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Children Speak

Vol. 10, No.41, July August 2010

A Newsletter of the Organization for the Protection of Children's Rights

Message from the President

Suicide was an affliction commonly associated with resource-rich nations. Recent studies, however, reveal that it remains largely unreported in many developing countries due to the social stigma associated with it. As real figures emerge, we are not only concerned about a large population of mentally depressed individuals but the immediate need to address these issues in a holistic manner. The article on Mental Health & Substance Abuse puts forth a scorecard by the World Health Organization of South East Asian countries.

Suicide Prevention discusses risk factors associated with suicide primarily depression, alcohol use disorders, abuse, violence, loss, cultural and social background. It then discusses effective interventions, multi-sectoral approaches, treatment of depression and challenges in dealing with this affliction worldwide such as lack of awareness and reportability.

While mental and emotional stress may lead to depression and suicidal tendencies, the effects of negative or hurtful text or internet messages can scar a child for life. In the digital era, it is scarcely possible to protect children from Cyber-bullying - when groups of peers can abuse a child silently and continuously for

him or her to lose all self-respect and dignity.

While the advantages of digital media such as the internet and cell phone are ubiquitous, it is time for us to study their ill-effects and ways in which they can damage the psyche of a perfectly normal child. The solution is to be aware and to make children aware of such crimes. Stopcyberbullying.org provides an insight into the different forms of cyber-bullying and ways in which it can affect children. As new gadgets provide easy access to social networking sites, we need to develop ways of dealing with the menace related to the technology.

Lastly, the devastating floods in Pakistan left a region afflicted for nearly two years with military conflict and civil war, with no access to food and water. A UNICEF supported program sponsored by the European Commission Humanitarian Aid Department, also known as ECHO, has brought hope to those worst affected - women and children.

We look forward to your feedback and wish you well in the work you are doing for our children. ■



Ricaardoe Di Done



Mental Health & Substance Abuse

FACTS & FIGURES IN SOUTH EAST ASIAN NATIONS**

Global situation

Worldwide, the exact number of people ending, attempting or thinking of ending their lives is not known. Suicide is one of the leading causes of death across the world, especially in the 15-35 year age group. Deaths recorded due to suicide across the world indicate only the tip of the iceberg.

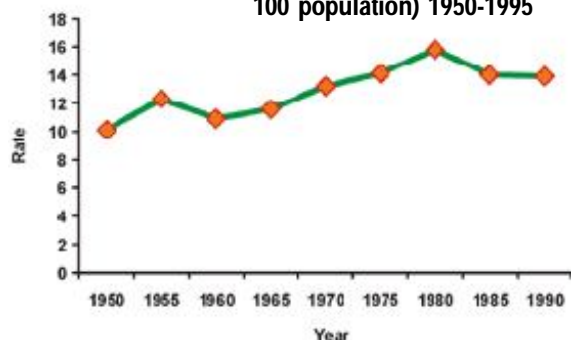
The global rate of occurrence (new deaths per year) of suicide rose from 10 per 100 000 population in the 1950s to 18 per 100 000 during 1995 (Figure 1). While it has declined in some countries, there has been a significant increase in some developing countries, with a plateauing off in other countries. Collectively, an upward trend is noticeable across the world, which is a matter of concern.

The various factors contributing to suicide in a country are determined by the size of the population, age and sex distribution, sociocultural ethos, extent of sociotechnological development, availability of methods for suicide and intervention efforts.

