



# Understanding Child Sexual Abuse

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# Factors in child abuse



# 1. Ravi's story:

Ravi is 6 years old, studying in Class 1 in a private school. His parents are both civil engineers. His mother stopped working after he was born to take care of him. Last year, his father lost his job when his company shut down.

The family has been facing severe financial issues and managing on loans from the extended family who live nearby. His father gets angry easily and his parents fight a lot. Ravi started going to his uncle's house in the next road after school to avoid the scenes at home.

His uncle would spend time with him, admire his teacher's star performance remarks, and often give him sweets. Ravi enjoyed being there and playing with his cousins.

Over the last month, his uncle first started calling him into his bedroom and making him sit on his lap. Then he would take off his pants and make Ravi touch his genitals. Now he is making him do things which is disturbing Ravi.

When he leaves the house, his uncle smiles and gives him sweets and says, 'See you tomorrow, ok!' Ravi nods and leaves for his home.



## 2.Naina's story:

Naina is 14 years old. The second child of her parents, she has a 16 years old elder sister with whom she is constantly compared, in looks, in studies and in behavior. She knows that her parents were disappointed when she was born, and very happy when they had a son 2 years after her.

Naina is rebellious and argumentative. And is often ticked off by her parents for answering-back to her grandparents or aunts and uncles.

Of late, a cousin has started taking a lot of interest in her. He is 22 years old, just started working, and stays over in their house often. Her mother is very fond of him and asks him to 'teach her proper manners'.

He used to take her out to an ice cream parlour or juice center. Naina loves the attention he is giving her and demands gifts from him which he promptly brings. Naina fantasizes about him and imagines him as a bridegroom in wedding day-dreams.

He started kissing her which she found enticing. But since last month, he comes to her room at night and has been having penetrative sex with her. She is scared and excited. He tells that he will definitely marry her but she knows that their family does not allow first cousin marriages. She does not know how to say No and she doesn't know whom to ask for advice



# Child

- Unwanted child
- Unwanted gender
- Needy child –preterm, cranky, failure to thrive
- Siblings close in age needing care
- Special needs – physical, mental, emotional



# Parental factors

- Marital discord
- Domestic violence
- Unreal expectations
- Poor parenting skills , Young parents
- Substance abuse – alcoholic/drug abuse
- Mental or physical disorder
- H/o childhood trauma



# Community factors

- Poverty
- Acceptance of domestic violence
- Inadequate referral facilities
- Easy availability of drugs and alcohol
- Migration of population
- Poor police and legal effectiveness



# Social factors

- Social and cultural norms
  - that glorify violence
  - that demand rigid gender roles
  - that diminish the status of the child
  - that uphold 'family honour'





# Effects of child abuse

On the child: Short term:

Long term:

On the family: Dysfunctional families

Poor parenting

Intergenerational trauma effects

On society: Antisocial behaviour

Increased Juvenile offenders

Substance abuse



# David Finkelhor's Traumagenic model

- Traumatic sexualization
- Helplessness
- Betrayal
- Stigmatization



# Presentation of CSA

Obvious  
Disclosure  
Detection  
obvious signs and symptoms

Suspicious of Abuse  
Sexualized behaviour  
Psych symptoms - depression, PTSD  
Sudden change in behaviour  
Symptom patterns

Normal, healthy, well-adjusted



# Why children keep quiet

- Fear of being disbelieved
- Fear of being blamed
- Fear of breaking up the family
- Fear of threats by abuser
- Confusion
- Ignorance



# Interviewing a child who has been abused



# Interview format for a child who has undergone sexual abuse

- Introduction and consent
- Rapport building
- Information gathering - Attender history
  - child's history
- Medical examination – consent and physical exam
- Debriefing and risk assessment
- Closure



# Process of Disclosure :

What causes the child to speak?

