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Child Sexual Abuse, a Summary

Disclaimer: The summary is not a substitute for clinical advice.

Sources: Study on Child Abuse: INDIA 2007, Ministry of Women and Child Development, Government of India **Bibliography-Directives** - Study_ Child_Sexual_Abuse)
Handbook on Implementation of POCSO Act, 2012 for School Management and Staff
Bibliography-Directives - NIPCCD-POCSO-Handbook-Schools

1. *Child abuse: Child abuse constitutes all forms of physical and/ or emotional ill-treatment, **sexual** abuse, neglect or negligent, treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. Child abuse is a violation of child rights.
*Source: WHO - World Health Organisation

2. Child Sexual Abuse - CSA, an epidemic: Per the survey of 2007 by the Ministry of Women and Child Development (MW&CD), Govt. of India, every second child, a boy or a girl, faces one or more forms of sexual abuse. But can we conclude that most people in the society are child sexual abusers? No, because the evolutionary success of humans as a species lies in the fact that they have always protected their children. Grown-ups want children to be happy, healthy and safe. Most of the abusers are men, but women are not immune to committing child sexual abuse. A grown-up person who is sexually attracted to children in their pre-pubertal stage is called a paedophile. However, not all child sexual abusers are paedophiles.

The CSA situation is alarming because child sexual abusers, though small in numbers, are repeat offenders. They do not limit themselves to only one child. We ignore or bear with them due to the social stigma attached to the problem of child sexual abuse and cultural conditioning. In most cases, the abuser is known to the child and is not a stranger. Boys are equally vulnerable to abuse. Contrary to conventional belief, statistics show that boys are more likely to be sexually abused. The abuser can be anyone, irrespective of their gender, social, economic, professional, or religious background; child abuse can occur anywhere - at school or home, family function, in a bus or a park.

Child sexual abuse is a challenging subject to talk about. However, we must - it is the need of the hour. We must get past our discomfort and put aside our differences as mothers, parents, and caregivers and talk more about this terrible topic in a way that is academically, psychologically and legally correct. Some teachers have personal experience with childhood sexual abuse, which makes it harder to talk about but makes it even more important to be open to sharing and learning from one another.
Suggested reading: 'The Bitter Chocolate' by Pinki Virani is a comprehensive book that delves into the issue of child sexual abuse, providing insights and strategies for prevention and intervention.

3. Institutions should not preserve the problems to which they are a solution: Schools are uniquely placed to break the patterns of violence by giving children, their parents and communities the knowledge and skills to communicate, negotiate and resolve conflicts more constructively. As educators, we have a crucial role in preventing child abuse. However, patterns of violence are often entrenched in school culture, sometimes as a matter of policy supported and promoted by certain theories about childhood development and learning. It's our responsibility to challenge these norms and create a safe environment for our students. Educational institutions can also help prevent the creation of future abusive behaviour in children by inculcating in them the right attitudes and

ensuring they have access to the correct information, particularly about gender, health and myths that shroud abuse.

In most situations, the child or teacher can neither recognise early behaviours and, therefore, prevent the onset of sexual abuse nor do they know what to do once it has occurred. Various cases of abuse of children on the way to and from school underline the fact that a wide variety of cases occur on the

buses transport children to school, which neither the school nor parents can currently prevent.

4. What to do when a child confides in you and breaks their silence? Teachers can impact a child's healing based on their responses to a child's disclosure of abuse—in other words, what teachers say and how they say it. For example, suppose a child discloses sexual abuse and perceives they are being blamed for the abuse by the teacher. In that case, the child may experience more profound levels of shame, anxiety and sadness, often resulting in the child refusing to share further information or even denying the abuse altogether in subsequent interviews because they do not feel safe. However, suppose the teacher communicates immediate belief, care and empathy. In that case, the child survivor may be willing to engage further, thus helping the provider to offer appropriate care and treatment.

It is a common mistake to assume that children (from the age of six or so) are too young to be aware of what is going on around them or too young to be adversely affected by dangerous or distressing experiences such as sexual abuse. Children who have experienced abuse may find it extremely difficult to talk to others about what they have experienced. Some will find it difficult to trust adults, especially those they do not know well. Others will fear being overwhelmed by their emotions if they express them to an adult. At the same time, some may use behaviours to "test out" whether adults will react critically or sympathetically toward them. For example, when questioned, children may refuse to speak or respond strongly (yell or scream). Communicating effectively with children is crucial to sharing information, encouraging further communication and protecting and assisting these children. Accurate and truthful information can empower children and facilitate their involvement in subsequent decision-making.

a. **Child-Friendly Communication Techniques:** Children ages six years and older who can communicate verbally can benefit from the following strategies:

