



Univerzita Hradec Králové
Pedagogická fakulta

INTRODUCTION TO BEHAVIOR DISORDERS

Stanislava Hoferková

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Reviewer: doc. PhDr. Iva Jedličková, CSc.

Proofreading: Mgr. Renáta Pelcáková



Course Syllabus and Study Text

Subject: Introduction to behavior disorders

Lecturer: Mgr. et Mgr. Stanislava Hoferková, Ph.D.

Contact: stanislava.hoferkova@uhk.cz

Rules of communication with the lecturer:

- e-mail consultations,
- individual consultations.

Workload:

Credit evaluation:

Type of subject:

Prerequisites and follow-up courses:

Course completion: granting of credit.

Subject objectives and knowledge and skills gained in the course:

Students attending the "Introduction to behavior disorders" course are offered basic information on the subject, which helps them understand the nature of behavior disorders in its complexity, and as an essential pedagogical issue. Behavioral and emotional disorders are portrayed in the context of a multidisciplinary approach. Students learn about the concept of behavioral and emotional disorders, as well as development trends appearing in the Czech Republic and abroad. Students get acquainted with the system of institutional care and the Czech Probation and Mediation Service; they learn selected behavioral and emotional disorders related to prevention and intervention. They also learn about the scope of work of a school prevention specialist.

Learning objectives of the course include the introduction to the theoretical basis of behavior disorders, the system of institutional care in the Czech Republic and selected behavioral and emotional disorders.

Course syllabus:

1. Emotional and behavioral disorders
2. Institutional care
3. Czech Probation and Mediation Service
4. Risks of electronic communication
5. School bullying
6. Truancy
7. Drug abuse

Basic literature:

- Country overview: Czech Republic. *European Monitoring Centre for Drugs and Drug Addiction* [online]. 2013 [cit. 2013-07-16]. 2013 Dostupné z: <http://www.emcdda.europa.eu/publications/country-overviews/cz#drr>.
- National Drug Policy Strategy for the Period 2010 to 2018. Government of the Czech Republic [online]. 2013 [cit. 2013-07-16]. Dostupné z: <http://www.vlada.cz/en/ppov/protidrogova-politika/government-council-for-drug-policy-coordination-72748/>.
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- Deal with a Bully & Overcome Bullying. *Helpguide.org* [online]. [cit. 2013-07-16]. Dostupné z: <http://www.helpguide.org/mental/bullying.htm>.
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- Online safety - information for teachers. *Insafe* [online]. 2009 [cit. 2012-08-22]. Dostupné z: <http://www.saferinternet.org/web/guest/safety-issues>.
- What is cyberbullying? *STOP cyberbullying* [online]. [cit. 2012-08-26]. Dostupné z: <http://www.stopcyberbullying.org/index2.php>.
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- OUŘEDNÍČKOVÁ, Lenka, Pavel ŠTERN a Dagmar DOUBRAVOVÁ. Czech Republic. *CEP, the European Organisation for Probation* [online]. [cit. 2012-08-22]. Dostupné z: http://www.cepprobation.org/uploaded_files/Czech%20Republic.pdf.
- CILEČKOVÁ, Kateřina a Monika CHRENKOVÁ. Institutional care in the Czech Republic in light of the recent judicial decisions and the established practice of Czech courts. *ERIS web journal* [online]. 2011, č. 1, s. 34-48 [cit. 2012-08-21]. Dostupné z: http://periodika.osu.cz/eris/dok/2011-01/institutional_care_in_cz.pdf.
- DISDAREVIC, Selma Muhic a Romana ŠLOUFOVÁ. National Report on Youth Homelessness and Youth at Risk of Homelessness in the Czech Republic. [online]. 2009 [cit. 2012-08-21]. Dostupné z: http://www.movisie.nl/onderwerpen/internationaal/docs/National_Report_Czech_Republic_2009.pdf.
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- About PMS. *Probační a mediální služba České republiky* [online]. [cit. 2012-08-22]. Dostupné z: <https://www.pmscr.cz/en/about-pms/>
- About us. *ROSA* [online]. [cit. 2012-08-22]. Dostupné z: <http://www.rosa-os.cz/english-resume/about-us/>
- Act No. 561/2004, on Pre-school, Basic, Secondary, Tertiary Professional and Other Education: The Education Act. *Ministerstvo školství, mládeže a tělovýchovy ČR* [online]. [cit. 2012-08-18]. Dostupné z: <http://www.msmt.cz/vzdelavani/act-no-561-2004-coll-of-24-september-2004-on-pre-school?lang=1>
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- Preventing Drug Abuse among Children and Adolescents (In Brief): Prevention Principles. *National Institute on Drug Abuse* [online]. 2003 [cit. 2012-08-21]. Dostupné z: <http://www.drugabuse.gov/publications/preventing-drug-abuse-among-children-adolescents/prevention-principles>

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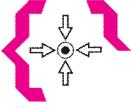
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What is cyberbullying? *STOP cyberbullying* [online]. [cit. 2012-08-26]. Dostupné z: <http://www.stopcyberbullying.org/index2.php>

Course completion requirements

- seminar presentation,
- active participation in seminar discussion,
- final paper on relevant topic.

Icons in the text



Objectives

specification of educational purposes at the beginning of each chapter.



Workload

indicates how much time student usually needs to study the chapter.



Important Keywords

is a list of important technical terms and the main concepts that a student should remember.



Note

contains supplementary, additional or less important pieces of information.



Study Questions

help a student check his/her comprehension of the study material.



Summary

presents a summary of the topic.



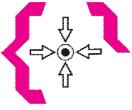
Recommended Literature

is a list of sources used in the chapter that also serves to enhance the knowledge on a particular topic.

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1 EMOTIONAL AND BEHAVIORAL DISORDERS



Objectives

The objectives of this chapter are to portray emotional or behavioral disorders, as well as its types (externalizing behaviors and internalizing behaviors) and the possibilities of intervention. It also presents the EBD with regard to the International Statistical Classification of Diseases and related health problems (ICD-10).



Workload

2 hours



Important Keywords

- Emotional and/or behavioral disorders (EBD)
- Externalizing behaviors
- Internalizing behaviors
- Hyperactivity
- Aggression
- Delinquency
- Anorexia or bulimia
- Depression
- Anxiety
- Conduct disorders
- Intervention
- The International Statistical Classification of Diseases and related health problems, 10th revision (ICD-10)
- Behavioral and emotional disorders with onset usually occurring in childhood and adolescence

1.1 *Definition of EBD*

Emotional or (and) behavioral disorders (EBD) are difficult to define. EBD is a broad category which is used commonly in educational setting to group a range of more specific perceived difficulties of children and adolescents.

Many definitions have been proposed and the experts conclude that all definitions contain these **common elements**:

- extreme behavior (not just slightly different from the usual),
- a chronic problem (constant and on-going, which does not resolve quickly),
- violation of social or cultural expectations.

A child exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects his/her educational performance (U.S. Federal Definition):

1. Difficulty to learn that cannot be explained by intellectual, sensory, or health factors.
2. Difficulty to build or maintain satisfactory interpersonal relationships with peers and teachers.
3. Inappropriate types of behavior (acting out against self or others) or feelings (expresses the need to harm self or others, low self-worth, etc.) under normal circumstances.
4. A general pervasive mood of unhappiness or depression.
5. A tendency to develop physical symptoms or fears associated with personal or school problems.

Sometimes the term *emotional disturbance* is used to describe the students with emotional or behavioral disorders; it is a category within the field of special education which comprises students whose behavioral or emotional responses are not typical. *Emotional or behavioral disorders can coexist with other disabilities.*

The **characteristics** which identify an individual with behavior disorder manifest themselves in a variety of settings and include reduced consideration or understanding of social or cultural rules.

- Disrupts classroom activities
- Impulsive
- Inattentive, distractible
- Preoccupied
- Does not follow or appear to care about classroom rules
- Poor concentration
- Resistance to change and transitions in routines
- Often speaks out with irrelevant information or without regard to turn taking rules
- Demonstrates aggressive behavior
- Intimidates and bullies other students
- Regularly absent from school
- Consistently blames others for their dishonesty
- Low self esteem
- Difficulty working in groups
- Demonstrate self injurious behavior
- Can not apply social rules related to others personal space and belongings
- Often manipulative of situations

Adolescents and young adults with EBD are among the *most frequently unemployed individuals with disabilities*. Helping students with EBD make the transition from high school to work or to further education is among the most difficult tasks in special education.

Students who are members of *ethnic minority* groups are disproportionately identified as having EBD. Although the reasons for disproportionality have not been identified unambiguously by research, multicultural special education is considered essential.

There is *no standardized test for EBD* as there is for intelligence or academic achievement. Standardized behavior rating scales and procedures for observing and evaluating problem behavior are available, but EBD is a matter of judgment that the student's behavior is seriously problematic and in need of change.

1.2 Types of EBD

Some emotional or behavioral disorders manifest themselves outwardly. Externalizing behaviors constitute an acting-out style that could be described as aggressive, impulsive, coercive, and noncompliant.

Emotional or behavioral disorders can be divided into two groups characterized by:

1. Externalizing behaviors
2. Internalizing behaviors

It is important to know that signs which disturb other people are identified more often and earlier. *Teachers must be also alert to internalizing behaviors which are equally serious but are not always identified*, leaving children without appropriate special education services. It may be that teachers are less likely to notice internalizing behaviors because they do not interfere with instruction to such extent as externalizing behaviors.

Externalizing Behaviors

When we think about emotional or behavioral disorders, we probably first think of behaviors that are "out of control" - aggressive behaviors expressed outwardly, usually toward other persons. Some typical examples are hyperactivity, a high level of irritating behavior that is impulsive and distractible, and persistent aggression. Young children who have serious challenging behaviors that persist are more likely to be referred for psychiatric services. Three common problems associated with externalizing behavior are hyperactivity, aggression, and delinquency.

Hyperactivity is a common characteristic of ADHD (ADHD and emotional or behavioral disorders often occur in combination).

Aggression may be turned *toward objects, toward oneself, and toward others*. Aggressive behavior, particularly when it is observed in very young children, is worrying because of its strong correlation with long-term problems (dropping out of school, delinquency, violence). A pattern of early aggressive acts beginning with annoying and bullying, followed by physical fighting, is a clear pathway, especially for boys, to violence in late adolescence.

Delinquency, or juvenile delinquency, is defined by the criminal justice system rather than by the medical or educational establishments. Delinquency consists of the commission by juveniles of *illegal acts, which could include crimes such as theft or assault*. Although some children who are delinquent have emotional or behavioral disorders, many do not - just as some children with emotional or behavioral disorders are delinquent but many are not. However, it is very important to understand that many of these children are at great risk for being involved with the criminal justice system.

Internalizing Behaviors

Internalizing behaviors are typically expressed by being socially withdrawn. Examples of internalizing behaviors include

- Anorexia or bulimia
- Depression
- Anxiety

Serious **eating disorders** that usually occur during students' teenage years are anorexia and bulimia. These disorders occur because of individuals' (typically girls') preoccupation with weight and body image, their drive for thinness, and their fear of becoming fat. Many causes for these problems have been suggested; they include the media's projection of extreme thinness as the image of beauty and health, competition among peers, perfectionism, personal insecurity, and family crisis. Regardless of the cause, teachers can help by spotting these preoccupations early and seeking assistance from the school's support team or school nurse.

It is often difficult to recognize **depression** in children. Among the components of depression are guilt, self-blame, feelings of rejection, lethargy, low self-esteem, and negative self-image. These tendencies are often overlooked and/or may be expressed in behaviors that appear to signal a different problem entirely. Because children's behavior when they are depressed often appears so different from the depressed behavior of adults, teachers and parents may have difficulty in recognizing the depression.

Anxiety disorders may manifest themselves as intense anxiety upon separation from family, friends, or a familiar environment; as excessive shrinking from contact with strangers; or as unfocused, excessive worry and fear. Anxiety disorders are difficult to recognize in children.

Children with internalizing behavior problems, regardless of the type, *tend to be underidentified*, and this leaves many of them at risk of remaining untreated or receiving needed services later than they should.

Examples of externalizing and internalizing behavior problems

| Externalizing behaviors | Internalizing behaviors |
|--|---------------------------------|
| Violates basic rights of others | Exhibits painful shyness |
| Violates social norms or rules | Is teased by peers |
| Has tantrums | Is neglected by peers |
| Steals; causes property loss or damage | Is depressed |
| Is hostile or defiant; argues | Is anorexic |
| Ignores teachers' reprimands | Is bulimic |
| Demonstrates obsessive/compulsive behaviors | Is socially withdrawn |
| Causes or threatens physical harm to people or animals | Tends to be suicidal |
| Uses lewd or obscene gestures | Has unfounded fears and phobias |
| Is hyperactive | Tends to have low self-esteem |
| | Has excessive worries |
| | Panics |

Besides the two broad subcategories of externalizing and internalizing problems, *EBD includes many other types of disorders*. There are several subcategories of difficulties: attention and activity disorders, *conduct disorders* (which may be either over aggression, or covert antisocial behavior), special problems of adolescence (which include delinquency, *substance abuse*, and *early sexual activity*), anxiety, depression, and schizophrenia. Many types of disorders can occur together. A case in which a particular individual exhibits simultaneous occurrence of disorders is described as comorbid. In fact, multiple or comorbid disorders are more common than are single difficulties.



Note

Conduct disorder is a psychological disorder diagnosed in childhood or adolescence that manifests itself through a repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate norms are violated. These behaviors are often referred to as "antisocial behaviors." Conduct disorder is classified in the DSM (DSM-V is the fifth edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders).

