

Psychologists and Mental Health Experts

Relevant Legal Provisions in the Act and Rules and related laws:

- Rule 4(2)(e): Where the local police receives any information under sub-section (1) of section 19 of the Act, they must inform the child and his/her parent or guardian or other person in whom the child has trust and confidence of the availability of support services including counselling, and assist them in contacting the persons who are responsible for providing these services and relief
- Rule 5(4)(v): Wherever necessary, a referral or consultation for mental or psychological health or other counselling should be made by the medical professional rendering emergency medical care to the child.

Thus, the rules made under the POCSO Act, 2012 provide that the child may be referred for counselling either by the police or by a doctor.

Role of Counsellors

The counsellor's duties will include:

- i) to understand the child's physical and emotional state
- ii) To resolve trauma and foster healing and growth
- iii) To hear the child's version of the circumstances leading to the concern
- iv) To respond appropriately to the child when in crisis
- v) To provide counselling, support, and group-based programs to children referred to them
- vi) To improve and enhance the child's overall personal and social development, and his/her health and wellbeing
- vii) To facilitate the reintegration of the child into his/her family/ community

Basic Principles of Counselling Young Children

Sexually abused children are traumatized and vulnerable. They may show certain identifiable behavioral signs of abuse, but often, these are not immediately obvious and will reveal themselves only over a period of time. As a counsellor, one must be aware of the signs of sexual abuse. Children often find it very difficult to disclose sexual abuse.

Why a child may not disclose abuse

Reasons include but are not limited to:

- i) He/she is embarrassed
- ii) He/ she does not know if what is happening to them is normal or not
- iii) He/ she does not have the words to speak out
- iv) The abuser is a known person and the child does not want to get them in trouble
- v) The abuser told the child to keep it a secret
- vi) The child is afraid that no one will believe him/ her
- vii) The abuser bribes or threatens the child
- viii) He/ she thinks you already know

Being aware of these signs would alert the counsellor to the possibility of sexual abuse.

Indicators

1 Behavioral Indicators:

- i) Abrupt changes in behavior such as self-harm, talks of suicide or attempt to suicide, poor impulse control etc.
- ii) Reluctance to go home.
- iii) Sexualized behavior or acting out sexually.
- iv) Low self-esteem.
- v) Wearing many layers of clothing regardless of the weather.
- vi) Recurrent nightmares or disturbed sleep patterns and fear of the dark.
- vii) Regression to more infantile behavior like bed-wetting, thumb-sucking or excessive crying.

- viii) Poor peer relationships.
- ix) Eating disturbances.
- x) Negative coping skills, such as substance abuse and/or self-harm.
- xi) An increase in irritability or temper tantrums.
- xii) Fears of a particular person or object.
- xiii) Aggression towards others.
- xiv) Poor school performance.
- xv) Knowing more about sexual behavior than is expected of a child of that age:
 - a) child may hate own genitals or demand privacy in an aggressive manner.
 - b) child may think of all relationships in a sexual manner.
 - c) child may dislike being his/her own gender.
 - d) child may use inappropriate language continuously in his or her vocabulary or
or
May use socially unacceptable slang.
 - e) Child may carry out sexualized play (simulating sex with other children).
 - f) Unwarranted curiosity towards sexual act like visiting adult sites or
watching adult
Images or content.

2. Physical Indicators:

- i) sexually transmitted diseases,
- ii) Pregnancy,
- iii) Complaints of pain or itching in the genital area,
- iv) Difficulty in walking or sitting,
- v) Repeated unusual injuries,
- vi) Pain during elimination, and
- vii) Frequent yeast infections.

Effects of child sexual abuse

Counsellors have a very important role to play in limiting the short-term and long term effect

Of child sexual abuse. These are as below:

1. **Fear.** The offender may swear the child to secrecy and say that if they tell something bad will happen. Sexual abuse is usually accompanied by coercion, bribery or threats. The child is afraid to tell because of what the consequences might be. e.g. punishment, blame, abandonment or not being believed.
2. **Helplessness/powerlessness.** Children in this situation often feel that they have no control over their own lives or even over their own bodies. They feel that they have no choices available to them.
3. **Guilt and Shame.** The child knows something is wrong and blames him or herself not others. The offender will often encourage the child to feel that the abuse is his or her fault and sometimes s/he will feel that s/he is a "bad" person.
4. **Responsibility.** The offender often makes the child feel responsible for keeping the abuse a secret. Sometimes the child also feels responsible for keeping the family together and the burden of this responsibility interferes with experiencing a normal childhood.
5. **Isolation.** Incest victims feel different from other children. They must usually be secretive. This even isolates them from non-offending parents and brothers and sisters.
6. **Betrayal.** Children feel betrayed because they are dependent upon adults for nurturing and protection and the offender is someone who they should be able to love and trust. They may also feel betrayed by a non-offending parent who they feel has failed to protect them.
7. **Anger.** Not surprisingly this is one of the strongest feelings which many children have about their sexual assault. Children may feel anger against the perpetrator and also against others who they feel failed to protect them.
8. **Sadness.** Children may feel grief due to a sense of loss, especially if the perpetrator was loved and trusted by the child.
9. **Flashbacks.** These can be like nightmares which happen while the child is awake. They are a re-experience of the sexual assault and the child may experience all the feelings a gain which they felt at the time.