- ✓ Talk with children about their life, school, family and other general topics before asking direct
  questions about their experiences of abuse. This helps the counsellor gauge the child's capacity to be verbal and allows a child to feel at ease with them.
- ✓ Use as many open-ended questions as possible. These questions encourage the child to share their experiences in their own words, providing more accurate information. Avoid multiple-choice or yes/no questions, which can be confusing and lead the child to give inaccurate responses.
- ✓ Avoid using the words "why" or "how come." This will result in answers frustrating for you and
  the child: "I don't know," for example, a shrug of the shoulders or silence. Instead, ask the child why something is so: "What do you think the reason is...?" In addition,
  "why" questions can come across as blaming, such as "Why didn't you..." for example.
- ✓ Use words that encourage the child to continue talking, like:
  - "Tell me more about that…"

- "What do you mean by…"
- "Give me an example of…" or "Describe for me…"
- "Go on…"
- "And then what happened…?"

b. *Don't put words in the child's mouth.* Whether using verbal or non-verbal techniques, service providers must be careful not to put words in a child's mouth. For example, do not say, "Did he put his hands on your breasts?" Or if using a doll to help a child communicate what happened, do not point to the breasts on the doll and ask, "Did he touch you here?" Instead, ask the child to show you where they were touched. Other examples of helpful questions or statements:
   - Has anyone ever touched you in a way that confused or frightened you?
   - Please share with me how you were touched.
   - Tell me what happened next.
   - Use your own words. It is okay to go slowly.

c. ***Choose the right words.*** Children, especially those under the age of six, take words literally, so the counsellor must be sure to use concrete language herself. For example, if you ask a young child, "Did he drive you away in his car?" the child may answer negatively—if the actual vehicle was a truck.

d. ***Empower children.*** After children describe events or occurrences in their lives and talk about their reactions, they must be reassured that they "did the right thing" by telling another person about these events. It may be helpful to allow them the opportunity to explore their ideas and solutions: "What would you tell other kids to do if they were in the same situation?" If they cannot reply, you can offer them paper and crayons and see if they want to draw their ideas.

e. **Child-Friendly Non-verbal Techniques to Communicate:** Children who have been sexually abused can benefit from non-verbal techniques to facilitate information sharing throughout all stages of the child's care and treatment process. Non-verbal techniques can be used during assessment interviews with child survivors (for example, to help a child share their story or clarify specific information) and as part of psychosocial care (by assisting children to express their feelings through art, play and other activities). Children can express their emotions through drawings or stories, which may be particularly useful for younger children or those not accustomed to expressing emotions verbally. Children express feelings, thoughts, ideas and experiences during and after the non-verbal communication activity. Understanding and using nonverbal communication, or body language, is a powerful tool that can help connect with the child, express what you really mean, and build better relationships. There are many different types of nonverbal communication. The following nonverbal signals and cues communicate your interest and investment in others.
   i. ***Facial expressions:*** The human face is highly expressive, expressing countless emotions without saying a word. And unlike some forms of nonverbal communication, facial expressions are universal. The facial expressions of happiness, sadness, anger, surprise, fear, and disgust are the same across cultures.
   ii. ***Body movements and posture:*** Consider how your perceptions of people are affected by how they sit, walk, stand up, or hold their heads. How you move and carry yourself communicates a wealth of information. This type of nonverbal communication includes posture, bearing, stance, and subtle movements.

iii. ***Gestures****:* Gestures are woven into the fabric of our daily lives. We wave, point, beckon, and use our hands when we're arguing or speaking animatedly expressing ourselves with
gestures often without thinking. However, the meaning of gestures can vary across cultures and regions, so it's essential to avoid misinterpretation.

iv. ***Eye contact****:* Since the visual sense is dominant for most people, eye contact is an essential type of nonverbal communication. How you look at someone can communicate many things, including interest, affection, hostility, or attraction. Eye contact is also crucial in maintaining the conversation flow and gauging the other person's response.

v. ***Touch:*** We communicate a great deal through touch. Think about the messages given by the following: a weak handshake, a timid tap on the shoulder, a warm bear hug, a reassuring slap on the back, a patronising pat on the head, or a controlling grip on your arm.

vi. ***Space:*** Have you ever felt uncomfortable during a conversation because the other person was standing too close and invading your space? We all have a need for physical space. However, that need differs depending on the culture, situation, and closeness of the relationship. You can use physical space to communicate many different nonverbal messages, including signals of intimacy and affection, aggression or dominance.

vii. ***Voice:*** It's not just what you say; it's also *how* you say it. Other people "read" our voices and listen to our words when we speak. Things they pay attention to include your timing and pace, how loud you speak, your tone and inflexion, and sounds that convey understanding, such as "ahh" and "uh-huh." Consider how someone's tone of voice, for example, can indicate sarcasm, anger, affection, or confidence.

5. Signs of Child Abuse

World Health Organisation (WHO) defines different types of child abuse, like physical, sexual, emotional, and neglect. Most child abuse or neglect is not identified based on a single event or indicator. Indicators usually occur in clusters, and in some cases, there may be no indicators of abuse occurring. The following indicators may lead to a concern that a child is being subjected to abuse. Indicators should be considered, considering the child's age, capabilities, and medical and developmental history.