Suicide rates in SEAR Countries**

Among the SEAR Member Countries, the suicide rates vary from 8 to 50 per 100 000 population. Some countries, such as India, Indonesia, Sri Lanka and Thailand, include suicides in their health information systems, while others do not. In Indonesia, suicides are included in the category of accidents. India and Sri Lanka record the highest number of suicide rates (11 and 37 per 100 000 population respectively) and occupy the 45th and seventh positions globally. Nearly 104 000 persons in India, 10 600 in Sri Lanka, 5 095 in Thailand and 2 548 persons in Bangladesh committed suicide (1997-1998) as per official reports. Precise information from other countries of the Region are not available for recent years. In every country, suicide is reported to the police, whereas the health sector conducts forensic examination for completed suicides and provides care for the attempted ones. Deaths due to suicide are underreported to avoid sociocultural stigma, escape police enquiries and legal harassment, and benefit

Figure1:Global Suicide Rates(per 100 100 population) 1950-1995



from the insurance sector. They are also misclassified as accidents. Hence these official numbers are gross underestimates. Further, the information related to attempted suicides is not compiled by any single agency.

Changing trends in suicides in SEAR

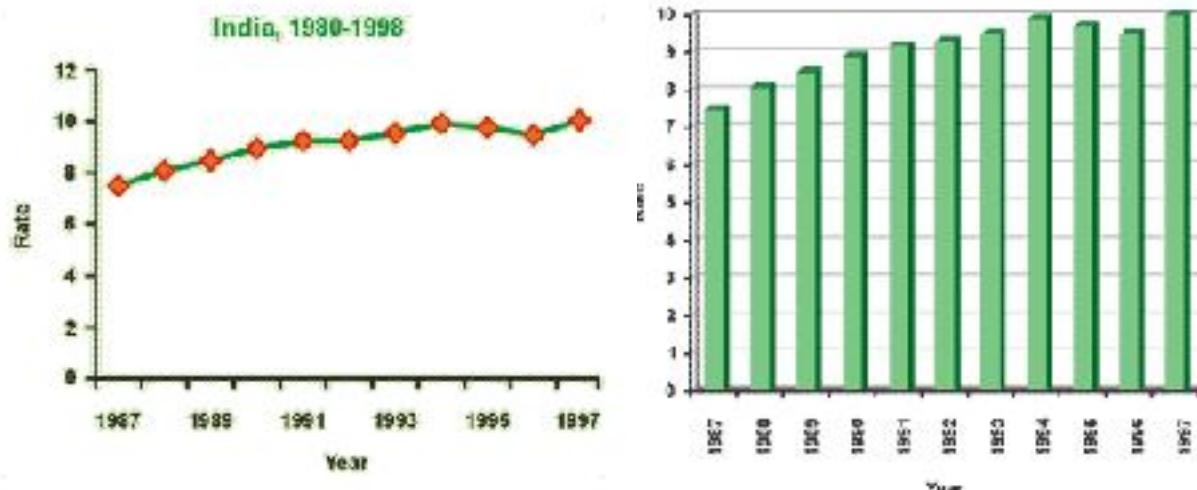
Bangladesh

From an average of 600 suicides per month during 1972-1988, the number of suicides increased to 984 per month during 1992-1993. The overall national rates are estimated to be 8 per 100 000 for the period 1972-1988 and 10 per 100 000 during 1992-1993, based on secondary sources. The total number of suicides reported to the Forensic Medicine Department of Dhaka Medical College indicates that suicides have increased from 12 per month in 1989 to 18 per month in 1998. On an average, 15% of the total number of autopsies have been associated with suicides.

India

With a rate of 11 per 100000 suicides per year, an increase from 6 per 100 000 (Figure 2) during the 1980s, India occupies the second highest rate of suicides in the Region. When corrected for underreporting, these rates are likely to be much higher. While 89000 persons committed suicide in 1995, the number increased to 96 000 in 1997 and to 104 000 in 1998, an increase of 25% compared to the previous year. During 1988-1998, suicides increased by a staggering 33.7%. Among the cities, Bangalore (17%), Mumbai (14%), Chennai (11%) and Delhi (7.5%) accounted for nearly 50% of the total suicides in the country.