If childhood sexual abuse is not treated, long-term symptoms can go on through adulthood.

These may include:

1. Depression, anxiety, trouble sleeping.
2. Low self esteem.
3. "Damaged goods" syndrome. i.e. negative body image due to self-blame. This may be intensified if physical pain was experienced during the abusive incidents.
4. Dissociation from feeling.
5. Social isolation.
6. Relationship problems such as an inability to trust, poor social skills or a reluctance to disclose details about themselves.
7. Self destructive behaviour such as substance abuse or suicide attempts.
8. Sexual difficulties such as fear of sex or intimacy, indiscriminate multiple sex partners or difficulty in reaching orgasm.
9. Parenting problems such as fear of being a bad parent, or fear of abusing the child or being overprotective.
10. An underlying sense of guilt, anger or loss.
11. "Flashbacks" and/or panic attacks.

How to respond if the child discloses abuse

- i) Believe him or her. The most important thing is to believe the child. Children rarely lie about abuse; what is more common is a child denying that abuse happened when it did. Tell the child you believe him/her.
- ii) Don't be emotionally overwhelmed and try to remain composed while talking to the child.
- iii) Do not interrogate the child. It can be traumatic for the child to repeat his/her story numerous times. Leave the questioning to the legal and police personnel.
- iv) Reassure the child that the abuse is not their fault. The child's greatest fear is that he or she is responsible for the abuse. Be sure to make it clear that what happened is not a result of anything he/she did or did not do. This is particularly important when the accused person is a member of the child's family, such as his or her father, and the child feels guilty at having put that person to trouble. Reassure them that prompt and adequate steps will be taken to stop the abuse.
- v) Do not make promises you can't keep. Do not make promises such as the child will never have to see the abuser again, that nothing will change, or other such promises.
- vi) Believing and supporting the child are two of the best actions to start the healing process. Appropriate and helpful responses to disclosures are as follows:
 - a) "I am glad you told me, thank you for trusting me."
 - b) "You are very brave and did the right thing."
 - c) "It wasn't your fault."

The counsellor should be aware that the effects of child sexual abuse are long-term and can change the world view and the course of life of the child. The first step in the healing process is for the child to talk about the abuse, and it is the counsellor's duty to facilitate this; however, the process of recovery may be long and the child will have other needs that the counsellor can attend to. These include:

- i) Rapport Building,
- ii) working on the feelings of the child,
- iii) Psychological Education on safe and unsafe touches, feelings, thoughts and behavior, safer coping techniques

- iv) Helping the child to understand the abuse was not their fault;
- v) Helping the child to develop or regain their self-confidence;
- vi) Provide sex education;
- vii) Encourage appropriate social behavior;
- viii) Help the child to identify people who can form a supportive social environment around him or her.

The counsellor is therefore a very important tool for the child in rebuilding his or her life after he has been sexually abused.

The language of the child

- i) The first step in counselling a sexually abused child is to establish a trusting relationship with the child, so that the child can communicate freely with the counsellor. Thus, the counsellor would need to speak to the child in its own language, taking into account his or her age, maturity and emotional state.
- ii) It is important to explain the purpose of counselling to the child and to explain that it will include discussion about the abuse suffered by the child. This will help the child to be prepared for the discussion, and prevent him or her from withdrawing when an uncomfortable topic comes up.
- iii) Allow for free flow of talk without too many intensive questions. Don't begin questioning the child immediately about his/her problem.
- iv) Try not to be intimidating authoritarian or too patronizing. Don't control the child's conversation - follow the child's lead.
- v) Children often lack the vocabulary to discuss sexual acts, and it is important for the counsellor to be aware of the child's sensitivities and difficulties before talking about sexual issues with him or her. To gain this insight, all relevant legal, medical and family history of the case should be collected from the Probation Officer or parents/guardian.
- vi) While the police or other investigative agency may have already obtained a disclosure from the child about the main incident of abuse, the child's sessions with the counsellor may reveal new incidents. It is thus advisable to get the counsellor involved as early as possible into the pre-trial process.

Counselling for families

Having to cope with the abuse of their own child may be the most difficult challenge of a

Parent's life. If the parent(s) can get counselling for themselves through this difficult period, it will also help the child with his/her counselling.