Abuse Type	Definition	Possible Physical Indicator	Possible behavioural indicator
Physical Abuse	Physical abuse occurs when a child is severely and/or persistently hurt or Injured by an adult or a child's caregiver. It may also be the result of putting a child at risk of being injured. Some examples are Hitting, shaking, punching, burning and scolding; excessive physical punishment or discipline; attempted suffocation; and giving harmful substances.	•Bite marks •Bruises •Burns •Broken bones •Hair missing in tufts •Arms and legs covered by clothing in warm weather •Lacerations and abrasion (especially to the eyes, lips, gums and mouth) •Missing or loosened teeth • Welts •Female genital mutilation	•Overly compliant, shy, withdrawn, and passive •Uncommunicative •No or little emotion when hurt •Regression •Fear of parent/carer or relative •Avoidance of physical contact •Unexplained or unlikely explanation of injury •Little or no emotion when hurt •School attendance issues •Disclosure directly or indirectly through drawings, play or writing •Drug or alcohol abuse •Non-suicidal self-injury •Suicidal ideation •Attempted suicide •School attendance issues
Emotional Abuse	Emotional abuse occurs when an adult harms a child's development by repeatedly treating and speaking to a child in ways that damage the child's ability to feel and express their feelings. Emotional abuse includes psychological abuse and exposure to family violence. Some examples are Constantly criticising, shaming or threatening a child or showing little or no love, support or guidance.	•Eating disorders (anorexia or bulimia) •Lethargy or fatigue	•Excessively compliant or passive •Excessively shy or withdrawn •Excessively neat or clean •Wetting, soiling, smearing •Low self-esteem •Poor peer relationships •Aggressive or delinquent behaviour •Reluctance to go home •Lack of trust •Highly anxious •Fearful when approached by an unknown person •Disclosure directly or indirectly through drawings, play or writing •Drug or alcohol abuse
Family Violence	Family violence is a reference to (a) violence, or a threat of violence, by a person towards a family member of the person or (b) any other behaviour by the person that coerces or controls the family member or causes the member to be fearful. A child is exposed to family violence or personal violence if the child sees or hears the	•Injuries which are excused as accidents •Easily startled •Lethargy •Wetting, soiling, smearing	•Changes in personal behaviours, e.g. an outgoing student becomes withdrawn •Concentration difficulties •Highly anxious •Constant and abrupt absences from school •A fear of the parent •An extreme fear of conflict •Tendencies towards isolation and avoidance of friends and family •Sudden anger or violent outbursts •Hyper-vigilance •Disclosure directly or indirectly

	violence or otherwise experiences the effects of the violence.		through drawings, play or writing •Drug or alcohol abuse •Non-suicidal self-injury •Suicidal ideation •Attempted suicide •School attendance issues
Neglect	Omission of care neglect is when a child is not provided with adequate food or shelter, effective medical, therapeutic or remedial treatment, and/or care, nurturance or supervision to a severe and/or persistent extent where the health or development of the child is significantly impaired or placed at serious risk. Cumulative harm - The term 'cumulative harm' refers to the effects of patterns of circumstances and events in a child's life. The unremitting daily impact of these experiences on the child can be profound and exponential and diminish a child's sense of safety, stability and well-being. An accumulation of a recurring adverse circumstance or event or multiple circumstances or events may cause cumulative harm.	•Poor hygiene •Dirty and unwashed •Lack of adequate or suitable clothing •Lack of medical or dental care •Development delays untreated physical or medical problems, e.g. sores, boils or lice	•Always attends school even when sick •Frequent lateness or absence, early arrival at school or reluctant to leave •Falling asleep in school, constant fatigue •Dull, apathetic appearance •Steals, hoards or begs for food •Consistently hungry •Engages in vandalism •Frequent illness, minor infections or sores •Disclosure directly or indirectly through drawings, play or writing •Drug or alcohol abuse •Non-suicidal self-injury •Suicidal ideation •Attempted suicide •School attendance issues
Sexual Abuse	Sexual abuse of a child includes sexual behaviour in circumstances where • the child is the subject of bribery, coercion, a threat, exploitation or violence; or • the child has less power than another person involved in the behaviour; or • there is a significant disparity in the developmental function or maturity of the child and another person involved in the behaviour	•Bruises or bleeding from external genitalia, vagina or anal regions •Blood-stained clothing •Pregnancy •Signs of pain, itching or discomfort in the anal or genital area •Urinary tract infections •Wetting, soiling, smearing	•Sexual behaviour or knowledge of sexual matters inappropriate to age or development •Sexual behaviour that is harmful to self or others •Disclosure of involvement in sexual activity directly to an adult, indirectly to a friend or in a disguised way, e.g. “I know a person who...” •Decline in school performance •Poor attention or school refusal •Regression to infantile behaviour, e.g. thumb sucking, rocking •Unexplained fears •Anxiety, sadness •Running away from home

			•Resistance to having contact with or fear of a parent/carer/relative •Eating disorder •Volatile substance use •Criminal sexual behaviour •Anger and defiance •Deliberate cruelty to animals •Helplessness •Aggression •Social withdrawal or isolation •Disclosure directly or indirectly through drawings, play or writing • Drug or alcohol abuse • Non-suicidal self-injury • Suicidal ideation • Attempted suicide • School attendance issues