

CHILD PROTECTION BULLETIN

STATE CHILD
PROTECTION
SOCIETY, ASSAM

MONTHLY BULLETIN OF ACTIVITIES CONCERNING CHILD PROTECTION IN ASSAM

EDITORIAL

India houses almost 19 percent of the world's children. More than one third of the country's population, around 440 million, is below 18 years and around 40,000 Juveniles in conflict with law are living in institutions.

Children who spend their lives in the institutions are different from children staying in families in many aspects. They are vulnerable to all kinds of abuses and have different psychological needs. The effects of early institutional care of children may be detrimental in their intellectual, behavioural and social development.

The children in institutions need proper care and all the caregivers should be conscious of the noble task that they are handling fragile young lives. Any attempt to abuse or harm them would have tremendous effects in the young lives.

*Editorial Board,
State Child Protection Society, Assam*

Psychosocial needs of children in Institutional Homes

The term 'Child Abuse' may have different connotations in different cultural milieu and socio-economic situations. According to World Health Organisation (WHO) Child Abuse includes the following:

Physical Abuse: Physical abuse is the inflicting of physical injury upon a child. This may include burning, hitting, punching, shaking, kicking, beating or otherwise harming a child. The parent or caretaker may not have intended to hurt the child. It may, however, be the result of over-discipline or physical punishment that is inappropriate to the child's age.

Sexual Abuse: Sexual abuse is inappropriate sexual behaviour with a child. It includes fondling a child's genitals, making the child fondle the adult's genitals, intercourse, incest, rape, sodomy, exhibitionism and sexual exploitation.

Emotional Abuse: Emotional abuse is also known as verbal abuse, mental abuse, and psychological maltreatment. It includes acts or the failures to act by parents or caretakers that have caused or could cause, serious behavioural, cognitive, emotional, or mental trauma. This can include parents/caretakers using extreme and/or bizarre forms of punishment, such as confinement in a closet or dark room or being tied to a chair for long periods of time or threatening or terrorizing a child. Less severe acts, but no less damaging, are belittling or rejecting treatment, using derogatory terms to describe the child, habitual tendency to blame the child or make him/her a scapegoat.

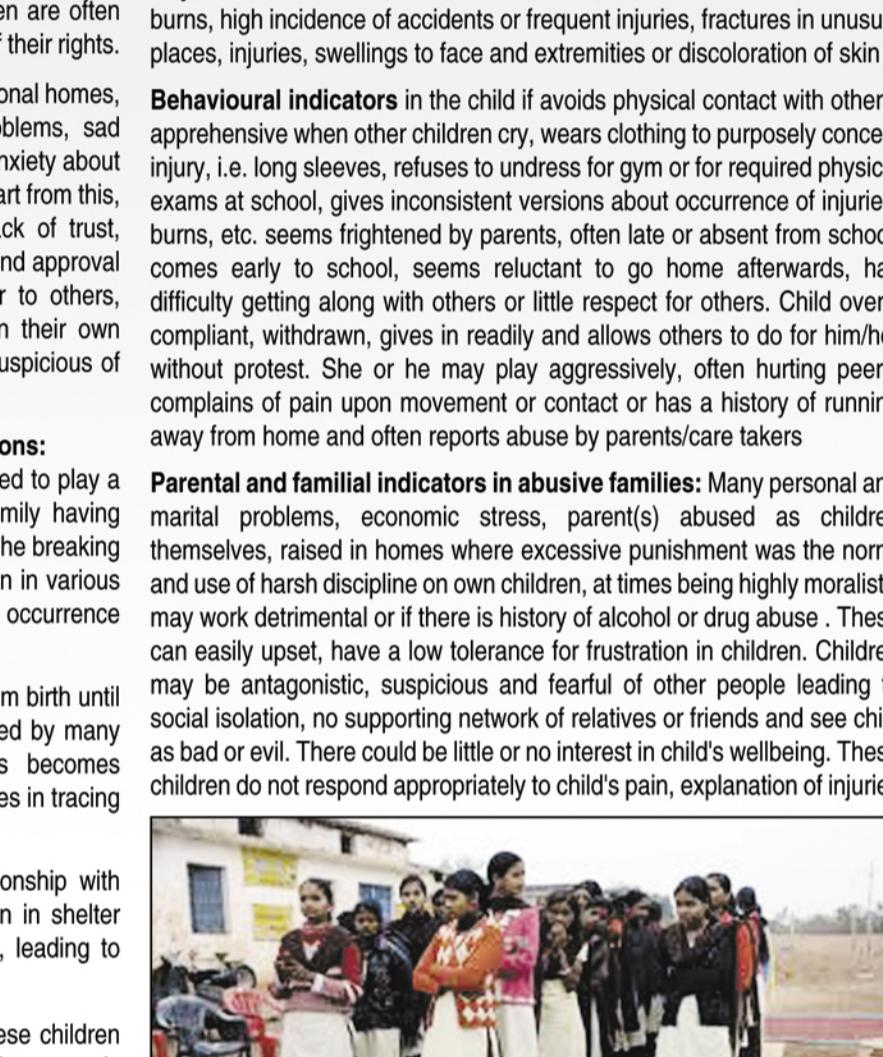
Neglect: It is the failure to provide for the child's basic needs. Neglect can be physical, educational, or emotional. Physical neglect can include not providing adequate food or clothing, appropriate medical care, supervision, or proper weather protection (heat or cold). It may include abandonment. Educational neglect includes failure to provide appropriate schooling or special educational needs, allowing excessive truancies. Psychological neglect includes the lack of any emotional support and love, never attending to the child, substance abuse including allowing the child to participate in drug and alcohol use.

