Protection Law, with the principles of non-discrimination, child's best interest, child survival and development and respect for the child's views

2. To provide an access to ARVs

Due to the unavailability of drugs specifically for children, the way of taking ARV should be massively disseminated to ensure that it is taken with a proper dose. People must understand its principles, which are Right medication, Right time, Right dosage, Right way, Right storage

3. To develop Policy and program

- a. Government and NGOs need to develop HIV prevention programs, so that community increasingly understands, thus the spread can be prevented and discrimination against persons with HIV / AIDS can be eliminated
- b. To develop counseling services for children, as well as capacity building programs. both for government and NGOs, among others, conducting training on case management, grief counseling and child counseling. The human resources development in social services is important in order to develop a sensitivity to children and to understand child development principles.

3. Educational support

Provision of educational support is still needed, especially to reduce school drop out rates, especially among children living with HIV (both infected and who is affected) who are of school age.

4. Social Protection

a. Provision of Nutritious foods and infant formula

Supplies of food / nutrients are needed for infants (0-2 years) who were infected with HIV and AIDS. To reduce the risk of virus transmission, breastfeeding cannot be given to babies of mothers who are HIV-positive, therefore it requires the availability of infant formula, especially for low-income families.

b. income generating activities.

The economic assistance for parents or caregivers of children with HIV / AIDS is needed to strengthen family resilience. This support can be provided by NGOs and the government through government programs for poverty alleviation

5. Provision of drop-in center

This center should provide psycho-social services for children and families. Based on this study, it appears that the required care is family-based care. To support this, it should be accompanied by a drop-in center with psychosocial services for children and their families, health care, as well as activity facilities for children. Psychosocial support is necessary as the children have special problems, such as the saturation of taking medication, and physical conditions that often drop which affect the children's psychological and social conditions.

The above recommendations require a professional social worker so that their involvement with children with HIV will ensure that the child will be able to live a dignified life during their childhood.

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Changing the Paradigm of Children's Care and Protection in Indonesia

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Abstract

There is a paramount movement in terms of policy and practice regarding the importance of family based care in Indonesia by shifting from residential approach to family based cared.

The Law of Child Protection No. 23 year of 2002 states that family is the best environment for caring children. However, in the reality, Indonesia has been strongly relied on institutional care. The model and government assistance mainly focus to support children in institutions. This condition couples with lack of regulatory system for social service providers, lack of social workers who are able and experienced in providing support to children outside of an institution, few direct interventions to prevent and respond to the violence, exploitation and neglect children face in their families and communities, decentralization process and lack of effective centralized data collection system. As a result, Indonesia has become a country with the highest number institutions in the world.

Research on the Quality of Care in Childcare Institutions – 2007 triggered the paradigm shift as this research showed that the quality of many childcare institutions are below standard, children live in very bad situation for their development and growth. The main reason for sending children to childcare institutions is poverty and children's education. It was followed by changing in terms policy, support system and practice. First, establishment of regulatory system including Registration system and National Database for childcare institutions, and developed National Standards of Care that introduce minimum standards and gate-keeping framework for childcare institutions. Second, shifting resources to support children and families resulted in Government Regulation on certification and licensing for professional social workers, development of core competencies and curriculum for social work education and development capacity of social work teacher on child and family centered social work practice and provided to support children in families. Third, piloting good practices such as Conditional Cash Transfers (Hope for Families) to support access to education and health; developing non residential model interventions with children at risk, placement of social work graduates to increase quality of services provided in institutions and piloting Child and Family Support Centre.

On the 2nd December 2009, Dr Makmur Sunusi, Director General for Social Services and Rehabilitation in the Ministry of Social Affairs presented the experience of Indonesia in reforming its child protection system at an international conference in the UK on "Protecting Children without Adequate Parental Care." This presentation, and the positive feedback it received on that occasion, indicated just how far Indonesia has come over the last five years but also recognition of the scale of the task that remains and its importance for the welfare of children in Indonesia.

Indonesia has one of the highest numbers of childcare institutions in the world, an estimated 8000 childcare institutions (Panti Asuhan) where over half a million children spend the greater part of their childhoods. Over the last 20 years, the number of such institutions has at least doubled and indications are that it may even have quadrupled, if data provided by the Government to the UN Committee on the Rights of the Child in 1994 is correct. The vast majority of these institutions (98%) are privately run and are entirely unregulated.¹ The question for those working to support vulnerable children in Indonesia is why, in a country where family values are high and extended family structures well established and recognised, should institutional care be relied on so much to care for and protect children. Following the major earthquake and tsunami that affected Aceh in December 2004, the Ministry of Social Affairs embarked, with support from Save the Children, on a major research and policy review to try to understand why institutional care had taken on such a key role in the child welfare system.

The research looked at the use of institutional care across six provinces of Indonesia as well as in the very specific emergency context of post Tsunami Aceh.² It also reviewed the legal and policy framework for social services to children at risk and identified which interventions were supported by the Government and in particular the Ministry of Social Affairs. This research

1 'Someone that Matters': the Quality of care in Childcare Institutions in Indonesia (2007) The Ministry of Social Affairs, Save the Children and Unicef

2 A Rapid Assessment of Children's Homes in Post-Tsunami Aceh (2005) The Ministry of Social Affairs and Save the Children, A Rapid Assessment of the Islamic Boarding Schools (Dayahs) in Post-Tsunami Aceh (2007) NAD Department of Education, Save the Children and Unicef. See also 'Someone that Matters': the Quality of care in Childcare Institutions in Indonesia (2007) The Ministry of Social Affairs, Save the Children and Unicef

confirmed that residential care was being used in Indonesia as the primary form of intervention for children deemed to be facing social problems, both by government agencies and the mainly faith based organisations running the vast majority of childcare institutions in the country. It also found that while KEMENSOS recognised and supported 18 different types of institutions for children and other vulnerable groups (one for each "social problem"), most institutions were "panji asuhan" and only a handful of other types of institutions could be found in most provinces. The number of "panji asuhan", on the other hand, was staggering with some provinces such as NTB having a ratio of more than 5 childcare institutions per 100,000 residents.

The research found that the overwhelming majority of the children in childcare institutions were in fact not without parental care or families and only 6% of them were orphans (10% in post tsunami Aceh). Instead, the children were placed in these institutions primarily by families that felt or were deemed to be poor (*tidak mampu*) and unable to provide their children, in particular in terms of paying for their education. While recognising that further research was needed to understand better the complexity of the pull and push factors leading families to relinquish their children into care, there was no doubt from that families saw the institutions as the only means of securing their children's education. Equally, the institutions saw their role primarily not in terms of responding to the care needs of children but instead as enabling their access to schools by paying for their education from elementary level until senior high school. Screening were generally not carried out to determine whether a child actually needed residential care and supporting the child in his or her family was rarely seen as an option. The research also found that this emphasis on institutionalisation was made worse by government assistance, in particular the annual *BBM Subsidy* (*Bahan Bakar Minyak*) that was only available to support children in institutions. As a result, institutions recruited children actively and the very limited criteria used for recruiting or admitting children were linked principally to the economic status of the family and the child being of school age.

Caring for the child was almost never seen as a key function but instead was understood as a by-product of the fact that the child needed to stay in the institution until graduation. The fact that placement in the institution led to family separation and children having to choose between their right to grow up and be cared for by their families as well as their right to an education was rarely seen as an issue. In fact, there seemed to be a recurrent assumption by staff and managers of the institutions, including government ones, that poor families who did not have the means to provide for their children were also not capable of loving and raising them. Economic poverty seemed to be often equated with social and emotional incapacity and the children's families were as a result often viewed by staffs of the institutions as a distraction or even a potential negative influence. As a result, whatever was provided by the institution tended to be seen as better than anything that could be provided in the child's home. The daily operational needs of the institutions including maintaining order and managing the children were usually prioritised over the children's needs to form secure emotional and social attachments, including ties to a family and community. The institutions' primary focus on providing access to education and the little importance given to family relations also meant that children tended to be placed in the institutions for very prolonged periods of time, generally from elementary to senior high school (up to 12 years), and they were given only limited opportunities to visit their families, siblings and friends outside of the institutions. Going home was usually allowed only once a year for the main religious holiday, at most twice, and mostly for children whose families lived nearby or could afford the transportation costs. The question of the psychological and emotional impact this could have on these children and the difficulty this was likely to place on their eventual return to their families and communities after graduation was clearly raised by this research.

Despite being seen as the primary form of social intervention for vulnerable children and considerable resources being directed toward it, little accurate data was previously available on childcare institutions and no licensing or

regulatory system was in place. Anyone could set up a childcare institution and there were no formal requirements such as demonstrating actual needs for such services or even the capacity to run them. Running children's services was seen as an act of charity rather than a legal responsibility despite the fact that Indonesian law clearly recognised, since the very inception of the country, that children who are without parental care or not receiving appropriate care by their families are actually under the care and responsibility of the state. The lack of a regulatory system while government policies and funding prioritised providing support to children through institutional care rather than directly through their families was found to have had a profound impact not only on the growth and use of residential care in Indonesia but also on its entire child welfare system. It has led to a dramatic rise in the number of institutions across the country as organisations wanting to respond to real welfare issues on the ground are encouraged to see opening an institution as the only means of accessing government funding.

From Institutions to Families: The Way Forward

1) The need to understand the access to education problem

One of the most troubling questions raised by the research findings is why so many families had to resort to placing their children in care to ensure they had access to education. This comes at a time where the Indonesian Government is spending considerable resources to ensure 9 year compulsory education for all children in Indonesia, including through its *Bantuan Operasional Sekolah/School Operational Aid (BOS)* scheme. Clearly further research is needed to understand the causes better but these findings have indicated that BOS and other schemes may not be reaching the most vulnerable families or that when it does, it may not have the desired impact. In some cases this may be due to the fact that many schools continue to charge a range of fees that are well beyond the means of many poor families and also because the BOS scheme

does not yet cover Senior High School (SLTA). In other cases, however, it seems to result from the fact that BOS does not address the associated costs of education which are often a considerable burden on the poorest, including transportation but also uniforms, school shoes and the costs of school lunches as well as examination fees. The issue of transport costs is particularly acute at junior and especially senior high school levels as there are much fewer numbers of these schools and therefore considerable distances may have to be covered daily by the children to attend their school. Research is therefore needed to understand better the factors that impede children from particularly poor or socially excluded families to access education and in particular to ensure that Government programmes aiming to increase levels of attendance and to decrease drop out rates are available directly to particularly vulnerable families including single parent households, households that have taken on extra care responsibilities placing an extra economic burden on them such as grandparents, extended family members and other vulnerable families at times of crisis, either personal or social including in the aftermath of an emergency or natural disaster.

2) Direct support to families and family preservation programmes

The recognition that families play a crucial role in the development and well being of their children is nothing new in Indonesia and there have been many initiatives by the authorities aimed at empowering vulnerable families, supporting their income generation and providing social safety nets when things go wrong. Recently, the Indonesian Government has also started to pilot a major conditional cash transfer programmes focusing on poor families with pregnant mothers and school aged children to support access to education and good health and nutrition practices (*Program Keluarga Harapan*).³ These are very positive initiatives which are likely to contribute significantly to overall family welfare and as such potentially to family preservation. In themselves, though,

3 For a good analysis of the issues facing PKH see Problems and Challenges for the Indonesian Conditional-Cash Transfer Programme – Program Keluarga Harapan (PKH) by Stefa A. Hulegalung, Srojudin Anj and Widjanto I. Suharno (2009) SMERU Research Institute, Jakarta, Indonesia

these interventions may not be enough as the targeting of such programmes tends to be based on general poverty criteria rather than taking into account other important criteria of social vulnerability which may directly impact on the capacity of a family to care for their children. While poverty is certainly a major factor, it is not the only one. The work over the last few years carried out in partnership with the Ministry of Social Affairs has indicated that factors compounding the capacity to care may include among others the loss of one primary carer either through death, divorce or abandonment after remarriage, violence in the family, migration in search of work, social exclusion including as a result of disability but also in relation to discrimination on racial, religious or other cultural grounds. In that context, the research indicated that the use of such concepts such as "neglected children" (*anak terlantar*) may in fact be compounding the problem as it reduces the problem and risk factors facing children simply to poverty and does not allow for other key social factors to be taken into account. The Ministry of Social Affairs in that regard needs to revise its policies and data collection system to ensure that a range of other indicators for social vulnerability are used when it develops its programmes and responses. Interventions that use only poverty level data to determine which children may be at risk, including of abuse, wilful neglect and abandonment or exploitation, is simply not going to be effective at reaching its targets or responding to their needs appropriately. This is illustrated clearly by the use of the BBM subsidy, aiming initially to provide additional assistance to 'neglected children' but which in fact ended up encouraging the recruitment of children away from their families and their separation from them. It is time for the abstract concept of *neglected children* (*anak terlantar*) to be replaced by the much more socially meaningful and useful concept of *child neglect* (*penelantaran anak*) which also recognises the agency and responsibility of parents and families in the care of their children.

As Dr Sunusi highlighted in his presentation at the international conference in Wilton Park and in previous editions of the Children's Bulletin, the primacy of the role and responsibility of families in the care of their children is clearly

recognised in Indonesia both in law and in culture and it is precisely that all important role that needs to be supported by the Government and all agencies interested in children's welfare. On that matter, Law No 4 of 1979 on Child Welfare could not be clearer. It states that the "Primary responsibility for the fulfillment of a child's physical, psychological and social wellbeing lies with a child's parent" (Article 9) and that while children who do not have parents have "the right to be cared for by the State, another person or a body" (Article 4), children who are disadvantaged (*tidak mampu*) "have the right to receive assistance in their family environment so they can grow and develop appropriately" (Article 5). This clear legal and policy framework recognizes that the main role of the State and social welfare interventions is to support children's care in their families, whenever possible, and to intervene to ensure that alternative care is available *only* for children who clearly cannot be cared for by them. This was also reiterated strongly in 2002 through the adoption of Law No 23 on Child Protection. It is therefore essential that the Government and social service providers re-prioritize support to families rather than support interventions that actually undermine their role. This should include not only financial assistance but also psycho-social support to ensure they are able to fulfill their parenting and care role effectively and appropriately. It should be done also not only with the aim of preventing family separation but also to support hundreds of thousands of children who have been institutionalized unnecessarily to return home. In that context, the Ministry of Social Affairs working with local governments and service providers, including the institutions themselves, need to pilot reunification and reintegration processes for children in institutional care, based on sound family assessments and the provision of appropriate family support and supervision. While this may sound challenging, many childcare institutions in the country have already recognized that their role can be just as much about providing support to children in their families than providing residential care and some have already started to transform their role from the provision of purely residential based social services to community and family based services. These initiatives need to be supported systematically

to support a shift towards more appropriate and effective delivery of social services for children at the local level.