Figure 2: Changing pattern of suicide in selected countries of SEAR (Rates per 100 000)



Indonesia

Even though nationwide data are not available, information indicates that suicide is on the increase. Data from metropolitan Jakarta indicate that in just one city alone, the number of suicides increased from 112 in 1996 to 146 in 1998 (Indonesia underwent a severe economic crisis during 1997-1998), with corresponding rates of 1.6 and 1.8 per 100000, respectively. Interestingly, Jakarta, which was registering a decline till 1996, showed a sudden increase during 1997-1998. There are substantial geographical variations within Indonesia, e.g. suicide rate in Gunung Kidul is 9 per 100000, compared with 1 per 100000 in metropolitan Jakarta.

Deaths due to suicide are underreported to avoid sociocultural stigma, escape police enquiries and legal harassment, and benefit from the insurance sector.

Nepal

While the exact incidence of suicide is not clearly known, death due to self-poisoning was found to be the third leading cause of death during 1998 and 1999.

Sri Lanka

During the past 15 years in war-torn Sri Lanka, it is estimated that nearly 50000 persons have been killed. Deaths due to suicide, in the same period, are estimated to be 106000 — twice the number due to war. As late as the 1950s, Sri Lanka had a low suicide rate of 6 per 100000. This rate doubled to 12 per 100000 by 1964 and increased to 19 per 100000 by 1969. The official estimates for 1996 are 37 per 100000, making Sri Lanka one of the countries with the highest

number of suicides per unit of population.

Significantly, the proportion of youth committing suicide increased from 33% in 1960 to 44% in 1980. Regional variations as in other countries are reported from Sri Lanka also. Suicides are the fourth most frequent cause of death in hospitals in Sri Lanka.

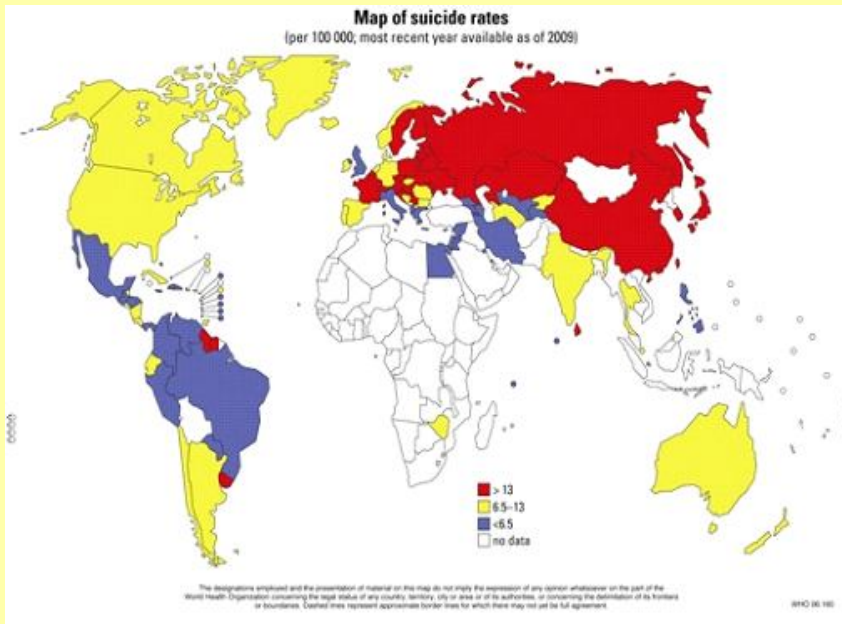
Thailand

The country recorded increasing rates from 1970 (4 per 100000) to 1980 (8 per 100000) with a gradual decline thereafter. The rates again increased to 6.7 in 1990, 7.6 in 1996, 7.0 in 1997, 8.3 in 1998 to 8.6 in 1999 (Figure 2). This signifies that the declining trend noticed earlier has reversed, with an upward surge from the 1990s.

It is likely that the rates of suicide reported in all the SEAR countries are underestimated as some deaths are never reported or are misclassified. In Sri Lanka, the extent of underreporting was to the extent of 40%. Apart from overall national rates, it is important to examine the problem at both regional and local levels, as some places within each country are likely to have rates much higher than the national rates. This suggests the need for immediate national and local preventive measures in the Member Countries of the Region.

