



Australian Children's Rights News

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Donor Conception in Australia and elsewhere

The rights of children to information about their identity and background are at last being recognized. These rights extend to children who have been separated or removed from their parents, adopted, or conceived via assisted reproductive technologies such as donor conception and IVF. These rights flow from the “best interests of the child” arguments and Articles 7 and 8 of the UN Convention on the Rights of the Child regarding the child’s right to know, as far as possible, his or her parents and to preserve his or her identity (UNICEF, 1998, *Implementation Handbook for the Convention on the Rights of the Child*).

Attitudes to adoption and the introduction of legislation to enable and encourage open adoption so that children have information about their biological parents and some contact with them have changed markedly over the last 30 years or so. Now understandably calls are being made by children who were conceived as a result of assisted reproductive technologies and are now coming of age to know who their parents are.

As Geraldine Hewitt points out in her article, there is little Australian research and little official support or encouragement to date for the rights of donor conceived children. It is likely, however, that public attitudes are similar to those in the UK where the Children’s Society indicates that there is strong public support for the rights of children - when they reach 18 - to know the genetic history of their biological parents. Eight in ten UK respondents supported children having an automatic right to know this at age 18, and 62% agreed that donor-assisted conception should only be offered if offspring are given the right to this information at 18. By contrast, only 19% agreed with the contrary statement - that all parents should have a right to have children without telling them their genetic history and only 24% agreed that donors should have the right to withhold this information when they donate eggs or sperm to help other couples conceive.

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President's comments:

The war in Iraq by the so-called 'coalition of the willing' – US, UK and Australia – has now begun without the backing of the UN. The initial 'coalition' expectation that it would be short war with minimal impact on the civilian population now looks to be totally unrealistic. Those expected to suffer most are the children, who make up over 50% of the Iraqi population, already vulnerable after a decade of sanctions.

Several articles in this edition deal with the likely horrific consequences for children. While clearly conditions are very poor and even brutal for many in Iraq, the effect of the long-term sanctions mean that Iraqi children are especially vulnerable, more so than they were before the Gulf War a decade ago. Iraqi children have been living for months now with the threat of war hanging over their heads, causing significant psychological harm, according to leading experts in child psychology.

It has been pointed out that the recognition of the barbarity of the actions of Saddam Hussein to his own people has not made the Howard government any more sympathetic to those fleeing persecution under his regime. Indeed, the recently published book, "Dark Victory" by David Marr and Marian Wilkinson, has further investigated and outlined the series of events in the 'Children Overboard' incident. They show how far the government was prepared to go to keep asylum seekers away from Australia and to cover up their lies. Not only did the government order the Navy to tow the un-seaworthy boat against advice, until it sank, it then used photos of the naval sailors rescue of those in the sinking boat to bolster a false story that the asylum seekers had 'thrown their children overboard'.

Children who have reached Australia have been kept in detention, some for many months (years in the case of the Bakhtiari children). The most recent indications are that the keenly awaited report of the Human Rights and Equal Opportunity Commission's report on their inquiry into children in immigration detention will be publicly available during the last quarter of this year.

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Another key theme in this edition concerns the rights of children conceived as a result of reproductive technologies to information about their biological identity. An important study by one young woman indicates that most of the offspring of donor conception she surveyed – in one of the largest surveys of its kind - were keen to know about their “donors”, but generally did not, as feared by some, expect any financial or emotional commitment from them. The rights of children to know their identity, a right under the UN Convention on the Rights of the Child, has been arising in different jurisdictions all around the world as the long-term implications become clearer – and as these children reach an age where their demands can be heard. One of the main concerns has been that lack of continued anonymity of donors would discourage sperm donors but the experience in some other countries has not borne this out. Moreover, the view has quite rightly been put that children’s rights should over-ride this concern. Further, it should not depend on where children are born as to whether they have such rights. Currently only Victoria clearly provides such rights.

Point of information is the work that the National Children’s and Youth Law Centre and DCI Australia are doing to co-ordinate the preparation of the next NGO report to the UN Committee on the Rights of the Child. A consultation paper is currently being developed and will be distributed widely to non-government organisations and others. It will be available on both web-sites and we are currently looking at an interactive site to make it accessible and engaging for children and young people. We will also be seeking help from members across Australia to distribute and respond to the consultation paper. If you wish to offer your views beforehand or contribute in any other way, please let us know by contacting us via email or by the office telephone and fax.

Meanwhile we will also be holding our overdue AGM and some information and flyers about this should be included with this newsletter. If you have not yet paid for your subscription, please do so asap to assist our finances and to ensure you receive future copies of ACRN.

Best wishes
Judy Cashmore, National President

Award for DCI

Defence for Children International (DCI) was awarded the prestigious Dutch human rights prize.

Immediate Past President and Director of DCI-Israel, Dr. Philip Veerman, and President Jorge Vila Despujol from Bolivia, represented DCI at the ceremony on March 13th 2003 in the Big Church of Vlaardingen, a town known for its resistance during the Second World War.

Dr. Veerman: “I consider the prize a recognition for the children’s rights movement in general, of which we are the avant garde. The prize is a reminder that children’s rights must be put on the top of all states’ political agenda”.

The Prize is given by a Dutch Foundation, the Geuzenverzet 1940-1945 Foundation, founded in 1987 and dedicated to the memory of the resistance group De Geuzen (The Beggars) which was active during World War II in the Dutch Delta. The organization annually honours people or institutions that are dedicated to the maintenance of human values in modern society.

The award, which was given in the past to Amnesty International, is annually awarded to an association or a person for pioneering human rights work. DCI receives the prize for its central role in protecting the children’s human rights all over the world.

Being the leading Children’s Rights organization, DCI played an active role in the drafting process of the UN Convention on The Rights of The Child (1979-1989), and became the main international source of lobbying for the ratification and implementation of the convention by as many states possible. Their lobby contributed to the speedy ratification of the Convention by all states in the world except for the USA and Somalia.

Veerman: “I consider this prestigious Dutch human rights prize as a recognition for the children’s rights movement in general, of which we are the avant garde, the pioneers. When we started our work in 1979, many organizations for children and even UNICEF did not want to touch children’s rights, because they thought it was ‘political’. Now almost all the major organizations have adopted at least the rhetoric of children’s rights. Yet, in the field...many children are abused, neglected, tortured, enlisted as soldiers or sent to prostitution on a daily basis. The prize is a reminder that children’s rights must be put on the top of all states’ political agenda”.

Continued from p.1

In Australia, however, only one state has so far legislated to ensure that such children have access to such information when they are 18. This information is important because it allows children to know who their biological parents are, and to have information about their health and medical background, and their genetic history. Openness about such issues is also important because of the evidence that lack of truthfulness and honesty, even though well-intentioned, can have debilitating effects on family relationships. Keeping such secrets requires parents to commit to a web of lies and when exposed, can destroy trust.

Caroline Lorbach outlines the legal situation in Australia and Geraldine Hewitt provides an inspiring story of her own experiences and the research that she carried out as a result of her own background and experience.

Missing Links: identity issues of donor conceived people

Geraldine Hewitt is currently studying combined Arts/Science at the University of Sydney. The research on which this paper is based was conducted in 2001 for a Personal Interest Project at East Hills Girls Technology High School, Sydney. As Geraldine states in her report:

It is poignant that this study is, to date, the largest international study of the individuals who have been conceived through donor insemination.

Geraldine was supported by a grant from the New South Wales Minister for Health Craig Knowles to present her paper at the conference "Building Families Through Donor Conception: An International Forum on the Personal, Professional and Public Policy Issues in Toronto, Canada 22-23 June 2002.

A full report of this study "Missing Links: identity issues of donor conceived people" was published in the *British Journal of Fertility Counselling*, 9, 14-20.

Thanks to Prof Eric Blyth from University of Huddersfield and to Geraldine for permission to reproduce a summary of the full report.

Geraldine's own experience

My biological father is a sperm donor. He donated his semen between 1982 and 1984. He has blonde hair, blue eyes, an average build, is 5'8", his blood group is O+ and he is Caucasian. My list of what I don't know about my genetic father easily exceeds my list of what I do know, and the information that I have about him is questionable. The person who gave me life is as much a mystery to me as the three half siblings I have who were conceived from his sperm. One of my half siblings is male and two are female. And all three are apparently about the same age as me. Our parents all sought fertility treatment at the Royal Hospital for Women, Paddington in Sydney, Australia.

Call for Articles

Australian Children's Rights News depends on the input of members affiliates and subscribers to keep providing you with a wide-ranging and informative update on children's rights issues. Others with a viewpoint on children and young people's rights are also invited to submit.



We are now seeking articles to be considered for the second edition of 2003. Contributions of between 700 and 1500 words are preferred and should be e-mailed with full author details to judycash@nsw.bigpond.net.au

Suggested graphics or photos to accompany the article are most welcome. The closing date for receipt of material is 15 May 2002 but please advise the editors as soon as possible if you are planning to submit.

If you have an idea which you would like to discuss, please phone Judy Cashmore 02 9880 2286

Articles published in Australian Children's Rights News may also be placed on the DCI-Australia Website: www.dci-au.org/

I have known that I was conceived following donor insemination since I was 5. My parents' decision to tell me the truth about my conception was unusual, because even now, thirteen years later, a well-known researcher in this area said: 'Nine out of ten parents whose children were conceived using donor sperm have not told them the truth about their parents' (Golombok, 2001).

My parents had not received any form of counselling throughout their infertility treatment and there was no literature or support services available to them, which would have made the process of disclosing my conception to me a lot more difficult for them.

Growing up I was reminded of the special way that I had been conceived through frequent family discussions. My parents developed an environment within our family unit, which was conducive to honesty and openness about everything, especially about donor insemination. I've been very fortunate.