3) Developing and Supporting an Alternative Care system

While the vast majority of children in institutional care today in Indonesia could be reintegrated into the care of their families with a mixture of both financial (in particular assistance for education costs) and psycho-social support, a small but important numbers actually face real care and protection issues and as a result may require alternative care. These include children who cannot be cared by their parents either because these have died or they have been abandoned, or children who have suffered abuse, neglect or exploitation at the hands of their parents and for safety and well being reasons it would not be in their best interest to reintegrate them into these families. For these children, the alternatives are many and the first one is care within the extended family (*Kinship Care*).

Behind the troubling high numbers of children in institutional care lies another reality, that extended family care is strong and vibrant in Indonesia. Data from a National Population Survey (*Module Kependudukan*) carried out to complement the 2000 Population census showed that there were over 2.15 million children under the age of 15 in Indonesia that were not living with their parents and that 88% of these children were being cared for by their extended families, in particular their grandparents (58.6%), while another 30% were being cared for by other members of their families. Only 10% of these children were real orphans having lost both parents. On the other hand, 72.5 % still had both parents alive indicating that there may be a range of reasons why children are placed in the care of their relatives and not primarily due to the death of parents. This data confirms that extended family care plays a huge role as an alternative to parental care and yet no programs, no targeted services are aimed to these key care givers to support them in their important role. It also shows, crucially, that the vast majority of orphans in the country

are actually not in institutional care but within the care of their families and that the institutions in fact play a small role in the provision of alternative care for these children. Yet the bulk of social assistance is not provided to these families or targeted to the other 4.4 million of children under 15 that live with a single parent (3.4 million with their mother and just over 1 million with their father) but instead targeted to support the care of children in institutions. It is clear that Article 5 of Law no 4 on Child Welfare is not being implemented and a radical shift towards direct support to children "in their family environment so they can grow and develop appropriately" needs to be initiated by the Government. Article 26 (2) of Law No 23 on Child Protection (2002) also makes it clear that the primary form of alternative care for children who cannot be cared for by their parents is extended family care and this important alternative needs to be prioritized, supported and strengthened through clear policies and programmes that support family preservation and the care of children in their extended families.

Where care in the extended family is not possible, the next priority becomes the provision of care for children in an alternative family based setting. This emphasis on the provision of a family like environment was developed partly as a result of growing evidence from research internationally that has shown the crucial role the family context plays on the proper growth and development of the child, not only physically and emotionally but also socially. As the international body in charge of reviewing the implementation of the Convention, the Committee on the Rights of the Child pointed out recently 'Socialization and acquisition of values are developed within the family and human relations within the family context are the most important links for the child's life in future'.³ Equally, growing evidence of the negative impact of institutionalization on the development and well being of children has reinforced the need to see institutional care as a very last option and only a

³ Committee on the Rights of the Child: Recommendations on Children without Parental Care (2005) CRC/C/156, Para 644.

temporary one.⁵ Law No 23 is also clear on this and provides for such alternatives for children who have no parents or who have been abandoned and also for children who have been abused, neglected and exploited and for whom care in the extended family is not a possibility. It provides for the adoption (Articles 39-41) of children for whom family reunification is simply not going to be a possibility, as a way of establishing a more permanent and secure care setting, enabling children to develop longer term attachments in an alternative family. It also provides for shorter term alternatives including guardianship provisions for children whose parents are found to be legally incompetent or whose whereabouts are unknown (Articles 33-36), and fostering by an individual or an institution (Articles 37-38). The domestic adoption system is in the process of being strengthened with the development of a new Government Directive (Peraturan Menteri Sosial) but much more is needed to make this system not about finding a child for a family that wants to adopt but finding a family for a child that needs one. The formal fostering system has yet to be developed. Current practices in relation to the placement of children in institutional care are not linked to any determination about the need for alternative care, as stipulated in Law No 23, once a formal decision has been made that parental rights must be removed and placed in someone else's hands (such as a foster parent) due to the child being neglected or abandoned (Article 57) or maltreated by their families (Articles 30-32). It is therefore essential to build on the enormous resources and social involvement of communities and families in Indonesia to establish a formal fostering system and procedures at the community level that will enable such children to be put formally in the care of foster parents (*Pengganti Orang Tua*).

Finally, the choice of institutional care will remain a last but nonetheless important option. It will be needed as an emergency measure where a child needs to be removed from a dangerous situation and as a temporary care

5. On the importance of family-based care and the impact of institutionalization of children see, Save the Children (2008) *A Last Resort: The growing concern about children in Residential care*, Brown, K. (2006) *The Risk of Harm to Young Children in Institutional Care*, Better Care Network and Save the Children UK. For resources online go to The Better Care Network, at www.bettercarenetwork.org

provision (interim care) while the possibility of family reunification is being explored or while foster parents are being identified. It may be needed on a longer term basis in cases where, for example, intensive medical care is required and unavailable in the community or in the cases of young persons who have had poor experiences of family life and may have particular needs for support including as a result of addiction or substance abuse and who may do best in small group homes that support independent living. This will require, however, highly competent and skilled staffs that are able to provide appropriate and effective support for children who are in very difficult situations.

4) The Regulation of Childcare Institutions and the Transformation of their Role

One of the fundamental challenges facing Indonesia in strengthening its child care and protection system is the need to redirect the considerable and important social and community resources that are presently directed towards the running of residential care facilities to provide instead direct social support to children in their families and communities. As mentioned above, some of the organizations running childcare institutions have already been doing that as they have recognised themselves that institutional care is not always needed and often not desirable. Others will need to be helped in that transition and that entails recognizing that the provision of childcare services is a public service and that it requires not just a vocation but also the skills and responsibility that this entails. The Ministry of Social Affairs has been working with key social work practitioners, academic and service providers with support from Save the Children to develop National Standards of Care to ensure that minimum standards of care apply across the country to any organization that seeks to run children's services. With that comes the responsibility for the Government to support childcare providers to develop the skills and capacity needed to provide appropriate childcare including ensuring that they have the resources to do so. A national registration system

together with a national database for children in alternative care has already been established to ensure data is available about all childcare institutions and the situation of every child that is in alternative care. In addition, a licensing system linked to the national standards of care will require service providers to fulfil at least minimum standards before they are allowed to operate. This is not a new thing, and all other public services have similar systems including health and education, therefore it must now be established for organizations entrusted with that most difficult of tasks, the provision of care for Indonesia's most vulnerable children.

The national standards also do not simply aim to improve the conditions in the institutions but to support institutions to take up the challenge of childcare services fully, including by providing support to families to enable family preservation, to facilitate alternative care options in the extended family or support the provision of an alternative family environment when the former is not possible. These tasks will no doubt require major developments in terms of staff capacity and competencies and the resources that are presently available in the majority of childcare institutions across the country and therefore this will not be an overnight process. Regulation will work to ensure institutional care is only used where it is really needed and that it is provided in line with children's individual needs. It will be linked to support for the institutions in the implementation of the national standards of care. This process in turn will become part of a licensing system where authorization to run such services will be linked to demonstrated needs and the capacity to respond to those needs appropriately and professionally. This represents a shift towards the provision of social services focused on the specific needs of children and their families rather than the present situation where vulnerable children and families are provided with only one form of intervention which responds primarily to the needs of the institutions themselves, leaving these families to make impossible choices.

5) Delivering Direct Social Services for Children and their Families

In addition to the unnecessary institutionalisation of hundreds of thousands of children, the paradigm of residential care as the primary response to children and families with 'social problems' is also not addressing the needs of children facing specific protection risks including children who are at risk of family violence, neglect and exploitation. While these children are often found and placed in these institutions, the fact that the focus of child care institutions is not care or protection but rather access to education means that the very real and specific needs of these children are simply not addressed under the present system. The implication for a child's well being, development and protection are not taken into account. Instead, as shown by the research, further protection issues arise in the institutional care setting including neglect and, in a number of disturbing instances, violence often under the guise of disciplinary action and punishment. The present system is therefore failing not only the vast majority of children who are needlessly placed in care but also those children who have real and urgent care and protection needs. In that context, the work around the reform of the child protection system in Indonesia needs to not only challenge the paradigm of residential care but also propose alternatives that would seriously address the real protection needs of its children.

To think of child protection in terms of non residential direct services entails a change in the way social services are resourced and delivered. There are very few professional social workers providing psycho-social support or working directly with vulnerable children in Indonesia outside of institutions of one kind or another. Those that do tend to do so in the context of ad hoc and limited NGO programs rather than as part of a child protection system with clear mandates and responsibility. While case work and case management is taught at some of the social work schools and social welfare faculties, social workers rarely carry out such interventions outside of the context of residential care. Attempts at initiating more community level support activities (See for

example the *General Guidelines for the provision of services to children outside of institutions* 2004) began in the last few years in KEMENSOS but this was understood to be an additional function of the institutions rather than as an alternative approach to social services delivery. In practice, such outreach initiatives often conflict with what is seen as their core work by the institutions and as capacity to implement is very limited, such services remain far and few between. Without initiating a fundamental change in the way social work interventions are understood and resourced, it will be virtually impossible to foster the development of a child care and protection system that actually responds to the challenges children and their families face rather than one that sees the placement of children in an institution as 'the response'.

One key challenge is the development of a social workforce that is competent, professional and mandated to support appropriate and effective interventions at the community level. This requires not only an understanding of the dynamics of human development including child development but also having the necessary skills to work with and support children and families in complex and often challenging situations. Whether working as a government or private social worker, it also requires clear responsibility taking and an understanding of one's mandate and role. The lack of recognition of the importance of social work interventions and the specialised skills it requires has led to a situation where, for too long, social work was defined as any work that had a social connotation to it. This undermined the need to ensure that those working in the field possess basic but required competencies to do their jobs properly but also to be clearly accountable to those they seek to serve. Again, a model of social welfare that is solely based on charity rather than rights leaves the beneficiary at the mercy of whatever the benefactor deems is acceptable. As a result, no direct responsibility is taken for the welfare of the individual beyond whatever services are available and if that does not match the needs of the beneficiary, it is viewed as inevitable rather than unacceptable. In turn, this lack of recognition for social work skills has led those having developed their knowledge and competencies to turn to other

professions that are better recognised or seek a career as a civil servant. In 2009, Law No 11 on Social Welfare provided, however, an important framework for the establishment of a clearer and more professional basis for social work practice. Following its adoption, a Government Regulation has established the first certification and licensing system for professional social worker. It recognises that there are certain core knowledge, skills and competencies that should be held by all social workers but also clear accountability. It also opens the door for the development of the much needed specialised skills that will be required to respond to the particular needs of certain groups such as children, the elderly, and persons with disabilities but also to certain situations such as child abuse and neglect, family violence and substance abuse among others. This Regulation, together with other regulations that are being developed to support the development of a social welfare workforce that includes not only professional social workers but also social welfare officers (TKS) and social volunteers, provides for the first time a strong basis for the delivery of relevant and targeted social services that recognise the diversity of situations and realities facing individuals. This is the crucial support structure that is required for the provision of direct social services that can respond to the real issues facing children and families in their communities. The licensing system will also ensure that these social workers are accountable and take responsibility in relation to the people they assist.

The other key element of the system that needs to be established is the mechanism by which these interventions will be delivered at the local level. The role and responsibilities of local authorities in providing these services but also the means by which they are going to do so is a key issue that the Ministry of Social Affairs working with provincial and district level governments needs to attend to urgently. What structures need to be in place to ensure social services are delivered to those that need them? With institutions being clearly only one of the possible services and other responses being needed, the traditional role of the Ministry of Social Affairs and local Social Affairs Offices cannot be only that of a grant maker or policy drafter that takes no

responsibility for what is being done in its name. It needs not only to regulate services but also to support the local service providers in delivering responses that meet effectively and appropriately the needs of children, families, individuals and communities that have the right to protection and assistance from society. How that relationship should be defined and whether it should revitalize some of the previous local mechanisms including the community social worker/Pekerjaan Sosial Masyarakat (PSM) at the village level or the more recent Tenaga Kerja Sosial Kecamatan (TKSK) at the sub-district level must be considered as part of an entire system of social welfare delivery rather than on a project basis. It is also crucial to identify who will be responsible for ensuring that the PSM and TKSK are appropriately trained, supervised and resourced to respond effectively. Local authorities Social Affairs Offices where they exist are primarily bureaucratic entities that have no real oversight or support mechanism to provide mandate and accountability for services being delivered. One of the key roles of the Ministry of Social Affairs is to develop a framework for the delivery of such services through the district level authorities including not only what standards should be applied and what overall approaches should be used but also what mechanisms need to be established with the financial and technical resources needed to deliver effective social services at the community level.