(* SEAR countries include Bangladesh, Bhutan, DPR Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, Timor Leste - A World Health Organization Report - www.sear.who.int)

Suicide Prevention



extent that they are now the group at highest risk in a third of countries, in both developed and developing countries.

Mental disorders (particularly depression and alcohol use disorders) are a major risk factor for suicide in Europe and North America; however, in Asian countries impulsiveness plays an important role. Suicide is complex with psychological, social, biological, cultural and environmental factors involved.

Magnitude of the problem

Suicide is among the top 20 leading causes of death globally for all ages. Every year, nearly one million people die from suicide.

Risk factors

Mental illness, primarily depression and alcohol use disorders, abuse, violence, loss, cultural and social background, represent major risk factors for suicide.

Suicide prevention (SUPRE)

The problem

Every year, almost one million people die from suicide; a "global" mortality rate of 16 per 100,000, or one death every 40 seconds.

In the last 45 years suicide rates have increased by 60% worldwide. Suicide is among the three leading causes of death among those aged 15-44 years in some countries, and the second leading cause of death in the 10-24 years age group; these figures do not include suicide attempts which are up to 20 times more frequent than completed suicide.

Suicide worldwide is estimated to represent 1.8% of the total global burden of disease in 1998, and 2.4% in countries with market and former socialist economies in 2020.

Although traditionally suicide rates have been highest among the male elderly, rates among young people have been increasing to such an

Effective interventions

Strategies involving restriction of access to common methods of suicide, such as firearms or toxic substances like pesticides, have proved to be effective in reducing suicide rates; however, there is a need to adopt multi-sectoral approaches involving many levels of intervention and activities.

There is compelling evidence indicating that adequate prevention and treatment of depression and alcohol and substance abuse can reduce suicide rates, as well as follow-up contact with those who have attempted suicide.

Challenges and obstacles

Worldwide, the prevention of suicide has not been adequately addressed due to basically a lack of awareness of suicide as a major problem and the taboo in many societies to discuss openly about it. In fact, only a few countries have included prevention of suicide among their priorities.

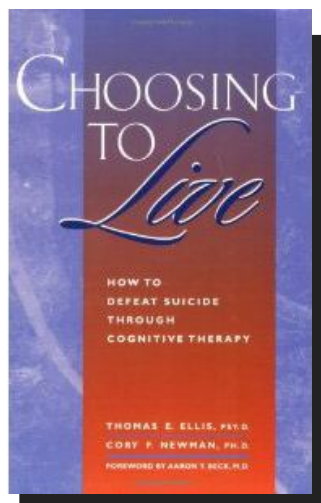
Reliability of suicide certification and reporting is an issue in great need of improvement.

It is clear that suicide prevention requires intervention also from outside the health sector and calls for an innovative, comprehensive multi-sectoral approach, including both health and non-health sectors, e.g. education, labour, police, justice, religion, law, politics, the media.

(WHO)

Keeping the Balance

PREVENTING DEPRESSION, LOW SELF-ESTEEM & SUICIDE



By Thomas E. Ellis & Cory F. Newman
New Harbinger Publications Inc. 1996

Choosing to Live: How to Defeat Suicide Through Cognitive Therapy, is an easy-to-read book that can help suicidal people understand their suffering while they take charge of their own healing. Its message of hope and reassurance indicates that suicide is not the answer. This is what Paul G. Quinnett, author of "Suicide, the Forever Decision" states in a review of the book.