1.3 Interventions and instruction

Intervention based on *behavioral principles* is the most effective way of responding to EBD. Other interventions may appeal to one's intuition or tradition, but they tend to be less reliable and may make problems worse. Behavioral principles emphasize instruction in how to behave, support of desirable behavior, and other primarily positive interventions, although effective, nonviolent, and appropriate punishment procedures may sometimes be necessary.

Psychopharmacology plays an increasingly important role in managing EBD. The role of drugs can be overplayed or misunderstood, but medication is clearly important not only in managing such problems as attention deficit hyperactivity disorder (ADHD),

depression, bi-polar disorder, and schizophrenia but also in making students with these disorders more accessible to instruction.

Violence in schools is recognized as a serious problem; however, few schools make use of what is known about violence prevention. Get-tough policies and harsh punishments for aggression, the usual responses, are mostly counterproductive. The best approaches include school-wide behavior monitoring and behavior management procedures that emphasize careful monitoring, clear expectations, reward for desirable behavior, and nonviolent negative consequences for behavioral infractions. The placement of too many students with EBD into the general education classrooms is not feasible.

1.4 *The International Statistical Classification of Diseases and Related Health Problems*

The International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10) is the European coding of diseases and signs, symptoms, abnormal findings, complaints, social circumstances and external causes of injury or diseases, as classified by the World Health Organization (WHO).

EBD is related especially to the Chapter V: Mental and behavioural disorders, F90-F98.

(F90–F98) Behavioural and emotional disorders with onset usually occurring in childhood and adolescence

(F90) Hyperkinetic disorders

(F91) Conduct disorders

(F91.0) Conduct disorder confined to the family context

(F91.1) Unsocialized conduct disorder

(F91.2) Socialized conduct disorder

(F91.3) Oppositional defiant disorder

(F93) Emotional disorders with onset specific to childhood

(F93.0) Separation anxiety disorder of childhood

(F93.1) Phobic anxiety disorder of childhood

(F93.2) Social anxiety disorder of childhood

(F93.3) Sibling rivalry disorder

(F94) Disorders of social functioning with onset specific to childhood and adolescence

(F94.1) Reactive attachment disorder of childhood

(F94.2) Disinhibited attachment disorder of childhood

(F94.9) Childhood disorder of social functioning, unspecified



Study Questions

1. How do we define and characterize emotional or behavioral disorders?
2. Characterize the two groups of EBD.
3. What are the conduct disorders?
4. Describe the possibilities of EBD intervention.
5. Describe the EBD in relation to the ICD-10.



Summary

Emotional and/or behavioral disorders (EBD) is a broad category which is used commonly in educational settings to group a range of more specific perceived difficulties of children and adolescents.

Emotional or behavioral disorders can be divided into two groups that are characterized by externalizing behaviors and internalizing behaviors. Three common problems associated with externalizing behavior are hyperactivity, aggression, and delinquency. Examples of internalizing behaviors include anorexia or bulimia, depression and anxiety.

Besides the two broad subcategories of externalizing and internalizing problems, there are several subcategories of difficulties: e.g. attention and activity disorders, conduct disorders, delinquency, substance abuse, early sexual activity, schizophrenia. Many types of disorders can occur together.

Intervention based on behavior principles is the most effective way of responding to EBD. Psychopharmacology also plays an increasingly important role in managing EBD.

The International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10), is the European coding of diseases and signs. EBD is related especially with the chapter V: Mental and behavioural disorders, F90-F98 (behavioural and emotional disorders with onset usually occurring in childhood and adolescence).



Recommended Literature

ICD-10 Chapter V: Mental and behavioural disorders. In: *Wikipedia: The Free Encyclopedia* [online]. 2013 [cit. 2013-08-15]. Dostupné z:

[http://en.wikipedia.org/wiki/ICD-](http://en.wikipedia.org/wiki/ICD-10)

[10 Chapter V: Mental and behavioural disorders#F90-F98](http://en.wikipedia.org/wiki/ICD-10_Chapter_V:_Mental_and_behavioural_disorders#F90-F98) [Behavioral and emotional disorders with onset usually occurring in childhood and adolescence](http://en.wikipedia.org/wiki/ICD-10_Chapter_V:_Mental_and_behavioural_disorders#F90-F98).

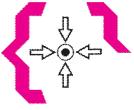
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SMITH, D.D. Emotional or Behavioral Disorders Defined. *Education.com* [online]. 2010 [cit. 2013-08-15]. Dostupné z:

<http://www.education.com/reference/article/emotional-behavioral-disorders-defined/>.

2 INSTITUTIONAL CARE



Objectives

The chapter covers the system of social and legal protection of children in the Czech Republic as well as institutional and juvenile correctional education. Then it focuses on the institutional care founded by the Ministry of Education and types of facilities, and deals with the other social services. The main objective of this chapter is to provide basic information about the system of institutional care.



Workload

3 hours



Important Keywords

- Social and legal protection of the children
- Institutional and juvenile correctional education
- Institutional care
- Institutional upbringing
- Protective care
- Preventive educational care
- Diagnostic institute
- Children's home
- Children's home and school
- Institutional treatment institute
- Social services

2.1 Social and Legal Protection of the Children

At the age of 18, a person becomes adult. This is when, according to the Czech Civil Code, a person becomes *fully (legally) capable of exercising one's own rights and take responsibilities*. According to the Czech Constitution, once a minor reaches the age of 18, he/she obtains the right to vote and, according to the Act on Family, is allowed to enter into marriage.

Age of 15 is also a crucial milestone since it means the end of compulsory education and the children under 15, or over 15 but still going to school, are not allowed to work. After turning 15, the young person according to the Czech Criminal code becomes *criminally responsible*.

Act on social and legal protection of the children is a fundamental act on protection of minor children. The Act defines a child to be in danger in the following situations:

- a) the parents died or do not fulfill their paternal duties or do not implement or they abuse rights stemming from their paternal responsibilities;
- b) a person to whom a child was given to care does not fulfill the duties related to it
- c) the children considered to be in danger are those who lead immoral or idle life by not attending school, not working, consuming alcohol and drugs, engaging in prostitution, committing crimes or, if they are younger than 15 and commit crimes that would be classified as criminal acts, repeatedly or systematically commit offences or in some other way endanger civil life;
- d) who ran away from their parents or from persons or institutions responsible for their care;
- e) who were the victims of criminal act which endangered their lives, health, human dignity, moral development or property or in case of doubt that such acts have been committed
- f) if these signs continue for a certain period of time or are of such intensity that they affect children's development in a negative way or can be the reason for a negative development of the children.

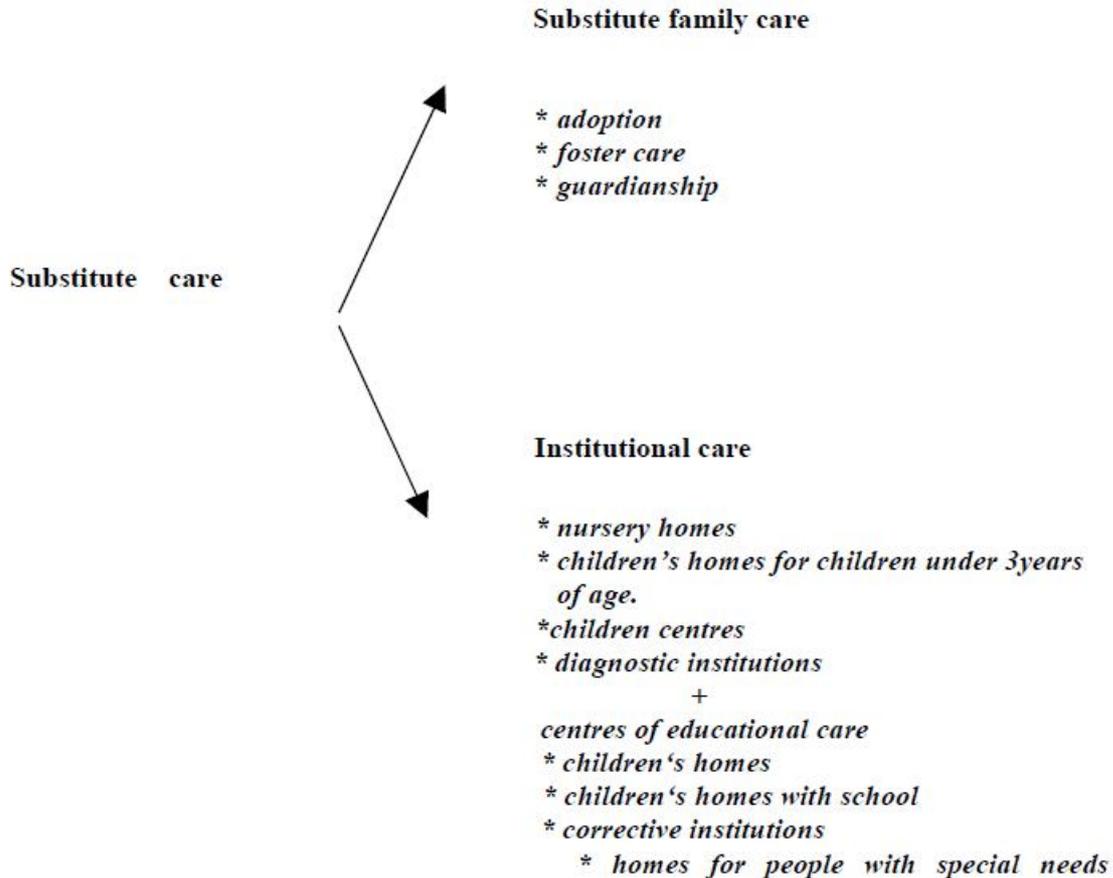
In the cases when a minor is in danger, there is a range of provisions in competency of **bodies of social and legal protection** of the children and the courts. Such bodies exist at several levels of the public administration (national, district but also with the Ministry of Labor and Social Affairs), but the key role is played by the District offices where there are Departments of social and legal protection of the children.

Within legal requirements, they provide social counselling, preventive measures, suggest to the court provisions for protection of the children and represent children in courts and other institutions.

Based on this legislation there is a system of bodies which deal in *youth at risk*. One of such bodies is the *Body for Social and Legal Child Protection at municipality offices*. Their agenda consists of field social work, social and legal counseling and social and legal protection of the children. They are supposed to actively look for children whose parents or other persons responsible for them do not fulfill duties given by the laws or are dangerous for the children's upbringing. They work with such persons and try to help them remove the causes and consequences of the problems. They also deal with the foster care agenda. To separate children from problematic families and put into the institutional care is almost the only measure they can use in the case of children in serious danger.

Another body is the **curator for the youth** who deals the children manifesting problematic behavior such as running away from home. Also s/he deals with children or youth released from the institutional or compulsory care in order to help them to be admitted to schools or jobs. S/he cooperates with schools, job offices, employers etc.

Attachment no. 2 – Scheme of the System of Substitute Care in the Czech Republic



2.2 Institutional care

Institutional care in the Czech Republic has repeatedly been the focal point of criticism due to the high number of children placed in institutional care and the lack of alternative solutions for at-risk families.

In 2009, the number of children placed in institutional care in the Czech Republic was 9,844 children in 229 educational and 34 healthcare establishments.

Institutional care should be the *'last resort' solution to a child's situation*. Before it issues an order for a child to be institutionalised, a court is obliged to investigate whether the substitute family care could be used instead; if the grounds for institutional care cease to exist after a child has been institutionalised, the court shall cancel it; and moreover, courts are obliged to examine whether the grounds for institutionalisation persistence every six months.

The system of care for children deprived of parental care in our country is realized within the five ministries - Ministry of Health, Ministry of Education, Youth and Sports, Ministry of Labour and Social Affairs, Ministry of Justice and Ministry of Interior.

Within the government districts (region-municipality-municipality with extended activity), there are particular offices and institutions that deal with children deprived of parental care; their main goal is the social and legal protection of children.

Besides the state sector whose role is principal within the system of care concerning children deprived of parental care, there is a number of **non-governmental organizations** complementing the activities of the state sector.



Note

*In the Czech Republic, the children who cannot be brought up in their own biological family are offered the so-called **substitute care** which includes substitute family care (adoption, foster care, guardianship) and institutional care.*

Procedures related to placing a child in institutional care

Three possibilities result in placing a child in institutional care:

1. *Judicial decision* - court can order institutional upbringing or charge protective care for a child.
2. In a case of imminent threat to life and limb, the child is placed in an institution on the basis of a *preliminary ruling* when the court has to make a decision on the child's placement within 24 hours from filing the application of a body with responsibilities for the social-legal protection of children.
3. A less frequent form is then an *agreement* between the parents and the institution.

2.3 Reasons for placing children in the system of institutional care

List of seven reasons for placing a child in the system of institutional care (ordered from the most to the least frequent):

- poor engagement with education,
- neglect, abuse and battering of children,
- parents' criminal activities,
- parents' alcoholism,
- the family's low social economic level,
- mother's prostitution,
- being orphaned.

Usually, the reasons are divided into three **categories** (especially in institutions of health sectors):

1. *Health reasons*, e.g. abandoned children, children with congenital defect and disabled children. On the other hand, the reason for placing a child into institutional care can be caused by factors that disable a family from fulfilling their educational and nurturing function, such as death, serious illness or the long-term hospitalization of the child's parents. Such serious family situations require the immediate admission of a child into the adequate institution.