The findings from the research on children in institutional care highlighted the fact that while Law No 4 on Child Welfare (1979) and Law No 23 on Child Protection (2002) had clearly established a framework that saw residential care as a last resort, the reality in terms of practice and resource allocation continued to support residential care as the first resort. This resulted not only in inappropriate responses to the challenges faced by children and their families, it also hampered the development of an effective child protection system. This system needs to bring together government responsibility for setting the overall policy and legal basis for the response together with the resources on the ground including local authorities and community organisations that have the capacity and human resource to intervene directly to protect a child. The

Ministry has now embarked on a crucial process of policy review, standard-setting and development of alternative models and systems to deliver social services for children. If it succeeds, it is not only children and their families that will benefit but all those that need effective local social services that can respond effectively and appropriately to the real issues they face everyday.

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Children and Childhood in the Conflict Region: Study on Children Hybridity in Poso, Central Sulawesi, 1988 – 2005

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Abstract

Through interpretive reproduction theory, Corsaro has attempted to see the child as a creative community and their participation in shaping society. Child development is seen as reproductive development of children. However, participation of children is limited by the social structure and reproduction of society. In connection with this, the author has examined children who are exposed to situations of conflict by questioning two main themes: 1) how the relationship between different conceptions of children and childhood in areas of conflict and 2) how is the structural dynamics of children in a culture of peer groups, families, communities and countries.

Data collection was conducted in Poso, a conflict-ridden society. The conflict was pinned on the tension between Moslem and Christian faiths. It was carried out from January until June 2005. After the field work, data obtained primarily utilizing remote communication technologies. This study used ethnographic methods or field research by placing children as research subjects who could express their condition and articulate their capacity. Collecting data using various techniques of in-depth interviews, group interviews/focus group discussions, observations, testimonies, life histories, pictures, and study documentation. In addition to children, other data were obtained from parents, teachers and government agencies and Non Governmental Organizations (NGOs).

The research showed the construction of media and various circles of violence in Poso contain the truth. Violence occurs in the scope of the wide spread and profound. There was a strong impression that the people of Poso, including children were used to live in violence. Violence seemed to be considered as part of normal life. However, behind the construction of such violence, it was found that children in Poso have a hybrid identity through the blend of local culture with the global culture. The process of "in" and "out" done as a form of adaptation to global cultural pressure did not leave their own Indigenous culture. In the future, Children are very potential to be an actor of peace. This research did not negate the idea that there are still children who are also experiencing trauma or even post traumatic stress disorder (PTSD).

It is similar to researches on children and violence in several regions in Indonesia, children were victims as well as perpetrators of violence. This process puts the child and childhood as a separate entity that is not the same as adults, including the knowledge to

understand the social reality. The other issue is about the universality and locality definitions of children and childhood, especially regarding the child's capacity, hybrid identity, and resilience of children and their contribution to peace in Poso

Keywords: Child, conflict, interpretive reproduction; hybrid; Indigenization

A. Introduction

Background

Social scientists constantly plagued with compatibility problems between the knowledge that they produce with social reality which is the source of their knowledge. It has even been going on since the institutionalization of social science itself.

I realize that the relevance of science is indeed a complex case because it involves the notion of 'relevance of science' as well as dimensions and operationalization. I raised the issue of children and childhood as well as conflict areas. How it can answer the question of the relevance of social science?

Systematically, I describe the exposure of interpretive reproduction theory has been the guidance for this study, within the scope of conflict-ridden society. This was followed by research designed and field research about children and childhood in Poso community. Discussion about the relevance was conducted more in-depth on the theoretical implications: indigenization sociological theory. Paper ends with conclusions and recommendations.

B. Literature Review:

Interpretive Reproduction Theory in Conflict Areas

Assumption that child is the only weak individual, physically helpless and has no capacity meanwhile the adults are strong individual, mature and competent started reaping the question. Criticism is also directed against the position the child are just learning objects and consider childhood as a "process of becoming adults" that is uniform.

Dependence and immaturity of children is a biological fact of life. Childhood also are always bypassed by every individual. But how to understand and interpret these conditions as a fact of culture, as a construction that does not reproduce the dominance of adults to children is a sociological issue.

In terms of theory, marginalization of child study in sociology deliver gap in studies of children and childhood. However, developmental studies of children in other sciences, especially on the capacity of child-oriented, began to attract interest of sociologists. Mainstream sociological theory on socialization and developmental theory contribute to the commencement of the repositioning of the child. In addition to inviting criticism, mainstream theory is also an inspiration and reference for the development of theories about childhood. Among the main stream theory of the most dominant and the debate is the structural-functional theory of socialization.¹ Followed by an interpretive perspective that represent symbolic interactionism, phenomenological and structuralist perspectives. In addition, the theory of sociology of childhood is also indebted to theories of developmental psychology.

The functionalist assumption about children as objects of socialization is the beginning for criticism and sociological theory convergence of children?. Functionalist considers society as an order of the orderly and balanced so that stressed how important to prepare children to be able to contribute the regularity. Socialization is one of the mechanisms to achive regularity and balance of the social regularity. Through this mechanisms, the pattern of cultural values, beliefs, language and other symbols, internalized into the personality system in line with the needs of the structure and so does the social role. Talcott Parsons thought that when the child does not get the socialization, learning, or "formed" in accordance with the demands of society, the nit would be a problem or threat to society and the role of the consensus values

1 See Chris Jerks, Op. Cit., Alison James & Alan Prout, Op. Cit., Malcolm Hill dan Kay Todd, Op. Cit., Jonathan Turner. *The Structure of Sociological Theory* (2nd edition), (Belmont CA, 1984), William A. Corsaro, Op. Cit., In those books, except Turner, socialization is seen as traditional theory.

2 See Chris Jerks, *Childhood: (USA, 1998)*; Alison James dan Alan Prout, *Constructing and Reconstructing Childhood: Contemporary Issues in the Sociological Study of Childhoods*, (London, 1997); Alison James dan Alan Prout, (Lipset) Malcolm Hill dan Kay Todd, *Children and Society*, (London, Longman), Jara Taruleh (ed), *Children and the State: Whose Problem?* (London, 1999), William A. Corsaro, *The Sociology of Childhood: Second Edition* (Thousand Oaks, 2005)

are interdependent and penetrating.³ In Prout and James' analysis of child is considered as a passive because socialization is more oriented to caring adults to social order "....child culture is seen as a rehearsal for adult life and socialization consists of the process through which, by one method or another, children are made to conform, in cases of 'successful' socialization or become deviants in cases of 'failed' socialization."⁴

On the other hand, represented the view of reproductive model Bourdieu noted that socialization has both positive and negative. The negative side is related to the presence of conflict and inequality in society. The children basically have different access to different types of learning and community resources. This condition will only benefit certain groups who have access to cultural resources and the delivery of different treatments in social institutions, especially educational institutions. Adherents of reproductive consider functionalist expectations of the public regularity as the internalization of social control mechanisms that perpetuate class inequality. Bourdieu⁵ analyzes the condition through his concept of class structure and social class reproduction.

Sociology also can not rule out the emergence of theories in the flow of constructivist like Piaget's theory of intellectual development and socio-cultural theory of human development of Lev Vygotsky⁶. Both regard the child as an active agent, has a strong desire to learn, and construct their social world and position itself in the world.⁷

Piaget argued that since the first day children learn to interpret, organize and use information from the environment and constructing the physical and social conceptions of the world. Intellectual development is accompanied by a series of stages of intellectual ability that is qualitative. Important concepts of Piaget's theory is the equilibrium which is a "compensation resulting from the activities of the subject in response to external intrusion."⁸

3 Parsons quoted by William A. Corsaro, Op. Cit

4 Shickelof quoted by James & Prout, Ibid page. 14.

5 Steven Seidman, *Contested Knowledge: School Theory in the Postmodern Era* 2nd Edition (USA, 1998), page 158-157

6 See Makum Hill dan Kay Teddl, Op. Cit. page.10-11, William A. Corsaro Op. Cit. page. 10-18

7 William A. Corsaro, Op. Cit. page 7

8 Piaget quoted by William A. Corsaro, Ibid page 11

While Vygotsky assumed that the social development of children is always the result of collective action that is child interaction of children with other actors in their social environment. The interactions result in psychological and social development or acquisition of new knowledge and skills. Vygotsky rests on two main concepts namely appropriation of culture and the zone of proximal development. The first concept was developed through language and child development related function that moves at the social level, between people (inter psychological) then leads to the child (intra psychological). While the zone of proximal development, is the distance between the actual developmental levels (problem-solving abilities of children on their own) with the level of potential development (problem solving skills with the guidance of adults).⁹

Although Piaget and Vygotsky have been considering interpersonal relations but in the Corsaro's analysis, they are still focused on individual development. Their work did not found an explanation of the complexity of the child's position in social structure and activities of children collectively.

Cited from James and Prout, Corsaro thought that ideally, children are distinguished from adults not only from its development stage, but need to be placed in the context of social relationships with other children, families, communities and even countries. This relationship will determine the views, feelings and behaviors of children and in turn will affect the relationship between the children back with the parties. Further more, those relationships are instrumental in creating expectations about the ideal childhood and what is the proper treatment that should be given by an adult.

*"Childhood, as distinct from biological immaturity, is neither a natural nor universal feature of human groups but appears as a specific structural and cultural component of many societies. It can never be entirely divorced from other variables such as class, gender or ethnicity."*¹⁰

In line with it, the theory of interpretive reproduction of William A. Corsaro is an alternative to better understand the child's capacity through collective

9 William A. Corsaro. Op. Cit.

10 Alice James and Alan Prout quotes by William A. Corsaro. Op. Cit. page 8

action. This theory was developed on the inspiration of Piaget's theory, Vigotsky and George Herbert Mead and alloys ontological and epistemological assumptions of the theory of Erving Goffman and the sociology of Anthony Giddens¹¹ through **interpretive reproduction theory**. Corsaro tries to see the child as a creative community and participate in shaping society. Of course, the participation of children should not be viewed from the perspective of adults. Corsaro argues that children's development is a process that is reproductively increased in density and reorganization of knowledge in line with the development of cognitive and language skills of children as well as changes in the social world. Relationships with adult children take place on a reciprocal basis. Based on input obtained from adults, children in a creative and innovative way develop its own culture with their peers and not merely imitate the adult world. On its turn it will contribute to the production and cultural change of ...

Corsaro agreed with George Herbert Mead that emphasize the importance of language and role-taking for socialization. He also uses the concept of Mead of play and games. The latter concept has more complex structure and organized because children need to play within the scope of the rules. In the game, the child must have an attitude towards all the children involved. This means, the child must have the ability to do role-taking which is more sophisticated so that it can achieve a "unity of self", called "the generalized other." Although the use of two concepts, Corsaro end to follow Vygotsky who considers the game as a continuation of play. Vygotsky also considered being one step ahead of Mead through his view that children have adopted cultural resources when they play and engage in games and other cultural activities¹².

Corsaro also used concepts of Anthony Giddens and Erving Goffman. In addition to the term actor. Corsaro framing and keying concepts borrowed from Goffman. Quoting Goffman, frames are "basic elements of the principles of organization which govern social events and our subjective involvement

11. William A. Corsaro, *The Sociology of Childhood*, Second Edition (Thousand Oaks, 2005) page 10-18; William A. Corsaro, *Interpretive Reproduction in Children's Peer Cultures* *Social Psychology Quarterly* (1992), Vol. 55, no. 2, page 160-177

12. For: Carita Evaldson and William A. Corsaro, *Play and Games in the Peer Cultures of Preschool and Preadolescent Children: An Interpretive Approach*, *Childhood* (London, 1996), vol. 5 (4) 377-402

view." Frame becomes a cognitive clue to behave as well as more sensitive to the social contextualization and more open to creative manipulation by social agents¹³. Primary frame serves as a "working hypothesis" in a process of interaction

Keying is defined as the invention which is a variety of activities that have been interpreted by someone; transformed into something patterned yet considered the participants as something else or different. He also used the concept of Gumperz's contextualization who considers that in addition to affecting the behavior, the context itself is a cultural production. Both Corsaro developed through the concept of embellishment which is a kind of transformation where there is an intensification and expansion of the meaning of certain elements or the entire primary frame¹⁴.

While the internalization process of the creative child is in line with Giddens ideas about the duality of social structure. "the structural properties of social systems both are medium and outcome of the practices they recursively organize"¹⁵. In this connection the structure always will be "constraining and enabling". Similarly, views as the process of routinization, discursive consciousness and practical consciousness. Routinization is the important concept of interpretive reproduction theory by Giddens namely, "the habitual, taken for granted character of the vast bulk of the activities of day to day social life; the prevalence of familiar styles and forms to conduct, in both supporting and supported by a sense of ontological security".

The main concept of interpretive theory of reproduction is reproduction and interpretive. The term includes the reproduction of ideas about children who are actively contributing to the production and cultural change. Children do not just internalize society and culture passively. While the interpretive term that refers to children's participation in creative and innovative society, especially is through peer group culture.

¹³ Erving Goffman (1974, page 10-11) quoted by John William A. Corsaro, *Interpretive Reproduction in Children's Peer Culture*, *Social Psychology Quarterly*, 1992, vol. 55, No. 2: 160-177; William A. Corsaro, *The Sociology of Childhood*, Second Edition, (Thousand Oaks, 2005), page. 164; Erving Goffman: *The Presentation of Self in Every Day Life* by James Fargans, *Readings in Social Theory*, Fourth Edition, *The Classic Tradition to Post-Modernism*, (Boston, 2004), page 358-368.

¹⁴ *Ibid*, page 165

¹⁵ Anthony Giddens, *The Constitution of Society*, (UK, 1984)

But this theory does not deny the child's position as the party that receives the effect of changes in society. Thus, participation of children as actors in public life is limited by the social structure and reproduction of society. In that position, children can become victims of changes in society that are not in favor of children. Two sides, the autonomy and the limitations of the child, complete the study of sociology that focuses only on the strength of the social structures that are external and forcing its members, especially children.

Like other sociological theory, the theory of Corsaro also invited adjustment. This study attempts to fill the gap on the condition of being an actor and contribution of children in cultural production in a conflict society. Theory of Corsaro itself is placed to follow the pattern of theorising. Corsaro's basic ideas guides the theoretical reference in reconstructing the sociological dynamics of child in Poso. Therefore, this study is too far away to be called as an arena to test the accuracy of the theory Corsaro.