**Disclosure:** Process not event

**Stages:** Denial

Tentative

Active

Retraction/ recanting



# Rapport building: Three C's

Comfort: Room

Seating

Environment

Cutting out sound

Privacy

Competence: Developmental and Cognitive abilities

Discover their competencies

Developmental assessment

Communication: kids communicate through –

Language

Behaviour

Emotions





# Information gathering:

- Basic general information: Name, age, gender of child
- Name, address, relationship of caregiver who brought the child
- Names of parents and addresses
- Names of siblings and their ages
- Developmental assessment
- Family contextual history

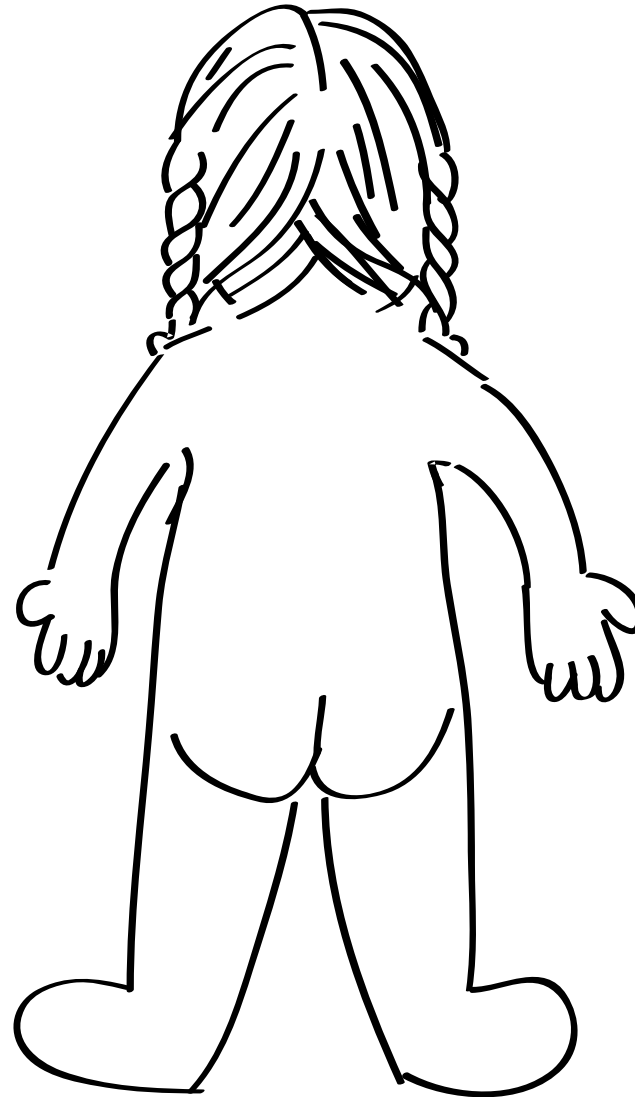
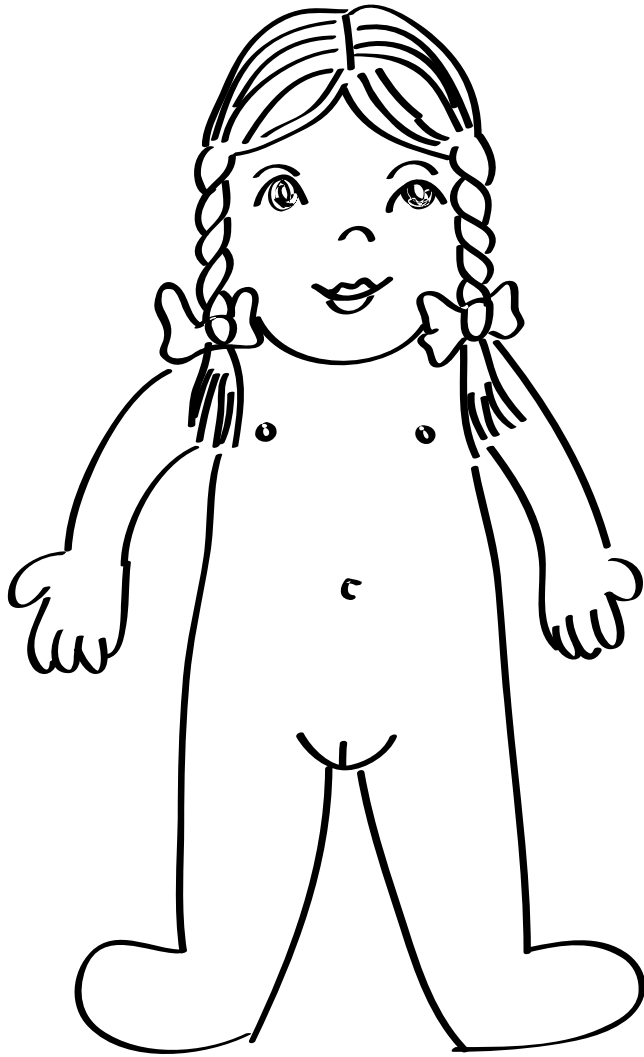