2. *Social reasons* are the most common reasons evoked by family malfunction, or family breakdown. Such a family is not able to provide the child with either the maintenance and support, nor the ability to satisfy their basic emotional and developmental needs. These families are usually separated, affected with alcoholism and drug addiction, stigmatized by promiscuity, have absence from work and/o have welfare dependency. These reasons also correspond with the list of seven most common reasons above.
3. The last category is combined *health and social reasons* which include all the above mentioned factors.

A special and the most vulnerable group includes the children that have been placed in institutional care at a very young age (many of them as soon as they are born). In most cases, these *children's parents are young, immature individuals lacking life experience and responsibility, and whomanifest sings of social pathology, and cannot expect help from their wider families*. These parents themselves often grew up in a disharmonious environment or in institutional facilities. Such parents' children are often left unattended, at worse the child's health and development is directly endangered by emotional, physical or sexual abuse.



Note

There are cases where there is questionable logic concerning the aforementioned right to respect the family life and the course taken by courts in which biological parents are "punished" for their failures and, in spite of the any corrective work in their behaviour and their proven interest in contacts with their child (-ren), and despite their ability to provide a home for their child. In the following case, the courts in their decision making did not investigate what activities had been undertaken by the bodies of social and legal protection in their work with the biological families in the period before the orders to institutionalise the children were issued.

Example: Decision of the District court in region XY dated July 30, 2010 released a mother from responsibility for and deprived her of parental rights to a minor son who was placed in institutional care because the mother was an alcoholic. She did not take due care of her minor son although the son had always been in good health, and had not shown any symptoms of neglect or maltreatment. While the boy was placed in institutional care, he repeatedly came to see his mother for several-day visits. Since August 2009, the boy had been in the care of a family who would like to adopt him. In spite of the fact that, evidentially, the mother has abstained from alcohol since October 2009 (she had gone through alcoholism treatment), that she had a job, her housing situation was stable and that she had shown great interest in contact with her minor son, the bodies of social and legal protection have granted her limited visitation rights in the presence of third parties only once every three months. In this case, not only did the social and legal protection authority fail to take any steps towards the reunification of the parent and the child, the authority moreover told the mother that it was in the interest of the minor child to be adopted by the family where the boy was temporarily placed because the material background of the family was markedly better than the material situation of the mother. As the decision in question was issued by a court of first instance, it was appealed and the appeal is to be heard by the Appellate Court at an early date.

2.4 Institutional care founded by the ministry of education

The largest complex of institutions ensuring institutional care is founded by the Ministry of Education, Youth and Sports. These institutions *provide institutional upbringing and protective care as well as preventive educational care*. The institutions executing institutional upbringing and protective care ensure care to the children and youth of 3 to 18/19 years, or longer until the end of vocational training if necessary.

- **Institutional upbringing** is a ruling proposed by a body of social and legal protection of children and approved by the court. It is executed in those cases when the child's family is not able or willing to properly care, and it is not possible to ensure the custody of the child in any other reasonable way.
- **Protective care** is a kind of protective measures. The juvenile court may impose protective care if the custody of the juvenile is not properly ensured and the lack of proper upbringing cannot be corrected in his/her own family or in the family, with which he/she stays, if the hitherto upbringing of the juvenile has been neglected, or if the environment, in which the juvenile lives, does not warrant his/her proper education, and if a judgement imposing institutional upbringing according to the Family act is not sufficient.
- **Preventive educational care** represents the provision of special-educational and psychological services to children at the risk of behavioural disorders or with already developed manifestations of behavioral disorders and negative phenomena of social development, on whom institutional upbringing or protective care is not imposed, to persons responsible for upbringing and educationists.

Purpose and activity of the facilities

- Ensuring the basic right of the child to education within international conventions on human rights.
- Support of the full development of a child's personality and character.
- The purpose of the facilities is to provide a child (of 3–18/19 years of age) on the basis of a court order with supplemental institutional treatment in the interest of his/her healthy development, proper education and instruction.
- The purpose of preventive educational facilities, which are components of the system, is to avoid the origin and development of negative manifestations in the behaviour of a child or disruption of his/her healthy development, and to limit or eliminate the consequences of already established behavioural disorders.
- The facilities provide the care otherwise provided by parents or other persons into whose care the child has been entrusted.
- They also provide care to children who are not citizens of the Czech Republic – 'the children-foreigners without accompaniment'.
- They can provide care also to persons without support or means between 18 (19) and 26 years of age provided that they are preparing for a future career.
- They provide an opportunity for religious education with respect to the family tradition and cognitive abilities of the child.
- For children with severe behavioural disorders, elementary and secondary schools with corresponding educational programmes are established in the educational facilities.

- For reports, the schools use forms and stamps with the name and address of the school without the name of the educational facility **in an attempt to avoid stigmatising the child.**

Types of Facilities

- Diagnostic institute (children's diagnostic institute /CDI/, diagnostic institute for youth /DIY/); 14 facilities – a capacity of 530 – an average of 38 children per DI
- Children's home (CH); 150 facilities – a capacity of 5,310 – an average of 35 children per CH
- Children's home and school (CHS); 29 facilities – a capacity of 1,030 – an average of 35 children per CHS
- Institutional treatment institute (ITI); 34 facilities – a capacity of 1,426 – an average of 42 children per ITI
- A TOTAL of 227 facilities with a capacity of 8,296 children

Organisation of the Facilities

- In a children's home and children's home and school, the organisational units are family groups:
 - children's home: 6–8 children
 - children's home and school: 5–8 children
- In a diagnostic and institutional treatment institute, the organisational units are educational groups:
 - diagnostic institute: 4–8 children
 - institutional treatment institute: 5–8 children
- In a facility (in one building or complex), a minimum of two and a maximum of six educational groups can be organised.

Diagnostic institute

The institution placing children in the appropriate type of facilities on the basis of results of a *complex examination* is the diagnostic institution. This institution ensures care also to the children *detained on the run* from other facilities. The other areas of the diagnostic institution is placing children suffering *behavioural disorders* on the basis of their parents or other persons liable for their education. In such cases it is preventive educational care.

A child's stay in the institution usually lasts *8 weeks*. The diagnostic institutions and their educational groups may be subdivided according to the child's age and sex.

The institution ensuring care to the children who have not fulfilled compulsory school attendance is called the *diagnostic institution for children*; the institution for children who have already fulfilled compulsory school attendance is called the *diagnostic institution for youth*;

- accepts a child from the field, subsequently places and transfers him/her according to the space available into a children's home, children's home and school, and institutional treatment institute (with an attempt to accommodate the wishes of the child)

Children's home

A further educational institution providing care for the children of 3 to 18 years of age ordered to enter institutional care *who do not suffer from serious behavioural disorders*, are the children's homes whose providers are the responsible regions. The children's homes care for the children and youth who cannot grow up in their own families for serious reasons, and could not be adopted or placed in another form of substitute family care.

The children's homes carry out educational, teaching and social tasks based on the wards' individual needs. The children's homes may also admit mothers under legal age with their children:

- primarily instructional, educational and social tasks
- care for children without serious behavioural disorders
- education at schools which are not its component
- children of usually 3–18 (up to 26) years of age
- possibility of placement of also underage mothers with children

Children's home and school

The institutions caring for children with *serious behaviour disorders*, temporary or permanent mental disorder, or charged with protective care, and for and mothers under legal age and their children, consist of the children's homes with school; and for children over 15 years of age the corrective institution.

In the children's home with schooling are usually placed those children over 6 years of age until the end of their compulsory school attendance. If during his/her stay the reasons for placing the child at the school at the children's home cease to exist, the child may attend a school not belonging to the children's home. If he/she cannot study at a secondary school outside the institution for serious reasons, or if he/she cannot find a job, a child may be transferred into a corrective institution:

- care for children with institutional care or juvenile correctional education with more significant behavioral disorders usually in the age of elementary school attendance
- separate institutes or groups for the provision of institutional care and juvenile correctional education
- possibility of placement of underage mothers with children
- education normally at a school which is part of the home
- children in the age from 6 to the completion of compulsory school attendance
- If educational problems continue, the child is usually transferred to an institutional treatment institute.

Institutional treatment institute

A corrective institution cares for children over 15 years of age suffering from *serious behavioural disorders* to whom institutional upbringing or protective care may be ordered. The institution may admit also a child over 12 years of age if he/she is charged with protective care and shows such behaviour disorders that he/she cannot be placed in a children's home with school. The same applies to the children over 12 years of age with ordered institutional upbringing. The separate corrective institutions are founded for those children who have received orders for institutional upbringing and those charged with protective care:

- care for children over 15 years of age with severe behavioural disorders with court-ordered institutional care or juvenile correctional education

- possibility of care also for children older than 12 with education in a juvenile correction institution, exceptionally even children with institutional treatment (particularly severe behavioural disorders)
- separate institutes or groups for the provision of institutional and juvenile correctional education
- An elementary or secondary school is established at the institutional treatment institute.

Children with extreme behavioral disorders

The children are placed in institutional treatment institutes established for this purpose, or in educational groups at normal institutional treatment institutes when:

- they repeatedly leave the facility without permission, during which they commit a crime,
- they are aggressive with signs of a mental disorder,
- they are aggressive with signs of drug addiction,
- they are habitual offenders.

The dominant parts of the programme are corresponding psychotherapeutic and sociotherapeutic techniques of both an individual and group character. When working with a group, three members of the pedagogical staff are present, one of whom is a teacher assistant.

Centres of educational care

The educational institutions for *preventive educational care* are the centres of educational care which are usually a part of the diagnostic institutions.

The centre ensures versatile care to the children and youth with high-risk behaviour and to youth discharged from institutional upbringing at their integration into the society. That are for the children and youth upon whom institutional upbringing or protective care has not been imposed.

The centre provides information and consultation for the persons liable for education, employees of pre-school, school and educational facilities in the field of education.

2.5 Social services

Social services help people live a normal life - they enable them working, shopping, attending school and places of faith, participating in leisure time activities, taking care of themselves, their home, etc. The services aim to maintain the highest possible quality and dignity in their lives. Social services are provided to individuals, families, as well as to groups of people.

Social services are administered to people in adverse social situations if the people are permanent or long-term residents of the Czech Republic. The most numerous groups of beneficiaries are, particularly, the elderly, people with disabilities, families with children however also, people living on the fringe of society for various reasons.

Social services mediate assistance in the client's self-care, provide meal, accommodation, assistance in running a household, care and assistance with bringing up a child; the services also provide information, mediation of contact with social environments, psychotherapy and social therapy, assistance in ensuring of a client's rights and interests.

Social services providers:

- *Municipalities and regions* work to form suitable conditions for the development of social services, in particular by researching people's real needs and the resources necessary to satisfy such needs, besides that they set up organisations to provide social services.
- *Non-governmental non-profit organisations and individuals* who provide a wide spectrum of services are also important social services providers.
- *The Ministry of Labour and Social Affairs* is the incorporator of five specialized social care institutions.

Social counselling

Gives people the necessary information, mediates the follow-up services and offers various possibilities how to solve their problems. Usually, social counselling is a part of all kinds of social services or is provided as an independent service. It is always provided *free of charge*.

Domiciliary care

Provides assistance with the clients' self-care, organising meals and assistance in running a household to people with a limited ability in the area of personal and home care. It is provided in the household and the client participates in the funding of the service.

Personal assistance

The service is intended for people whose capabilities are limited because of disabilities, age or illness for example in the areas of personal care, use of public places, household care, contact with family and broader society. The service is provided in the environment where the individual lives, works, etc. Personal assistance services include reading, interpreting and guiding services. The user participates in the funding of the service.

Respite care

Respite care especially involves the assistance to families that take all-year-long care of a disabled person or senior. The provider supplies services to the individual at times when the family members are at work, on holiday, do common errands outside the home, etc. The care is provided in the household or in specialized residential institutions (day care or short-term stays of up to three months). The user participates in the funding of the service.

Day care centre and week care centre

Are intended for people whose capabilities are limited, particularly in the areas of personal care and household care and who cannot live at home on a daily basis without someone else's assistance. Providing temporary housing may be part of the service. The user participates in the funding of the service.

Stays in homes for the elderly and homes for the people with learning disabilities

Are intended for people whose capabilities are limited, particularly in the areas of personal care and household care and who cannot live at home in this situation. Providing housing in accommodation that is specifically designated for such a

purpose and substitute homes for the users are a part of the service. The service is not restricted by time. The user participates in the funding of the service.

Protected and supported housing

This service is intended for the people whose capabilities are limited, particularly in the areas of personal care and household care and who want to live independently in the standard environment. Providing housing in an apartment that represents a home for the client, is managed by the provider and is part of a standard housing complex, is a part of the service. The client participates in the funding of the service.

Early intervention services

Are oriented on entire families with a young child whose development is at risk because of a disability or illness. The service includes the use of educational, social and health care measures. The objective is to return or maintain the parents' competence to bring up the child and create suitable conditions for the child's development. The services are provided in the household and specialised day care institutions, usually free of charge.

Shelter services

Are intended for homeless people who are interested in acquiring their own housing. The aim of the service is to provide temporary accommodation together with the counseling and realisation of methods in order to obtain housing and improve living conditions. The services are provided in specialised asylum institutions. The user usually participates in the funding of the service.

Half-way houses

Halfway houses offer temporary residence services for persons up to 26 years of age, who leave educational facilities for institutional or protection care after reaching their majority. In some cases, they provide services also for persons from other institutional facilities for children and youth care. The services provided include the following: accommodation, mediation of contact with social environment, therapeutical activities and assistance in advocacy of rights and interests. The services are charged.

Hostels

Are intended for homeless individuals who are only interested in overnight stays. No active interest in obtaining their own housing is required. The service involves, primarily, a shelter for the night and possibly food but also the provision of information on the following social services available for the resolution of problems. The user usually participates in the funding of the service.