The most important thing of this study is to reconstruct the theoretical implications of the conception of children and childhood in sociology in Indonesia. This also provides answers to the tracking of how is the child's position in sociology; how is the sociological view of children and childhood; how to place the child in sociology as part of the family with its own perspective. All are expected to contribute to the basic question in sociology: how is society possible?

C. Research Design

Selection of the conflict area as a setting for children to develop sociological theory based on the consideration that sociologically, the issue of children can only be understood in relation to other social regularity, including the society who is facing conflict.

Poso located in Central Sulawesi became the area of choice. This area has experienced conflict from 1998 until 2000. Afterwards it was still followed by acts of terror, although the society no longer was provoked. The number of

victims is far below the numbers of the conflict in Ambon¹⁶, but as a region with a multicultural population, Poso is particularly vulnerable to horizontal conflict. In addition, the conflict in Poso is also yet to find a comprehensive settlement. In its current situation, children need to gain attention as they also become subject and object of conflict.

In conflict situations, children are particularly vulnerable group of victims or even perpetrators of violence. Regarding the number of child victims including children refugee, there are no precise figures. Data are recorded as child deaths in the third round of conflict is three people and dozens more suffered torture¹⁷. While the number of children refugees when riot happened in Poso is estimated around 40% of the total, amounting to 18,755 displaced families or 4.200 Households¹⁸.

The research questions posed are: 1) how is the relationship between different conceptions of children and childhood in conflict areas; and 2) how the structural dynamics of children in a culture of peer groups, families, communities and countries.

Research used ethnographic methods or field research¹⁹. "Ethnography means describing culture and understanding another way of life from the native point of view". This method assumes that a person perform inference based on the meanings that indicate the person's behavior in social contexts²⁰. Children in this study became the subject of a condition and articulate its capacity.

The data was collected in three districts namely Coastal Poso where people live who are Muslims, Christians and Hindus; Poso city that represents the adherents of Islam, and the District of North Pamona, mostly Christians.

16. The number of victims during several stages of the conflict in Poso is about 3000 while Ambon reached more than 13.000.

17. Documentation and Information of Solidarity Forum, Idem: Revolutionary Centre, Pak., Op. Cit.

18. Data of refugees camp in Poso, August, year 2000 and National Coordinating Agency for Disaster Management and Refugees in 2001.

19. Lawrence Neuman, *Social Research Methods, Qualitative and Quantitative Approaches*, Third Edition, (Boston, 1997), page. 343 explains about field research as ethnography or participation observation, Wax, 1967 in *Encyclopedia of Sociology*, (1992), page. 713 explains "field research aspires to rigorous knowledge grounded in the perspectives of the actors themselves and upon the categories of distinction which the actors recognize and respond to".

20. Ibid. hal. 340. Regarding ethnography see also Paul Atkinson dan Martin Hammersley, *Ethnography and Participant Observation, dalam Op.Cit.* page. 240-261; M. Fetterman, *Ethnography Step by Step* (Newbury Park, 1990); R. F. Ellen, (ed), *Ethnographic Research, A Guide to General Conduct* (London, 1984).

Research conducted since 2002, although not extensively. Data collection focused on the dynamics of children and violence in Poso carried out from January to June 2005. After the field work, data obtained primarily utilized remote communication technologies.

The research focused on a variety of settings such as setting of the lives of children playing, school, worship, in family and community. The collection of data used observation techniques, in-depth interviews, group interviews/focus group discussions, testimonies, life histories, pictures, and study documentation. Apart from children, other data obtained were from parents, teachers and government agencies and Non Governmental Organizations (NGOs).

The procedure of data analysis is to determine the unit or domains²¹ and to develop categories, themes and patterns based on the data obtained. The method of analysis used was the units of analysis/domain by performing a comparison then perform the categorization, noting the semantic relationships between units to look for alternative explanations from the data and written reports.

D. Result: Children and Childhood in Poso's Society

1. Conflict of Poso

Poso district is located in Central Sulawesi, has 12 districts, with an area of 8712.25 km². In addition to local residents, the tribe Pamona, Poso received many immigrants from the north namely Gorontalo, Minahasa, and Sangir Talaud predominantly Christian; from the south of Napier who are Muslims, Toraja and from Java and Bali. The population is currently 164,414 people with the highest concentration in Poso City and North Pamona.

Poso, is a conflict-ridden society, especially since the end of the New Order government. Where as previously a heterogeneous population of Poso adheres to the motto *Sintuwu Maroso* (principles of community, united we are strong).

21 Yvonne S. Lincoln dan Egon G. Guba (Op. Cit. page 314) use the term unit. Glaser dan Strauss call it *incident*. Berard Hayes quote by Joseph Yvonne S. Lincoln dan Egon G. Guba dan W. Lawrence Neuman, *Ground Research Methods: Qualitative and Quantitative Approaches* (Bevly: 1997), use the term domain that include words, sentence, paragraph and semantic relationship.

Poso riots that occurred during the three rounds: first round on December 25 to 30, 1998, the second half started 16 to 19 April 2000 and the third round from May 23 until July 10, 2000²² that sacrifice thousands of lives, and destroyed various infrastructure²³. The conflict was triggered by a fight between youths December 24, 1998, then widened and filled with issues of ethnicity, religion and race²⁴. Religion seems to be a new boundary that separates the population of Poso.

Although when it was examined, the root issue is very complex because of the vertical and horizontal conflict dimension in Poso. There are different interests involved, especially related to power. This also makes the process of normalization of Poso on going never-ending. Including peace efforts based on the Mahmo Declaration²⁵.

2. Child Reproductive and Interpretive Process

The study showed, the construction of media and various circles of violence in Poso contain the truth. Violence occurs in the scope of it being wide spread and profound. In addition, There was a strong impression that the people of Poso, including children had become used to live in violence. Violence seemed to be considered as part of normal life.

However, behind the construction of the violence, the children of Poso have its own uniqueness. The identities of those who are in continuum color their views on children and childhood, and their interactions with peers and adults. For example, there are groups of kids who understand the concept of children as helpless little creature, and they need protection. This figure is considered no longer suitable for children at class 4 primary school levels upwards or that age. Conversely, adults are generally more dichotomised children with adults are biologically and intellectually. If they are aware of the capacity of the

22. Herry Setiawan, Op. Cit.: M. Hamdan Basyar, *Konflik Poso: Perbedaan Interpretasi Konflik dan Efektivitas Upaya Penyelesaiannya*, (Jakarta: Pusat Penelitian Politik, LIPI, 2004); Tahmidy Lasahida, *Suara dari Poso*, Kementerian Konflik dan Perdamaian, Jakarta, 2003).

23. Documentator and Information of Solidarity Forum Islamic Revolutionary Centre. *Poso, the number of victims are around 2000 persons*.

24. *Study of Conflict Area*, the Centre of Social Res. Innoe, Ministry of Social Affairs (Jakarta, 2002)

25. *Mahmo Declaration*, December 20 December 2001

children at any particular aspects, the recognition of it is often hampered by cultural communities to discredit the children.

Childhood, regarded as a phase that desperately need protection from their parents, compared with the period after that is more independent. Childhood is also regarded as a period where the kids do not really know about adult issues. Several other researches in the field shows the unique things about the capacity particularly children and dynamics. Evolving capacities of children in the community was associated with the Poso violence that took place during the conflict. But it does not mean that the structure of a violent society becomes determinant for children and childhood to also be trapped into violence.

Among the various researches, the interesting thing is how the children make sense of conflict and build a constructive interaction between different communities. The result, children have their own identity which in some ways are different from their parents or the community as shown in their routine.

Phase takes place in the child's routine before the conflict, while in conflict and after conflict. In this phase, children interact well with parents, other adults and peers. But the unique thing of this process, especially after the phase of the conflict, is the development of a hybrid identity that is a continuum.

Plurality of communities in Poso and penetration of global culture allows the development of hybrid identity among the children. The process of "in" and "out" was done as a form of adaptation to global cultural pressure but not to leave their own culture.

There is a cultural synthesis in the identity of children who, although not too thick but acknowledged the child begins to develop in their routines. With these identities, also envisaged that the child has the capacity and develop the distinctive resilience of children through various aspects of symbolic culture (games) and material (toys). Children are also not to maintain social boundaries and is considered to be more symbolic exacerbated by the conflict. This is mainly mapped when comparing the child's routine at the time of the conflict and after conflict.

In times of conflict, children are caught in violence involving the mass perpetrators of the conflict. Even though not all children were involved, but the proportion of 30% involvement of children in conflict is a serious matter. The roles of children in conflict are: helping to prepare traditional weapons (arrows, dum-dum, and catapults) and assemble the weapon; manning the post and the border; bring consumption and help victims participate "at war" (battle) against the enemy; and "controlling" people as an adult. Children who are not directly involved in the conflict, creating a miniature conflict through a very violent game.

It is associated with knowledge of children about the conflict. Although quite varied but the most dominant category of knowledge is the assumption that conflict is an event: shootings, murders, massacres, bombings, arson, robbery, displacement, hostage-taking, violence and kidnappings caused many casualties. The other group sees: a misunderstanding between youth, liquor; misunderstanding between Moslems and Christians; disorder/disunity among religions because of mutual suspicion and would provoke, by certain parties, no respect, do not trust the other fellow; as well as the parties (third parties who are not responsible; provocateurs and ethnic and religious differences (there is no unity, imposing beliefs with one another).

This condition asserts that in contrast to the Corsaro's research, the dynamics of the relationship between children and parents and other adults are not always taking place "fine" even when people have come back "normal". Means, such as interpretive claims, elements of context, cultural and historical elements contribute to creating meaning.

After the conflict ended, one of the continuum nature of the child's identity is shown by the shift of children role of the perpetrators or perpetrator of violence to peace adherents both among peers, family and community. The children in their own way attempt to make peace, including by giving an example to adults for mutual respect and appreciation.

Children efforts to contribute for the production and reproduction of culture through a culture of peace needs to be viewed dynamically. Children

were not merely reproduced the violence of parents or other adults. They had the rigors of learning the meaning of the conflict that gave birth to the different attitudes and actions with parents and community.

The research did not negate the image of children who experience trauma; post traumatic stress disorder (PTSD) and other disability due to the conflict. Among these children, although not exactly the same, imitation of the elements of violence take place such as by holding grudges, assess the different groups and limit negative interactions with them.

The research also found that the economic value of children that is the assumption that children need to contribute to the family economy, it is still a principle of many families in Poso. Therefore, many children are forced or compelled to work and lose their basic rights to education for example. Once again this showed a difference in the study compared with Corsaro's research.

In that condition, children in Poso require state intervention. Although it does not mean that children who are resilient do not need a touch. Countries simply cannot be put off obligations to realize the protection of children in conflict areas. "Distance" between the child and the distant country and there is the mapping of the capacity of children and the problems of children in the region, making the country including the people become less sensitive. The issue of children is more seen as the residue of political and economic problems as reflected by the lack of protection policies both at central and regional levels. It is important for various parties to co-develop the capacity of children who are very valuable to their childhood. In addition, a common task is also to understand and manage the power structure so as not to destroy that capacity.

These researches have theoretical implications to conduct the indigenization of interpretive reproduction theory to be relevant to the context of Indonesia, particularly Poso. This is in line with the assumption of interpretive reproduction theory that saw the interaction between actors dynamically and rejection of essentialism so that the context and characteristics of the subjects to be very important.

E. Theoretical Implications: Sociology Indigenization Theory

Indigenization is "the generation of social scientific theories and concepts in the context of the histories, cultures and political economies of the various non-western civilizations"²⁶. According to Alatas, the process is more a recognition of the need to find relevant adjustments or seeking alternative.

*"...do not regard the entire western social science tradition as irrelevant and do not reject knowledge on the grounds of origin. The general idea was that the western social sciences are indigenous to their own settings and that the call for relevance meant to contribute to the universalization of the social sciences"*²⁷.

Indigenization process is inseparable from a discussion of the condition of Indonesia and the position of the social sciences and specifically the relationship between interpretive reproduction theories with main stream sociological theory. Condition of Indonesia, especially in the New Order simply determines the development of social sciences. In the New Order period, Indonesia illustrated its attachment to the modernization approach. According to Anderson²⁸, the New Order policies revolve around the interests of the state so that separating them with the public interest. Indonesia is described a entities that serve and satisfy their self-interest above the interests of other communities. Modernization approach gives more power to the state that has created a limited movement for public spaces.

According to Ignas Kleden, modernization approach also makes the social sciences including sociology to serve as "engineering" in the political, educational, cultural, legal and moral. Sociology has been trapped by a state machine, "Sociology was about ensuring social integration"²⁹. Not surprisingly, very pro-social science systems approach.

26 Syed Fandi Alatas (1998, page 10) quoted by Ivan Gondoro Soejatmika in *Indigenisasi: Esai-esai di Indonesia*, Masyarakat, Jams' Sociology, No. C, 1998.

27 Syed Fandi Alatas, *The Study of the Social Sciences in Developing Societies: Towards an Adequate Conceptualization of Relevance*, www.nus.edu.sg, page 1.

28 Benedict R. O'G Anderson, "Scholarship on Indonesia and Resound Etal: Personal Experience" *Indonesia* 62 (1998), page 1-18. See also Yoon Hwen Shin, *Demystifying the Capitalist State: Political*

29 Quoted by Volker Heitz and Daniel Dhakidze (eds) in *Social Science and Power in Indonesia* (Singapore, 2005), page 17.

Phase of transition after the fall of New Order began to open up space for other interests outside of state power. State is no longer the sole actor, although it is characterized also by the emergence of conflict in various regions. Liddle analyzed, there are the interests of other actors (extra-state) outside the state, such as the press, intellectuals, parliamentarians, the interests of producers and consumers and local parties, which influence the formulation of policy³⁰. In the global context, in line with a wave of neo-liberalism, market forces are very dominant, but the role of other parties cannot be ruled out.