I have wanted to know about the man who enabled me to be conceived, my biological father, since the age of 12. Before that it hadn't really sunk in that the 'very nice man', my donor, was actually a real person. It hadn't really occurred to me that there could be other children that were genetically my half siblings. There seemed a lot that I hadn't really thought about.

My parents had been writing to the hospital where I was conceived and born since August 1995, to try to obtain non-identifying information about my donor. They had been told emphatically that all records had been destroyed. Even though my mum and dad had been telling me since I was 5 that there may not be any information about my donor, this news upset me very much. It felt incredibly unjust that the doctors had just ripped up my donor's records and not cared. I thought that if I wrote to them myself it might help. It didn't.

When I was 14, Mum came into my room and told me that we had received a letter from the hospital. They had some information. In the space of five minutes, I had one half brother and two half sisters. It felt like I'd been severely winded while the ground underneath me was breaking up. It seemed so cruel that the hospital waited three years to tell me this

news, and they couldn't even do it to my face. It got me wondering what other kinds of information would mysteriously just pop up.

To a large extent the sense of uncertainty and anxiousness in my life has dissipated since, at the age of 17, I was told that the hospital *does* have my donor's records. The fact that they are incomplete seems beside the point. Those records had been there the whole time and it could have saved me from feeling like a human yoyo for most of my adolescence, if the hospital had told me that the records existed but that they were partially destroyed.

My purpose in researching the identity issues of donor conceived people for my final year high school project was to find out whether personal identity issues were experienced by other donor conceived people - which would not only help me to make sense of my own experiences and feelings, but also contribute to increased understanding about the experience of being conceived through donor insemination.

Donor-conceived people's experiences

The 47 participants in this study came from Australia (34), New Zealand (1), the United Kingdom (5) and the United States of America (7). The Donor Conception Support Group of Australia and the Internet proved to be vital resources in recruiting participants, distributing questionnaires and collecting completed questionnaires.

The 47 participants ranged in age from 10 to 55, with over three-quarters under the age of 25. Two-thirds overall were female.

Just over 80% had been told about the nature of their conception by the age of 20 but five were not told before they were 30 years of age. This is surprising given the results of earlier studies (Cordray, 1999/2000; Turner and Coyle, 2000; Golombok, 2001) and individual accounts (Donor Conception Support Group of Australia, 1997) but may indicate something about the people who chose to participate in the research.

Almost half of the participants (23) were told about

the nature of their conception by their mother; five by their father; and 12 by both their parent. One was told by her foster sister; one said she was informed via a TV programme, and one was unsure how she learned about her origins. One person was not told until the death of her father because she said ‘my father made her promise not to tell us’.

When asked whether the circumstances surrounding the disclosure had impacted upon their experience, participants responded with:

It changed my life.

No not really...I wish I'd known earlier though, say around 7 or 8 years old.

Yes because it made it a very negative experience. It also did lasting damage to our relationship.

Yes because I felt very special in a way.

Yes instead of grieving the loss of my dad, I was very angry at him for not telling us the truth. I was also upset that I never got to talk to him about DI.

We were a close family before the disclosure, and afterward we became even closer because we shared a special bond.

Being told early allowed it to be a ‘normal’ kind of thing - there was no sense of distrust in my parents as being told late often causes...it freed Dad and I up to have a great relationship with each other.

While their reactions to the disclosure were quite varied, the younger the age at which disclosure took place, the more likely it was that the experience was positive for the donor-conceived people and their parents. Donor-conceived people who were told about their conception at an ‘older’ age (over the age of 13) quite often expressed a wish to have been told earlier.

The most common reactions included curiosity (68%), confusion (57%), sadness (51%) and disbelief(36%).

- Very shocked and really upset for a few days.
- I knew I was still loved. But I think I felt like ‘who am I?’

- At first I was shocked. Then I felt sad, knowing that my dad was not my biological dad. Then angry, because I felt that I didn’t know myself. And then happy because I was told I was special because they went through a lot to have me.

- As I found out more about donor insemination I became angry and frustrated at the medical profession for the secrecy and my lack of rights.

- It doesn’t bother me at all. I just live life like I would’ve if I wasn’t a ‘sperm donor’ person.

- ‘Scared - because if I marry someone that they could be related to me - have deformed children.

- It felt surreal - like things like that didn’t happen to real people when they’re 19. It only seemed like something that would happen in a movie or a book’

Only a third (16) thought that being told compromised their ability to form trusting, open, honest relationships with others but over three-quarters (37) said they felt disadvantaged with regards to access to genetic information.

Nearly all (40 of the 47) said they wanted information about their donor – in particular in relation to their medical history (85%), their physical appearance, personality (74%) and family (74%) and social (72%) history, the reason they were donors (64%) and their hopes of the future (55%). Two-thirds would have been happy with non-identifying information. One respondent had already met her donor while another has been able to write letters to him.

Information sought about donors

	N	%
Medical history	40	85
Physical appearance	39	83
Family history	35	74
Personality of donor	35	74
Social history	34	72
Non-identifying information	30	64
Reason(s) for donation	30	64
Hopes for the future	26	55

Most indicated that they were comfortable disclosing the circumstances of their conception with their parents (83%), close friends (85%), their doctor (77%) and their siblings (62%). Less than half were comfortable with their grandparents (47%), peers

(43%) and colleagues (28%).

I attend a Christian school, I could never tell - it's a sin what my conception is!

I don't mind sharing it. It is what I am and I am not afraid of judgement.

They [my grandparents] don't want to know about or confront the reality of DI They'd rather I just forget about it - but I won't.

The donor offspring who took part in this investigation were asked to answer whether they have felt like a piece of their identity is missing. Participants' responses indicated that 64% had experienced these feelings.

Conclusions

The lack of understanding and the void in academic and medical research in relation to the implications for the person created by reproductive medicine is exemplified by Shenfield's statement (2001):

'There is nothing to say that children have to know their genetic parents; it's not a human right [and] there's absolutely no evidence that it's important.'

The experiences and views of the donor conceived adults and children who participated in this study challenge this stance and point to the need for lawmakers around the world to consider such issues and enact legislation to govern reproductive treatments such as DI, as well as procedures such as IVF when donor egg, sperm or embryo are involved. Only three of the participants in this study stated that they had not experienced identity issues, which they identified as being a result of their conception through anonymous donor sperm. Most participants indicated that the insufficient information about their donor which past DI providers were prepared to make available to them and, in particular, lack of a complete and updated medical history for their donor, was an issue of deep concern and frustration.

There is an evident interest by the donor offspring who took part in this research in knowing their donor as a person, a fellow human being. None indicated

that this would mean the establishment of a father/child relationship; indeed, there was adamant denial of such a media-stereotyped aspiration. There was a considerable difference between the number of male and female donor offspring that participated in this study, which is a result of the limited number of donor conceived persons who have been made aware of the circumstances of their conception and the difficulty in contacting donor conceived adults and children who were willing to discuss their very personal experiences with being born through assisted conception.

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The Law in Australia

Caroline Lorbach is the consumer advocate for the Donor Conception Support Group. She has published a book *Experiences of Donor Conception: Parents, Offspring and Donors through the years*. Jessica Kingsley www.jkp.com

The practice of donor conception has been used as a method of reproductive technology for decades in Australia. Indeed donor insemination may well have been used as early as the first decade of the 20th Century. It has been for the most part conducted in secrecy with donors remaining anonymous. The majority of parents maintained the secrecy suggested

to them by medical practitioners, not telling their donor conceived children the truth about their parentage.

In the early 21st Century, has anything changed? The answer is yes, but a very qualified yes. Those children now being born from donor egg, sperm and embryos in the state of Victoria have the right to know the identity of their donor when they reach the age of 18 (see table below). But for every other person now being conceived or already born in Australia through donor conception there is no right to identifying information about their donor/s.

VIC

Infertility Treatment Act (1995)

Those conceived after commencement of the act in January 1998 will be able to know the identity of their donor/s when they reach the age of 18.

Can have access to non-identifying information when they reach the age of 18.

NSW

No legislation

ACT

No legislation

TAS

No legislation

SA

Reproductive Technology Act (1988)

While there is no right to access identifying information there is also nothing in the legislation which forbids access to identifying information if all parties consent.

Can have access to non-identifying information when they reach the age of 16.

QLD

No legislation

NT

No legislation

WA

Human Reproductive Technology Act (1991)

Same as for SA

There is a right to access non-identifying information by parents and mature offspring.

In those states that have no legislation regarding access to information and clinics are expected to follow the National Health and Medical Research Council's *Ethical Guidelines On Assisted Reproductive Technology (1996)*. These guidelines are currently under review but state that records should be kept indefinitely and that "children born from the use of ART procedures are entitled to a knowledge of their biological parents." According to the NHMRC, this does not mean the right to know who their donors are.

Action arising from the failure to follow the guidelines and keep records is rare. There has been one case that I am aware of where a doctor has been prosecuted at a Professional Standards Committee and found guilty of failing to keep records of sperm and egg donors (Annual Report of the NSW Health Care Complaints Commission 2000-2001).

New Reproductive Technology Voluntary Register in Western Australia

A new central registry service to assist people born as a result of sperm, egg or embryo donation to trace their genetic history was launched in the Department of Health, Western Australia in November 2002.



The new service, entitled the Voluntary

Register of Information about Donation in Assisted Reproduction, simplifies the process of searching and matching donor offspring with donors without infringing on privacy rights. All information is treated with the strictest confidence, and no identifying information can be released without the full consent of the person in question.

The service is particularly useful to those people who were born with the help of reproductive technology in the 80s and early 90s, as back then there was no central donor and treatment register. A central register of reproductive technology treatments was set up in 1993 when the Human Reproductive Technology Act 1991 became operational, and as such has information on all treatments undertaken only from that date.