Emergency assistance (including crisis beds)

This is an urgent kind of assistance for people who fail to cope alone with a bad experience or situation in life in the time period necessary. The assistance in crisis is a short-term service provided non-stop that includes a crisis bed within reach. It is usually provided free of charge.

Outreach programmes

These are programmes for minority groups and people at the risk of poverty (social exclusion). They are intended for people who abuse addictive substances, live in

undignified or risky situations, live in an environment that is affected by socially pathological phenomena and are directly at risk from such phenomena. The objective is to provide better orientation in the social environment and create conditions for solving their problems. The service is provided free of charge in places where people in such situations are found most frequently.

Low-threshold services for children and minors

The service is intended for children and minors facing the risk of social exclusion, in particular the "street kids". Most often this is a street job. The social worker support is directed towards offering a meaningful way of spending free time and assistance in the neglected family or those with personal problems. The low-threshold character of the service is understood to mean the opportunity to use the service without the necessity to fulfil conditions such as presenting proof of identity, complying with a regular schedule or obligation to participate in the activities on offer. The service is provided free of charge.

Services in contact centres for drug addicts

The service is intended for people who abuse addictive substances, live in undignified conditions or in a risky way and whose lifestyle leads to their failure or refusal to solve their negative social situation. The principle of the service is to create conditions for establishing contact and, if requested, providing information and advice on how to solve their problems. The service is provided free of charge.

Therapeutic communities

The service is intended for people who are addicted to substances (and have received detoxification treatment) and are interested in changing their lifestyle and returning to normal life. The service is provided in a residential institution with a set regime. The length of stay in the therapeutic community is usually a maximum of one year. The client participates in the funding of the service.



Study Questions

1. Define the social and legal protection of children.
2. Give the reasons for placing children in the system of institutional care.
3. Describe the institutional care system founded by the Ministry of Education, Youth and Sports and characterize the main facilities.
4. Name the other social services.



Summary

Act on Social and Legal Protection of Children is a fundamental act on protection of minor children. In the cases when a minor is in danger, there is a range of provisions in competence of bodies of social and legal protection of the children and youth at risk.

Institutional care should be the 'last resort' solution to a child's situation. Before it issues an order for a child to be institutionalised, a court is obliged to investigate whether substitute family care could be used instead. There are some reasons for

placing children in the system of institutional care, usually they are divided into three categories: health reasons, social reasons and both combined.

The largest complex of institutions ensuring institutional care is founded by the Ministry of Education, Youth and Sports. These institutions provide institutional upbringing and protective care as well as preventive educational care to the children and youth of 3 to 18/19 years. Types of facilities: diagnostic institute, children's home, children's home and school, institutional treatment institute and centres of educational care.

Also, there are various social services that complement the system.



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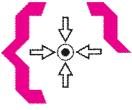
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3 CZECH PROBATION AND MEDIATION SERVICE



Objectives

The chapter deals with the Probation and Mediation Service of the Czech Republic. It introduces the mediation and probation (parole), characterizes some alternative punishments, which are under the administration the Probation and mediation service - community service and home detention. It presents mediation measures for juveniles.



Workload

2 hours



Important Keywords

- Probation and Mediation Service of the Czech Republic
- Objectives of the PMS activity
- Principles of probation and mediation service work
- Supervision by probation officer
- Probation
- Parole
- Community service
- Home detention
- Mediation measures for juveniles
- Juveniles
- Minors

3.1 Probation and mediation service

The Czech PMS is a new institution in criminal policy and is based on the cooperation of two professions – social work and law, in particular criminal law. A balanced merger of the two professions creates a new multi-disciplinary profession in the criminal justice system.

The PMS is a government body and is funded by the government. **The Ministry of justice** is the government department with responsibility for probation and mediation.

Act No. 257/2000 Coll. establishes the Probation and mediation service.

Probation means organising and performing supervision over the accused, charged or convicted offenders, supervision over the execution of non-custodial sentences, including licence conditions – restrictions and duties, monitoring of conditionally released offenders during their trial period, individual assistance to the accused and influencing him/her to lead proper life and fulfil conditions ordered by

the court or state attorney and thus restore the impaired social as well as legal relations.

Mediation means out-of-court solution of disputes between the accused offender and the victim aiming to settle the conflict and performed in relation to the criminal proceedings. Mediation requires explicit consent of both the victim and the offender.

Objectives of the PMS activity

1. **Offender integration** – the Probation and Mediation Service aims to reintegrate offenders back to the community with no further re-offending. Integration is a process leading to the restoration of offender's respect for the legal status of the society, his/her capability and self-actualisation.
2. **Victim participation** – the PMS strives to involve the victim in the „process“ of his/her own restitution, to restore his/her feeling of safety, his/her integrity and confidence in justice.
3. **Community protection** – the PMS contributes to community protection with effective solution of conflict and risk situations related to criminal proceedings and with efficient execution of alternative sentences and measures.

Principles of probation and mediation service work

- *transparency* - to give account to relevant bodies of the criminal justice process about the progress of work with the client, and to provide clients with accessible information about the system and the circumstances in which they find themselves as a result of the offence;
- *individualization* - the approach to work with clients derives from their individual needs and interests and the circumstances of the case;
- *timeliness of intervention* - contact with clients has to be established at the earliest possible stage of criminal proceedings;
- *equal opportunities* - endeavour to balance needs and interests among the offenders, the victims and the community with the aim of finding a mutually acceptable solution to the case;
- *motivation* - secure active participation of clients in redressing the effects of crime. The offender is supported in obtaining resources and skills that will enable him to change his previous patterns of behaviour, which led him into conflict with the law. The victim is offered the opportunity to influence actively the conditions and methods of reparation.

3.2 Mediation

➤ What is Victim/Offender mediation within criminal proceedings?

Mediation (VOM) is *out-of-court settlement of a criminal conflict between a victim and an offender with a use of a third person – the mediator*. It provides both parties with an opportunity to express their feelings, expectations and needs triggered by the offence. It also allows for a speedy and acceptable agreement on damage compensation. Mediation is voluntary for both parties.

➤ How can Victim/Offender Mediation benefit the victim?

The victim has a chance to express his/her needs and concerns related to the mitigation of consequences of the offence. S/he can obtain important information related to the criminal proceedings and in particular to the compensation of damages. Mediation offers the victim an opportunity to directly „inform“ the offender about what s/he has done and thus accomplish not only material but also inter-personal settlement of the harm caused.

➤ How can Victim/Offender Mediation benefit the offender?

The offender has a chance to express his/her needs and concerns, but also his/her obligations and accept responsibility for compensation of the damage caused. Personal contact with the victim gives the offender an „opportunity“ to realize what his/her actions have caused. S/he can explain the circumstances of the offence apologize to the victim and offer adequate damage compensation.

The state attorney or the judge can reflect the mediation results in his/her decision. S/he can for example discontinue the criminal prosecution or suggest or approve other alternative measures or sanctions. In case the criminal prosecution is discontinued, the judge's or state attorney's decision does not entail registering of the offence in the offender's criminal record.

➤ What happens in Victim/Offender Mediation?

Mediation has the form of a meeting between the offender and the victim. The mediator assumes a role of an impartial facilitator. Individual interviews with the victim and the offender usually take place before the joint meeting.

3.3 Supervision by probation officer

➤ What is supervision and what is its purpose?

Supervision is a measure that judges/public prosecutors impose if they believe it to be important to *monitor and check the behavior of offenders for a period of time*. Supervision consists of professional guidance and assistance provide to offenders to help them change their behaviour. It leads to a reduction in the risk of repeated offences (recidivism), thereby protecting society from further criminality.

➤ Who conducts supervision?

Supervision is performed by probation officers or assistants of the Czech Probation and Mediation Service (PMS) centre at the location where offenders live or reside long-term.

➤ How does supervision take place?

Supervision means regular personal contact between offenders and probation officers that take place at the PMS centre. Probation officers are also entitled under the law to visit the offender at home at any time during the course of the supervision. Supervision is first and foremost a means to check that the terms and conditions of a sentence that a judge or public prosecutor imposed together with supervision are being observed. Probation officers also offer help to offenders with resolving problems, such as finding and keeping work, arranging the possibility of treatment of addictions, or resolving debt, including how to pay reparations for the committed

crime. Supervision also includes efforts by probation officers to have offenders take responsibility for their behaviour and deal with the consequences of their crime. Supervision takes place in the way set out in the probation supervision plan, which is compiled by probation officers in cooperation with offenders.

- How are judges/public prosecutors informed about the course of the supervision?

Information about the course of the supervision is submitted by probation officers at least once every six months to the respective judge or public prosecutor. Offenders are entitled to review the content of their respective reports.

- What happens if offenders fail to adhere to supervision?

Failure to observe court-imposed supervision can be a reason to order offenders to carry out the sentence that had been conditionally suspended or for which they had been put on parole. Offenders may again be arrested and returned to prison if they fail to adhere to the terms and conditions of the supervision.

- When can judges/public prosecutors impose supervision on offenders?

Judges/public prosecutors can impose supervision if they issued decisions on the following:

- Conditional withholding of a sentence
- Conditional conviction
- Conditional release from prison (parole)
- Release from treatment
- Imposition of supervision as part of a community punishment order (community service)
- Supervision by probation officers instead of a prison sentence
- Imposition of educational measures on a minor or child younger than 15 years of age.

3.4 Parole

- What can I gain from meeting a PMS officer?

In cooperation with the Czech PMS staff – officers or assistants, you can acquire information that the court may find useful when deciding about your application for parole (with supervision). Thus, you can participate in defining the contents of the supervision, which the court may prescribe to your parole. Supervision means your regular personal contact with a PMS officer and consistent monitoring of your adherence to other duties and limitations, which the court might prescribe.

- In which case should I contact the Czech PMS?

It is sensible to contact a PMS center in case the court is likely to append supervision or other adequate duties and limitations (e.g. a duty to compensate for damages, undergo addiction treatment, restrain from visiting a specific place etc.) to your release from prison on parole.

If you are considering cooperation with PMS, first contact your tutor, social worker or another professional from the department where you are serving your sentence and s/he will advise you on how to contact the PMS. Prison staff is well informed about

our services and they can also help you fill in the „Request to start cooperation with PMS“.

3.5 Home detention

➤ What is meant by home detention

A home detention sentence is a new form of alternative sentence that has been used in Czech judicial practice since January 2010. This alternative sentence restricts the personal freedom of offenders (they have to stay inside their place of residence during a specified period of time), but also gives them freedom under certain stipulated conditions.

A home detention sentence can be imposed for up to *two years*. Offenders are obliged under a court decision to *remain inside the residence where they live during a specific period of time on both weekdays and holidays*. If the offender breaches the agreed conditions of the sentence, the court may change the home detention sentence to a prison sentence, with each day of the home detention sentence not served equalling one day of imprisonment.

A home detention sentence may be imposed by the court under the condition that the offender makes an oath in writing that he or she will stay at a certain address and will provide any and all cooperation during home detention controls. Control of the home detention sentence is provided by a probation officer through a random home visits or in cooperation with a provider of electronic monitoring system.

➤ My rights while serving the home detention sentence

Prior to serving my home detention sentence, I have the right to attend to family and social matters.

While serving my home detention sentence, I have the right to continue to go to work, attend religious services regularly or visit my medical facility as needed for necessary treatment and related operations (these facts are taken into account when determining the specific period in which the home detention sentence is to be served).

I may request a change of location for serving the home detention sentence for serious reasons, which I will document.

I may request that the home detention sentence be suspended for serious reasons such as health reasons (e.g., stays at hospitals or treatment facilities) or family reasons (childcare).

3.6 Community service

➤ What is meant by community service

Alternative sentences that can be imposed by courts in the extent of *50-300 hours (adults) and 50 -150 hours (youth)* for certain offences, i.e., negligent crimes or intentional crimes for which the law imposes prison sentences of up to five years.

Community service must be performed in person, for no remuneration, in one's own free time, no later than within two years of the day when the court ordered execution of this sentence.

Community service sentences are carried out in favour of municipalities or government or other public interest institutions.

As soon as the sentence is served or the rest of the sentence pardoned with final force, the offender on whom the sentence was imposed is deemed to have not been convicted, i.e., the court annuls the conviction (deletes the record from the criminal register).

- What happens if I breach the terms and conditions of the community service sentence

If I fail to duly serve the community service sentence and avoid the work, the court may decide to change the portion of the community service sentence not served to unconditional imprisonment or home detention, with each hour of the community service sentence not served equalling one day of unconditional imprisonment or home detention.

3.7 Measures for juveniles

1. **Educational measures** (i.e. probation supervision; probation programme);
 - a. *educational obligations* such as to live with one's parents, to pay a certain amount to the Crime Victims Fund, do up to 60 hours of community beneficiary work; damage compensation; attempts to reach a settlement with the victim; addiction treatment; attendance of a social skills training programme; psychological counselling etc.;
 - b. *educational restrictions* such as not to visit certain events or unsuitable environments, not to meet certain people, not to use addictive substances, not to gamble, not to change one's place of residence without reporting it to the probation officer etc.; final warning.
2. **Protective measures** (i.e. special treatment, seizure of a thing, protective youthful and young offenders rehabilitation social training).
3. **Criminal measures** (i.e. community service, pecuniary measure with or without conditional suspension of sentence, banishment, probation under supervision with or without conditional suspension).

Minors below the age of 15 can be sentenced (pursuant to § 92 of the Youth Justice Act) to the following measures:

- *probation supervision*,
- therapeutic, psychological or educational *programme* delivered in an outpatient school facility,
- adjudicated protection in a reformatory *institution* (ordered to minors above 12 years who committed a very serious offence).