Nature of child Abuse

Child abuse refers to the intended, unintended and perceived maltreatment of the child, whether habitual or not, including any of the following: Psychological and physical abuse, neglect, cruelty, sexual and emotional maltreatment. Generally child abuse is any act, deed or word which debases, degrades or demeans the intrinsic worth and dignity of a child as a human being.

Unreasonable deprivation of his/her basic needs for survival such as food and shelter, or failure to give timely medical treatment to an injured child resulting in serious impairment of his/her growth and development or in his/her permanent incapacity or death.

A child seeking care and protection in the shelter



homes come from various challenging situations. The first and the foremost need of such child are food, shelter (security) and clothing. The role of the care giver does not stop by providing only the basic needs. There are various other needs both tangible and intangible that the children in shelter homes require such as food, education, vocational assistance, relaxation (sports/ yoga/ music/ dance/singing etc), need for love, affection, protection, kindness, to be reunited with family, counseling, medical help. Understanding the psychological needs of the children in shelter homes is crucial to address and plan a comprehensive psychosocial care intervention for the children in institutional homes

The term 'children in conflict with the law' refers any person below the age of 18 who has come in contact with the justice system as a result of committing a crime or being suspected of committing a crime. The reason for institutionalization can be viewed as a result of contextual factors that interact with individual and family vulnerabilities. Some have committed more serious offenses and some children are coerced into crime by adults who use them as they know they cannot be tried as adults. Often prejudice, stereotyping and discrimination brings children into conflict with law without a crime being committed. More than 1 million children worldwide are detained by law officials. In institutions children are often denied access to medical care and education which are part of their rights.

With regard to the psychological distress of children in institutional homes, majority of the children reported significant emotional problems, sad mood, ideas of hopelessness, worthlessness, crying spells, anxiety about the future, social anxiety, death wishes and suicidal ideas. Apart from this, they reported difficulty in relating to others because of lack of trust, interpersonal problems, and demanding undivided attention and approval from others. These children viewed themselves as inferior to others, lacked social skills, and were submissive with little faith in their own abilities. Few children described themselves as distrustful, suspicious of others motives, cold and distant.

Disturbances in Family Life Cycles of Children in Institutions: Family is an agency of socialization and each child is expected to play a crucial role in the overall well being in the family. The family having undergone change over the years is now facing the reality of the breaking down of the traditional family support. The vulnerable children in various difficult circumstances are forced to fend for themselves in the occurrence of any life event.

The family life cycles of an individual passes through right from birth until death. The life cycle of a child in institution home is disrupted by many unexpected life events. Understanding these life cycles becomes imperative. It also enables the care givers of the shelter homes in tracing the path way of institutionalization.

Family of origin experiences talks about maintaining relationship with families, siblings, peers and completing school. For children in shelter homes when there is disturbance in one of the life cycles, leading to disruption in all the stages of his/her life cycle.