The role of extra state allows a greater opportunity to contribute to the sociology of "hand" with the influence of the state. Sociology in Indonesia can be more responsive to change. An alignment against the mainstream of sociology which is still a common phenomenon is not entirely wrong and is not a theoretical violation. Another matter is if sociology is trapped in the paradigm of social fragmentation that does not give room for different perspectives. In line with the dynamics of society and sociology of science, the development of theories other than mainstream or theoretical convergence also need to have a place so sociology can stay "up to date" and not left out many parties.

In the map of mainstream sociological theory both classical and modern are not many theories that specifically addresses child. Some theories are still putting children and childhood as part of a specific subject. Enlightenment concept that carried on the early development of sociology as an attempt to free a man is not very enlightening on the child's position. Like wise, criticism that appears to enlightenment also still has not changed the position of the child. Various theories remain more oriented to adults and children looked at as objects. This is a step for the occurrence of a synthesis or convergence theory as did William A. Corsaro through interpretive reproduction theory.

To reiterate, interpretive reproduction theory was born as the inspiration from the ideas of George Herbert Mead Mind, self, and society, as well as a critique of its limitations. He criticized Mead who ignores the identity of children at play, where children share with their peers and make them different from adults. But

30. Quoted by Andrew MacIntyre, *Business and Politics in Indonesia*, (Australia, 1991)

at this stage children do not have awareness of self (self) until they entered the stage of the game (games) which in addition produces a generalized concept of self and other. Another criticism is the development of Mead's theory of self in children less supported by empirical research³¹. Moreover, this theory also borrows the concept of framing and keying of Erving Goffman's dramaturgical theory and practical awareness of the concept of routinization and Anthony Giddens structuration theory.

Based on the field study, assuming an interpretive reproduction theory can be used as a pattern for understanding the dynamics of children and childhood in conflict areas, but require adjustments in accordance with the context of Indonesia or indigenization effort. In essence, the nature of social reality becomes no rhetoric distinctive part in the discourse of science, although not a determinant. Vice versa, the elements that are ideographic also is not isolated from the elements that are universal.

Indigenization is performed at the level of meta-theory/analysis, theoretical, empirical and applied³². This process puts the child and childhood as a separate entity that is not the same as adults, including the resulting knowledge to understand the social reality.

Meta-theory of indigenization. Condition of Indonesia, especially after the collapse of the New Order and its influence on the development of social sciences including sociology shows the importance of historical context, social and cultural rights in the process of reflexive sociology. Therefore, about the diversity of conceptions of Indonesia to open a discourse that is not limited to modernization approach. Indonesia is in the current round of neo liberalism does not rule out the existence of social dynamics that has take place before the New Order period, Indonesia in its present form today. The conflict in Poso is part of the dynamics.

Reality of Indonesia was not uniform. There is a plurality which is less a place because of the insistence on the integration of both academic and

31. Personal communication by email with William A. Corsaro.

32. *Ibid.*, hal. 1-19. see also Iwan Gankari Soepitriku, *Op. Cit.* page. 25-26

empirical discourse. Be aware that the link between power and knowledge has been contributing to it.

Another reality, Indonesia is also unable to extricate itself from the global arena so that the boundary of Indonesia sociologically with administrative boundaries is not something that is mutually exclusive. In fact there are other actors outside the country then it is time for sociologists to open up the discourse of indigenous conceptions of Indonesia.

An implication for studies of children and childhood is, assuming the child and its dynamics are not the same as adults. Hence the view that the child is only one sub-passive system is questionable. Besides that aspect of the context, historical and culture also is strongly associated with the social construction of children and childhood.

Theory of Indigenization. *Indigenization at this level refers to the production of theories and concepts of historical experiences and a cultural practice of indigenous communities in Poso³³.*

Interpretive reproduction theory recognizes the capacity of the child and the child's position in society. For child victims of conflict it can be a power base to engage in interactions that strengthen the child. This theory also views the child as an actor but did not deny the influence of society and the dynamics of the child. Child development is considered as a complex process and not linear.

For Poso, the role of culture and conflict situations is to break the view that the child was merely a passive part of the family. Gait of children in conflict, even without the knowledge of other parents showed "authority" of children. Although there is possibility that people will interpret differently about it. But this confirms that the socialization of children takes place according to each culture so that the approach to gender, ethnicity, religion and geography need to be a subject of analysis in line with the dimensions of age³⁴. It also reveals the theory application in specific contexts.

33. Syarif Faiz Alim quoted by Iwan Gardono, Op. Cit. page 26.

34. Alan Prout dan Alison James, Op. Cit. hal. 23

The study indicate some limitations in the field of "application" of this theory in the context of Poso. Although the situation of children and childhood in Poso that are universal but suitable to its context, the study also was loaded with things locally distinctive.

The universality of the concept of an agreement relating to the development of children and the dignity of children to be formally recognized by the Convention on the Rights of the Child (CRC) and the Child Protection Act (Act-PA) Avg. 23 in 2002. Although it is believed that childhood is a social construction but the age limit of children under the age of 18, as listed in the two documents are considered important to protect children. Moreover, if contextually, the relationship between children and their families and other adults takes place in the form of exploitative practices and filled with violence.

Universality of childhood is also found on routine culture with peers through play and games. Some children games such as hide and seek and jumping rope were observed by Corsaro in his studies in Italy and America.

Innovation and creativity of children shown through the modification and exchange games. This strengthens the position of children in the process of framing, contextualization and intensification: the child has and associate knowledge; do development on the scope of the play in a group of peers, and repeat the game until one day they get bored and find a new game. Related to this, Corsaro did not explore further the limits of intensification particularly a game no longer played. Corsaro also seem less sharpen to the concept of routinization in the game. From the study, but because of the conflict, Poso kids stop playing when they are bored. They then negotiate again to create new games.

Outside of these universal things, indigenization of level theory concerning several aspects:

1. Corsaro argues that the social construction of childhood "... Clearly related to, but not determined by physical maturation, cultural belief sabotage,

and institutional agegrading³⁵. As I found in Puso, construction of childhood in conflict situations in addition to ongoing "dynamic" is also full of ambiguity in adults. The view of children and childhood and followed by escalation of conflict. When the pre-conflict society sees an adult or child's age as one of the characteristics of biological maturity, then the event of conflict, age and "calls religion" the benchmark for the active involvement of children in conflict. Indicates the strength of youth, so the age of 13-14 years, for example, has been deemed worthy to defend religion.

Children are victims as well as perpetrators of violence. The question is, whether it should be understood as a shift in the capacity of children who initially "positive" (in normal circumstances) to a "negative" (violent offenders)? Or vice versa still be considered "positive", because the children contribute to society, in culture and religion, which was in conflict? These questions related to "benchmark" to assess the capacity of children in this study returned to the meaning of childhood itself. Though of course, need to be creative and innovative meaning in relation to the child's best interests.

Once again, there is a difference between the study with the findings of Corsaro. More precisely, it is less attention to Corsaro it is important to understand the dynamics of child Puso. In a normal society like Corsaro studied, the capacity of the child was realized through creativity and innovation in every process of routinization children. The resulting output is generally positive. However, in children involved in the conflict, aspects of "positive" and "negative" fuse into one. According to adult informants, or even children themselves, the involvement of children in conflict is to defend his faith and was considered "positive"

In this scope, Corsaro has not explored the variations beyond the unequal capacity of the community, just as he did not consider certain moments in childhood, both in culture and peer relationships of children with adults, who can make the child develop creativity and innovation or

35 William A. Corsaro, *Ind Sociology of Childhood* (The Us and Oaks, 2005), page 192.

vice versa. In addition except playing, Corsaro also did not disclose how the ending of a routine, the shift and its relationship with the external situation had occurred.

2. Definition of Corsaro about childhood that emphasized under 13 years old in Poso was very varied. Corsaro said,

"...I defined childhood in contrast to adolescence and decided to concentrate on children from birth to around 13. However when discussing the social problems of children such as poverty, divorce and so on I considered childhood to be until 18 as most demographers and others in the field do"³⁶

The age limit does not seem much different from the view of developmental psychology except that Corsaro added feature of social action, especially children in peer culture. In the context of Poso, meaning roles are larger than the age limit. Conflict makes a lot of kids who took off their childhood with violence involved or have to fight to save themselves at the time of conflict. Parents probably have the same trauma of "forcing" children to survive in the conflict and involved in adult affairs, something that is generally not a social construction of children.

3. Still associated with the child's capacity as an actor, identity is an important part of creativity and innovation for the growth of children. In a society full of violence, the child's capacity to survive and the shifting role of the initiators and perpetrators of conflict to peace actors grow with the identity of the peer culture.
4. The identity of the child referred in this study is a collective identity that is how children make sense of the age, gender, religion, demographics (region of origin, ethnicity) and other attributes in their routine with peers and others. According to Corsaro, children's social identities oriented towards alliances or separate children with other children and develop early on. However, although considered important identity for the development of peer culture, the concept is only a small part in the theory of Corsaro.

36

Personal communication by email with William A. Corsaro

According to study observations, meaning of the child to attribute identity is an essential part. For children Poso during the early development of identity is as important as the development of identity in the age range on it. For example, about the recognition of the child on its origins or development of a hybrid identity, especially among children of primary school through high school.

5. Hybrid identity allows the child not to make distance or social boundaries and limits are strictly symbolic with other children and adults. The development of this identity was not without process. As previously described, the identity of the child is on a single continuum. Plural societies Poso make children develop creativity and innovation to be able to adapt and interact with each community. Hybridity also allows the development of resilience. Although the two do not occur directly in the causal relationship. The growing resilience of children facilitated by child's routine, hybrid identity and the disappearance of social boundaries and symbolic. This is contributing to efforts to include children who had been perpetrators of conflict in reconciliation and peace in Poso.
6. Among children, especially those entering adolescence hybrid identities also reduce the differentiation and conflict. But unlike the differentiation of children in a normal society in the study of Corsaro, the differences are very sensitive as religion, race, or ethnicity is a significant contributing factor. Communal conflicts in Poso gave birth to social conflict among peers and destroy friendships. When in conflict, differentiation sharpened mainly because of religious differences. After the conflict it has gradually returned to normal live even more towards identity-oriented global matters.
7. Indication that the picture is strengthened though never caught up in conflict situations, children continue to be an actor. Just as that child can be affected by the conflict and trauma.

In a broader context, the role of the state, not to have a place in the study of Corsaro. In contrast, this study considers the need for the state's role as marginal

problems of children. State has the power to formulate policies, especially for areas of conflict. This power can become a political tool to give birth to a variety of local-level policies that will directly touch the child's best interests.

Empirical Indigenization and data collection. Stickiness between power and science in Indonesia, as has been described previously made the study of children neglected long enough. Very limited sociologists are paying attention and thinking about the development of child study. But the development of children's issues, including issue which occurred in Poso has increasingly demanded sociologists involvement in both academic and practical level.

This study is part of the obsession. The use of interpretive reproduction theory seeks to consider its relevance to local context. Adjustments to local conditions become an important part so that the adoption of the theory and the concept of interpretive reproduction take place through a reflective process.

Methodologically, the very rich cultural meaning, the use of ethnographic methods and variations in the use of data collection techniques, greatly contributed to the results of study that focuses on the dynamics of interaction. Efforts to explore understand and explore the views of children and other parties need to be done in accordance with their respective characteristics. In other words, a comprehensive analytical tools necessary to understand the situation of children and childhood in the multicultural society full of conflict as had happened in Poso.

Application of Indigenization. How to contribute in practical sociology is a form of indigenization at the application level. Appropriate academic product range is not practical to separate from the application of existing theories that are not isolated to the subject in which the theory is born or developed³⁷. It is agreed to the assumption that the production of knowledge generated in the context in which knowledge will be applied; done trans-disciplinary; is heterogeneous and organize the difference; reflexive and has

³⁷ See Atlas, Op. Cit

a social responsibility; and maintain quality through the assessment team (peer)³⁸. In this study, the application is limited only to contribute ideas for policy formulation.

The Reflection of the result of the study suggested that indigenization policies is needed to consider the concept of children as actors in child protection; optimize the role of family, community or country, and also examines the influence of space and time to the protection of children.

The Indonesian government has recognized the child as an active agent with the ratification of the Convention of the United of the Rights of the Child or the Convention on the Rights of the Child³⁹ and the legalization of the Child Protection Act No.23 of 2002 on September 23, 2002. The consequences of the ratification and publication of these laws is, states, governments, communities, families and parents are solely responsible for the realization of children's rights. The issues of children need to be appointed to a public space and no longer as domestic issue that only is limited to a family's internal affairs.

Child protection efforts need to be more serious and comprehensive. Understanding and commitment of policy makers at central and regional as well as collective responsibility between government, communities, families in a child protection network is necessary. In this network, the role of communities and countries can take place simultaneously with the role of parents or families with no intention of shifting family roles. Communities and states can act at the level of institutional services ranging from formulating policies to provide direct services to children and families. Specifically, the state's role can be a combination of family support while ensuring the fulfillment of the needs of children especially those in the category "at risk"⁴⁰.

38 Michael Gibbons et. al *The New Production of Knowledge. The Dynamics of Science and Research in Contemporary Societies* (London, 1994), ha. 3 in Ser.

39 International commitments affecting the global arena issues concerning children, including children who need special protections set out in: 1) the Convention on the Rights of the Child which was ratified by the Government through the Presidential Decree number 38 of 1990 and the Optional Protocol about child trafficking in relation to child sexual commercialization; 2) ILO Convention 138 (ratified by Law no.20 of 1999 concerning Minimum Age Limit Children Allowed Work) and ILO Conventions 182 (ratified by Law no 1 of 2000) and Immediate Action for Elimination of Worst Forms of Child Labour; 3) World Summit on children; 4) review of the Beijing Declaration on the progress of children in the Asia-Pacific; 5) the second World Congress on Commercial Sexual Exploitation of children in Yokohama Japan.