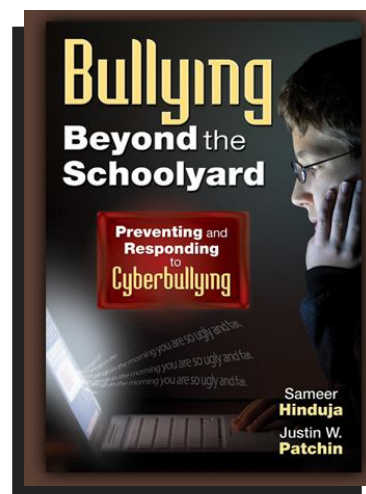
"As a therapist who has lost a patient to suicide, and who treats many people who I often fear will choose to die, and as a human being who has seen the aftermath of the suicide of an extended family member, I wrote *Choosing to Live* with my colleague Tom Ellis in the hope that we could reach out and help people to save their own lives," says co-author Cory Newman in a synopsis of the book.

The book describes a new cognitive therapy intervention that has been developed for treating recent suicide attempters. The intervention is based on general principles of cognitive therapy and targets the automatic thoughts and core beliefs that are activated just prior to the individual's suicide attempt.

The co-author states that "Tom Ellis and I have put our best thoughts, our most cherished personal beliefs, our heart and soul, and some of the best treatment principles that exist today in *Choosing to Live*. We hope it will be a catalyst in helping people not only to live, but to thrive." ■

Teens and tweens have been bullying each other for generations. The bullies of today, however, have the advantage of utilizing technology such as computers, cell phones and other electronic devices to inflict harm on others. In their book, *Bullying Beyond the Schoolyard: Preventing and Responding to Cyberbullying*, Dr. Sameer Hinduja, Florida Atlantic University researcher, assistant professor in the department of criminal justice in the College of Architecture,

By Sameer Hinduja & Justin W. Patchin,
Corwin Press, 2009



Urban and Public Affairs, and Internet safety expert, and Dr. Justin W. Patchin, assistant professor of criminal justice at

the University of Wisconsin-Eau Claire, provide a comprehensive guide to identify, prevent and respond to this increasingly serious problem. The book is primarily based on Hinduja and Patchin's original research with thousands of adolescents, many of whom were victims of cyberbullying. In addition to providing numerous practical strategies for educators, parents and other youth-serving adults, the book includes personal stories and case scenarios, an extensive overview of terminology and legal issues, and a clear explanation of the scope and prevalence of online aggression among youth.

The consequences are not confined to cyberspace; Hinduja's ongoing research has linked cyberbullying to lower self-esteem, depression, a drop in school grades, school delinquency, peer violence and suicide. ■

Book Review

CYBER-BULLYING

What you should know & how to prevent your kid from being a victim



“Cyberbullying” is when a child, preteen or teen is tormented, threatened, harassed, humiliated, embarrassed or otherwise targeted by another child, preteen or teen using the Internet, interactive and digital technologies or mobile phones. A minor must be involved on both sides of the cyberbullying, that is, the cyberbullying is instigated by a minor against another minor. Once adults become involved, it is plain and simple cyber-harassment or cyberstalking. Adult cyber-harassment or cyberstalking is NEVER called cyberbullying.

Cyberbullying is not when an adult tries to lure children into offline meetings - that is called sexual exploitation or luring by a sexual predator. But sometimes when a minor starts a cyberbullying campaign it involves sexual predators who are intrigued by the sexual harassment or even ads posted by the cyberbullying offering up the victim for sex.

The methods used are limited only by the child’s imagination and access to technology. And the cyberbully one moment may become the victim

the next. The kids often change roles, going from victim to bully and back again.

Children have killed each other and committed suicide after having been involved in a cyberbullying incident.

Cyberbullying is usually not a one time communication, unless it involves a death threat or a credible threat of serious bodily harm. Kids usually know it when they see it, while parents may be more worried about the lewd language used by the kids than the hurtful effect of rude and embarrassing posts.