While dealing with children there are barriers in handling these children and understanding the scope of the subject of 'child abuse'. It is extremely difficult to get responses from children on such a sensitive subject because of their inability to fully understand the different dimensions of child abuse and to talk about their experiences. It is therefore difficult to gather data on abused children. Further, definitions of abuse are not consistent within countries, much less from country to country or region to

region. Estimation that the number of abused and neglected children is alarming, and unless stakeholders get their act together and respond to the situation by way of both prevention and treatment, we will be doing a grave injustice to our children and would be denying them their basic rights.

In India harmful traditional practices like child marriage, caste system, discrimination against the girl child, child labour and Devadasi tradition impact negatively on children and increase their vulnerability to abuse and neglect. Breaking down of family through separation, divorce or desertion adds insecurities among children. Lack of adequate nutrition, poor access to medical and educational facilities, migration from rural to urban areas leading to rise in urban poverty, children on the streets and child beggars, all result in breakdown of families conflicts with law and reaching to institution and sheltered homes. Thus, increase the vulnerabilities of children and exposes them to situations of abuse and exploitation.

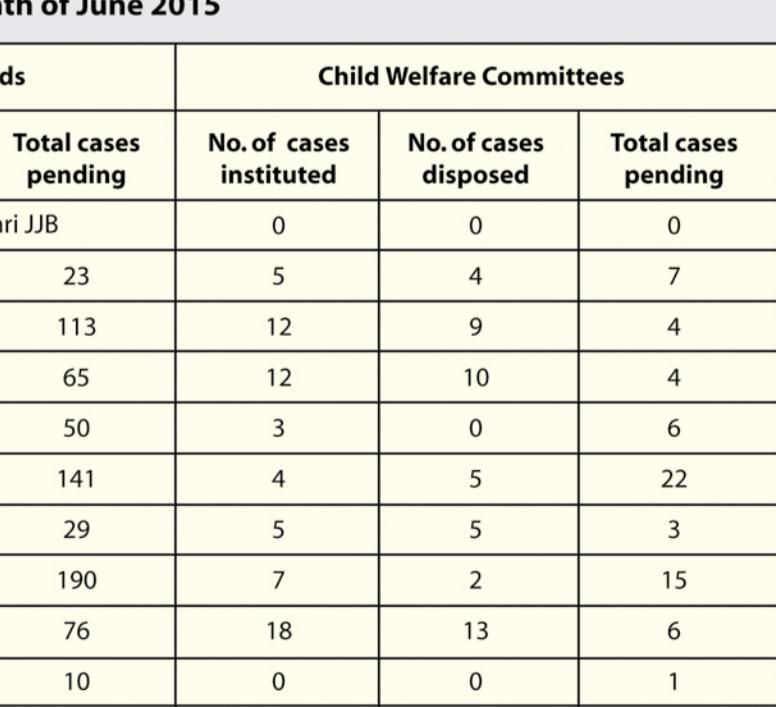
Handling of children in Institutional Homes:

Social scientists have developed certain indicators in identifying the intensity of abuses.

Physical indicators in the child: bite marks, unusual bruises, lacerations, burns, high incidence of accidents or frequent injuries, fractures in unusual places, injuries, swellings to face and extremities or discoloration of skin

Behavioural indicators in the child if avoids physical contact with others, apprehensive when other children cry, wears clothing to purposely conceal injury, i.e. long sleeves, refuses to undress for gym or for required physical exams at school, gives inconsistent versions about occurrence of injuries, burns, etc. seems frightened by parents, often late or absent from school, comes early to school, seems reluctant to go home afterwards, has difficulty getting along with others or little respect for others. Child overly compliant, withdrawn, gives in readily and allows others to do for him/her without protest. She or he may play aggressively, often hurting peers, complains of pain upon movement or contact or has a history of running away from home and often reports abuse by parents/care takers

Parental and familial indicators in abusive families: Many personal and marital problems, economic stress, parent(s) abused as children themselves, raised in homes where excessive punishment was the norm, and use of harsh discipline on own children, at times being highly moralistic may work detrimental or if there is history of alcohol or drug abuse. These can easily upset, have a low tolerance for frustration in children. Children may be antagonistic, suspicious and fearful of other people leading to social isolation, no supporting network of relatives or friends and see child as bad or evil. There could be little or no interest in child's wellbeing. These children do not respond appropriately to child's pain, explanation of injuries



to child are evasive and inconsistent, blame child for injuries, constantly criticize and have inappropriate expectations of child, take child to different physicians or hospital for each injury.