40 Makoto Hiji dan Kay Terrell *Children & Society* (London: Longman, 1997), page 6

F. Conclusions and Recommendations

Children are influenced and affected communities as indicated by the position of children in the Poso conflict as victims and perpetrators of violence. In these conditions, children are the actors who are actively and creatively internalize in society and culture. The condition of being horror of children manifested through cultural routines with parents, other family members, peers and other adults. Children acquire knowledge, to interpret and implement them through other routines.

Behind the load as a victim, the child has the desire and efforts for peace. Understanding along with peers and the iraxperiences during the conflict makes them seek peace through mutual respect among religions. This reduces and eliminates the symbolic boundaries and social boundaries among children. The condition was also associated with the resilience of children, the quality of children tolerance to situations that cause stress and rocked his life.

The result of the dialogue with theoretical studies led to the theoretical and practical implications. Context Poso who have different historical and cultural interpretive reproduction theory is needed to make appropriate adjustments or contextualization of context. In this connection, indigenization is an effort to reveal aspects of ideographic childhood of children in Poso as well as contribute to the possibility of universality.

For all that has been produced, recommendations can be proposed that are a sociological thinking process with efforts to harmonize the protection of children. This can be done among others by: 1) intensifying multiple studies that consider the capacity of the child and performed in the best interests of children and 2) considering the idea of a child's capacity and its bargaining position in the child protection policy.

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The Consequences of Child Sexual Assault

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Abstract

It is urgent to understand the origin and nature of child sexual assault and its consequences. It benefits child victims and helps institutions and professionals that work on the issue. This article shows that child sexual assault basically is the product of patriarchal culture and sexist society which tend to marginalize women and children, by creating some myths to legitimize male sexual violence. The occurrence of child sexual assaults has many consequences on children including physical and mental health. Another risk is they may have to involve themselves in a prosecution process. Therefore, it is very important to understand the victim's problem. Understanding and giving sympathy to them during the making of reports to the police, also in the recovery process from physical injuries and trauma, and during a prosecution process can help them to reach integration level and stability. The good coordination and collaboration between agencies and professionals can lead to the friendly services to the victims. Furthermore, children will not alone in facing their problem during the recovery process.

Key Words . Child, sexual assault, impacts, helping and friendly institution

Introduction

Child sexual assault is one of the most important issues which are discussed not only in developing countries, but also in developed countries. The discussion of child sexual assault has entered the public spotlight due to the role of media in reporting it intensively. However, the media has to acknowledge the contribution of a coalition of the women's movement and the children's protection movement. This is because each of these groups has been successfully promoting the issue to social policy makers (Finkelhor, 1984, p.3). The increasing number of child sexual assaults where females are the majority of victims, and the assumption

that children are a vulnerable group who cannot protect themselves, becomes a basic argument and reason for their movements.

Child sexual abuse could happen anywhere, both in urban areas and in rural areas, in the house, in the road, even in the school. It could be also carried out by anyone, such as parents and other family members, neighbours, friends or unknown people. Child sexual abuse also could happen at any time. Many researchers in their recent studies reveal that sexual assault will certainly bring some consequences to the victims and will greatly affect their lives. However, many people, mainly professionals, still have a lack understanding of this. As a result, the survivors did not receive the support and services which they need during the recovery process (Wilson, 1978, p.110).

It is my belief that children really suffer from sexual assaults because of the traumatic experiences which follow them. This will affect their physical and mental health in their future life. This suffering becomes worse when the helping institutions, such as police, hospital and courts fail to give much attention to the depth their problems, as they have been influenced by the patriarchal culture and the inequality of power between adults and children. In the beginning of this article I will provide a basic understanding of child sexual assault. Then, I will discuss the reactions of victims after the incident, the effects of long-term trauma disorder, and offer some criticism of the helping institutions.

Basic and Philosophical Concepts

Child protection specialists believe that child sexual abuse has to be eliminated. However, they each have different focus. Child protection specialists tend to view this phenomenon in the context of child abuse and neglect. As a consequence, they only see it as part of the family related sexual abuse: when committed by parents and caretakers. They believe that child sexual abuse or incest can be the product of the family's pathology or of poor living conditions. Therefore all family members may have contributed to this

pathology. By contrast, some others see this problem as rape rather than child abuse. This is because they notice that child sexual abuse is not the matter of incest only, but it is larger than that. It could be done by a non-family member or a stranger. They also argue that this phenomenon reflects gender inequality because of the fact that most victims are girls (Finkelhor, 1984, p.4). Based on this evidence, They prefer to look at this type of child sexual abuse as a rape rather than just child abuse, and to see it as an aggressive act or a crime rather than just the result of sexual desire

However, they today seem to avoid using the term rape and tend to use sexual assault for child sexual abuse. They think that 'sexual assault' is a more appropriate term because this connotation will help in positioning female into the centre stage, as victims. This explains why they struggle to vindicate the victim and suggest that rapists should be treated like murderers and executed, or sentenced to life imprisonment (Wilson, 1978, p.1). 'Sexual assault' has a broader meaning rather than incest. This term refers to any sexual behaviour from offenders which make the victim feel uncomfortable, threatened or frightened. These include: touching, fondling or kissing; being made to look at, or pose for, pornographic photos; being masturbated or being forced to masturbate the offender; voyeurism; exhibitionism; verbal harassment/ innuendo; oral/genital contact; and penetration of the victim's vagina, mouth and/or anus with a penis or object. Child sexual assault is criminal act for by an individual and by state law, whether by consent or non-consent, due to children's helplessness at this stage of their developmental. This definition contributes and helps victims to understand that other actions besides rape are criminal offences also (CASA, 1990, p.4).

Child protection specialists agree to using the term of 'victim' or survivor for a child who has had sexual traumatic experience. In this context, a 'victim' refers to a child who has been sexually attacked by offenders. It is meant to diminish stigma and myths that blamed a child for inciting sexual assault. This is because the term victim refers to a powerless child due to the sexual assault, so that it is commonly used in the justice system. On the other hand, 'survivors'

can be defined as children who have 'survived' from sexual assault acts due to their strength and their struggle. It is commonly used by professionals assisting during the recovery process (Irzin, 2000, p.3). Even though that victim is more powerless than the survivor, both victim and survivor can be used in a different context.

Child Sexual Abuse and Its Impacts

Their desire to understand the impact of child sexual assault causes many experts to refer to the physical and mental effects. The physical effects basically relate to the physical wounds of victims. These wounds are relative, depending on the level of violence that they received, considering their age and size. This wound could be a sore throat, while anal intercourse may cause rectal bleeding. Many cases also showed that child sexual assault can make the victims handicapped or cause death. They may also be vulnerable to infections, to sexually transmitted diseases, HIV/AIDS, and on pregnancy. The psychological effects usually refer to post-traumatic stress disorder (PTSD), cognitive distortion, depression, anxiety, antisocial behaviour, poor self-esteem, sexual dysfunction, even suicide (Briere & Elliot, 1994, p.55-61; Ligezinska, et. al., 1996, p.112).

With regard to physical injury, Paul R. Wilson (1978, p.49) explains that most victims experience a long-term physical effect. A 'long-term physical effect' refers to genitourinary disturbances and chronic rectal complaints. After having been attacked, victims try brushing various parts of their body including throat, thighs and breasts. They often have complaints such as headaches, sleep pattern disturbances, stomach pains, nausea, vaginal discharge, itching and the problems with urination. However, only a few victims see a doctor immediately after an attack. They prefer to cope by cleaning their body in the bathroom.

Emotional effects are very complex and usually refer to shame and guilty feelings. Burges and Holmstrom mention the *rape trauma syndrome*

to explain how a victim often tends to overcome the situation after being attacked (Wilson, 1978, p.49-50). This trauma syndrome manifests itself in such ways as changing their lifestyle, dreams and nightmare, and phobic reactions. They also felt so frightened of his family and losing their friends. Dreams, nightmare and phobia usually happen frequently. They usually get up at midnight and scream. This dream and nightmare could happen even ten years after the attack. Feeling ashamed also occasionally made them lose self esteem and they felt self-degradation (Department of Health NSW, 1988, p. 4). They usually avoided men. Because of their problems they usually tend to leave their school.

The impacts of child sexual assault can be understood from the victims' reactions stages. Dean & deBruyn-Kops (1982, p.110-113) divide the victim reactions into three phases. First, the phase I (*Acute Reaction*). This phase was marked by shock, mistrust, anger, confused, and fear. Many cases show that victims express their feelings by crying, being restless and tense. However some of them, in reverse, showed calm expression and try to conceal their feelings as if they have never been assaulted by adults. This phase usually is followed by physical complaints such as feeling tired, headache, nausea, or stomach-ache. For the girl experiencing vaginal intercourse, she usually had itchiness and pain around the vagina and problems in urination. Oral sex could cause sore throat while anal intercourse can cause rectal bleeding.

Victims are usually afraid to be alone and they have difficulty in sleeping. If they sleep they will often get up at midnight because of the nightmares. Their dream usually is about the violence that they have received and when they experience nightmares, they try to escape from the assaults. This problem usually leads to eating problems due to losing their appetite. Most victims also have a phobia about men and crowds of people. They very easily of wrongly associate a person with their offenders because of a small similarity. They often cry and suffer from depression. In some cases it leads to suicidal attempts (Williams & Holmes, 1981, p.103-105)

Second, the phase II (*Outward Adjustment*). In this stage, victims tried to

start their new lives by doing some normal activities. They lose their desire to look for help and they do not want to discuss their bad experiences. Their physical health is getting better and their appetite is improved. Although they are still getting sleep disturbances and nightmares, the frequency is being reduced. Victims were also seen as hyperactive as they reorganised their lives, so they could attend their school (Wilson, 1978, p.51). In this stage, the support from their families and the counsellors still is needed in order to get their confidence to start a new life.

Lastly, the phase III (*Integration*). In this stage, victims possibly withdraw from their social life and avoid contact with people. They fight to understand their trauma experience. They also possibly refuse support and help from people. For some girls this is a long period of adjustment. The sexual trauma is difficult to forget but with the support and help of counsellors, families and their friends, they will think positively and begin to fill their life with something productive (Dean & deBruyn-Kops, 1982, p. 113). In some cases, even though they have reached integration or acceptance by the passing of time, they sometimes will revert back to the first and second phases. Based on these facts, it could be understood that the reaction stages for victims run in spirals rather than in linear processes.

Pinkelhor & Browne (1985, p.530) put forward the concept of *traumagenic dynamics* to analyse the traumatic impacts of child sexual abuse, which covered *traumatic sexualisation, betrayal, powerlessness and stigmatisation*. Traumatic sexualisation refers to a process where after the incident, the child suffers interpersonality dysfunction and develops unusual sexual behaviour. Because of carrying out sexual relations in the period of pre-puberty, this experience will be retained vividly in their memory. Because they are still under supervision, they afterwards experience confusion and misconception and finally tend to carry out unusual social activity.

They are hurt when they discover betrayal from those they trust and depend on. The child begins to realise that the person whom they trusted and loved deeply told lies and disregarded them; and of course afterwards they

felt they could not believe in them ever again, blamed them and did not want to meet them (Finkelhor & Browne, 1985, p. 531). Powerlessness or perhaps disempowerment can occur when the girl feels she was not powerful enough because her territory and body space was violated by others using violence and manipulation. Because of their powerlessness girls often experience 'revictimisation'. This process is marked by a decline in coping skills, casualties and low self-esteem. Casualties usually experience despair, depression, and even suicidal behaviour (CMC, 2007, p.8).

Stigmatisation referred in the last process is where the children felt embarrassed and guilty because of being stamped as negative in their environment. They felt they were pressed whenever hearing the gossip from the family, the friend and community about their behaviour that was considered deviant and taboo. The community also afterwards gave the stigma of 'loose morals' or 'spoiled goods' (Pontes, 2005, p.145-149). The effect could, from this process, leave them developing the selfdestructive behaviour, and in danger of drug or alcohol abuse, criminal activity and prostitution (Arrow, et. al., 1999, p.762)

Helping Institutions and Criticism

It is surprising that many cases of child sexual assault have been not reported to the police. Although child sexual abuse is reported almost 90,000 times a year, the numbers of unreported abuse is far greater because the children are afraid to tell anyone what has happened, and the legal procedure for validating an episode is difficult (American Academy of Child & Adolescent Psychiatry, 2004). This makes it difficult for policy makers to know what the real number of the cases is. It seems that the number of cases today is like the tip of an iceberg where the actual number probably is much higher. Dean & deBruyn-Kops (1982, p. 63) say that the fear factor due to the treatment of the police and the procedure of the case has affected victims so much that they do not report their cases to the police. They give an example of how a victim has been

investigated by five uniformed policemen. Sometimes the police called in the middle of the night just asking for clarity. The other reason was mentioned by Wilson (1978, p.70), that many police often suspected victims and were hostile and unsympathetic to them.

The other reason why victims did not want to report their cases is because the perpetrators often threaten them if they report to the police, they will come back and hurt them. Even though the threats are not real, it really affects victims. Many victims felt that the sexual assault at that time was enough and they did not want to look for more trouble. Victims also often felt that reporting to the police is a waste of time. This is because in many cases the perpetrators cover their face and disappear in the dark (Wilson, 1978, p.59). By reporting the case to the police it was like repeating the sexual experience; a memory which is very painful for them.

In the case where the perpetrators are family's members, reporting their case only makes their relations to other family's members become worse. Moreover, if the perpetrator was a father of the victim and he is the only man who supports the family financially, reporting and sending him to the jail is a difficult choice. As a consequence, he cannot support his family again and all family members will suffer (Schwendinger & Schwendinger, 1983, p.42). This is also influenced by media reporting. The intensity of media in reporting the case only makes victims more ashamed. Many victims also mention that reporting means opening the case again. As a result, many people will know what happened and the victims are seen as stereotypes and as dirty people. Furthermore, when perpetrators are fathers, often their mothers and brothers do not believe them, and call them liars.