At the end of January 2003 nearly thirty people – mostly donors and parents of donor children – had requested information from the Voluntary Register.

Past and present donors are urged to register with the service to enable donor offspring to find out about their genetic history and match the donor offspring with the donor. The contact number for the service is (08) 9222 4307.

UK Government to decide soon re naming sperm donors

A report from the UK (The Scotsman 27 Jan 2003) indicates that the UK government is to decide soon how much information should be provided on sperm donors who contribute to around 1,100 births each year. The ruling, which follows on from a public consultation and is expected to be in favour of removing anonymity, will also cover egg donors, who contribute to more than 250 births annually.

While fertility clinics have warned that there is already a shortage of donors in Britain and any relaxation on the law over anonymity would worsen the situation, the Swedish experience shows that a reduction in the number of donors was short-lived.

Professor Sheila McLean, who previously advised the government over the issue of “posthumous conception” after Diane Blood, from Nottinghamshire, used her dead husband’s sperm to become pregnant, said that allowing children to know who their biological parents are would be another step in a move towards “openness”.

Prof McLean, professor of law and ethics in medicine at Glasgow University, said: “This would be very much in line with the attention paid to human rights and that people have a right to such information.”

“People are concerned that waiving anonymity will prevent donors from coming forward. But after Sweden took this stance, while donor numbers fell initially, they are now back to where they were before. There is also evidence that the donors coming forward are more mature and have thought long and hard about what they are doing.”

“There are arguments against the removal of anonymity but I do not think they are convincing in the long term. Some people desperately want or, as some may say, need to find out who their genetics parents are. And I think the results of consultation will

show a reasonable number of people rejecting anonymity.”

Many experts, including Baroness Warnock, who chaired the commission which studied the issue 12 years ago, believe changes are long overdue. She is concerned that the rights of infertile parents are often put before those of the unborn children.

“I think [they] have been treated as though this passionate desire they have to have a child must override all other considerations and I don’t think that’s right,” she said.

Last year, the High Court in London ruled that Joanna Rose, 19, a postgraduate student who lives in Australia, and a six-year-old girl, who was represented by her mother, were entitled to use human rights legislation to ask the courts for more information about their biological fathers, who had donated sperm.

Doctors at the British Medical Association’s annual conference in July, however, voted narrowly against the removal of anonymity disregarding advice from the association’s medical ethics committee.

Giving children the right to know in Japan

<http://mdn.mainichi.co.jp/news/archive/200303/02/20030302p2a00m0oa020000c.html>

Artificial insemination through third-party donors, which has been practiced in Japan for more than half a century, has come to a major turning point. A Ministry of Health, Labor, and Welfare panel has recommended that children conceived through such methods be granted the right to know their genetic parents.

The decision of the panel — a subcommittee of the Ministry’s Health Sciences Council — is a landmark attempt to give priority to the welfare of such children, who have hitherto been kept in the dark about their genetic roots.

Donor-aided reproductive medicine involves three parties - the couple, the donor, and the child. Balancing the interests of all three is a very complex issue, and the panel's debate on who should be given priority was often extremely heated.

Many panelists opposed a full disclosure on the grounds that this would lead to a dramatic decline in the number of donors and that the privacy of donors must also be protected. Such arguments neglect the rights of children, however. When seen from the child's eyes, it becomes only a matter of course that information about one's genetic parents - essential to the formation of a personal identity - be granted to those children who seek it.

If this results in a decrease in the number of donors, then so be it. Due to advances in genetic medicine, children may eventually find out that they are not genetically linked to one or both parents, even if this fact is kept hidden from them.

Informing children of the absence of such a link is no easy matter, but parents who opt for artificial insemination will be urged to do so. A survey by Keio University revealed, though, that 90 % of couples who have had children through donor sperm intend to keep this under wraps, even when information on the donor is available.

Parents cannot be compelled to tell the truth against their will, but there is a chance that the child will find out anyway through other means. If parents are to be urged to confront their children with the truth, they must be given adequate emotional support.

Children too must be provided with emotional care. The health ministry's panel recommended that those seeking information about their genetic parents be at least 15 years old. Such disclosures are not simply a matter of issuing requested documents.

Access to counseling services must be provided for to enable children to discuss their reasons for wanting to know the truth, consider the anticipated psychological anguish, and reflect on how much information is truly desired.

Because the panel devoted so much time

deliberating on the pros and cons of giving children the right to know, not enough attention was allocated to the kinds of emotional support that the parties involved require.

Very few countries confer children born through third-party donors the right to know their genetic roots. This makes Japan's choice all the more difficult. Such difficulties must be surmounted, however, so that children will have the right to seek their personal happiness. (Mainichi Shimbun, March 1, 2003)

The Naming of Juvenile Offenders

In Queensland in mid-December 2002, legislation was proclaimed that will make it possible for a juvenile offender to be named publicly by a court and for media to publish the young person's name. The legislation restricts the naming to where a heinous offence has been committed but there is no definition in the legislation of the term 'heinous', other than the offence must be serious and must have an element of violence.

The naming provision was opposed by juvenile justice commentators, youth advocacy groups and victim advocacy groups but it was an election promise of the Beattie government and reason did not prevail. The naming provision is also in direct contravention of the United Nations "Beijing Rules" which deal with the administration of juvenile justice. In the rules, there is a clear tenet that it is a responsibility of juvenile justice administration to minimise the stigmatisation of young people who come into conflict with the law.

The election promise was made at the time the news broke of vigilante sentiments and activities being directed at the young men, who as children were responsible for the murder of toddler, James Bolger in England many years ago. Reportedly, the persecution faced by these young men was great enough for authorities to consider migration to another country to ensure their safety, privacy and dignity.

Queensland has gone ahead with its naming provision due to populist government policy. It is expected that very few young people will find this provision applied, but the ramifications for any young person are potentially very damaging.

Reference to CROC Supportive in Validating the Marriage of a Transsexual Parent

By Danny Sandor

DCI-A Secretary Danny Sandor highlights the relevance of the Convention of the Rights of the Child in a recent appeal decision of the Family Court.

Kevin and Jennifer (not their real names) went through a ceremony of marriage in August 1999 and have lived together as a married couple since that time. They appear as an average young Australian couple with two children, who live and work in the same way as others like them in our community.

In October 1999, Kevin and Jennifer applied to the Family Court of Australia seeking a declaration under the *Family Law Act* 1975 that their marriage was valid. The Attorney General intervened in those proceedings on the grounds that a matter of public interest had arisen.

The reason for this interest was that at the time of the marriage, Kevin was a post-operative transsexual person who was registered as a female at the time of his birth. Prior to the marriage Kevin had undergone medical procedures to remove female sexual characteristics and substitute male sexual characteristics. This was a full process of gender re-assignment, involving hormone treatment and irreversible surgery.

Kevin and Jennifer did not assert, either before the trial Judge or on appeal, that Australian law recognises marriage between same sex couples. Their contention was that, at the date of the marriage, Kevin was a man and accordingly their marriage is valid.

The Attorney-General took the position that Kevin is not a man and, therefore, that Kevin and Jennifer's marriage is not valid.

At trial Justice Chisholm heard three days of argument and decided that:

1. For the purpose of ascertaining the validity of the marriage under Australian law, the question whether a person is a man or a woman is to be determined as of the date of the marriage.

2. There is no rule or presumption that the question whether a person is a man or a woman for the purpose of marriage law is to be determined by reference to circumstances at the time of birth. Anything to the contrary in the English decision of *Corbett v Corbett (otherwise Ashley)* [1971] P83 does not represent Australian law. [*Corbett* stands for the legal proposition that a person born with the chromosomes, gonads and genitals of one sex, who then undergoes gender re-assignment treatment and surgery, cannot marry as a person of the re-assigned gender. Any marriage by such a person to the opposite sex of the re-assigned gender is not valid.]

3. Unless the context requires a different interpretation, the words man and woman when used in legislation have their ordinary contemporary meaning according to Australian usage. That meaning includes post-operative transsexual persons as men and/or women in accordance with their sexual reassignment. [This is how Australian courts have decided cases on subjects other than marriage, e.g.: *R v Harris & McGuinness* (1988) 17 NSW LR 158 (liability under the criminal law); *Secretary, Department of Social Security v SRA* (1993) 118 ALR 467 (entitlement to social security benefits).]

4. The context of marriage law, and in particular the rule that the parties to a valid marriage must be a man and a woman, does not require any departure from ordinary current meaning according to Australian usage of the word 'man'.

5. There may be circumstances in which a person having female gonads, chromosomes and genitals at birth, may nevertheless be a man at the date of a marriage. In this respect, the decision in *Corbett* does not represent Australian law.

6. Kevin had female chromosomes, gonads and

genitals at birth but was a man for the purpose of the law of marriage at the time of his marriage

The following circumstances were taken into consideration in reaching this conclusion:

- a) He had always perceived himself to be a male;
- b) He was perceived by those who knew him to have had male characteristics since he was a young child;
- c) Prior to the marriage he went through a full process of transsexual re-assignment, involving hormone treatment and irreversible surgery, conducted by appropriately qualified medical practitioners;
- d) At the time of the marriage, in appearance, characteristics and behaviour he was perceived as a man, and accepted as a man, by his family, friends and work colleagues;
- e) He was accepted as a man for a variety of social and legal purposes, including his name, and admission to an artificial insemination program. In relation to such events occurring after the marriage, there was evidence that his characteristics at the relevant times were no different from his characteristics at the time of the marriage;
- f) His marriage as a man was accepted, in full knowledge of his circumstances, by his family, friends and work colleagues.