Cyberbullying may arise to the level of a misdemeanor cyberharassment charge, or if the child is young enough, may result in the charge of juvenile delinquency. Most of the time the cyberbullying does not go that far, although parents often try and pursue criminal charges. It typically can result in a child losing their ISP or IM accounts as a violation of the service terms. And in some cases, if hacking or password and

(Continued on Page 8)

Forms of Direct Attacks through Cyber-bullying

Instant Messaging/Text Messaging Harassment

○ Kids may send hateful or threatening messages to other kids, without realizing that while not said in real life, unkind or threatening messages are hurtful and very serious.

○ A kid/teen may create a screen-name that is very similar to another kid's name. The name may have an additional "i" or one less "e". They may use this name to say inappropriate things to other users while posing as the other person.

○ Text wars or text attacks are when kids gang up on the victim, sending thousands of text-messages to the victim's cell phone or other mobile device. The victim is then faced with a huge cell phone bill and angry parents.

○ Kids send death threats using IM and text-messaging as well as photos/videos (see below)

Stealing passwords

○ A kid may steal another child's password and begin to chat with other people, pretending to be the other kid. He/she may say mean things that offend and anger this person's friends or even strangers. Meanwhile, they won't know it is not really that person they are talking to.

○ A kid may also use another kid's password to change his/her profile to include sexual, racist, and inappropriate things that may attract unwanted attention or offend people.

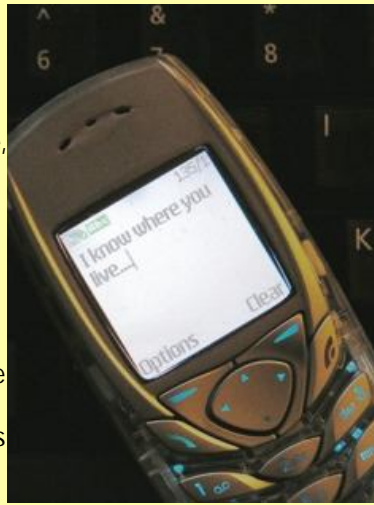
○ A kid often steals the password and locks the victim out of their own account. Once the password is stolen, hackers may use it to hack into the victim's computer.

Blogs

Blogs are online journals. They are a fun way for kids and teens to send messages for all of their friends to see. However, kids sometimes use these blogs to damage other kids' reputations or invade their privacy. For example, in one case, a boy posted a bunch of blogs about his breakup with his ex-girlfriend, explaining how she destroyed his life, calling her degrading names. Their mutual friends read about this and criticized her. She was embarrassed and hurt all because another kid posted mean, private, and false information about her.

Websites

○ Children used to tease each other in the playground; now they do it on websites. Kids sometimes create websites



that may insult or endanger another child. They create pages specifically designed to insult another kid or group of people.

Sending Pictures through E-mail and Cell Phones

○ There have been cases of teens sending mass e-mails to other users that include nude or degrading pictures of other teens. Once an e-mail like this is sent, it is passed around to hundreds of other people within hours; there is no way of controlling where it goes.

b) Many of the newer cell phones allow kids to send pictures to each other. The kids receive the pictures directly on their phones, and may send it to everyone in their address books.

Internet Polling

Who's Hot? Who's Not? Who is the biggest slut in the sixth grade? These types of questions run rampant on the Internet polls, all created by yours truly - kids and teens. Such questions are often very offensive to others and are yet another way that kids can "bully" other kids online.



Interactive Gaming

Many kids today are playing interactive games on gaming devices such as X-Box Live and Sony Play Station 2 Network. These gaming devices allow your child to communicate by chat and live Internet phone with anyone they find themselves matched with in a game online. Sometimes the kids verbally abuse the other kids, using threats and lewd language. Sometimes they take it further, by locking them out of games, passing false rumours about them or hacking into their accounts.

Sending Malicious Code

Many kids will send viruses, spyware and hacking programs to their victims. They do this to either destroy their computers or spy on their victim. Trojan Horse programs allow the cyberbully to control their victim's computer remote control, and can be used to erase the hard drive of the victim.