Two important issues related to the hospital services are the risk of pregnancy and affected venereal disease. Medical professionals in the hospital can give diethylstilbestrol to prevent pregnancy. However, this pill is not effective after 72 hours from the incident. Other treatment to prevent pregnancy is by using postcoital IUD and menstrual extraction. The workers have to give information for the importance tests, and the medical treatment

to venereal disease. Tests for such as gonorrhoea, syphilis and the HIV/AIDS are very important to know about exactly to reduce the risks (Dean & deBruyn-Kops, 1982, p.77-78). At the same time, counselling is needed to help victims reduce their fears and doubts. A social worker could also help victims in preparing preoperation and could help them to socialise with their family and community.

However, the hospital was often the weakest agency in helping to provide proof in the case of child sexual assault. This is because many doctors and the agency are worried about being involved in a trial process that often takes much time. They sometimes avoided doing proof rechecks that would be showed by defence attorneys. The hospital that received the victim also usually isolated them in the emergency room and treated them differently from ordinary patients and this made victims feel very uncomfortable. This is possibly because the professionals are not trained in the special case of child sexual assault (Dean & deBruyn-Kops, 1982, p.74). Other criticism of the hospital services is that in many cases boys have received better treatment than girls (Spataro, et. al., 2004, p. 416). The expensive cost of treatment during recovery also becomes a barrier for the victims for accessing hospitals.

The interesting thing in the case of child sexual abuse is that many offenders have not been sentenced by the law. Many reasons were used to explain why perpetrators can go free. This is because the trial process often took a very long time. The process in the court often made victims experience a 'second rape' as many people in the court doubt their testimony as they are still children (Keodall-Tackett, et. al., 1993, p.172; Sanders, 1980, p.110). Media publication also made children feeling ashamed and tended to stop the prosecution process. In some cases the practice of 'bargaining for peace' between the victim's family and the perpetrators is a major issue in the prosecution process. In the case of incest, children tended to avoid statements which opposed their parents or their caretaker (Davidson, 2008, p.50). Other criticism is that perpetrators usually use mental disturbance as a reason, so that they can escape from the law.

Toward A Friendly and A Better Services

The management and treatment from helping institutions and the professionals are the important factor in child sexual assault. This can be seen as a serious challenge and is because of the complexity of the problem itself. Child sexual assault cases are very complicated because it concerns many institutions such as medical institutions, child protection institutions, and law institutions (police and attorney). It is difficult to decide the territory of each. This overlap sometimes makes the case a puzzle and makes the victim confused. It seems that there is no coordination between these institutions. Participation from community agencies with no experiences in collaborating with other agencies and no clear divisions between their institutions makes the case management extremely difficult (Finkelhor, p.200-201).

In this case, professionals need to understand the philosophy of each institution. For example, child protection agencies see the problem from family dysfunction, so that they insist on focusing the family system for their service. By contrast the mental health workers see it as the case of psychological problem so that providing counselling is the best choice for intervention. This explains why during case conferences a high disagreement often occurs, as to which course to take. This phenomenon also happens between workers in the same institutions. However, the differences should be eliminated by combining their power and resources, and working together. This coordination can be started by one institution such as state child protective service. If not then the victims will become frustrated and the professionals will never work together. This is a must for the best interest of the child.

Conclusion

This article has shown that child sexual assault basically was the product of patriarchal culture and sexist society which tend to marginalise the women and children's position, by creating some myths to legitimise male sexual

violence. The occurrence of child sexual assaults has many consequences on children including physical and mental health. Another consequence is they may have to involve themselves in a prosecution process. Therefore, it is very important to understand the victim's problem. Understanding and giving sympathy to them during the making of reports to the police, during recovery from physical injuries and trauma, and during a prosecution process can help them to reach integration level and stability. The professionals also need to collaborate with other agencies with good coordination in the best interests of the child. Finally, friendly media, family, and the community also can support them to get self-confidence faster, and enable them to master the traumas and dysfunctions caused by the assault.

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Protection of Children Needing Alternative Care with Special Reference to Philippine Experience

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Abstract

It is a significant field in social work to deal with social problems that arise in the parent-child relationship. Services to children and families can be viewed as a continuum designed to reinforce, supplement or substitute the functions that parents have difficulty in performing. This paper discusses the Philippine experience in protection of children needing alternative care. It will make use of the two (2) theoretical models used in a UNICEF EAPRO (2006) study to frame an understanding of child welfare.

The paper highlights the critical role of the professional social workers to advocate for the right and protection of children who temporarily or permanently cannot be raised by their own families through finding appropriate alternative family environments.

Keywords: Alternative care, child welfare, social worker

Introduction

Child welfare is a historical setting for social work practice that refers to the network of policies and programs designed to empower families, promote a healthy environment, protect children, and meet children's needs. It is a significant field in social work that deals with social problems that arise in the parent-child relationship. Services to children and families can be viewed as a continuum designed to reinforce, supplement or substitute the functions that parents have difficulty in performing.

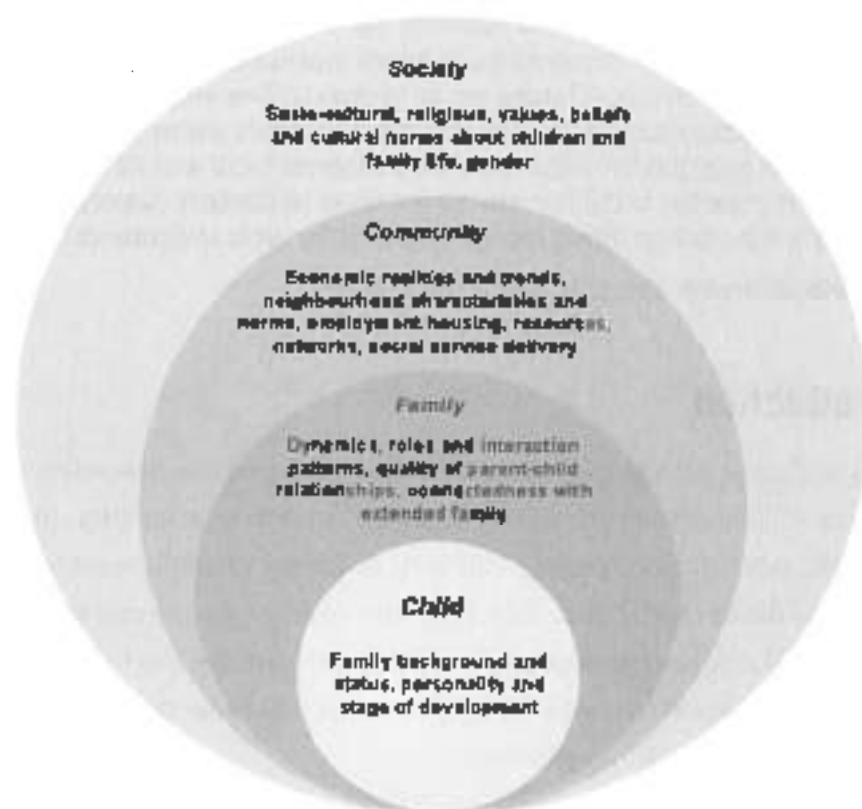
This paper will make use of the two (2) theoretical models used in a UNICEF EAPRO (2006) study to frame an understanding of child welfare:

1) The *Ecological Model* adapted from Bronfenbrenner (1979)

An intervention to support children should address not only their needs but also should respond to these needs in the context of their environment.

This conceptual approach allows simultaneous consideration of the various levels at which programme interventions may be made: 1) Directly with a child; 2) at the family level; 3) at the community level of broader social institutions (including development of policies and programmes and allocation of public resources); and 4) at the level of cultural values.

An analysis along these lines offers insight into the various elements that may affect family functioning and that can result in a child being deprived of parental care. It also highlights the necessity of ensuring that a child's rights are guaranteed and protected. The Ecological Framework (Colton, et al, 2001) is shown in Figure 1 (UNICEF-EAPRO, 2006 p.13-14):



In responding appropriately to the needs of children, the context of family, community, society and culture must be taken into consideration. These relationships must take into account the nature and processes of childhood as well as social, cultural, spiritual, economic and political factors

that affect the lives of children and families. The significance of these factors for the development of children and their families are reflected in the United Nations Convention on the Rights of the Child (CRC). Hence, when working with children, understanding their cultural context is essential (UNICEF-EAPRO, 2006).

2) *The Continuum of Child Welfare Services* adapted from Kadushin (1981.)

Services to children and families can be viewed as a continuum designed to reinforce, supplement or substitute the functions that parents have difficulty in performing. *The Continuum of child welfare services* is shown in Figure 2 (UNICEF-EAPRO, 2006, p.14-15).



Keeping children within their own families offers the best environment for their development. When, however, a family neglects, abuses, exploits and/or maltreats their children, the removal of a child may be necessary to ensure the child's safety and protection. Given this context, children may need alternative care choices, either temporarily or permanently. Supportive and supplemental services should be provided to families to facilitate early reintegration of children who are in temporary substitutive care (UNICEF-EAPRO, 2006).

A family should receive the necessary support and assistance to fulfil its child-rearing roles and to guarantee the rights of a child to live in a stable family environment. Professionals need to work hand-in-hand with families to understand their dynamics, potentials and capacities to solve problems. Communities and local authorities should not be overlooked as resources for providing basic protection for children. The State also has a responsibility to strengthen capacities within families and communities through policies and programmes focused on prevention as well as provision of appropriate alternative care for children (UNICEF-EAPRO, 2006).

Analysis of Philippine Experience on Protection of Children Needing Alternative Care

Alternative Care Options

Alternative care is defined as care for orphans and other vulnerable children who are not under the custody of their biological parents. It includes adoption, foster families, guardianship, kinship care, residential care and other community-based arrangements to care for children in need of special protection, particularly children without primary caregivers.

An unpublished Philippine study (UNICEF-CWIC, 2005) examined a total of 3,173 cases of children from 105 child caring agencies (CCA) residential facilities to provide a general picture of the status of children without primary caregivers in the Philippines. Agency respondents were managed by either government (GO) or non-government agencies (NGO), though an emerging trend of partnership between the local GO and NGO was noted in two agencies.

Of the total population, a little over 50% (n=1,654) of the children were reunited with their families and relatives. The fact that the majority of them stayed less than year in the institution, presents a challenge to alternative parental care providers not just to reduce the length of stay of a child in formal

care but to possibly offer services that will prevent entry. Some of the older children had parents but were too poor to send them to school. Likewise, some children were in long-term care due to a physical or psychological condition. Lack of permanency planning while these children were younger was evident in some cases of children without families in which social work records were inadequate.

It is significant to note that in focus group discussions (FGDs) almost all of the school age children rated as satisfactory the provision of basic services, namely: educational, home life, spiritual and health care. Education was perceived by the children as the most beneficial despite the inadequate support in terms of time, space, and funding for their studies.

Moreover, the children expressed dissatisfaction with the limited availability and contact with care providers. They also cited favoritism being practiced by some staff and the tendency for older children to be assigned more responsibilities, like household chores, limiting time for school work. Peer support among the children appeared to develop over time and educational aspiration sustained them while in formal care. Evidently, a good number of these children developed "resiliency" that allowed them to turn around their situation (UNICEF-CWC, 2005).

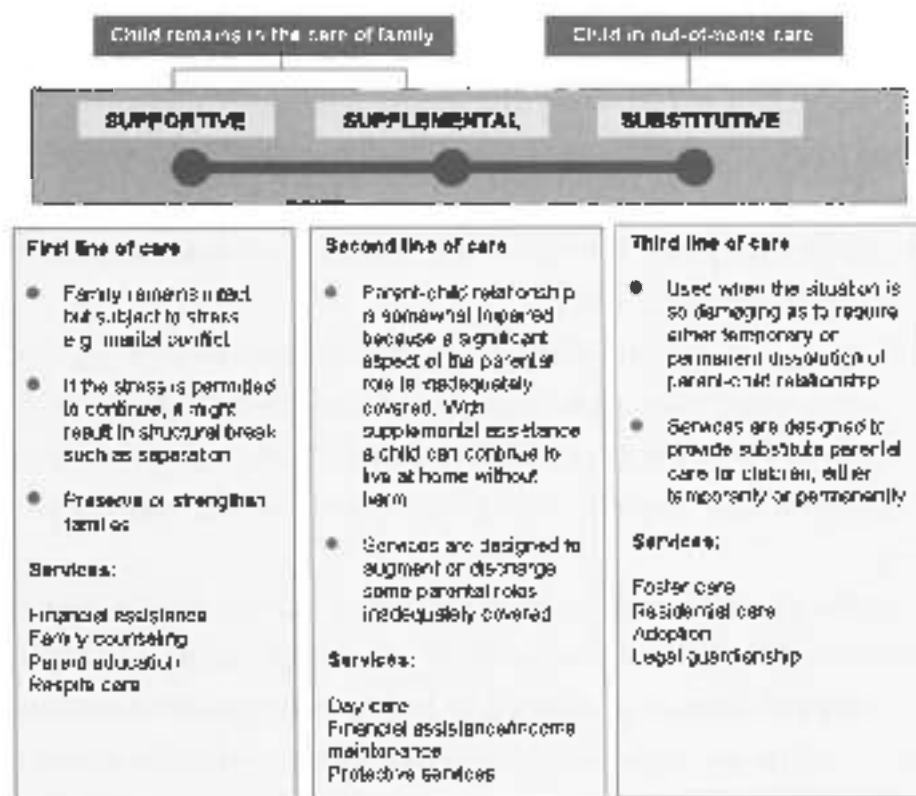
In terms of the use of residential care, the Philippine situation seems to hold true in other Asian countries as gleaned from the findings of UNICEF-EAPRO (2006) This report provided an overview of the alternative care choices for children without primary caregivers in Tsunami-affected countries and stated:

Residential care is still the main response to assisting children without primary caregivers in these countries. Poverty is a significant factor underlying the admission of children to institutions. De-institutionalization will require much effort given the heavy reliance on residential care. Even so, moves are under way in some places to shift from large institutions to cottage and family-like settings that provide a more conducive environment for the development of children in care (UNICEF-EAPRO, p.34).