Justice Chisholm made a declaration that Kevin and Jennifer's marriage is valid [judgment reported as *Re Kevin* (2001) FLC 93-087; (2001) 28 Fam LR 158]. The Attorney-General then appealed Justice Chisholm's decision to the Full Court of the Family Court seeking to overturn the declaration. A successful appeal would have had the effect of rendering Kevin and Jennifer's marriage void.

The Full Court (Chief Justice Nicholson, Justice John Ellis and Justice Sally Brown) received written submissions on behalf of the Attorney-General, the Respondents to the appeal (Kevin and Jennifer), and the Human Rights and Equal Opportunity Commission. The Full Court also heard two days of oral submissions in open court. It then reserved its decision until handing down judgment on 21 February 2002 dismissing the appeal. In essence, the Full Court agreed with the reasoning and findings of Justice Chisholm.

Justice Chisholm's declaration that Kevin and Jennifer's marriage is valid therefore continues to stand. Like any other unsuccessful appellant, the Attorney-General is entitled to seek special leave to appeal to the High Court of Australia within 28 days.

While there are many important legal aspects to the Full Court's decision, most pertinent from a DCI perspective, is its discussion of the relevance of the Convention on the Rights of the Child (at paragraphs 332 – 337 of the judgment):

“ [Ms Wallbank, counsel for Kevin and Jennifer] also pointed out that at the time of the hearing of the appeal, Jennifer was about to give birth to another child. She submitted that a declaration of the validity of the marriage was in the best interests of the children as the status of marriage afforded benefits and protection to the children. She also said that this was a course that would be consistent with the recognition of Australia's obligations under the United Nations Convention on the Rights of the Child (“the Convention”).

Mr Basten [counsel for the Human Rights and Equal Opportunity Commission] pointed out that the Convention was a declared instrument pursuant to s. 47(1) of the *Human Rights and Equal Opportunity Act* 1986 (Cth) and said it was a relevant consideration in this case. He referred to the fifth paragraph of the Preamble to the Convention. It recites a conviction by the States Parties to the Convention:

“... that the family as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community.”

He pointed to Article 2 which enjoins States Parties to take “*all appropriate measures to ensure that the child is protected from all forms of discrimination or punishment on the basis of the status...of the child's parents, legal guardians or family members*” and to Article 3(1) which requires the best interests of the child to be “*a primary consideration*”. He said of the applicability of the

Convention to the present case (Appeal Transcript, 19 February 2002, page 27):

“... once one recognises that one has in this case a child who is recognised on his birth certificate as being the child of Kevin and Jennifer then it would be an extraordinary legal imposition on that child and probably not in his best interests to refuse to recognise that he, together with his recognised parents, constituted a family unit. And, in saying that, we are going one step beyond the general proposition that it is in the best interests of the child to be brought up by a stable family unit and that factor is the recognition of Kevin as his father.

...
... the child who is a member of a family, both parties of whom are of the same sex, will never be recognised on his birth certificate as having those parties as his parents, so that, again, it is the combination of social and legal circumstances which provides a reason for thinking that the common law would, in this day, put some weight upon the fact that this couple appear to be a family with a child and that the existence of that unit in those circumstances with the recognition of parenthood would be an important factor and which would militate against a suggestion that no such marriage could be recognised under Australian law. So we put it in that way and we do seek to rely upon the convention for that purpose.”

Returning to Ms Wallbank’s submissions, she also pointed to the fact that legislation exists in every State of Australia recognising that married people do have children and raise children with the assistance of reproductive technology using donated gametes (ie: sperm and eggs) and that the non-biological spouse, who is the parent of those children, is in fact by law, the father or the mother of those children as the case may be.

We think that the trial Judge was therefore correct in paying attention to the evidence as to social and cultural factors.

So far as the Convention on the Rights of the Child is concerned, we agree that there is force in the submissions made as to its relevance. However, we do not need to rely upon it in arriving at our decision.

Nevertheless, in this instance, it broadly supports the view that unless the law otherwise provides, it would be contrary to the best interests of the Respondents’ children to refuse to afford recognition to their parents’ relationship as a marriage.”

The Full Text of the Full Court’s judgment *The Attorney-General for the Commonwealth v “Kevin and Jennifer”*; *Human Rights and Equal Opportunity Commission (Intervener)* is available at the Family Court of Australia website at <http://www.familycourt.gov.au/judge/2003/html/attorney.html>

Changes to the Law Re the Physical Punishment of Children in Australia

One state (NSW) has recently brought in legislative change in relation the physical punishment of children and another (Tasmania) is considering it.

New South Wales

The Crimes Amendment (Child Protection - Physical Mistreatment) Act 2001 came into effect in NSW on 5 December 2002.

The amendment sets limits on the force used by parents to physically punish their children and clarifies the legal defence of ‘lawful correction’ and what is deemed “reasonable chastisement”. It aims to reduce the harm caused to children through excessive physical punishment.

Under the amendment, it will be considered unreasonable to:

Use force on a child above the shoulders

Use force that causes harm that lasts for more than a short time below the shoulders.

Although the Act makes it clear that using excessive force is wrong, it does allow ‘reasonable’ force so long as it does not cause lasting harm. This obviously raises the question about what constitutes ‘harm’ that ‘lasts for more than a short time’? And how long is ‘a short time’? But the aim is to make parents and others dealing with children think about the force they

use and encourage the use of other techniques for disciplining children.

The NSW Parenting Centre's website at www.parenting.nsw.gov.au/limits provides information and resources to assist parents and will include a brief description of the new law, as well as links to information for parents and research that can assist professionals working with parents. A brochure to explain the law to parents and direct them to sources on child rearing will be available in 10 versions: English, a version for Pacific Islander people, a version for indigenous people, Arabic, Turkish, Chinese, Vietnamese, Spanish, Croatian and Serbian.

Tasmania

The issue of corporal punishment of children was the subject of a public debate in Tasmania in 2002. The Office of the Commissioner for Children has adopted a policy that it was "not the best practice for children to be subjected to physical punishment at home as a means of discipline". The Commissioner sought to advocate for law reform, foster and parent information sessions, produce relevant publications and instituted a competition on banning physical punishment for children. The competition which was advertised in national newspapers was controversial as it posed a rhetorical question to children as to whether there was any reason why they should be disciplined. However the advertisement did not use the word discipline, but it used the word "bashed" which on the one hand was the use of children's terminology but was regarded by the critics of the competition as too emotive and an exaggeration of the usual parental physical discipline. In October 2002, the debate continued when the Tasmanian Law Reform Institute released an Issues Paper. There were two options for reform. The first was to prohibit the use of physical punishment. The second option was to clarify the law relating to physical punishment by further defining what type and/or degree of punishment is reasonable or unreasonable.

At present in Tasmania Section 50 of the *Criminal Code* provides a defense to assault. Section 50 says "it is lawful for a parent or a person to use, by way of correction, any force towards the child in his or her care that is reasonable in the circumstances".

Not surprisingly, the Law Reform Commission paper which was endorsed by the Commissioner for Children was discussed in the media and prompted public response. One daily newspaper, *The Examiner* in Launceston, conducted an internet poll "should

parents be able to smack their children?"

The response was 83% yes and 17% no.

The paper interpreted its poll as overwhelming support for the policy that parents were able to smack their children.

Most of the letters to the Editor stated that the average parent knew the difference between bashing and smacking a child. Bashing a child was totally unacceptable but smacking in some circumstances was beneficial.

Even the Law Reform Institute report which favoured the abolition of corporal punishment recognised that most people in Tasmania would not want it prohibited but that there was an advantage in clarifying what was reasonable in the circumstances.

It should be kept in mind that by amendment to the *Criminal Code* in 1999, teachers no longer had the defense of standing in the place of a parent and using reasonable force for correction. Physical punishment is prohibited in juvenile detention centres also. Policy and licencing guidelines prohibited physical punishment of children in foster care and childcare.

It remains a controversial issue as some Christian orientated parenting guides maintain in their handbooks that physical chastisement of children in certain circumstances is good parenting. Unfortunately the debate seems to have subsided in 2003 but the issue has received widespread attention within the State and is likely to re-appear in the near future.

NO HITTING DAY FOR CHILDREN : April 30 2003

EPOCH-USA is calling for support for a NO Hitting Day for children. See the International SpankOut Day tool box link on the front page of <http://www.stophitting.org>

In 1998, SpankOut Day USA was initiated by End Physical Punishment of Children (EPOCH-USA) to bring attention to the need to end corporal punishment of children. We invite all child advocates and organizations to participate in 2003. We provide a toolkit of ideas on our website to help in their planning. On that day, we commend parents who use non-violent ways of raising children. We ask other parents to refrain from hitting children on that day and seek out information about alternative means of discipline. We ask NGO's to conduct informational programs and campaigns to help educate parents about the effects of corporal punishment and alternatives.

Nadine Block, Director of the Center for Effective Discipline (headquarters of EPOCH-USA and the National Coalition to Abolish Corporal Punishment in Schools) and Chairperson of SpankOut Day USA nblock@infnet.com

The Impact of War on Iraqi Children

Several new reports underline the likely horrendous impact of war on the children of Iraq. *Our Common Responsibility: The Impact of a New War on Iraqi Children*, a report by the International Study Team assesses the vulnerability of Iraqi children today compared with the situation in 1991.

The Paediatrics & Child Health Division, Royal Australasian College of Physicians has based its statement on three separate reports by the World Health Organization (WHO), Medact, and the Campaign Against Sanctions on Iraq.

The message throughout is consistent and highly alarming and should cause the governments of the combatant nations, the “coalition of the willing”, to re-think the consequences of their actions, both in the short-term and the long-term.