8.1 Experience of parents after a child sexual abuse disclosure

When parents first find out about their children being sexually abused, they will experience a wide range of feelings. They may experience denial, anger, betrayal, confusion and disbelief. Parents often tend to blame themselves for not paying attention to their child's behaviors or complaints earlier on. They may feel that they have failed as parents and they didn't protect their children. For some parents they may wonder why their children didn't disclose to them directly but to others. Some parents also become angry at themselves or at their spouses for not supporting the family. In addition to a wide range of emotional experiences, parents may also experience insomnia, change of appetite or other physical complaints.

Some parents also feel conflicting emotions, especially if the accused perpetrator is someone they have trusted, a close friend or a family member. There may be feelings of loyalty and love towards the offending person as well as towards the victim. Family members may choose sides with some believing it happened and others refusing to believe it could have. Parents may disagree about how to handle the situation.

If the offender is the spouse or partner of the parent, what the relationship is like can strongly influence the parent's actions once he/she learns of the abuse. If feelings toward the offending spouse/partner are positive or mixed, decisions about staying together, or to divorce or separate will be more difficult to sort through.

Parents may be faced with making decisions about whether to continue the relationship with the offender, how to deal with contact between the offender and the child, and re-establishing trust and communication in the family.

The feelings a parent has toward the offender may affect a parents' ability to believe in and support the child. When offenders deny or minimize the abuse or blame the child the situation gets very complicated. If a parent doesn't believe a child who has been abused and supports the offender, there can be severe damage to the child. The child will feel betrayed by the parent as well as the offender. What every child victim needs is to be believed and to know that he or she is not at fault. When the parent is able to support and stand up for the child, the child has an excellent chance of recovering from the effects of sexual abuse. It is very important to get help and support for their feelings because parents' reactions make a big difference in children's recovery. Families are children's most important resource for recovery.

8.2 Coping after the child's sexual abuse disclosure:

- i) The parents should be advised to try not to completely immerse themselves in supporting or worrying about their child. No matter how much they love and care about their family, they also need to consciously set aside time for their own needs.
- ii) As they are dealing with the police investigation, social workers' interview or other professionals regarding their child's sexual abuse disclosure, it is especially important for them to take care of themselves physically and emotionally.
- iii) Their child needs their care and their attention during this time of confusion and overwhelming circumstances. If they are experiencing insomnia or depression, they may need to talk to their doctor about treatment or seek professional counselling.

iv) They should be advised to find diversions that will lighten their emotional load and recharge their ability to give support. If they have a spouse, partner or other children, they should spend time with them. They should demonstrate to their child that there is life beyond what has happened. This will also aid the child's recovery process and help the child go on with his or her own life.

v) They may find that they feel over-protective towards their child and do not want to let them out of their sight. However, it is important not to restrict the child's play for their own peace of mind – the child will feel they are punishing him/her by not letting him/her play with friends. Playing is also a kind of therapy.

vi) The parents should allow the child, as far as possible, to carry on with his/ her normal activities and encourage the child to participate in any activities available either at school or in the community. This will divert the child's attention and help him/ her to understand that things will eventually get better.

vii) As they try to deal with the sexual abuse of their child, they may start to piece together many clues and indicators of the child abuse that went unnoticed earlier. This information will help them to understand what their child has gone through and the impact on him or her.

viii) However, it may also increase their sense of guilt and they may blame themselves for not acting earlier. It is important for such a parent to be told that no parent/caregiver can be everywhere all the time. Instead of tormenting themselves, they should share with an understanding family member or friend about their feelings and emotions; this will help them to move on.

ix) Where the abuser is not a parent, it is crucial for both parents to support each other during this critical and painful time. Blaming each other for not protecting their child will not help solve the problem. Open or secret blaming on one of the parents will further impact their child's sense of safety and sense of security. Their child has already been violated and has experienced lack of safety. Therefore, it is critical for both parents so focus on supporting the child as a team. A crisis like this may put a strain on their relationship, especially a relationship that has already been shaky or difficult.

x) They naturally want to comfort, heal and protect their child in the aftermath of a traumatic experience, but their own physical and emotional energy isn't limitless. If they try to give too much of themselves throughout the recovery process, they may find themselves resenting or withdrawing just when their child needs them most. No one person -- not even a parent -- can give a child all the support they need, so they should help their child to spend „quality time“ with other people who care about them and can support in their recovery.

xi) Seeking professional counselling is important especially if their child's or their behavioral & emotional reactions do not subside. Seeking professional help earlier on can be very helpful. Talk to a counsellor or a therapist for a few sessions to

debrief and process their emotions regarding the child's sexual abuse incident as well as their confusion. A trained professional will be able to facilitate a healing and closure for them. It is important for them to be able to find strengths to support and reassure their child after these traumatic experiences.