Adoption as an Option for Children Needing Permanent Family

The Philippines desires to keep its children within their own family as well as culture; however, psycho-social-economic realities prevent some families from raising their children. When all means to reunite children with their respective birth families have been exhausted, legal measures and procedures have to establish that a specific child is orphaned, abandoned, neglected, abused or permanently without primary caregiver before s/he is legally available for adoption.

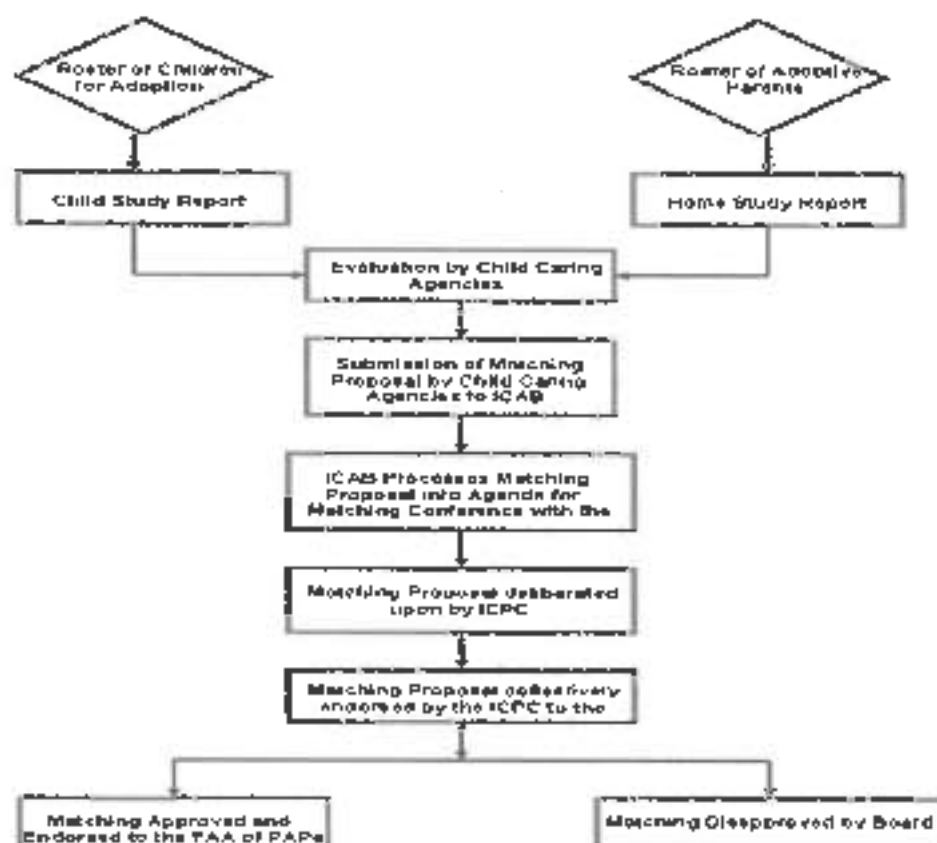
The route to international child placement in the context of the Philippines is indicated only if preserving the original family is unsuccessful and inappropriate and there is no suitable local adoptive family. The evolution of the inter-country adoption in the Philippines is shown in Figure 3:



Since 1986, the participation of the CCA (Children's Central Authority) social workers in the matching of children under their care has been practiced in the

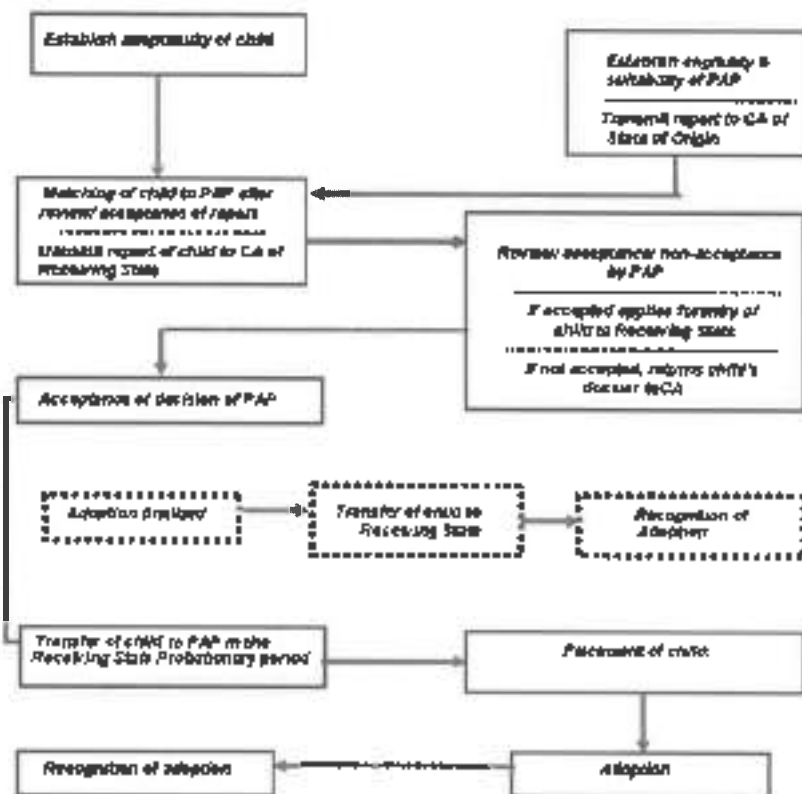
Philippines. This multidisciplinary process has the advantage of minimizing the tendency to make bureaucratic, legalistic, routine types of placement decision. It is important to note that although adoption placements are momentary decision, these placements have a lifetime consequence to the child that is subject of placement

In accord with the Hague Convention, a Central Authority (CA) was created in 1995 composed of a multidisciplinary team that collegially deliberates as well as formulates policies and makes decision on the suitability of adoption placements. The CA or the *Inter-country Adoption Board (ICAB)* is composed of representatives from the following fields: psychology; law; social work; child care NGO representatives; the Secretary of the Department of Social Welfare and Development (DSWD) is the chair. The process for matching for inter-country adoption in the Philippines is shown in Figure 4:



Furthermore, ICAB created teams called *Inter-country Child Placement Committees* (ICPC) to carry out an integrated system and network of selection and matching of applicants and children. This ICPC is a multi-disciplinary team that conducts the matching placement session. The social workers of the various CCAs and the ICAB secretariat social workers who are responsible for making available the pool of approved prospective adoptive parents (PAP) from different countries participate in this process. The quality of the professional input of the social workers will largely depend on their knowledge of the child under their care, their social work skills and sensitivity to balance the needs of the specific child and the resources that a prospective adoptive family has to offer.

The international collaboration in the placement of a child from the *State of Origin* (SO) or sending country, as in the case of the Philippines, to the *Receiving State*, under the 1993 *Hague Inter-country Adoption Convention* (HC) is shown in **Figure 5** (del Castillo, 2005, p. 80-81):



The Hague Convention further states :All contracting states to the Hague Convention shall designate a Central Authority (CA)who has agreed to work together in order to protect and promote the child's best interest by deterring all practices contrary to the articles 7 & 8 of the convention (The Hague Convention, 1993).

Article 7- 1) CAs shall co operate with each other and promote co-operation amongst the competent authorities in their States to protect children and to achieve the other objects of the Convention, and 2) they shall take directly all appropriate measures to: a) provide information as to the laws of their States concerning adoption and other general information, such as statistics and standard forms; b) keep one another informed about the operation of the Convention and, as far as possible, eliminate any obstacles to its application.

Article 8 -CAs shall take, directly or through public authorities, all appropriate measures to prevent improper financial or other gain in connection with an adoption and to deter all practices contrary to the objects of the convention

Social workers in both the SO (sending) and RS(receiving) have to interact with the social and legal systems of both countries in order to insure the best interests of the child and respect for his or her fundamental rights (del Casilla, 2005, p. 86)

An SO's or sending country's sense of true nationalism is manifested by having child protection laws that protect both the rights of parents/families and that of the children. This implies that there are laws and programs that support the birth families to raise their children properly Equally important are laws and procedures that protect the child in cases when parents themselves are neglecting or even harmful to their children. The process of termination of parental rights becomes vital since children cannot defend their rights vis-à-vis their parents who are adults and have authority over them. There should be appropriate measures to insure that placement of children outside their birth families, if indicated, truly promote their best interest and welfare.

On the other hand a RS or receiving country should recognize the advantage of providing suitable permanent families to children for whom there is no

permanent home available in his/her SO. The RS should conscientiously enact laws that prevent unscrupulous child-placement arrangement. Moreover, there should be measures that guarantee that the foreign adopted child will enjoy equal rights and protection as their citizen. RS should screen and take measures to prevent the abduction, sale of, or traffic of children.

The disparity between the qualities of children available at a given time with that of the child preference of the pool of adoptive families can be a drawback in coming up with the best options for a child. Although each country has laws and procedures, it is important to periodically review and update them to be truly responsive to global psycho-social-economic realities. For instance, the "available" children needing permanent families in the SO may not necessarily be the "ideal" that RS would like to consider. Yet the latter may have suitable families who may be capable of parenting some of these available children but are prevented by the laws of their country from being accepted.

From the Philippine experience, International collaboration in child placement allowed creative strategies for finding families even for difficult or *hard-to-place* children. Since 2004, the *Summer Hosting Program* strategy has given older Filipino children and sibling groups permanent families. Participants in this program are children who have been cleared for inter-country adoption and are patiently waiting in institutions for their permanent adoptive placement. Once they have been assessed and found prepared to participate in the program, they are properly oriented prior to their departure that they will travel abroad to spend 3-4 weeks with pre-identified host families. It is impressed upon them that they are going abroad for a vacation with a host family.

The program enables the host families and the children to interact closely to allow a mutual adjustment that could eventually lead the latter to make a commitment to adopt the children being hosted. In similar manner, it allows older children to assess whether they have the capacity for a close family life and still desire to belong to a permanent family. At the end of every hosting

program, all children return to the Philippines and the inter-country adoption process is pursued should the family want to adopt the child and the latter accepts the family to be their permanent home. A minimum of five (5) to a maximum of twenty-one (21) children may compose a group for the Summer Hosting Program. It is an opportunity for hard-to-place children to experience family life and to be exposed to a more stimulating environment than the institutions where they lived.

A *reverse* program in which a group of host families comes to the Philippines to host them in the children's own residential facilities. Both programs provide opportunity that can take the fear out of adopting older children by giving prospective families the opportunity to host them. The interaction between the children and family facilitates assessment of their fitness for each other before they decide to embark on a lifetime commitment (SHP Guideline, 2004).

Conclusion and Recommendation

On the whole, Philippine efforts to promote the fundamental rights to identity, be cared by his or her parents, and to belong and grow in a family have been addressed by both government and private sector over the years through professional child welfare work and adherence to local and international laws. The child welfare oriented NGOs have organized themselves into associations to collaborate more effectively among themselves and government.

All child welfare agencies have licensed social workers as required by the Philippine law. Social workers are in a strategic position to advocate for the children's rights and insure their protection in a family environment. The social workers task of building relationships with the children and their families as well as their assessments, intervention and documentation, such as: case study report, transfer summaries and referrals to other agencies, are vital in the continuum of services for children whether remaining at home or needing out-of-home placement.

It is of utmost importance that the professional skills of social workers should be fully harnessed to meet the psychosocial needs of children. They should equally extend psychological support and technical assistance to parents, the house parents or and other staff in residential care facilities for them to understand the behavior of growing children and be able to properly nurture them.

Aside from assessing client's needs, social workers are in the best position to identify factors that impede service delivery as well as plan and implement ways of enhancing services. They can facilitate and advocate for legislation and social policies aimed at providing needed resources and uphold the best interests of children. As team members, social workers often contribute knowledge related to family dynamics and engage in *bio-psycho-social-spiritual* interventions. When teams tend to be *deficit* focused, social workers are expected to input strengths perspectives and a sense of optimism about finding the best options for children.

In child welfare work, social workers need to have a close professional collaboration and reciprocally support each other both in best practices and adherence to ethical standards of the profession. They should serve as *reminders* to each other as well as to the multi-disciplines with whom they work that they should not be trapped by economic considerations, bureaucratic procedures, and political pressures.

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Call for Article Submissions

In the meeting of ASEAN Social Work Consortium in Manila at the beginning of this year, Indonesia was proposed to publish an ASEAN Journal. The journal will be published twice a year.

We are looking forward to the participation of you to submit an article which is a critical research paper or results of research in the field of social work.

The requirements are as follows:

1. The manuscript has never been published nor submitted for publication to another journal.
2. The manuscript is the result of research conducted five years ago at the latest.
3. The article is a critical analysis of certain issues in the field of social work.
4. The article should include and be formatted according to the following structure: title, author's name with academic degree, abstract of a maximum of 75 words consisting of purpose, methods, research results, keyword; introduction that consists of the background, the research objectives, methods, a concise review of the literature; research results and discussion; conclusions and suggestions; and list of references.
5. Article must be single-spaced, in 12-point Arial font, and should not exceed 20 pages.
6. Article is written in English.
7. Referral sources used must be within last 10 years of publication. Referral preferred are primary sources of research reports or research articles in scientific journals and magazines.
8. The authors should attach biographical information, including final education, experience in research or social work fields.

The manuscript should be submitted by e-mail to be mail to the secretariat (e-mail: aseansocialwork.journal@gmail.com), cc. mysusi70@yahoo.com; nurul_ch@yahoo.com)

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