Our Common Responsibility: The Impact of a New War on Iraqi Children

Our Common Responsibility: The Impact of a New War on Iraqi Children, a report by the International Study Team assesses the vulnerability of Iraqi children today compared with 1991. The report was released as the United Nations Security Council met to consider the report of the United Nations weapons inspectors. As such, this report is directed to the Security Council, to the government of Iraq, and to the international community as a public document encouraging these entities to take into account the plight of Iraqi children when considering the alternatives of war and continued weapons inspections.

This report examines the physical and mental well-being of the 13 million Iraqi children based on data collected in Iraq between 20 and 26 January 2002. The team conducted interviews, collected data, and

reviewed existing data pertaining to the state of children in Baghdad, Basra, and Kerbela in Iraq. In addition, the Team independently visited more than 100 Iraqi families (children and their parents) in their homes.

The report concludes that despite some improvements in the health and nutritional status of children from their post-1991 Gulf War state, Iraqi children are still in a significantly worse state than they were before the 1991 Gulf War. Similarly, because most of the 13 million Iraqi children are dependent on food distributed by the Government of Iraq, the disruption of this system by war would have a devastating impact on children who already have a high rate of malnutrition. The state of the physical well-being of Iraqi children thus makes them much more vulnerable to war today than they were in 1991.

Perhaps the most startling findings are based on field data collected by two of the world’s foremost child psychologists who are leading experts on the psychological impact of war on children. They found that Iraqi children suffer significant psychological harm from the threat of war that is hanging over their head. This finding, based on the first ever pre-war psychological field research with children, is powerful evidence that the concern for children’s well-being needs to be considered in the decision making process about to take place in the United Nations Security Council.

Finally, a review of the available data on emergency preparedness indicates that the international community has at present little capacity to respond to the harm that children will suffer by a new war in Iraq.

The study was initiated and organized by the International Study Team, an independent group of expert academics, researchers and practitioners examining the humanitarian effects of military conflict on the civilian population.

Key Findings of *Our Common Responsibility: The Impact of a New War on Iraqi Children*:

- Iraqi children are even more vulnerable now than they were in 1990, before the 1991 Gulf War.
- 16 million Iraqi civilians are 100 percent dependent on government-distributed food rations. If war breaks out, this distribution system will be disrupted, leading to food shortages, malnutrition and possibly starvation.
- There is only an estimated one month's supply of food in Iraq. If war occurs, food imports will be disrupted.
- Approximately 500,000 Iraqi children are acutely malnourished or underweight. These children are particularly vulnerable to disease and death should war occur.
- The health care system is worn down and only a fraction of its pre-1991 state. The UN estimates that hospitals and clinics will run out of medicines within 3-4 weeks of a conflict.
- The death rate of children under 5 years of age is already 2.5 times greater than it was in 1990. Most children (70%) die of diarrheal and respiratory diseases. This greater vulnerability means greater illness and death under conflict circumstances.
- Iraq's water and sanitation systems are in bad need of repair following 12 years of sanctions. 500,000 metric tons of raw sewage is dumped into fresh water bodies each day. Only 60% of Iraqis have access to fresh (potable) water. Further disruption to these services, as occurred during the 1991 Gulf War, would be catastrophic for Iraqi children.
- The UN estimates that a war could lead to more than 1.4 million refugees and as many as 2 million internally displaced persons (IDPs).
- Iraqi children are already badly traumatized by 12 years of economic sanctions. With war looming, Iraqi children are fearful, anxious and depressed. Many have nightmares. And 40 percent do not think that life is worth living.
- The United Nations estimates that, in the event of war, as many as 500,000 persons could require emergency medical treatment.
- The level of emergency preparedness is currently very low. It will not be enough to respond to the expected humanitarian emergency.
- In summary, a new war in Iraq would be catastrophic to Iraq's 13 million children, already highly vulnerable due to prolonged economic sanctions.
- Iraqi children are at grave risk of starvation, disease, death and psychological trauma.
- The International Study Team is forecasting, should war occur, a grave humanitarian disaster. While it is impossible to predict both the nature of any war and the number of expected deaths and

injuries, casualties among children will be in the thousands, probably the tens of thousands, and possibly in the hundreds of thousands.

An electronic version of this report can be accessed at www.warchild.ca Published in Toronto and Washington, DC, 27 January 2003 by the International Study Team.

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Statement on the effects of war and armed conflict on children

Paediatrics & Child Health Division, Royal Australasian College of Physicians

War has disastrous short, medium, and long term health and social consequences. In particular, the impact of war and conflict on women and children, who are the most vulnerable members of society, is enormous.

Three important reports have been published recently on the grave consequences of international violence and conflict (WHO 2003, Medact 2003, CASI 2003).

The World Health Organization's (*WHO*) '*World Report on Violence and Health*' is a detailed assessment compiled over three years by international health scientists.

'Collateral Damage: The Health and Environmental Costs of War on Iraq' is a report of a study by Medact, a coalition of nurses, doctors, and other health professionals based in the UK. Medact estimates that if the threatened war on Iraq ensues, 'total possible deaths on all sides during conflict and in the following three months will range from 48 000 to over 260 000. Civil war within Iraq could add another 20 000 deaths. Additional later deaths from postwar adverse health effects could reach 200 000. In all scenarios the majority of casualties will be civilians.' The report calculates that the aftermath of a 'conventional' war could include civil war, famine and epidemics, displaced people,

and catastrophic effects on children's health and development.

The latest report released by the *Campaign Against Sanctions on Iraq (CASI)*, based at Cambridge University, is a UN report on likely humanitarian scenarios of war on Iraq. This report also estimates substantial and wide-reaching humanitarian impacts:

'As many as 500 000 people could require treatment to a greater or lesser degree as a result of direct or indirect injuries,' on the basis of the WHO's estimates of 100 000 direct and 400 000 indirect casualties.'

The report suggests that the nutritional status of some 3.03 million people in Iraq would be dire and that they would require therapeutic feeding [according to UNICEF's estimates]. Finally, it is estimated that there will eventually be some 900 000 Iraqi refugees requiring assistance, of whom 100 000 will be in need of immediate assistance [according to the United Nations High Commissioner for Refugees (UNHCR)]. An estimated 2 million people will require some assistance with shelter.

Women and children in Iraq have already paid a high price since the last Gulf war in 1991 and the ensuing period of sanctions. An international study team estimated that child and infant mortality increased more than threefold in 1991 compared to the previous six years (Medact 2003). Thousands of children were handicapped from injury from landmines. Many women became war widows and became the sole breadwinners for their families. Sanctions disproportionately affected pregnant and lactating women, children under five years old, older people and those with chronic diseases. There were an estimated 500,000 deaths in under five year olds in the 12 years of sanctions, far outnumbering deaths during the war (Garfield and Yamada 2002, in the Medact Report). The 1990s also saw a decline in schooling, most cruelly and crucially impacting on girls and women.

Several international studies have highlighted that the impact of war and conflict falls on civilians. The major proportion of those who die as a result of armed conflict are women and children (Southall &

O Hare 2002). A consistent finding from international studies on children's responses to war and trauma from as early as the second world war has been that separation from family members was perceived as more distressing to children than air raids or bombings (Freud & Burlingham 1943).

The results of studies based on children's responses to war in the contemporary world are strikingly similar and point to the importance of family and community ties. The nature and duration of war stress (ie the cumulative nature of stress), and the multiplicity of stressors are important in determining the response children exhibit (Arroyo & Eth 1996). Our concern for the potential impact of war and terror on children's wellbeing is also strengthened by the new evidence from neuroscience that the early years of development set the base for competence and coping skills throughout life (Perry 1996). Nurturing by parents in the early years has a long lasting impact on children's development and behaviour. Negative experiences in the early years including neglect, loss, or absence of appropriate stimulation, have decisive and sustained negative effects.

Further, the most worrying impact of the use of force in Iraq and internationally is in its role as an escalator of collective violence (Stephens 2003). The WHO defines "collective violence" as: "The instrumental use of violence by people who identify themselves as members of a group whether this group is transitory or has a more permanent identity against another group or set of individuals, in order to achieve political, economic or social objectives." International violence has been steadily increasing and overall a total of 72 million people are believed to have lost their lives during the 20th century due to conflict, with an additional 52 million lives lost through genocide. Conflict escalates after use of collective force, as violence becomes a more common and legitimated form of political or social action.

In concert with other health professionals (Stephens 2003), paediatricians are concerned that the overwhelming burden of armed conflict falls disproportionately on women and children. It is our responsibility to argue for the prevention of violence and to promote the peaceful resolution of conflict. The Australian government is urged to explore peaceful routes to disarmament with the international

community. The WHO argues that conflict can be averted only by more equitable forms of development and by accountable, ethical governance internationally. We strongly support this perspective.

This statement has been prepared for the Paediatrics & Child Health Division, Royal Australasian College of Physicians, and has been endorsed by the Divisional Committee. The Division is grateful to Dr Shanti Raman, Chapter of Community Child Health, for her input and development of the statement.

Professor Don Robertson
*President, Paediatrics and Child Health
Division 26 Feb 2003*

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Call to ban bombs that lie in wait for children

The Greens, backed by the Uniting Church, are urging the Australian Government to endorse the International Red Cross's call for a moratorium on the use of cluster bombs by

United States-led forces in any attack on Iraq.

The Greens' Senator Kerry Nettle, flanked by leaders of the Uniting Church, said yesterday that the use of more than 14million cluster bombs in the 1991 Gulf War put the lie to the argument by pro-war advocates that an attack on Iraq would be in the humanitarian interests of the Iraqi people.

Cluster bombs, which have a high failure rate, are part of the conventional weaponry of the United States and Britain.

Two years after the 1991 war in Iraq unexploded cluster bombs had been responsible for killing 1600 civilians and injuring 2500 others.

Sixty per cent of victims were children under 15.