The duration of measures is not limited, depending on the individual situation of each case. The court can remove measures at any time.

PMS plays a significant role in preparing the conditions for imposing and implementing educational measures that can be imposed on juveniles (15–18 years of age) and children less than 15 years of age. These educational measures can be imposed by the state prosecutor already in pre-trial proceedings or can be applied as complementary to specific types of proceedings (particularly diversions).



Study Questions

1. Characterize the nature of the Probation and Mediation Service of the Czech Republic. What are its objectives and principles?
2. Define the terms probation and mediation.
3. Explain the term parole.
4. Describe community service and home detention.
5. What are the measures for juveniles?



Summary

The Probation and Mediation Service is a new institution in criminal policy and is based on the co-operation of two professions – social work and law, in particular criminal law. Probation means organising and performing supervision, mediation means out-of-court solution of disputes. Objectives of the PMS activity are offender integration, victim participation and community protection.

The PMS provides: mediation, supervision by probation officer, parole, home detention, community service and measures for juveniles.

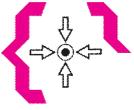


Recommended Literature

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4 RISKS OF ELECTRONIC COMMUNICATION



Objectives

This chapter deals with the risks associated with the use of mobile phones, blogs and chat-based services. It characterizes other risks of electronic communication – cyberbullying, cyber grooming, child sexual abuse images, sexting, online gambling and gaming, spam, phishing and pharming, viruses and malware. Positive teaching strategies are presented as well. The main objective of this chapter is to characterize the risks of electronic communication.



Workload

2 hours



Important Keywords

- mobile phones
- blogs
- chat-based services
- cyberbullying
- cyber grooming
- child sexual abuse images
- sexting
- online gambling
- online gaming
- spam
- phishing
- pharming
- viruses and malware
- positive teaching strategies

4.1 *Mobile phones, blogs, chat-based services*

Developments in mobile technology have been rapid in recent years. As mobile phones have evolved into an alternative and more personal way to access online content and services, **all of the risks associated with the internet can also be applied to mobile phones**, particularly when used by children and young people.

The issue of **revealing too much personal information** is one of the greatest concerns associated with online technologies today. Risks include increased chances of *online harassment or cyberbullying, inappropriate online contacts*, increased chances of *being located in the real world*, and *identity theft*.

Blogs

Put simply, a blog is *an online diary or journal, created and published by an individual or a group*. Variations are vlogs, in which users post video alongside their commentaries, and moblogs in which blogs are updated using mobile phones.

For both of the examples given, users must be at least 13 years of age.

Blogs give their author a place to air their opinions, comment on current affairs, share their hobbies and interests, or just post random observations of the world at large.

Used without care, blogs can reveal **too much personal information** about the author, or be **hurtful or damaging to others**.

Chat-based services

The internet offers fantastic opportunities to communicate with others. Whereas online communication used to focus predominantly on email, chatrooms and instant messaging (IM) services.

Popular services are *Skype* and *MSN Messenger*, and many *social networking sites*, such as Facebook, MySpace and Hyves, now offer chat facilities as part of their service. Equally, many online gaming sites aimed specifically at younger users – such as Club Penguin and Moshi Monsters – also feature elements of chat.

Some of the key issues to be aware of when using chat-based services are outlined below:

- **Revealing too much personal information:** The issue of revealing too much personal information is one of the *greatest concerns* associated with online technologies today. Risks include increased chances of online harassment or cyberbullying, inappropriate online contacts, increased chances of being located in the real world, and identity theft.
- **Respecting the privacy of others:** It is never acceptable to ‘borrow’ another person’s identity online, or use their password to access online services.
- **The race for social status:** All too often, popularity is equated to the number of online ‘friends’ a person has. Because of this, children and young people may feel pressured to accept – or indeed seek out – contacts that are not known to them in the real world.
- **Being unkind, hurtful, damaging or offensive to others:** Chat-based services have unfortunately been associated with *cyberbullying*. Additionally, online conversations – particularly in unmoderated services - can sometimes stray into topics that are inappropriate or offensive to others.
- **Stranger danger:** Online *grooming* has also been associated with online chat. *Paedophiles* have been known to use chat services – often posing as youngsters themselves – to initiate conversations with potential victims. They use a range of techniques to gain the trust and confidence of the young person – sometimes over a period of months – to prepare the way to meeting in person. As the trust grows, the paedophile may ask young people to send inappropriate images or perform sexual acts on webcam, using these as a tool for future blackmail as an additional way of gaining power over their victims.

4.2 Cyberbullying

Cyberbullying – sometimes also called *online bullying* – can be defined as the **use of technology, and particularly mobile phones and the internet, to deliberately hurt, upset, harass or embarrass someone else.**

It can be an extension of face-to-face bullying, with the technology offering the bully another route for harassing their victim, or can be simply without motive. It is important to note at the outset that cyberbullying does not just refer to children and young people – *teachers and parents can also be victims.*

Cyberbullying can occur using practically **any form of connected media:**

- nasty text and image messages using mobile phones,
- unkind blog and social networking posts,
- emails and instant messages,
- malicious websites created solely for the purpose of intimidating an individual.

Cyberbullying **differs** from other forms of bullying in several ways:

- it can invade the home and personal space of the victim,
- the potential size of the audience is much greater,
- upsetting messages or images can be spread at great speed,
- there is difficulty in controlling and/or removing anything posted or circulated electronically.

For practical help, it is very useful to know that **most cases of cyberbullying are connected with the traditional school bullying.** The role of aggressors and victims in school bullying are usually carried over into cyberspace. Besides, most victims know their aggressor. Czech research in 2009 showed that *80% of the attackers came from the class or the school of the victims.*

Kinds of cyberbullying

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.

1. Direct Attacks

- Instant Messaging/Text Messaging Harassment
- Stealing Passwords
- Blogs
- Web Sites
- Sending Pictures through E-mail and Cell Phones
- Internet Polling
- Interactive Gaming
- Sending Malicious Code
- Sending Porn and Other Junk E-Mail and IMs
- Impersonation

2. Cyberbullying by proxy

- Cyberbullying by proxy is when a cyberbully gets someone else to do their dirty work. Most of the time they are unwitting accomplices and don't know that they are being used by the cyberbully. Cyberbullying by proxy is the most dangerous kind of cyberbullying because it often gets adults involved in the harassment and people who don't know they are dealing with a kid or someone they know.
- The most typical way a cyberbullying by proxy attack occurs is when the cyberbully gets control of the victim's account and sends out hateful or rude messages to everyone on their buddy list pretending to be the victim. They may also change the victim's password so they can't get into their own account.

The key difference between cyberbullying and face-to-face bullying is that it can be **relentless in its nature**.

Positive teaching strategies

Teachers need to be proactive with regards to cyberbullying and pupils should be given opportunities to discuss these difficult issues.

➤ Take action

Young people need to know that they should take prompt action if they are being bullied online.

The following tips are taken from the European Commission website, Keep Control specifically designed to help children and young people keep control of their online lives:

- Don't reply to messages that are meant to harass or upset you. This is likely to encourage the bully.
- Keep the message: you don't have to read it, but keep it as proof of harassment. It is vital to have a record of the incident when you look for help or want to report it.
- Report problems to people who can do something about it. You can take control by not putting up with offensive content or by reporting it to the website owners when you come across it. Incidents that could be illegal should be reported to the authorities.
- Block the sender. You don't have to put up with someone harassing you - block unwanted senders!
- Tell someone you trust. Talking to your parents, friends, a teacher, youth leader is usually the first step in dealing with any issue.
- Respect yourself and respect others - being online is very public and very real, although it doesn't always feel that way. Know your rights! Be creative! Be yourself! Be in control!

➤ Talk often

The most important online safety strategy, regardless of the technology or issue involved, is to maintain an open dialogue with pupils about their digital lives.

Schools should have robust acceptable use policies which refer to all users and there should be clear guidance about what is acceptable.

Sadly there have been several well documented cases where children and young people have **committed suicide** as a result of cyberbullying, and pupils should be in no doubt about how quickly cyberbullying can get out of control. They should realise also that once they post a single comment, they lose control of it and of what might

follow. Some examples of well-known cases are listed in this Wikipedia web article – these can be a good starting point for discussion.

- **Let them know it's OK to block or disconnect**
- **Support for staff:** It is not just children and young people who are susceptible to cyberbullying. The emergence of new websites that allow users to post comments anonymously about others has led to many teachers becoming victims. Fake social network profiles, inappropriate comments or online discussions have all caused problems. Similarly, teachers have been challenged for comments that they have made about pupils and parents on social sites. It is important for all staff and pupils to realise that these are public places and that there are consequences for the materials that they post.
- **Know where to get help and advice if things do go wrong**
- **Useful resources:** There are a number of useful resources available to help schools to deal with cyberbullying and to be proactive in their approach to it (**e-bezpečí**).



Note

If the cyberbullying affects students and happens during teaching or during a school programme, then the school is responsible to provide a direct treatment for cyberbullying. Trained staff determines on the basis of stages and forms of bullying whether the school alone is capable to solve the problem or whether they need to see a specialist.

If the cyberbullying does not happen during teaching and does not take place at school, then the teacher is not the one who will directly address the problem. When considering punishing the attacker, a lawyer needs to be consulted. Bullied students should be provided with an advice on how to protect themselves immediately, how to secure the evidence, and to whom to turn. It is always necessary to map the relationships in the classroom, where the victims of cyberbullying are. The goal is to determine whether there is already on-going school bullying.

4.3 Cybergrooming

Cyber grooming (child grooming, grooming) represents the **internet users' behaviour (predators, cyber groomers) which is supposed to raise false confidence and make victim come to a secret personal meeting.**

The sexual abuse of the victim, physical violence or child prostitution and pornography abuse might be the results of this rendezvous which means that cyber grooming is a kind of psychological manipulation carried out through the Internet, mobile phones and other relevant technologies.

Cyber grooming is often subject to synchronous and **asynchronous communication platforms**, most often public chat, internet dating, instant messengers and VoIP (e.g. ICQ, Skype) and recently also social networks (Facebook, Twitter, MySpace, Bebo and others). Cyber grooming takes place by lot of researches (CEOP2, 2008 and more) most often in instant messengers' environment (56% of cases) and social networks environment (11,4% of cases). Internet predators, however, except these communication environments use also

advertising portals, where they offer various opportunities of employment or career to children (e.g. in modelling). They also often visit portals geared to infant Internet users (children's portals, leisure activities portals, gaming portals and other sites).

Victims and attackers

Cyber grooming victims are children and young people usually **aged 11-17 years, girls more often than boys.**

In recent years, cases of cyber grooming occurred at some of the social networks (Facebook, MySpace, Twitter etc.) have become more prevalent.

Among the most common victims are:

- a) Children with *low self-esteem and lack of self-confidence*(it is easier to emotionally or physically isolate them),
- b) Children with *emotional problems*, victims in need (often seeking compensation for their parents and needing a helping hand),
- c) *Naive and excessively trusting children*(they are willing to engage in online conversations with strangers, it is more difficult for them to recognize the risk communication),
- d) *Adolescents/teenagers*(interested in human sexuality, they are willing to talk about it).

Cyber attackers (predators) are a heterogeneous group in which we can find both low and high social status users (lawyers, teachers, police officers). In many cases the victim knows the offender and is dependent on him (in 85-95% of cases), often the attacker is also a victim's family acquaintance.

Stages of child's manipulation

Mental manipulation within the cyber grooming is in progress usually a long time – from about 3 months to several years. This time is directly dependent on the type of manipulation and the gullibility of the victim. There are cases when a predator manipulated a child for 2 years before the personal meeting and sexual abuse.

The process of manipulating the child goes through four basic phases (preparation of the contact - contact with the victim - a preparation for a personal appointment - a personal meeting), during which the attacker uses a large number of techniques and procedures.

1. Preparation of the contact:

- False Identity
- False Authority

2. Contact with a victim, establishing and deepening the relationship

- The effect of mirroring
- Trying to get as much personal information about the victim (fishing)
- Shaping of victims
- Luring and bribing the victim
- Reducing barriers of children and young people by introducing a sexual content to the conversation
- Attempts to isolate the victim from the vicinity

3. Preparing for a personal appointment

- The technique to overcome the age difference between an attacker and a victim
- Threatening and blackmailing a victim

4. A personal meeting

- Continued manipulation
- An assault on the victim



Note

Cyber grooming (child grooming) as a term is unknown to criminal law (law no. 40/2009 Coll.), therefore is not defined as a criminal offense. However, following offenses may be included here:

- *Human beings trafficking - sentence of 2-10 years.*
- *Infringement of personal liberty - sentence of 2 years.*
- *Blackmail - imprisonment from 6 months to 4 years.*
- *Sexual abuse - sentence 1-8 years.*
- *Production and other handling of child pornography - imprisonment for upto 2 years.*
- *Abuse of a child to produce pornography - sentence 1-5 years.*
- *Endangering child care - imprisonment for up to 2 years.*
- *Fraud - imprisonment for up to 2 years.*
- *Dangerous threats - imprisonment for up to 1 year.*
- *Dangerous stalking - imprisonment for up to 1 year.*

Cyber grooming protection

Except for the technical possibilities, the most effective defence against cyber grooming is prevention. This resides especially in good awareness of teachers and pupils about the dangers of this manipulation.