8.3 Protecting the Child from Further Harm

Here are some ways to help protect their child from further abuse and minimize the emotional trauma their child may experience:

i) Prevent contact between their child and the offender until an investigation has taken place. Explain to their child that he/she should tell them immediately if the offender attempts to touch or bother them again in any way.

ii) Do not talk to the offender in front of the child.

iii) Continue to believe their child and do not blame him/her for what happened. Give their child support and reassurance that he/she is okay and safe.

iv) Respond to concerns or feelings their child expresses about sexual abuse calmly. Listen to their child but do not ask a lot of questions.

v) Respect their child's privacy by not telling a lot of people, and make sure that other people who know, don't bring the subject up to their child. Listen to their child, but don't ask for information on personal safety or details about the abuse. Let the professionals do the interviewing to find out the details. A legal case can be negatively affected if the child has been questioned by non-professionals.

vi) Try to follow the regular routine around the home; maintain the usual bedtimes, chores and rules.

vii) Let the child's brothers and sisters know that something has happened to the child and that he or she is safe now and will be protected. Make sure that all children in the family are given enough information on personal safety so to be able to protect themselves from the offender without discussing the details of the incident.

viii) Talk about their feelings with someone they trust - a friend, relative, or counsellor. It is best not to discuss their worries in front of, or with, their children.

Who may be appointed as a Counsellor?

Counselling for children and families at risk is an integral component of the ICPS. The ICPS envisages the development of a cadre of counsellors to provide professional counselling services under various components of the scheme. Counselling may be provided under ICPS by any of the following:

I) CHILDLINE Service

ii) Counsellors appointed by the District Child Protection Society, who will report to the Legal-cum-Probation Officer and will be responsible for providing counselling support to all children and families coming in contact with the DCPS

iii) NGOs and other voluntary sector organizations

In all cases of penetrative sexual assault and all aggravated cases, arrangements should be made as far as possible to ensure that the child is provided counselling support. Where a counsellor is not available within the existing ICPS framework, the State Government may secure the engagement of external counsellors on contract basis.

2.3 Criteria for engagement as Counsellor

In order to enable the engagement of counsellors from outside the ICPS, including senior counsellors for the more aggravated cases, the DCPU in each district shall maintain a list of persons who may be appointed as counsellors to assist the child. These could include mental health professionals employed by Government or private hospitals and institutions, as well as NGOs and private practitioners outside the ICPS mechanism, chosen on the basis of objective criteria.

As indicative criteria, for any counsellor engaged to provide services to a sexually abused child, a graduate degree, preferably in Sociology/ Psychology (Child Psychology)/ Social Work is a must. In addition to this, at least 2 to 3 years of work experience related to providing counselling services to children in need of care and protection as well as their parents and families and training on handling cases of child sexual abuse is essential in order to ensure that the child receives counselling from those qualified for and experienced in providing it.

2.4 Counselling Services under the Integrated Child Protection Scheme: Training of Personnel

Counselling can be difficult for children because of the nature of being a child and the difficulty in relating to an adult, especially an adult that they don't know. Counselling for abused children therefore requires that the counsellor is trained in the subject and understands how children communicate. The ICPS therefore provides that only trained professionals provide services (including counselling) to children.

If untrained persons are holding these posts, the State Government or the Officer-in-charge should provide for in-service training to them. The State Government may take the help of NIPPCD, National Institute of Social Defense (NISD), NIMHANS and recognized schools/institutes of social work or expert bodies/institutions specialized in child related issues for organizing specialized training programmers for different categories of personnel.

The training programmers should include issues relating to child rights, child psychology, handling children sensitively, counselling, life skills training, dealing with problem behavior, child sexual abuse and its impact, child development,

trauma, neurobiology, handling disclosure and basic counselling skills. These training programmers could be arranged as:

- i) Orientation and training for newly-recruited staff and in-service training for existing staff.
- ii) Refresher training courses for every staff member at least once in every two years.
- iii) Participation in periodic staff conferences, seminars and workshops with the various other stakeholders or functionaries of the Juvenile Justice System and the State Government at various levels.

2.5 Payment to Counsellors

Counsellors employed by the DCPU are entitled to receive their monthly salaries at the predetermined rates. They will be performing their duties in relation to the POCSO Act, 2012 in the scope of their work and will not receive additional remuneration for this work, except reimbursement of local travel costs and other miscellaneous expenditure.

Counsellors engaged externally may be remunerated from the Fund constituted by the State Government under Section 61 of the JJ Act, or under any other Fund set up by the State Government for this purpose. The rates for payment shall be as fixed by the DCPU.