Dr Mark Zirnsak, the Uniting Church's social justice development officer, said that last year the US and Britain "categorically" ruled out getting rid of their existing cluster munitions, and shrugged off any obligation for clearing up dud bombs left after any attacks.

Australia does not use cluster bombs as part of its weaponry.

The Uniting Church social justice director, the Reverend David Pargeter, said of the bombs: "When these things hit the ground, they don't always go off. We know that up to 10 per cent of these [lie] on the ground waiting to be exploded by a young child, a civilian, picking it up out interest or fascination.

"How can these things be seen as agents of humanitarian relief? It's not possible that these things can bring relief to the citizens of Iraq."

The Greens will introduce a motion into the Senate in a fortnight calling on the Government to condemn the use of "tactics and munitions that target civilians", and they will ask it to support the Red Cross's call for for a moratorium on the use of cluster bombs.

So far Mexico is the only country to have thrown its weight behind a moratorium.

By Cynthia Banham, February 19 2003

U.S. Cluster Bombs Killed Civilians in Afghanistan

New Report Illustrates Dangers for Iraq
Washington, D.C., December 18, 2002)

“As war looms in Iraq, the United States should learn from the lessons of its Afghanistan air war....It should not use cluster bombs at all until the dud rate has been brought way down. At the very least, it should never use cluster bombs near inhabited towns and villages.”

Bonnie Docherty
Researcher in the Arms Division of Human Rights Watch

During its air war in Afghanistan, the United States dropped nearly a quarter-million cluster bomblets that killed or injured scores of civilians, especially children, both during and after strikes, Human Rights Watch said in new report released today.

The 65-page report, *Fatally Flawed: Cluster Bombs and Their Use by the United States in Afghanistan*, says that although the United States made some efforts to reduce the civilian harm caused by its cluster bombs in Afghanistan, the fundamental problems of the weapon remained.

Human Rights Watch found that the United States did not take all feasible precautions to avoid civilian casualties, as required by international humanitarian law, when it used cluster bombs in or near populated areas. U.S. cluster bombs also left an estimated 12,400 explosive duds—de facto antipersonnel landmines—that continue to take civilian lives to this day.

Human Rights Watch has previously documented the harm to civilians from U.S. cluster bombs in the 1991 Gulf War and 1999 Yugoslav air campaign. The new Human Rights Watch report found that the humanitarian side effects of cluster bombs were less serious in Afghanistan than in these earlier conflicts, in part due to the smaller number of bombs used.

“As war looms in Iraq, the United States should learn from the lessons of its Afghanistan air war,” said Bonnie Docherty, researcher in the Arms Division of Human Rights Watch and the author of the report. “It should not use cluster bombs at all until the dud rate has been brought way down. At the very least, it should never use cluster bombs near inhabited towns and villages.”

Life after the Taliban Has the war in Afghanistan improved the situation for children?

Afghan women and girls have suffered mounting abuses, harassment and restrictions of their fundamental human rights during 2002, Human Rights Watch said in a new report.

The 52-page report, *“We Want to Live As Humans”*: *Repression of Women and Girls in Western Afghanistan*, focuses on the increasingly harsh restrictions on women and girls imposed by Ismail Khan, a local governor in the west of Afghanistan who has received military and financial assistance from the United States. Human Rights Watch said that the situation in Herat was symptomatic of developments across the country, and that women and girls were facing new restrictions in several other regions as well.

Human Rights Watch found that women’s and girls’ rights in Herat had improved since the fall of the Taliban, noting that many women and girls have been allowed to return to school and university, and to some jobs. But the report found that these advances were tempered by growing government repression of social and political life. Ismail Khan has censored women’s groups, intimidated outspoken women leaders, and sidelined women from his administration in Herat. Restrictions on the right to work mean that many women will never be able to use their education.

Full report downloadable at:
<http://www.hrw.org/reports/2002/afghnwmn1202/Afghnwmn1202.pdf>

The new report presents the findings of a month-long mission to Afghanistan. It also compares recent use of cluster bombs to that in the Gulf War and Kosovo.

In Afghanistan, the United States restricted cluster bomb targets more than in the past and employed new technology, notably the wind corrected munitions dispenser, to improve the accuracy of these weapons. It also used fewer cluster bombs, dropping 1,228 cluster bombs, which contained 248,056 bomblets, in Afghanistan. Allied forces dropped 61,000 bombs with twenty million bomblets in the Gulf War and 1,765 bombs with 295,000 bomblets in Yugoslavia.

But the same problems were found in Afghanistan as in other instances of cluster bomb use: lack of accuracy in targeting during attacks, large numbers of explosive duds remaining after attacks, and difficulties in clearance. These problems suggest that this weapon has fundamental flaws and should be specifically regulated under international law.

“We are not arguing for a ban on cluster bombs,” said Docherty. “What we want is better targeting and technology in order to reduce the humanitarian side effects.”

States parties to the Convention on Conventional Weapons met in Geneva last week at a United Nations-sponsored conference and agreed to negotiate on general issues related to explosive remnants of war, such as clearance and warnings to civilians. They refused, however, to enter into specific negotiations on cluster bombs or other submunitions.

In Afghanistan, the United States ignored a critical lesson of past wars by using cluster bombs in or near populated areas. Use in populated areas poses dangers to civilians because of the difficulty in accurately targeting cluster bombs and their bomblets and the wide and imprecise area they cover.

The Human Rights Watch report analyzes three examples of such strikes, during which at least twenty-five civilians died and many more were injured. At least twelve civilians died and many more were injured when five cluster bombs landed on the

village of Ishaq Suleiman, near Herat. The United States had used older, less accurate munitions to attack a nearby military base.

Cluster bombs continue to endanger civilians long after being dropped. Many of the bomblets did not explode on impact as designed but were still volatile and ready to explode when touched. They have caused casualties among shepherds, farmers, and other civilians and have interfered with the country’s agriculture.

As of November 2002, the International Committee of the Red Cross had identified 127 civilian casualties to cluster bomb duds—a number it stressed was only a partial tally of the total killed and injured since many go unreported. An astonishing 69% of the casualties were children.

The clearance of cluster bomblets in Afghanistan has moved relatively rapidly, but explosive duds remain in several regions of the country. Human Rights Watch said that the United States could have contributed more effectively to clearance because the list of strikes it provided the United Nations was both inaccurate and inadequate.

“Countries that use cluster bombs bear a special responsibility to clear bomblets,” said Docherty. “Otherwise they will be causing casualties for years to come.”

See <http://hrw.org/reports/2002/us-afghanistan/> for full report

Other News in Tasmania

Practitioners in the child protection jurisdiction in Northern Tasmania are increasingly concerned that the Department of Health and Human Services resources are not coping with the demands on their system. In particular the valuable assistance the Department provides in supporting families under stress by organising regular contact, attendance at courses and general communication with the parties is being slowly eroded. The underlying purpose of the relevant legislation of the *Children, Young Persons & Their Families Act of 1997* was to move from the child rescue model to actively assisting families to re-unite. That purpose has been pursued by people working in this difficult area but must be adequately resourced.

Supporting Education for Children and Young People In Care

By Jon O'Brien
Burnside

Children and young people in care are one of the most disadvantaged groups in the Australian community. Addressing the barriers they face in education is a key means to better meeting their needs and reducing their disadvantage.

There are around 8,000 children and young people in care in NSW and nearly 19,000 nationally. Most of these children and young people are in foster placements. Since the 1990s there has been a steep rise in the number of children in kinship care and a steady decline in the numbers of children in residential care. Aboriginal and Torres Strait Islander children are eight times more likely to be in care than non-indigenous children are. Children and young people in care are a highly vulnerable group, not least in the area of education.

Educational outcomes of children in care

Interest in the educational outcomes of children in care has developed only recently. In part it has been sparked by research into just how poorly children in care are faring in educational terms. What are some of the findings?

Work by Heath, Colton and Aldgate in the United Kingdom shows that even children living in the most favourable of care placements (ie stable long term foster care) continue to perform well below average at school, even compared with peers who have remained in disadvantaged families (Heath et al, 1989). Jackson and Martin (1998) reviewed leaving care studies and found that over 75% of young people leaving care have no educational qualifications at all and are consequently enormously disadvantaged in the job market. Australian research has demonstrated similar findings. A 1996 study by Cashmore and Paxman found that just over half of

young people leaving care had completed year 10 or less of high school. In Victoria, Lemos (1997) found that children in care rated lower in educational competence and personal development than would be expected for young people of the same age in the general population. Taken together these findings present what one researcher has described as "... a gloomy picture of failure", not on the part of the young people concerned but by the people and systems that have so badly let them down.

Reasons for difficulties with schooling

There are many reasons why children and young people in care tend to underachieve in school. These include:

Having a poor start in life

Many children in care have had a poor start to life especially when birth families have been characterised by poverty, lack of nurturing, substandard housing and frequent moving. Such experiences disrupt healthy development and impact on learning and behaviour.

The impact of abuse

Many children in care have experienced the trauma of abuse and /or neglect as well as the pain of being separated from family and siblings. This also makes them more vulnerable to learning and behaviour difficulties.

Having multiple placements

Children in care frequently experience multiple placements – which often requires changing schools. These changes disrupt friendships and school work. Children start to fall behind and specific learning difficulties may go undetected.

Uncertainty and a lack of control

Children in care face more than their share of changes in their lives with new carers, homes, schools and

new sets of rules and expectations in each setting. The uncertainty and lack of sense of control this creates can be very unsettling.

Lack of emphasis on education in the care system
Historically, education has not been a high priority for out of home care agencies. Consequently there has been little development of strategies to support children's education. This is now beginning to be addressed.

Limited support for children in care within schools
There are some supports for education of children in care but they are insufficient. More teachers with a focus on the needs of children in care are required, as are additional supports for children with learning and behaviour difficulties.