Basic rules for children and youth

1. Don't be fooled by the promises of virtual attackers (they can promise you love, continuing relationship in the real world, money, gifts, etc.). Remember that people online may lie!
2. Pay attention to inconsistencies in communication with cyber attackers (for example, an attacker explains his different age as the information he told you about himself before, etc.).
3. Realize why someone would want to maintain the relationship at all costs or the content of Internet communications secret.
4. Set your personal boundaries with regard to sex. Do not accept nor do send materials of a sexual nature to other users.
5. In the virtual environment, do not tell anyone your personal information (especially don't send your photos).
6. Never go to a personal meeting without your parents knowing. Remember what might happen to you at the meeting and how risky appointment it can be.
7. Be careful of who you talk to and about what you talk. The Internet communication seems anonymous, but it is not. For instance, you do not want to be traced down

by your “Internet acquaintance” in a real world, or forced to do something you do not want.

4.4 Child sexual abuse images

There is currently much debate about the definition of **child pornography** and, indeed, whether it should be termed child pornography at all: **the word pornography suggests consensual sexual activity, possibly for commercial gain.**

The issue here is clear: any pornographic image of a child or young person indicates that that child had been harmed or abused, while the act of sharing that image again and again further contributes to the violation and degradation of the subject of that image.

Child sexual abuse images have also been linked to the *grooming* process – this is the term used to describe the act of paedophiles befriending and influencing a child with the intent of sexually abusing that child.

It is illegal to create, transmit or possess a sexual image of a minor. Many young people are therefore committing a crime through their actions, perhaps without knowing.



Note

Definitions of illegal material, and the offences that relate to them, vary from country to country. Article 9 of the Council of Europe Convention on Cybercrime (CETS No: 185) defines offences relating to child pornography as follows:

- *producing child pornography for the purpose of its distribution through a computer system*
- *offering or making available child pornography through a computer system;*
- *distributing or transmitting child pornography through a computer system;*
- *procuring child pornography through a computer system for oneself or for another person;*
- *possessing child pornography in a computer system or on a computer-data storage medium.*
- *For the purposes of the offences outlined above, the term 'child pornography' includes material that visually depicts:*
 - *a minor engaged in sexually explicit conduct;*
 - *a person appearing to be a minor engaged in sexually explicit conduct;*
 - *realistic images representing a minor engaged in sexually explicit conduct.*

Positive teaching strategies

It is important that pupils understand the potential links between sexting and more serious issues. Many *paedophiles* use sexting images (which are sometimes available on social networking profiles) in order to blackmail victims into providing more harmful images of themselves and others.

- **Use case studies as examples**
- **Be aware of possible signs:** Be aware of possible signs that sexting images are being circulated around the school, such as pupils huddled around a mobile device.
- **Choose your location wisely:** Where possible, encourage parents to try to locate the PC in an open space in the home. This allows them to keep a check on what's appearing onscreen, and deal with any issues that may emerge.
- **Use of parental control tools:** Parental control software for filtering online activities will typically offer filtering and blocking by a range of categories, and should block illegal content by default.
- **Let them know it's OK to block or disconnect**

4.5 Sexting

Sexting is the term used to describe the sending of sexually suggestive or explicit messages or photographs, typically via mobile phone. While normally consensual in the first instance, sadly many images end up widely circulated or posted online, especially when relationships end. The originator quickly loses all control over the images, often with embarrassing, and potentially devastating consequences.

There can also be serious legal consequences of sexting for young people: it is against the law to create, transmit or possess a sexual image of a minor. Some young people are therefore *committing a crime* through their actions, perhaps without knowing. There have even been cases (particularly in the US) of young people being prosecuted for such activities.

Positive teaching strategies

It is important for young people to have an awareness of their self and the potential risks to their reputation through their general online activities, and as teachers, we must support them in this process: Interesting evidence from Insafe Awareness Centres suggests that many young people are much more likely to talk to a teacher or trusted adult at school about this sort of thing than their parents and so teachers need to be prepared to offer support and guidance.

4.6 Online gambling and gaming

The terms 'online gambling' or 'internet gaming' encompass gambling using any digital means, be that PC, TV or a mobile device (such as a mobile phone or smartphone).

Unlike online gaming, where the fun of the experience is the main draw, gambling is *always about money or possessions*.

Addiction to gambling is a recognised psychological condition, with treatment programmes available in many countries.

Gambling is illegal for minors but, unfortunately, this doesn't mean that it does not occur.

Impact on health and welfare

A key concern is the impact on health and welfare that addictive tendencies for online gambling may have. Negative aspects include the length of time spent online, lack of sleep, and the associated impact on offline activities and relationships.

Online gaming

An online game is a **game played over a computer network, using a PC with the internet, via an internet-connected games console or on a handheld device such as a mobile phone or smartphone.**



Note

Online gaming has become big business in recent years, and many games have a huge following the world over. To give some examples, Farmville – a popular social game on Facebook, claimed 11.5 million active users within two months of launch. Likewise, World of Warcraft (WoW) – one of the best-known MMORPGs – reported over 12 million subscribers in October 2010. WoW is currently available in eight languages and is played in North America, Europe, mainland China, Korea, Australia, New Zealand, Singapore, Thailand, Malaysia, Indonesia, the Philippines, Chile, Argentina, and the regions of Taiwan, Hong Kong, and Macau, demonstrating the truly global nature of online gaming.

There are concerns that online gaming may have **addictive effect**, with players being distracted from regular every-day activities to attend to the crops in their virtual farm or to progress to the next level in their favourite MMORPG.

Impact on behaviour, health and welfare

A further concern is the impact on behaviour, health and welfare that online gaming may have. *Negative aspects* typically associated with gaming include the length of time spent online, disturbed sleep patterns, and the associated impact on offline activities and relationships.

Various research has tried to establish the *link between playing games and violent behaviour*. Despite some media reports to the contrary, no scientifically valid causal link has yet been established. Instead, it is likely that other social factors have much more of an influence on an individual's actions.

4.7 Other risks

Spam is the term used to describe unwanted emails that are typically distributed in bulk. Spam messages will typically contain commercial content – examples include pornography, pharmaceuticals, dubious financial transactions, or 'too good to be true' offers.

Spam can also be used to launch **phishing** attacks where users are sent emails tricking them into 'updating' their personal details online via fake website (imitating a bank or similar).

Pharming is the term used to describe the process of redirecting users to a fraudulent copy of a legitimate website, again with the aim of stealing personal data and passwords for criminal intent.

It is also increasingly common to receive SMS spam on mobile phones. A related term – spim – is used to describe spam attacks using instant messaging services.

Malware is the term given to malicious software that has been designed to secretly access a computer network or system, without the owner's consent. The term includes viruses, worms, adware, spyware, or any other form of malicious or unwanted software.

Once there, malware usually causes some unexpected and undesirable result, ranging from being intrusive or annoying (in the case of adware), to compromising your personal information (in the form of keystroke-logging spyware used for identity theft), or outright destructive (in the form of viruses which might destroy system files of impact upon the operation of your system).

Normally a **virus** enters your computer through a spam email or attachment. A virus can move or damage your files, consume your computer's memory and cause your computer to behave strangely.



Study Questions

1. Describe the possible risks associated with the mobile phones, blogs, chat-based services.
2. Describe the cyberbullying and cyber grooming and give the positive teaching strategies.
3. Give the differences between sexual abuse images and sexting.
4. Describe the possible risks of online gambling and gaming.
5. Do you have any personal experience with some negative phenomena associated with using the information technologies?



Summary

Mobile phones, blogs, chat-based services have dangerous aspects: revealing too much personal information, being unkind, hurtful, damaging or offensive to others, online grooming.

Cyberbullying can be defined as the use of technology (particularly mobile phones and the internet) to deliberately hurt, upset, harass or embarrass someone else. It can be an extension of face-to-face bullying, with the technology offering the bully another route for harassing their victim.

Cyber grooming represents the internet users' behaviour (predators, cyber groomers) which is supposed to raise false confidence and make victim come to a secret personal meeting. The sexual abuse of the victim, physical violence or child prostitution and pornography abuse might be the results of cyber grooming.

There is much debate about the definition of child pornography: the word pornography suggests consensual sexual activity, possibly for commercial gain. Child sexual abuse images have also been linked to the grooming process.

Sexting is the term used to describe the sending of sexually suggestive or explicit messages or photographs, typically via mobile phone.

The terms 'online gambling' or 'internet gambling' encompass gambling using any digital means, be that PC, TV or a mobile device. An online game is a game played over a computer network, whether using a PC over the internet, via an internet-connected games console or on a handheld device such as a mobile phone or smartphone. There are concerns that online gaming may have addictive tendencies. Other risks are for example spam, phishing and pharming, malware, viruses.



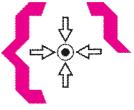
Recommended Literature

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5 SCHOOL BULLYING



Objectives

The main objectives of this chapter are to define and characterize school bullying, to present its specific forms, stages of bullying and warning signs. Students also learn some possibilities of non-specific and specific prevention of school bullying.



Workload

2 hours



Important Keywords

- School bullying
- Physical bullying
- Verbal bullying
- Relational (social) bullying
- Stages of bullying
- Ostracism
- Totalitarianism
- Victim
- Non-specific prevention
- Specific prevention

5.1 School bullying

School bullying is a very old phenomenon, certainly as old as school itself. However, its scientific understanding is relatively recent.

Bullying is repeated aggressive behavior that can be physical, verbal, or relational. Boys frequently bully using physical threats and actions, while girls are more likely to engage in verbal or relationship bullying.

In the Czech Republic, the situation is best mapped in elementary schools with children between 6 and 15 years of age, the incidence of bullying has been found to be **around 20 percent**. Empirical research also indicates that a similar unfavorable situation exists in high schools with students between 15 and 18 years of age.

Bullying can take on many forms:

Physical bullying

- Punching, shoving, tripping, stalking or throwing objects at a person
- Touching or making sexual comments
- Stealing or destroying another person's property
- Forcing another person to do something he or she doesn't want to do

Verbal (written)bullying

- Name calling, such as using sexist, racist or homophobic slurs
- Insulting physical and mental abilities, health issues or religious beliefs
- Making frightening telephone calls and writing harmful notes

Relationship (social)bullying

- Spreading rumors, gossiping and sharing personal information publicly
- Intentionally excluding or dropping a person from a group
- Getting people to gang up or band together to attack others

5.2 Stages of bullying

Bullying evolves from the first “embryonic” form, the so-called *ostracism* stage, to a perfect, fifth stage – *totalitarianism*. To *respect stages of bullying is very important* for the treatment of bullying for at least three reasons:

- a. There is a fundamental difference in the investigation and first aid – partial treatment in the initial (i.e. first, second and third stages) and advanced (i.e. fourth and fifth) stages of the impacted group.
- b. Overall treatment of the group has its own specifics for each stage.
- c. These stages allow to select various experts that can provide qualified assistance (first contact experts, specialists).

Stages of bullying developed by Kolář:

1. First stage: The birth of ostracism

This stage includes *mild, mostly psychological forms of violence*, when the marginal member of the group does not feel well. She/he is unpopular and ignored. The others more or less reject him/her and don't talk to him/her, slander him/her, concoct intrigues against him/her, and is unvoluntarily indulged in “little” horseplay, etc. This situation is already an embryonic form of bullying and includes the risk of further negative development.

2. Second stage: Physical aggression and escalating of manipulation

In stressful situations, when the tensions within the group are rising, the ostracized students will serve as a lightning rod. Their classmates vent negative emotions and feelings on them concerning, for example, an expected hard written exam or a conflict with a teacher or simply from the fact that going to school is bothersome. *Manipulation is increasing and at first, mostly subtle physical aggression appears.*

3. The third stage (pivotal moment): Creating a nucleus

A group of aggressors arises, the so-called *striking core*. These “virus” multipliers (disseminators of virus) begin to collaborate and systematically (no longer at random) bully the most convenient victims. In the beginning, the victims become those who are already proven objects of ostracism. These are the students who are at the bottom of hierarchy, i.e. the “weak” ones.

4. Fourth stage: The majority accepts norms

Norms of aggressors are adopted by the majority and they become an unwritten law. At this time, an informal pressure to conform is gaining new dynamics and only very few could stand up against it. The members of the group overwhelmed by the “virus” are beginning to create an alternative sort of identity that is entirely dependent on the leaders. Even the tame and disciplined students begin to behave brutally. They get actively *involved in bullying of a classmate* and find it satisfying.

5. Fifth stage: Totalitarianism or perfect bullying

Violence is accepted as a norm by all the class members. Bullying has become a group programme. Figuratively speaking, here comes an era of “*exploitation*”. Students are divided into two groups of people, “slave masters” and “slaves”. Those in the first group have all the rights; the ones in the second group have none.



Note

Dr. Michal Kolář is a psychotherapist who has been dealing with bullying for more than 30 years. He created a special theory and methodology for the diagnosis of bullying at schools and the intervention to stop it. He also works with the International and European Observatories on School Violence.

5.3 Victims of bullying

Bullies tend to pick on people who are “*different*” or *don't fit in with the mainstream*. The reasons may be the following: dress, single act, race, religion, or sexual orientation.