Sending Porn and Other Junk E-Mail and IMs

Often cyberbullies will sign their victims up for e-mailing and IM marketing lists, lots of them, especially to porn sites. When the victim receives thousands of e-mails from pornographers their parents usually get involved, either blaming them (assuming they have been visiting porn sites) or making them change their e-mail or IM address. ■

(www.stopcyber-bullying.org)

(Continued from Page 6)

identity theft is involved, can be a serious criminal matter under state and federal law.

When schools try and get involved by disciplining the student for cyberbullying actions that took place off-campus and outside of school hours, they are often sued for exceeding their authority and violating the student's free speech right and often lose. Schools can be very effective brokers in working with the parents to stop and remedy cyberbullying situations. They can also educate the students on cyberethics and the law. If schools are creative, they can sometimes avoid the claim that their actions exceeded their legal authority for off-campus cyberbullying actions. We recommend that a provision is added to the school's acceptable use policy reserving the right to discipline the student for actions taken off-campus if they are intended to have an effect on a student or they adversely affect the safety and well-being of a student while in school. This makes it a contractual, not a constitutional, issue.

How cyberbullying works

There are two kinds of cyberbullying, direct attacks (messages sent to your kids directly) and cyberbullying by proxy (using others to help cyberbully the victim, either with or without the accomplice's knowledge). Because cyberbullying by proxy often gets adults involved in the harassment, it is much more dangerous.

Preventing cyberbullying

Educating the kids about the consequences (losing their ISP or IM accounts) helps. Teaching them to respect others and to take a stand against bullying of all kinds helps too.

How can you stop it once it starts?

Because their motives differ, the solutions and responses to each type of cyberbullying incident has to differ too. Unfortunately, there is no "one size fits all" when cyberbullying is concerned. Only two of the types of cyberbullies have something in common with the traditional schoolyard bully. Experts who understand schoolyard bullying often misunderstand cyberbullying, thinking it is just another method of bullying. But the motives and the nature of cybercommunications, as well as the demographic and profile of a cyberbully differ from their offline counterpart.

(www.stopcyberbullying.org)

Hygiene in schools amidst conflict and floods in Pakistan

By Shandana Aurangzeb Durrani



Water levels along the Swat River have returned to normal, but evidence of the devastation from recent floods is everywhere. Bridges, roads, schools, health facilities, water supply and sanitation systems in Swat Valley – which were already suffering from the effects of military conflict over the last two years – are severely affected.

In flooded areas of north-western Pakistan's Khyber Pakhtunkhwa province, the emergency has grown increasingly complex. Due to the pre-existing conflict in the province's Malakand division, women and children – especially girls – were already denied access to basic health and education services. Then the flood crisis caused a breakdown of communication networks and infrastructure, making this vulnerable group harder to reach with life-saving interventions.

Hygiene promotion

Now, however, the re-opening of schools offers a return to routine and normalcy for many children.

"I am happy that the school has re-opened," said ZARBAKHTA, a mother of five children whose daughter Maria, 9, just started Grade 3 at the Islamapur government primary school.

The head teacher at the Islamapur school facilitated a recent PTC meeting about the floods' impact on the health of women and children. Many children in the flood zone have skin infections, and as winter approaches, chest infections are also rampant, parents said.

During the hygiene sessions, Ms. KHATOON highlights the importance of sanitary practices such as handwashing with soap, using latrines properly and drinking safe water. All the girls receive hygiene kits to promote good practices in school and at home.

ECHO-funded effort

All of these activities build upon UNICEF-supported water, sanitation and hygiene programmes funded by the European Commission Humanitarian Aid Department, also known as ECHO, in schools located in conflict- and flood-affected areas of Malakand division. Under this project, some 60 schools have benefitted from the distribution of 9,000 student hygiene kits; installation of 30 hand pumps; and rehabilitation of 30 water sources, 120 latrines and 120 handwashing points – among other activities. In addition, 250 teachers and 200 school caretakers have been trained in hygiene promotion. (UNICEF)