The way ahead

Despite these issues school remains highly significant for children and young people in care. For many, school may be one of the most constant factors in their lives and a place where they can be "like everybody else". School is somewhere to make friends, develop skills and self confidence and achieve some successes. And of course what happens in school has a large bearing on later employment and study opportunities. As Norman Tutt, Director Social Services for Ealing put it "*.....education is the best form of protection we have for young people in care*"

Given the critical importance of education, what can be done to overcome the barriers to educational success that children in care face?

1. The particular disadvantages faced by children in care must be actively recognised,
2. this recognition must lead to sustained and focussed attention on the educational needs of children and young people in care and
3. key strategies to improve educational outcomes for children in care must be implemented in both the education and care systems. Some of these strategies include:

For Governments

- Ensure that legislation relating to out-of-home care arrangements explicitly outlines expectations and requirements to support children and young people's education.

- Work with agencies providing care to incorporate educational strategies and measurable outcomes into service agreements.

For Education Departments

- Provide at least one substitute care teacher (to support and monitor educational progress of children in care) in each school district in each state.
- Appoint a specialist out-of-home care liaison teacher in each school. They would be a point of contact for carers, monitor education plans and act as mentors and resource people for children in care.

For Agencies providing Out-of-Home Care

- Create support positions in each agency to develop initiatives to improve the educational outcomes of children and young people in their care.
- Develop training for agency staff and foster carer regarding the importance of education and practical ways to support education in cooperation with children's schools.

While effective education can't completely make up for past disadvantage or traumatic experience, it can help redress the imbalances. With our active attention and commitment, education can provide a solid platform for children in care to develop their capabilities and build their futures.

This paper was prepared by the Social Justice and Research Program of UnitingCare Burnside. Burnside provides a range of out-of-home care services for over 100 children and young people in NSW. In the last 15 years, Burnside has actively pursued policy and strategies to improve educational outcomes for children in care.

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Senate Action for Children in Detention

While attention appears to have gone off children in detention, there are still over 120 children still in detention and their circumstances have not improved. *A Just Australia*, in a call supported by DCI-Australia, is calling upon Australians to put some pressure on the government and in particular the Senate to improve the situation for children in detention.

Children in Detention facilities (excludes Nauru and Manus Island)

Detention Facility	November			February 2003			Difference
	Male	Female	Total	Male	Female	Total	
Woomera	9	5	14	0	0	0	-14
Woomera Housing	1	3	4	2	4	6	+2
Baxter	23	14	37	27	17	44	+7
Pt Hedland	14	6	20	15	6	21	+1
Villawood	15	19	34	19	16	35	+1
Maribyrnong	1	2	3	1	2	3	0
Other	15	3	18	9	3	12	-6
Perth	0	0	0	0	0	0	0
Christmas Island	4	6	10	2	0	2	-8
Total	82	58	140	75	48	123	-17
Total in Detention			1282			1201	-81
Total % of children			10.92%			10.24%	

Last December, Minister Ruddock promised changes to the treatment of children in detention - diversion of unaccompanied children from detention and alternative accommodation for children and families.

This announcement headed off a Labor Party amendment to the Migration Act, which aimed to require alternative treatment of children by law, and to attract some support from the Government's own backbench members. Three months later, there are still unaccompanied minors in detention and there has been no extension of alternative accommodation for children. In fact children still comprise over 10% of those in detention (figures provided by *A Just Australia*).

Next time Parliament sits, possibly even as early as next week, the Labor Party's amendment to the Migration Act will be introduced for a vote in the Senate, and this is the opportunity to put pressure on Government Senators who are uncomfortable with

children being in detention, to take action to change their own Government's policies.

The legislation (*Migration Legislation Amendment Bill (No 1) 2002*) is a technical Bill. Labor's amendment aims to modify the legal power to detain asylum seekers so that the Government would be compelled to:

- Put unaccompanied children into foster or community care arrangements
- Allow families with children to live in accommodation like the Woomera alternate detention trial (Minister Ruddock calls it the Woomera residential housing project).

Labor's amendment uses the same definition of 'unaccompanied detained child' as that appearing in the Government's own *Immigration (Guardianship of Children) Act 1946*. Labor's amendment states that children with families should be in a detention model like the Woomera alternate detention trial, which has been endorsed by the Minister's own Department and his detention advisory group IDAG as an unqualified

success that should be immediately expanded.

To support the call by *A Just Australia* and DCI-Australia, write to the following Government Senators, especially those from your State, telling them you want children out of detention, and that they should vote to make it law that children are diverted from detention. Children need to grow up in normal communities and be in school, not in detention.

See the *A Just Australia and DCI-Australia* Website: www.ajustaustralia.com for events and other calls for action. The patrons for *A Just Australia* include prominent Australians such as Phillip Adams (also a patron of DCI-Australia), Hon Justice Marcus Einfeld AO, Elizabeth Evatt AC, Rev Tim Costello and Fred Chaney AO.

Figures provided by *A Just Australia* as at February 2003 of Children in Detention can be found at www.ajustaustralia.com in 'What's the Latest?'

Twins Mix-up at IVF Clinic

THE black biological father of mixed-race twins born to a white mother after a mix-up at an IVF clinic is the children's legal father, a top High Court judge ruled today. Family Division President Dame Elizabeth Butler-Sloss announced her landmark decision at London's Law Courts.

The babies were born following a procedural blunder at the Assisted Conception Unit at Leeds General Infirmary. The sperm of a black man, who cannot be named for legal reasons and is referred to in court as Mr B, was mistakenly used to fertilise the eggs of the white woman, referred to as Mrs A.

Dame Elizabeth was asked to rule on whether Mr B, the biological father, or Mr A, the husband of the white mother and the babies' social and psychological father, was the legal father under the Human Fertilisation and Embryology Act 1990.

She gave her judgment today and said the effect of the order she made was that "at the moment Mr B is the legal father".

The judge had stressed at a previous hearing that there was no question of uprooting the twins from their "happy and loving environment" with the white couple.

But she said that, once legal parentage had been established, the black couple involved would need "time to reflect" on what further assistance they might need from the courts. She said the twins, referred to as Y and Z, "have been loved by Mr and Mrs A and their wider family from the moment of their birth and nothing that has happened since then will change that".

Dame Elizabeth said: "In my judgment the twins' rights to respect for their family life with their mother and Mr A can be met by appropriate family or adoption orders."

The ruling that Mr B is the legal father is understood to give him greater rights in seeking contact with the children. Any applications following today's decision would have to be dealt with in future by the High Court's Family Division.

Dame Elizabeth refused Mr and Mrs A permission to appeal although they can approach the Court of Appeal direct.

DCI Sierra Leone Coordinator Wins Reebok 2003 Human Rights Awards

Mohamed Pa-Momo Fofanah, Coordinator of DCI-Sierra Leone has won the Reebok Human Rights Award. Mohamed Pa-Momo Fofanah is a lawyer who defends the rights of children, and is working to build a juvenile justice system in Sierra Leone - a country ravaged by unspeakable atrocities.

Established in 1988, the Reebok Human Rights Award honors activists 30 years old or younger who - against great odds and often at great personal risk - have made significant contributions to the field of human rights, strictly through non-violent means. Award recipients receive a \$50,000 grant from the Reebok Human Rights Foundation to help further their work.

Mohamed Pa-Momo Fofanah (age 30) is an attorney in Sierra Leone dedicated to defending the rights of children caught in a web of poverty and unspeakable atrocities.

Sierra Leone recently emerged from a ruthless, decade-long civil war, in which tens of thousands of civilians were killed, over 100,000 were mutilated, tortured and raped, and millions were driven from their homes. Many were compelled to work as slave labourers, and children were forced to become soldiers and commit violent acts against family and neighbours. This decade of destruction has left 75% of Sierra Leone's population under the age of 25, and has decimated the country's economy and infrastructure. Extreme poverty is rampant, and an adequate juvenile justice system nearly non-existent. As a result, children have become both victims of abuse as well as offenders—often resorting to crime just to survive.

Since receiving his law degree in 1998, Pa-Momo has worked tirelessly to defend the rights of children and to improve the treatment of juveniles in the justice system. He works with the Sierra Leone office of Defense for Children International, where he provides free legal advice on children's rights, represents juveniles arbitrarily arrested and detained, and takes up cases of child abuse and rape. To further strengthen his fight for the protection of children, Pa-Momo also helped create the Lawyers Centre for Legal Assistance (LAWCLA), the only organization in Sierra Leone to offer free legal services to indigent victims of human rights abuses.

For more information about the Reebok Human Rights Award, or for more information on the recipients, please visit www.reebok.com/human_rights.

Child Labour: where do we stand?

By George Kalunga Daka

Zambia is one of the countries today experiencing the worst forms of child labour. The situation is very distressing, with children being subjected to very heavy, tough loads of work on an empty stomach, in conditions that are hazardous to their health, all day in the heat. They are too young to experience such hardships.

Child labour is more prominent in rural areas and in very poor compounds. The root causes are poverty and a lack of knowledge or no acknowledgement of human rights and the negative long-term effects of child labour. Some cultural and traditional beliefs that children should do all household chores and make money through business (some breaking stones at the age of 8 years) make matters worse. Worse still, older children are subjected to sexual exploitation through prostitution to provide money for the household, leaving these children with torment and trauma at a very tender age.

The plight of children in Zambia is deplorable. The latest data shows about 60% of children are malnourished, up from 47% in the early 1990s. One third of school age children (7-13 year-olds) are not in school, with girls most affected. With nearly half the population estimated to be below 15 years, this indicates a gloomy picture for Zambia's future. Many of these children are being exposed to problems and vices such as alcohol and substance abuse, trafficking, crime, and rape.