Note

These strategies should also be used with other strategies to keep you safe:

General Strategies:

- *Look confident (assertive body language) by standing tall and holding your head up.*
- *Don't appear hurt or angry. Keep your facial expressions neutral but serious.*
- *Don't run away, unless you are in danger. Move closer, turn sideways and have non-threatening eye contact.*
- *Maintain good balance by keeping your feet shoulder width apart.*
- *Hold your arms beside your body. Don't hold your arms up like you want to fight.*
- *Using a strong but calm voice make your assertive comment and then walk off confidently. If you can't walk off, then start a conversation with someone else.*

Specific Strategies:

- *Make an assertive statement: Say "Stop it!" with a serious face and serious but calm voice. Or say "This is a waste of my time. I'm out of here." (Walk off confidently. If you can't, start a conversation with someone.)*

- *Fogging-(admit the characteristic) soft verbal comebacks. For example, "Allan, you sure are fat." You could say, "You're right, I need to lose weight." (Walk off confidently. If you can't, start a conversation with someone.)*
- *Admit the Obvious – point out that the bully sees the obvious – "Wow! He noticed I have big ears." (Walk off confidently. If you can't, start a conversation with someone.)*
- *Broken record – repeat "What did you say?" or "That's your opinion." or "So." (Walk off confidently. If you can't, start a conversation with someone.)*
- *Confront bully concerning his/her spreading lies/rumors. (Walk off confidently. If you can't, start a conversation with someone.)*
- *Expose the ignorance of the student who bullies you. For example, if he is bullying you because of your medical problem or disability, tell him the facts about it. (Walk off confidently. If you can't, start a conversation with someone.)*
- *Give permission to tease "Well, it's okay to say what you want. It doesn't bother me." (Walk off confidently. If you can't, start a conversation with someone.)*
- *Use sense of humor (do not make the bully feel like he/she is being laughed at). For example, if the bully says, "You sure do have big ears." You could say, "I know; sometimes I feel like I am an elephant." (Walk off confidently. If you can't, start a conversation with someone.)*
- *Make an asset of characteristic. For example, one boy was teased because he lost his hair due to cancer treatments. He said, "Well, I guess Michael Jordan and I are alike, we both don't have much hair." (Walk off confidently. If you can't, start a conversation with someone.)*
- *Throw something and run when you are at risk of being hurt or you are in danger.*

The warning signs

Most bullying occurs away from adults when kids are alone in hallways or, for example, on the way home from school.

Victims:

- physical complaints
- worried, angry, moody
- nightmares
- declining schoolwork
- withdrawal from friends, activities

Aggressor:

- Frequently becomes violent with others
- Gets into physical or verbal fights with others
- Gets sent to the principal's office or detention a lot
- Has extra money or new belongings that cannot be explained
- Is quick to blame others
- Will not accept responsibility for his or her actions
- Has friends who bully others
- Needs to win or be best at everything

5.4 Prevention

A. Non-specific prevention

An important basis for effective help is to understand bullying as a **relationship breakdown in the group**. From this perspective, the best defense and the best prevention is an educational community, which means building open, friendly, and safe relationships (however even the best democratic community cannot essentially stop the bullying).

B. Specific prevention

1. Each school needs to have their **own special preventive programme** that can detect bullying in the early stages and can treat it effectively (not only for bullying, but also for using drugs).
2. **The frame educational programmes:**
 - Educational Area Humans and Health (Health Education)
 - Complementary educational fields (Ethical education)
 - Cross-Curricular Subjects (Personal and Social Education, Multicultural Education, Media Education)
3. **Preventive activities** realized (guaranteed) by police (especially one-day lectures and activities), nongovernmental non-profit organizations (especially long-term activities, focusing on bullying, drugs, risky sexual behavior etc.)



Note

My daughter, age 15 is the victim of a queen bee. She attends a small public school that is dedicated to the Performing Arts. One has to audition to get accepted into this school. Her former best friend began socially rejecting her the day my daughter was accepted into the school. This girl had auditioned one year earlier and had begun the program one year ahead of my daughter. As soon as my daughter became a student at this school, her former best friend stopped talking to her. She has tremendous influence over the other girls in the school. The student body is so small that it is difficult to find friends outside one small group of girls. The Queen Bee started rumors about my daughter, and has influenced the others to reject my daughter. I have tried unsuccessfully to help by talking to the girls's parents, talking to the school counselor, getting therapy for my daughter, etc. etc. Just today, one of my daughter's teachers blamed her for her social awkwardness. She was told, that she is an "elitist" and that her social isolation is her own fault! I am at my wits end. I do not want this bully to win and have to pull my daughter out of the program. She worked hard to get there. Nobody seems to take this situation seriously.

I'm a 16 year old africanamerican girl, I was bullied in school. I literally only had one friend and we would hardly talk. Kids would call me names all the time, no one would sit with me or even talk to me. People acted as if I had a disease or something. Even when I had gym, I never went into the bathroom to change until almost everyone was gone. I never ate in the lunchroom and I would say I was sick, so I could go to the nurse and avoid the people and my bullies in the classrooms. In school, I would sit in the corner far away from everyone .I couldn't even go out in public without thinking the worst! People called me a lesbian, ugly, stalker, weird, and any other name they came up with. I even tried to tell my school counselor in 9th grade and my other

counselor in 10th grade but they basically called me crazy saying that I heard voices!! WHICH I DON'T! They thought I was hearing voices because when they called my bullies into the office -WITH ME THERE- and the bullies would tell the counselor that "they didn't know me" or, "I never bullied her". I felt like I couldn't talk to anyone so I told my mom she believed the counselors for a while and had me evaluated in various hospitals. The doctors just told her that I was depressed -and not crazy. One day I said "I'm having suicidal thoughts and want to just run out of school", I only said that because I wanted to leave school so bad. Yes I got bullied but I would NEVER end my life. For saying that I wanted to kill myself, my counselor - who already thinks I'm crazy- puts me in a mental hospital called Valley Vista! I spent 9 days there. I got better and I was happy; I made 6 new friends and I used to wear my hair all in my face to hide but now it's all pulled back! THANK YOU Valley Vista for your support! -no sarcasm-. Finally my mom decided enough is enough and sent me to online school but before I went, my school counselor told my mom a lie saying I did all that to get attention and that I was lying about being bullied!! I WAS NOT! Please don't let your kid go through what I went through. If you suspect that counselor is like mine, tell your kid to tell another person - someone trustworthy! Now, because of my counselor, my mom thinks I'm a liar and our relationship is ruined, I don't know what to do?! I just want to say there is hope! Online school was the best choice for me.



Study Questions

1. Define and characterize school bullying, name its forms.
2. What is the prevalence of school bullying in the Czech Republic?
3. Describe the stages of bullying, explain why is it important to recognize these stages.
4. Who can become a victim of bullying?
5. Describe the possibilities of bullying prevention at schools.



Summary

School bullying is a very old phenomenon, certainly as old as school itself. Bullying is repeated aggressive behavior that can be physical, verbal, or relational. In the Czech Republic the incidence of bullying has been determined to be around 20 percent.

Stages of bullying developed by Dr. Michal Kolář: 1. The birth of ostracism, 2. Physical aggression and escalating of manipulation, 3. Creating a nucleus, 4. The majority accepts norms, 5. Totalitarianism or perfect bullying.

Bullies tend to pick on people who are "different" or don't fit in with the mainstream. There are some warning signs.

Non-specific prevention involves an educational community, building open, friendly, and safe relationships. Specific prevention involves: special school preventive program, the frame educational programmes (e.g. subjects Ethical education, Personal and social education), preventive activities realized by state and nongovernmental non-profit organizations (e.g. one-day lectures, long-term activities).



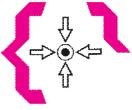
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6 TRUANCY



Objectives

The main objectives of this chapter are to define and characterize school bullying, to present its specific forms, stages of bullying and warning signs. Students also learn some possibilities of non-specific and specific prevention of school bullying.



Workload

2 hours



Important Keywords

- Truancy (playing truant)
- Compulsory education
- Real truancy
- Truancy with the parents knowing
- Truancy with the parents fooling
- Escapes from school
- School refusing
- School solution
- Causes of truancy: individual aspects, family aspects, community issues.

6.1 Truancy

Truancy (playing truant) can be defined as **illegal (unexcused) absence from compulsory education**; absences caused by students of their own free will, and usually does not refer to legitimate "excused" absences, such as ones related to medical conditions.

According to psychologists, *truancy at primary schools is on the rise* and it's becoming more and more difficult to tackle the problem. They say it concerns mostly those children whose parents have no time for them.

Truancy mostly concerns 14 or 15-years-old pupils.

It is estimated that *truants form around 70 percent of clients in pedagogical counseling centres.*

In big cities, especially in *Prague*, where they live in anonymity, many pupils rely on their parents not learning about the truancy for a long time. The problem is equally dangerous in *regions with high unemployment.*

In more serious cases, when a child misses dozens of lessons, their absence may be reported to the police and then their parents *are held responsible for their truancy.*

Types of truancy:

- a) Real truancy
- b) Truancy with the parents knowing
- c) Truancy with the parents fooling
- d) Escapes from school
- e) School refusing

Why does truancy matter?

1. Pupils' non-attendance is directly correlated with *academic achievement*.
2. Truancy and persistent school absenteeism have been adversely linked with *lower levels of pupils' self-esteem, career ambitions, and their subsequent quality and economic status in adult life*.
3. The link between truancy and (*delinquency*) crime has been established for over 100 years.
(In one study, the Youth Justice Board found that 65 per cent of truants had committed criminal offences; truants were found to be more likely to smoke, drink and use illegal drugs than non-truanting pupils; in another study, over 80 per cent of young offenders committed the offence which led them to being jailed whilst truanting from school; the Los Angeles County Office of Education identifies truancy as the most powerful predictor of delinquency; police departments across the nation report that many students not in school during regular hours are committing crimes, including vandalism, shoplifting, and graffiti).
4. Truancy behaviour is linked with *bullying or challenging behaviour*.

Truancy solution at school:

- less than 10 hours of unexcused absence – educational counsellor, parents,
- more than 10 hours of unexcused absence – school counselling team (educational counsellor, prevention specialist, school psychologist,...), headmaster, educational and psychological counselling centre, Social and legal protection of the children, parents,
- more than 25 - curator for the youth,
- repeated absences – police - parental responsibility, neglect of education (fine, offense), correctional institutions.

6.2 Causes of truancy

Causes of truancy:

- keep changing and become increasingly complex,
- persistent school absenteeism is due to a combination of *social, psychological and institutional factors*,
- *the prime causes are personal, family, school and community-based factors*.
- Individual aspects include:
 - lack of self-esteem, social skills and confidence; poor peer-group relationships; lack of academic ability; special needs; lack of concentration and self-management skills,
- Family aspects include:

- parentally condoned absences, not valuing education, domestic problems, inconsistent or inadequate parenting, and economic deprivation,
- Community issues comprise:
 - socio-economic factors, location, housing, local attitudes, culture, criminality, vandalism and a sense of feeling safe; within schools, the main issues were poor management, the ease at which some pupils could slip away unnoticed, poor teacher–pupil relations, the school ‘ethos’, the perceived irrelevance of some aspects of the national curriculum, bullying and poor learning–teaching strategies.

6.3 Pupils’ views on attendance

Evidence from the Cazbah study in Wales on pupils’ views on attendance found:

1. There was a definite understanding that missing school or choosing not to attend regularly adversely affected your long-term life chances.
2. Some older pupils felt they did not learn this in time and that work should start at an early age with ‘at risk’ children.
3. Bullying was a common concern among all age groups and a frequently given reason for non-attendance. /Despite this, there is no major study of the link between bullying and truancy. The effects of, for example, cyber bullying on truancy are, as yet, not fully understood or known./
4. Most pupils were aware of the legal requirements of attending school and of the consequences of persistent non-attendance.
5. Many of the older children felt their parents and/or carers were powerless to make them go to school. The children and young people believed they should be given more responsibility for their own attendance.
6. School was seen as a social as well as an education setting, with friendships valued highly.
7. Nearly all young people criticised the use of supply teachers. They were seen as being powerless and ineffective.
8. There appeared to be a fear of raising the school-leaving age to eighteen, though financial allowances would encourage more to stay. Others said it would be acceptable if the school regime, style or school ethos was changed at sixteen to reflect more adult learning.
9. Younger pupils accept, enjoy and appear to respond to school-based reward systems; school trips and certificates or prizes seem to work well.
10. Some young people in the more disenfranchised groups (including truants) felt school was boring and irrelevant.
11. The most common reasons for non-attendance (apart from illness and holidays) were bullying, tiredness, dislike of the teachers/lessons and boredom.



Note

Truant's Day

In Poland, the first day of spring (March 21) is an unofficial occasion popular among children, who traditionally play truant on that day. Similarly, students in the United

States and Canada have Senior Skip Day (commonly called beach day in eastern Canada). The date for skip day varies among different schools.



StudyQuestions

1. Define the truancy (playing truant), name its types.
2. In what age does the truancy mostly occur? What are some pupils' views on attendance and truancy?
3. Why does truancy matter?
4. What might be the reasons for or causes of truancy?



Summary

Truancy (playing truant) can be defined as illegal (unexcused) absence from compulsory education; absences caused by students of their own free will, and usually does not refer to legitimate "excused" absences, such as ones related to medical conditions. Truancy mostly concerns 14 or 15 years old pupils.

Types of truancy: real truancy, truancy with the parents knowing, truancy with the parents fooling, escapes from school, school refusing.

Pupils' non-attendance is directly correlated with academic achievement.

Truancy has its solution at school. There are some causes of truancy: individual aspects, family aspects and community issues.

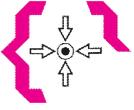


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7 DRUG ABUSE



Objectives

The main objectives of this chapter are to define and characterize drug abuse, to present its specific forms, stages of drug abuse and warning signs. Students also learn some possibilities of non-specific and specific prevention of drug abuse.