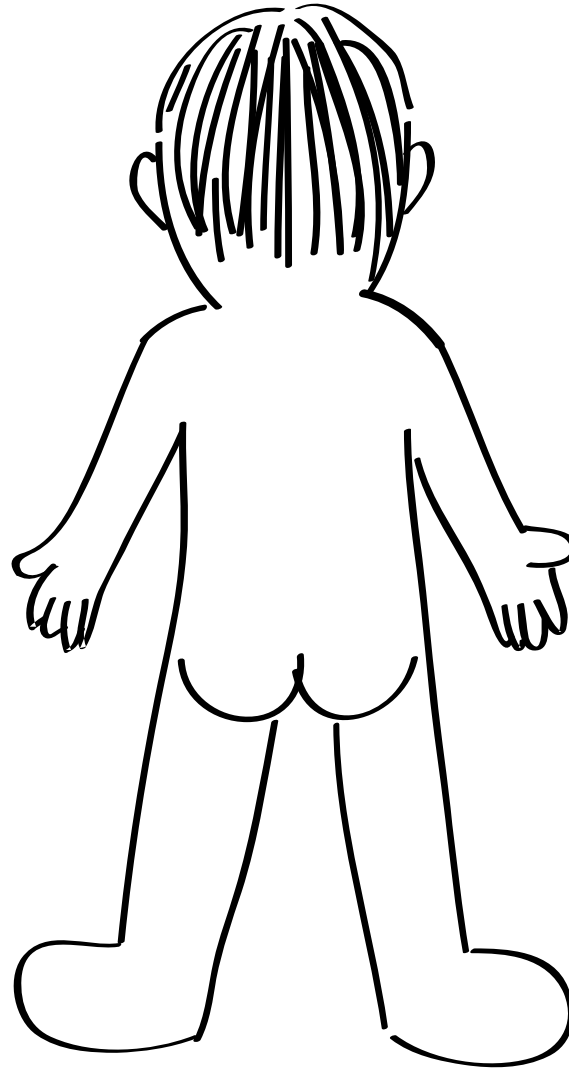
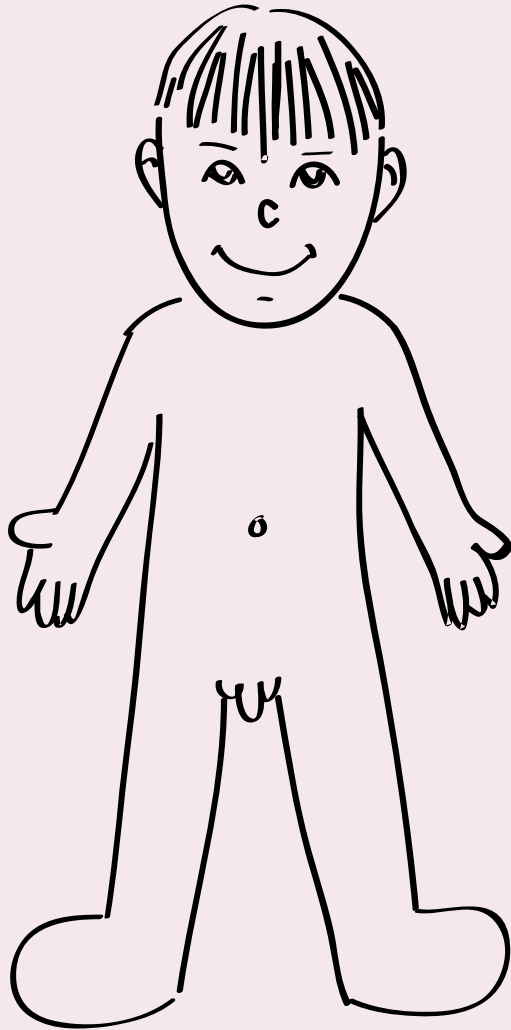
# Information gathering:

- Details of time or time frame of the incident
- Details of physical surroundings at time of abuse
- Details of alleged perpetrator- name, nickname, age, gender, relationship to patient,
- History of alcohol or drug abuse
- Previous history of similar act



# Anatomic diagrams:





# Information gathering:

- Details of the act as disclosed by the patient
  - Sensorineural description of the act
  - Genital acts and Non-genital acts
  - Use of force/threats/weapons
  - Use of photographs/ camera/ pictures/ videotapes
  - Use of alcohol or drugs
  - Details of post-abuse activity



# Where our system fails:

- Confusing reporting mechanism
- Multiple interviews and examinations
- Lack of coordination between stakeholders
- Lack of comprehensive care plans
- No psychosocial support to child/family



# Where our system fails:

- No medical protocols or policies
- No training for medical staff
- Documentation of history and findings inadequate
- Chain of custody procedures not followed
- Medical certificate delayed and incomplete
- Medical certificate erroneous

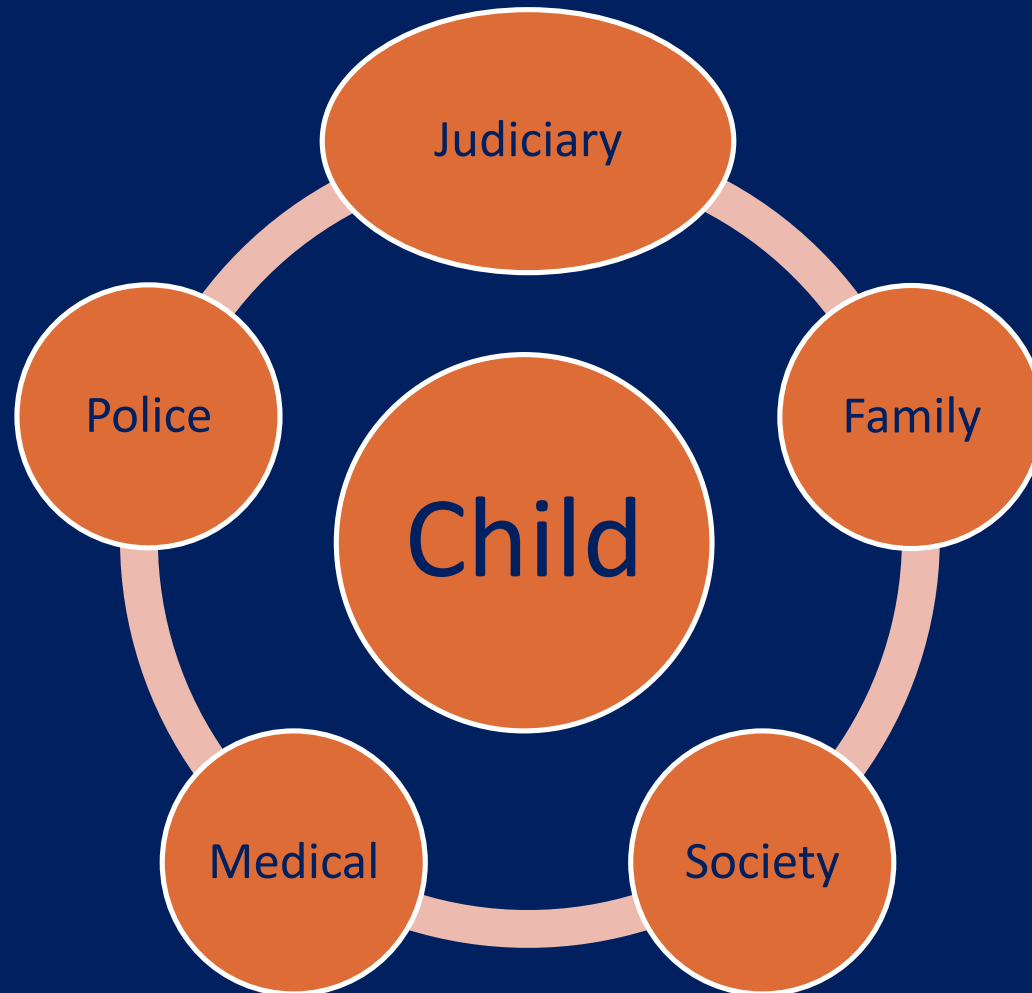


# The Lost Child





# The Safe Child



# A Multidisciplinary Team approach to Child Sexual Abuse: One Stop Centre



# Setting up a OSC

- Hospital commitment: policy and protocols
- Training program for staff \_ 20 hrs
  - Designated departments
  - All staff
- Convergent training \_ 4 hrs
  - Lawyers
  - Police
  - Childline
  - Child welfare committees

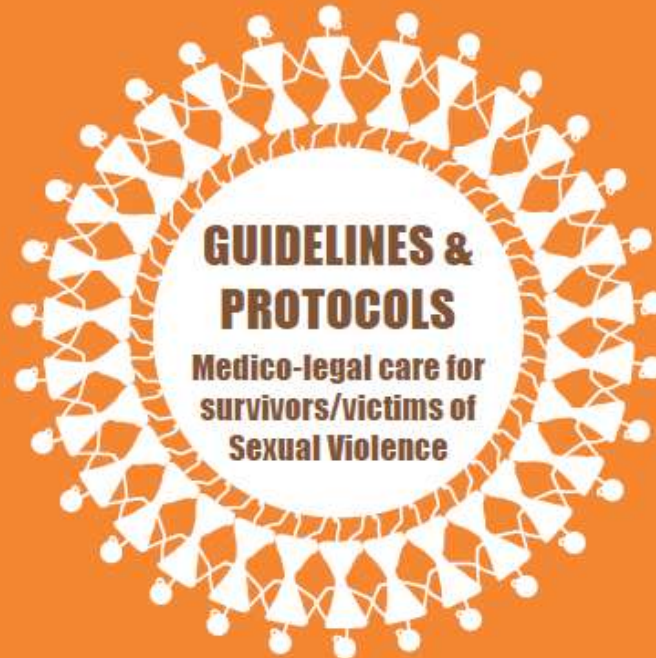


# Actions of OSC:

1. Medical care of the child
2. Child counseling
3. Parent and family counseling
4. Effective implementation of laws
  - \_ Police procedures
  - \_ Trained lawyers
  - \_ Competent judiciary
5. Social Interventions



 Ministry of Health  
& Family Welfare  
Government of India





# Evidence

- Direct
  - Victim's Testimony
  - Eyewitnesses
- Medical
  - Forensic Evidence
  - Evidence of treatment
    - Recurrent UTI
    - Psychological behavioural referrals
- Indirect/Circumstantial
  - Internet Chat Records
  - Evidence of grooming of child and family