A large number of school age children are also engaged in child labour either to supplement meagre family incomes or fend for themselves where their parents have died. For this reason, child labour has been difficult to eradicate because it has become a means of survival.

To what extent are parents responsible? In my opinion, while the root cause is poverty, parents also

need to recognise their responsibilities and the need to educate their children. It is not a favour to educate children, provide them with day-to-day needs, health facilities as well as love and care but an obligation they need to fulfil under any circumstances. That is why youth should never think of bearing children when they cannot afford them! We are talking about a soul that needs to be cared for.

Other organisations too need to be willing to help children, especially those vulnerable to vice, and to create more awareness of the problems in the communities.

Children in most developed countries are cared for very well. If the parents are not providing adequate care, then the state steps in.

In Zambia, it's a different story; children's rights are not encouraged. A line must be drawn between

Physical Punishment by Teachers in Turkey

Teachers' violence against students is quite common in my country Turkiye (Turkey). Unfortunately, the old, traditional approach of today's adults is not against this violence. Even most of the students agree with their teachers if a student does not present good behavior or does not complete daily homework. Parents are also not against this violence to a certain point. There are (were) aphorisms among people in my country regarding discipline: "One who does not hit her daughter, hits his own knee." "A rose comes up from the place where the teacher hits!" Unfortunately, academic research is very limited but I know that approximately 85 percent of the students in elementary schools are faced with violence at school according to limited data. I am dealing with this topic in my school project, which takes place in a semi-urban area of Istanbul; but I would like more information on the enhanced measures and programs as well as any legislations protecting children's rights in developed countries.

Serpil Ugur Baysal, MD
Pediatrician at the University of Istanbul
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Turkey

teaching and punishing. As much as children should learn how to work, they also have to be educated and taught with respect. If it means reinforcing the law on that particular violation of human rights, let us do it!

What is the status of free child education? Is the government implementing the strategy? Parents need to be encouraged to send their children to school and not expose them to child labour. The government's efforts through the Ministry of Education can help curb the situation encompassed with the International Labour Organisation by creating awareness of the programs among people in the communities.

We can make a difference. Let us fight to eradicate child labour and give children something to smile about! They are the leaders of tomorrow.

By George Kalunga Daka,
Program Assistant,
Youth Activists Organisation.
Email: yao@zamnet.zm

Conferences

The 3rd National Homelessness Conference "Beyond the Divide" 2003 is being held under the auspices of the Australian Federation of Homelessness Organisations (AFHO). AFHO is the national peak body for homelessness. The Conference will be held in Brisbane from the 6-8 April, 2003.

The link to the conference site is www.afho.org.au/NationalConference/9.02NHCindex.htm

The registration brochure can also be downloaded from www.afho.org.au/NationalConference/Registration%20Brochure.pdf

The International Red Cross and Red Crescent will be holding their International Conference, December 2-6, 2003 in Geneva Switzerland. The conference is held every four years and is a unique forum for discussing issues on common humanitarian concerns to the Movement and the States. The 2003 International Conference will bring together the 189 States party to the Geneva Conventions, the 178 National Red Cross and Red Crescent Societies, the International Committee on the Red Cross and the International Federation of Red Cross and Red Crescent Societies.

This year's conference theme is '**Protecting Human Dignity.**' The theme was selected since among the major challenges of humanitarian endeavour that has been observed in recent years are:

- a high level of contempt for human dignity, which aggravates armed conflict and renders more difficult post conflict reconciliation between warring parties;
- threats to human dignity as a result of disease and disaster, which most severely affect those living in poverty without access to services or the means to influence decisions concerning them.

The agenda for the 2003 International Conference will focus on the responsibility to respect the law and reduce vulnerability to disease and to the effects of disaster. The respect to enhancing respect for the law, the conference hopes to -

- Ensure and improve the implementation of international humanitarian law in order to better protect the civilian population - including specific categories particularly vulnerable to violations - and combatants, in particular those in enemy hands.
- A second goal under this theme is to support the concept of international disaster-response law as a legal framework for rules governing the international response to natural and technological disasters.

In relation to the second overall focus of the International Conference, namely reducing vulnerability to disease and to the effects of disasters, the following goals have been proposed:

- Identifying and reducing the risks associated with disasters, communicable diseases and discrimination.

- Building capacity for effective programmes to help the most vulnerable members of society.

For more information on the 2000-2003 Plan of Action and pledges go to the ICRC website at http://www.icrc.org/eng/conf27_followup.

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More Websites !

Continued from p.24

while traveling abroad; advocating with the U.S. Government; and monitoring the internet for sites that promote sex tours. Similar strategies have been very successful in Australia. As part of this process, we would like to illustrate the connection between sex tourism and sex crimes against children in the United States. Specifically, we would like to see whether there is any research or information available that shows any correlation that men who travel abroad to have sex with children also engage in or utilize child pornography and/or child sex abuse in the United States. Any information in this regard would be extremely helpful and greatly appreciated. The latest edition of the CRIN Newsletter on Children's and Young People's Participation is available from the Child Rights Information Network website at:
<http://www.crin.org/docs/resources/publications/crinvol16e.pdf>.

Global Campaign for Education Action Week 6-13 April 2003 The members of the GCE are organising a series of international events in order to raise awareness amongst the public about their campaign on education and on the Millenium Development Goal of achieving gender parity in primary education by 2015. This year's Action Week global theme will be the 2005 goal for gender parity in primary and secondary education, i.e., "girl power" and girls' empowerment. International events are being planned during this week - more details to follow soon.
http://www.campaignforeducation.org/_html/home/welcome/frameset.shtml

The First Children's Embassy in the World - Megjashi - 1992-2002 Republic of Macedonia (FCEWM) Has just released its Newsletter - No. 11 November, December 2002 and January 2003. In this issue:

- 1.. Workshops in multiethnic elementary schools

- 2.. New Year at our shelter
- 3.. SOS Helpline for children and youths
- 4.. Children's workshops
- 5.. Diplomatic Core of our Embassy
- 6.. Participation in international conferences/trainings

For More information contact The Embassy: Phone: (389-2) 465-316, Fax/Phone: (389-2) 463-900, E-mail: embassy@megjashi.org.mk To view the Newsletter go to the Website: www.childrensembassy.org.mk

Institute of Psychological & Educational Research (IPER) has recently launched a web page known as childrendatabank.org The above web page contains all types of data regarding children like population, education, mortality, health care and others of different child populations of the countries all over the world. The data have been compiled from authentic publications and are fully reliable. Institute of Psychological & Educational Research (IPER) E-mail: ipernew@vsnl.com Visit for children's data our web page: childrendatabank.org

Child Labour News Service (CLNS)

Managed by the Global March Against Child Labour, CLNS is produced as a non-commercial public service. For the full stories, please visit www.childlabournews.info To subscribe/unsubscribe or to contribute any relevant news, please e-mail us at childlabournews@vsnl.net "A child in need is a child who cannot wait..." (Kofi Anan)

National Youth Roundtable 2003 Members

Family and Community Services Portfolio
URL: <http://www.facs.gov.au/internet/MinCS.nsf/b9bf24f0f06605bdca2567140011b79c/3456a509af70581fca256cc9007db6bf?OpenDocument>
SNIPPET: Minister for Children and Youth Affairs, Larry Anthony, has announced the 50 young Australians chosen to be members of the fifth National Youth Roundtable

Labor push for multi-function childhood centres January 28 2003 (The Age)

By Carol Nader

The federal ALP plans a new approach to child care to encourage a smoother transition to the classroom. Under a three-year plan, multi-function early childhood centres would be set up offering long-day care, pre-school, maternal and child health services, and parenting classes.

A national commissioner for children and a national curriculum for children aged under five are also features of Labor's discussion paper - Growing Up: Investing in the Early Years.

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Melbourne VIC 3001

Websites

UNICEF's *State of the World's Children's Report 2003* has recently been launched. The report points out that 150 million children still suffer from malnutrition, that 120 million school-age children are not in school (mostly girls), and that 6,000 children and young people are infected with HIV every day. The focus of the 2003 report is on the importance of child participation. The report argues that engaging children and young people and including them in the decision-making processes and in the prevention effort that affect their lives, is essential to addressing these problems. The report showcases examples of meaningful child participation from every region of the world and includes the economic and social statistics of the countries and territories of the world, with particular reference to children's well-being.

Electronic copies of the report are available from:
<http://www.unicef.org/sowc03/>

In addition, hard copies of the report are available from our office, located at Level 3, 303 Pitt St, Sydney.

If you would like for us to send a hard copy to you or your organisation, please send your name, mailing address details and a cheque made payable to "UNICEF Australia" for \$6 per copy (to cover postage costs) to: UNICEF Australia, PO Box A2005, Sydney South, NSW 1235.

CHILD WISE / ECPAT AUSTRALIA: New Website Launched CHILD WISE is an Australian organisation working in Australia and overseas to end child sexual exploitation and abuse. CHILD WISE is the Australian representative of ECPAT International which is a global campaign existing in over 70 countries committed to ending the commercial sexual exploitation of children (CSEC).

Features of the new website include secure online bookshop for all Child Wise publications and membership, and/or donation facility for the Child Wise supporter's network. It also features the organisation's major projects: Child Wise Tourism and Choose With Care.

Please visit the website at www.ecpat.org or www.childwise.net

For more information, contact:
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CHILD WISE

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World Vision is preparing to launch a sex tourism prevention program in the United States. The program, which will focus on the child aspect of this problem, will build on the great work of ECPAT-USA and others in order to target would-be sex tourists from the United States with a strong deterrent message; raise awareness about sex tourism; partner with the U.S. travel and tourism industries to deter U.S. citizens from engaging in sex with minors