Workload

2 hours



Important Keywords

- Drug
- Substance dependence (drug addiction)
- Withdrawal
- Stimulants
- Sedatives and hypnotics
- Opiate and opioid analgesics
- European school survey project on alcohol and other drugs (ESPAD)
- Drug repression
- Drug prevention

7.1 *Drugs and substance dependence*

A **drug** is a substance which may have medicinal, intoxicating, performance enhancing or other effects when taken or put into a human body or the body of another animal and is not considered a food or exclusively a food.

Substance dependence (drug addiction), is a compulsive need to use drugs in order to function normally. When such substances are unobtainable, the user suffers from withdrawal.

Also: When an individual persists in use of alcohol or other drugs *despite problems related to use of the substance*, substance dependence may be diagnosed. Compulsive and repetitive use may result in *tolerance* to the effect of the drug and withdrawal symptoms when use is reduced or stopped.

Withdrawal is the group of symptoms that occur upon the abrupt discontinuation or decrease in intake of medications or recreational drugs.

Examples (and ICD-10 code) of withdrawal syndrome include:

F10.3 alcohol withdrawal syndrome (which can lead to delirium tremens)

F11.3 opioids, including methadone withdrawal

F12.3 cannabis withdrawal
F13.3 benzodiazepine withdrawal syndrome
F14.3 cocaine withdrawal
F15.3 caffeine withdrawal
F17.3 nicotine withdrawal

Drugs known to cause addiction include both **legal and illegal drugs** as well as prescription or over-the-counter drugs, according to the definition of the American Society of Addiction Medicine:

- Stimulants (psychical addiction, moderate to severe; withdrawal is purely psychological and psychosomatic):
 - Amphetamine and methamphetamine
 - Cocaine
 - Caffeine
 - Nicotine
- Sedatives and hypnotics (psychical addiction, mild to severe, and physiological addiction, severe; abrupt withdrawal may be fatal):
 - Alcohol
 - Barbiturates and glutethimide
 - Benzodiazepines, particularly alprazolam, flunitrazepam, triazolam, temazepam, and nimetazepam
 - Z-drugs like zopiclone have a similar effect in the body to benzodiazepines
 - Methaqualone and the related quinazolinone sedative-hypnotics
- Opiate and opioid analgesics (psychical addiction, mild to severe, physiological addiction, mild to severe; abrupt withdrawal is unlikely to be fatal):
 - Morphine and codeine, the two naturally occurring opiate analgesics
 - Semi-synthetic opiates, such as heroin (diacetylmorphine; morphine diacetate), oxycodone, buprenorphine, and hydromorphone
 - Fully synthetic opioids, such as fentanyl, meperidine/pethidine, and methadone

Approximate drug street prices

| NPS | Street price per gram |
|-----------------------|----------------------------|
| Amphetamine | CZK 1500 |
| Ecstasy | CZK 100-500 |
| Hashish | CZK 100-300 |
| Heroin | CZK 800-2500 |
| Cocaine | CZK 1000-3500 |
| LSD | CZK 100-300 |
| Hallucinogens | CZK 100-300 |
| Marijuana - indoor | CZK 170-500 |
| Marijuana - outdoor | CZK 50-250 |
| Methamphetamine | CZK 600-4000 ²³ |
| Opium | CZK 100-200 |
| Subutex (2 mg tablet) | CZK 100-250 |
| Subutex (8 mg tablet) | CZK 300-800 |
| Other drugs | |

7.2 Drug use among young people in the CR

Cannabis continues to be *the most frequently used illicit substance* in the Czech Republic. **Ecstasy** is *the second most frequently used drug*, followed by **amphetamine** and **LSD**. The highest prevalence rates are noted among respondents aged 15–24.

In comparison with other studies implemented since 2008, the results of this survey indicate that the level of illicit drug use among the general population in the Czech Republic is stable, with cannabis and ecstasy having the highest prevalence rates. Results of European School Survey Project on Alcohol and Other Drugs (**ESPAD**) surveys are available from 1995, with the most recent survey from 2011. Lifetime experience of an illicit drug other than marijuana/hashish among 15- to 16-year-olds increased from 4.3 % in 1995 to 9.0 % in 1999 and 11.2 % in 2003, and decreased to 8.0 % in 2011. In particular, marijuana (herbal cannabis) or hashish (cannabis resin) use is very prevalent among this age group. In 2011 *some 42 % reported that they had tried these substances at least once*. Lifetime use of inhalants was reported to be 8 %, hallucinogens (LSD) 5 % and ecstasy 3 %. A decline was noted for lifetime use of cannabis (45 % in 2007 to 42 % in 2011), amphetamines (from 5 % in 1999 to 2 % in 2011), and ecstasy (from 8 % in 2003 to 3 % in 2011). Last year prevalence of cannabis was 30 % and last month prevalence was 15 %, indicating a decline compared with 2003, when the highest rates were reported (36 % and 19 % respectively).

The most recent Health Behaviour in School-aged Children (**HBSC**) study among 15-year-old students, conducted in 2010, reported 31 % *lifetime prevalence of cannabis*. While there was a drop in lifetime prevalence rates between 2002 and 2006 (from 31 % to 25 %), an increase was observed between 2006 and 2010 (from 25 % to 31 %). Around one-fifth of the students had used cannabis in the past 12 months.

Table 7: Prevalence of substance use among the adult population in 2008 (ever, in the past 12 months, and in the past 30 days (%). (Mravčik et al., 2009)

| Drug | Lifetime prevalence | | | 12-month prevalence | | | 30-day prevalence | | |
|--------------------------------------|---------------------|---------|-------|---------------------|----------------|----------------|-------------------|----------------|----------------|
| | Males | Females | Total | Males | Females | Total | Males | Females | Total |
| Any illicit drug | 45.0 | 27.8 | 36.5 | 22.2 | 11.6 | 17.0 | 13.5 | 5.1 | 9.3 |
| Any illicit drug other than cannabis | 21.3 | 11.6 | 16.5 | 9.8 | 4.7 | 7.3 | 4.1 | 1.7 | 2.9 |
| Marijuana/hashish | 42.5 | 26.0 | 34.3 | 20.1 | 10.1 | 15.2 | 12.4 | 4.6 | 8.5 |
| Ecstasy | 11.9 | 7.3 | 9.8 | 4.8 | 2.8 | 3.6 | 1.5 | 0.9 | 1.2 |
| Amphetamine/pervitin | 5.7 | 3.0 | 4.3 | 2.3 | 1.0 | 1.7 | 0.9 | 0.5 | 0.7 |
| Cocaine | 2.8 | 1.2 | 2.0 | 1.2 | - ^a | 0.7 | 0.6 | - ^a | - ^a |
| Heroin | 1.7 | 0.5 | 1.1 | 0.7 | - ^a | - ^a | - ^a | - ^a | - ^a |
| LSD | 7.8 | 3.4 | 5.6 | 2.8 | 1.4 | 2.1 | 0.9 | 0.6 | 0.7 |
| Magic mushrooms | 12.4 | 5.0 | 8.7 | 4.4 | 1.7 | 3.1 | 1.8 | - ^a | 1.1 |

Note: ^a In general population surveys, levels below 0.5% are considered zero.

Table 8: Prevalence of substance use among 16-year-old students in the 2007 ESPAD survey (%) (Csémy et al., 2009)

| Drug | Prevalence for the past 12 months | | | Prevalence for the past 30 days | | |
|--|-----------------------------------|-------|-------|---------------------------------|-------|-------|
| | Boys | Girls | Total | Boys | Girls | Total |
| Any illicit drug | 39.1 | 33.7 | 36.3 | 21.9 | 16.5 | 19.1 |
| Any drug other than cannabis | 8.9 | 6.8 | 7.8 | 3.7 | 2.7 | 3.2 |
| Cannabis | 37.8 | 32.1 | 34.8 | 20.9 | 15.6 | 18.1 |
| Inhalants | 3.4 | 3.3 | 3.4 | 1.9 | 1.5 | 1.7 |
| Magic mushrooms, other natural hallucinogens | 4.1 | 2.4 | 3.2 | 0.8 | 0.4 | 0.6 |
| Ecstasy | 3.0 | 2.9 | 3.0 | 1.4 | 0.9 | 1.2 |
| LSD | 3.0 | 2.3 | 2.7 | 1.4 | 0.9 | 1.1 |
| Pervitin | 2.3 | 2.0 | 2.1 | 1.2 | 1.2 | 1.2 |
| Heroin, opiates | 1.2 | 1.2 | 1.2 | 0.7 | 0.5 | 0.6 |
| Cocaine | 0.8 | 0.3 | 0.5 | 0.3 | 0.2 | 0.3 |

Table 9: Proportion of 16-year-old students having their first experience with the use of legal and illegal drugs at the age of 13 or younger as shown by the ESPAD survey (%) (Csémy et al., 2009)

| | 1999 | 2003 | 2007 |
|---------------------------------|------|------|------|
| Cigarettes – first cigarette | 51 | 54 | 57 |
| - daily | 11 | 13 | 13 |
| Alcohol (at least one drink) | | | |
| Beer | 54 | 59 | 66 |
| Wine | 52 | 57 | 52 |
| Spirits | 29 | 34 | 30 |
| Drunk | 16 | 19 | 18 |
| Cannabis (marijuana or hashish) | 1 | 6 | 9 |
| Amphetamines | | | 0 |
| Ecstasy | 0 | 1 | 1 |
| Inhalants | 2 | 2 | 2 |
| Tranquillisers/sedatives | 3 | 2 | 2 |

7.3 National drug laws

The **Criminal Code** and the Criminal Procedure Code are the major acts concerning drug-related offences. These acts regulate several aspects of drug-related offences, such as drug trafficking, unauthorised possession of drugs, conditions of prosecution, diversion of prosecution, types of penalties, etc. Licit handling of narcotic drugs and psychotropic substances and precursors is subject to regulation according to the Addictive Substances Act.

Drug use is not regarded as a criminal offence in the Czech Republic. A new criminal code has been effective since 2010 (Act No 40/2009), although it did not change the legal definitions of drug offences and possession of drugs or psychotropic substances in anything *more than small quantities, unauthorised production, handling, cultivation and manufacturing of drugs and psychotropic substances, and the promotion of drug use*, all of which are considered drug-law offences in the Czech Republic. The new criminal code set out a distinction between cannabis and other drugs for personal possession offences, whereby a cannabis offence would attract a sentence of up to one year, but for other substances sentence of up to two years' imprisonment were possible (or one to five years in cases with aggravating circumstances).

Penalties for *drug trafficking* between 10–18 years of imprisonment, depending on aggravating circumstances. In the case of addicts committing a drug-related crime, a range of alternatives to imprisonment is available to the court (e.g. suspended sentences, community service and probation with treatment). Security detention with compulsory treatment is a possible response to addicts who are deemed to be socially dangerous, and is also an option for juvenile delinquents.

In 2009 a new category of medicines was created to restrict sales of non-prescription medicines, such as those containing pseudoephedrine (a precursor for producing methamphetamine).

7.4 Prevention

The Ministry of Education, Youth and Sports provides methodological guidance and coordinates prevention activities in the Czech Republic.

In 2011 the new ministerial guidelines on the prevention of risk behaviour in schools were issued. The guidelines describe the institutions and professionals involved in the system of prevention and their roles, defines the **Minimum preventive programme**, and recommends specific practices for schools and school facilities if they detect specific risk behaviour among children and young people. *It addresses a broad range of social problems like truancy, bullying, racism, xenophobia, hooliganism, crime and the use of addictive substances.*

A priority **target audience** for selective prevention activities is that of children and adolescents from ethnic minorities, while local projects addressing high-risk families, street children and children with attention and behavioural problems are also available.

Indicated prevention programmes are almost exclusively oriented towards working with individuals and their families.



Note

In May 2010, the National Drug Policy Strategy for 2010–18 was approved. The strategy is comprehensive and is based on four pillars: prevention; treatment and re-socialisation; risk reduction; and supply reduction. It is complemented by three supporting domains: coordination and funding; monitoring, research and evaluation; and international cooperation. Focusing mainly on illegal drugs, but with some scope to address other drugs (alcohol, prescription drug misuse), the strategy defines four key objectives: 1) to reduce the level of experimental and occasional drug use, particularly among young people; 2) to reduce the level of problem and intensive drug use; 3) to reduce potential drug-related risks to individuals and society; and 4) to reduce drug availability, particularly to young people. The implementation of the strategy is supported by a series of consecutive three-year action plans, the first of which covered the period 2010–12.



Study Questions

1. Define these terms: drug, substance dependence (drug addiction), withdrawal, ESPAD.
2. Characterize the types of drugs.
3. What are the data about drug use among young people in the CR?
4. What are the state and possibilities of drug prevention and drug repression?



Summary

A drug is a substance which may have medicinal, intoxicating, performance enhancing or other effects when taken or put into a human body or the body of another animal and is not considered a food or exclusively a food.

Substance dependence (drug addiction), is a compulsive need to use drugs in order to function normally. When such substances are unobtainable, the user suffers from withdrawal. Withdrawal is the group of symptoms that occur upon the abrupt discontinuation or decrease in intake of medications or recreational drugs.

Drugs can be divided into: stimulants, sedatives and hypnotics, opiate and opioid analgesics.

European School Survey Project on Alcohol and Other Drugs (ESPAD) provides regular data about drug use among young people in the CR.

The Criminal code and the Addictive substances act are the major acts concerning drug-related offences.

The preventive activities are focused on selective prevention and indicated prevention programmes.



Recommended Literature

Country overview: Czech Republic. *European Monitoring Centre for Drugs and Drug Addiction*[online]. 2013 [cit. 2013-07-16].2013 Dostupné z: <http://www.emcdda.europa.eu/publications/country-overviews/cz#drr>.

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