Few Guidelines for Dealing with these Emotional Reactions are:

- Accepting the emotional reactions of Children.
- Helping children to ventilate emotions.
- Listening to the children carefully, paying attention to her verbal and non-verbal communication.
- Empathizing with the children.
- Non-judgmental attitude.
- Emphasizing confidentiality.
- Enhancing Coping Skills:
- Helping to identify and express their feelings.
- Identifying negative coping skills.
- Providing information on positive and healthy coping skills.
- Enhancing social and interpersonal support.
- Providing information on resources available for people living with HIV and AIDS.
- Providing self care activities.

Plan for Future:

- Discuss possibilities for constructive change.
- Focus on risk reduction behavior if she is practicing commercial sexual work.
- Discuss plan for alternate livelihood prior to reintegration into community
- Identify resources for on-going support, such as individual therapy, support groups, social network and spiritual network.
- Address the financial, occupational and medical needs.

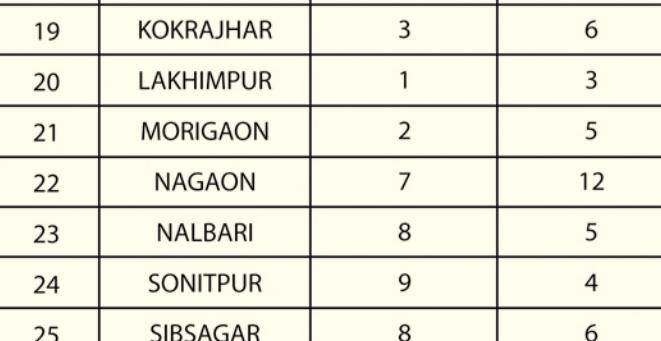
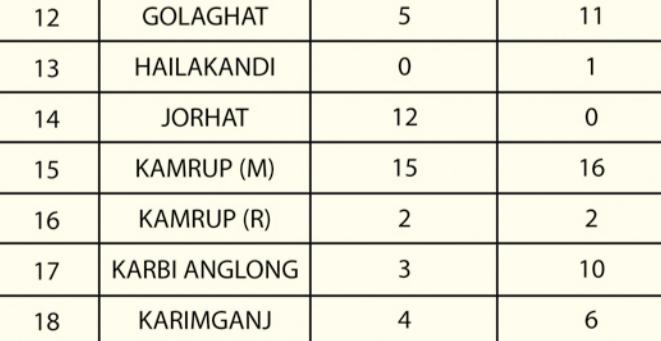
To conclude, in protection of children professionals need plan and organize the work and the workplace so as to minimize risks, as far as possible, be visible in working with children.

We need to ensure that a culture of openness exists to enable any issues or concerns to be raised and discussed. Empower children - discuss with them their rights, what is acceptable and unacceptable, and what they can do if there is a problem.

Dr. Bornali Das

Sr Lecturer Psychiatric Social work

Dept. of Psychiatry, GMCH



Dr. V. P. Tiwari, Associate Prof., National Law University and Judicial Academy (NLUJA), Guwahati, is seen addressing the Chairperson and Members of Child Welfare Committees in a training programme organized by SCPS, Assam held on 23-24 July, 2015 at Indian Institute of Entrepreneurship (IIE)

In a massive drive to do away with Child Labour, the District Level Task Force, Hailakandi recovered 7 Children.

Source: MIS Cell, SCPS, Assam

Regional Level Training Programme on

Track Child for Police Personnel

and

District Informatics Officers of all districts

held from 21st April to 2nd May, 2015 held

at Silchar, Bongaigaon, Sivasagar, Tezpur and Guwahati.

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Source: MIS Cell, SCPS, Assam

For any feedback, write to :

Chairperson, Editorial Board,

State Child Protection Society, Assam

46, Survey Bus Stop, Beltola, Guwahati-781028, Phone: 0361-2229275, Email: scpsassam@gmail.com, Website: assam-scps.com/termsofuse.php



DSW, Government of Assam

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