# Collection of Evidence

## Forensic Interview

Techniques

Open ended questions

No suggestions

Comfortable/ non threatening

Single interviewer

## Physical Evidence

First contact

Complete

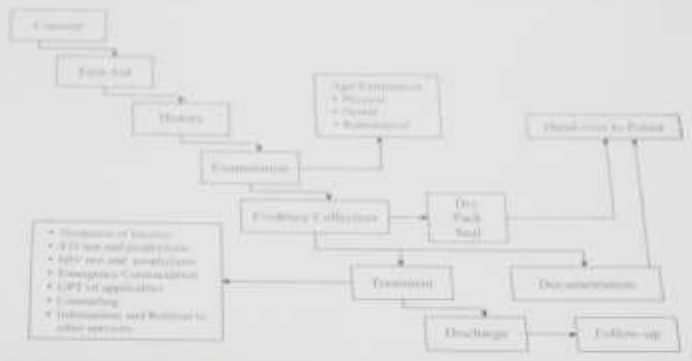
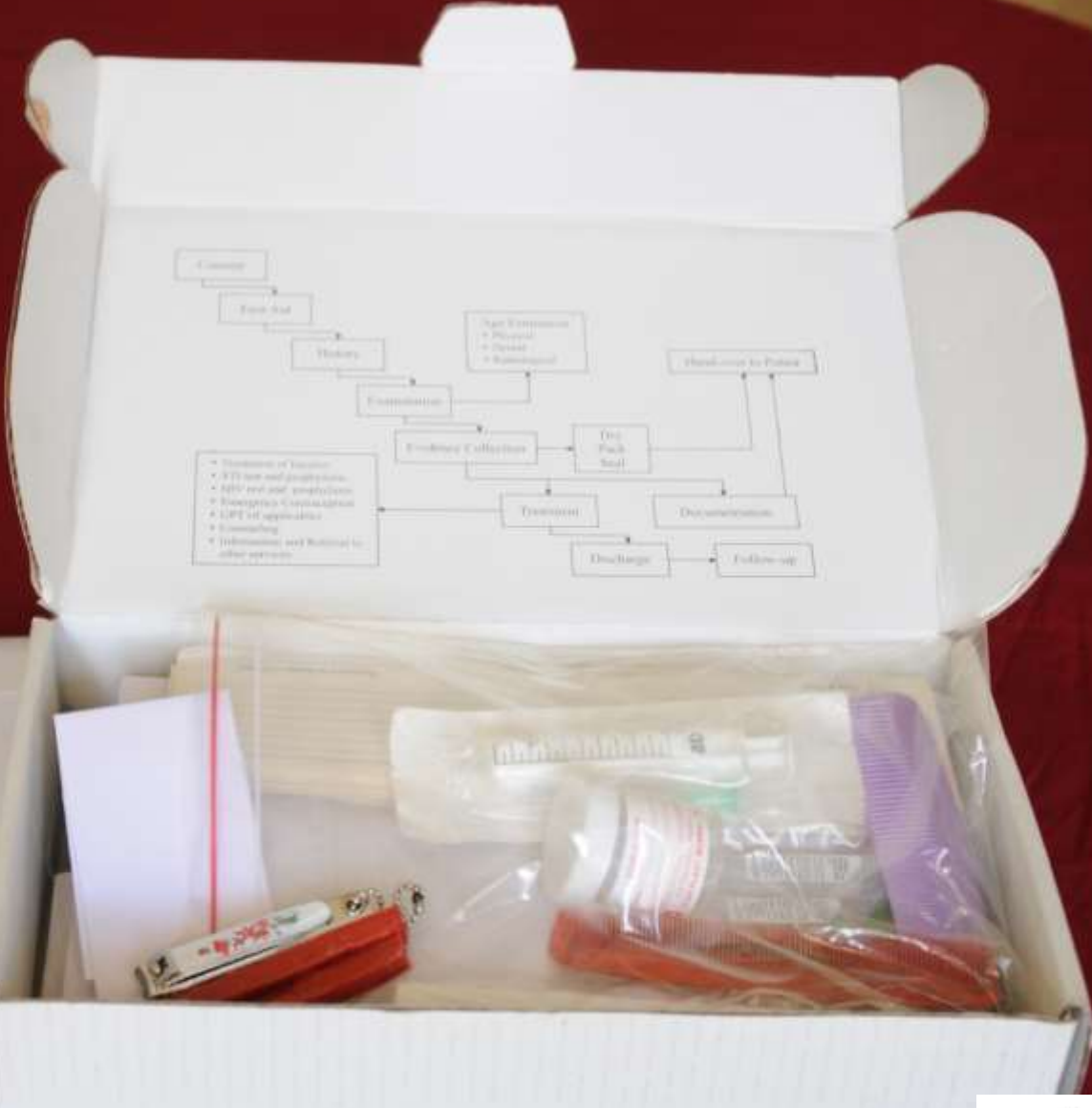
Documented

Sealed

Chain of custody

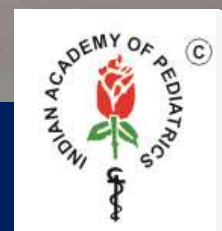
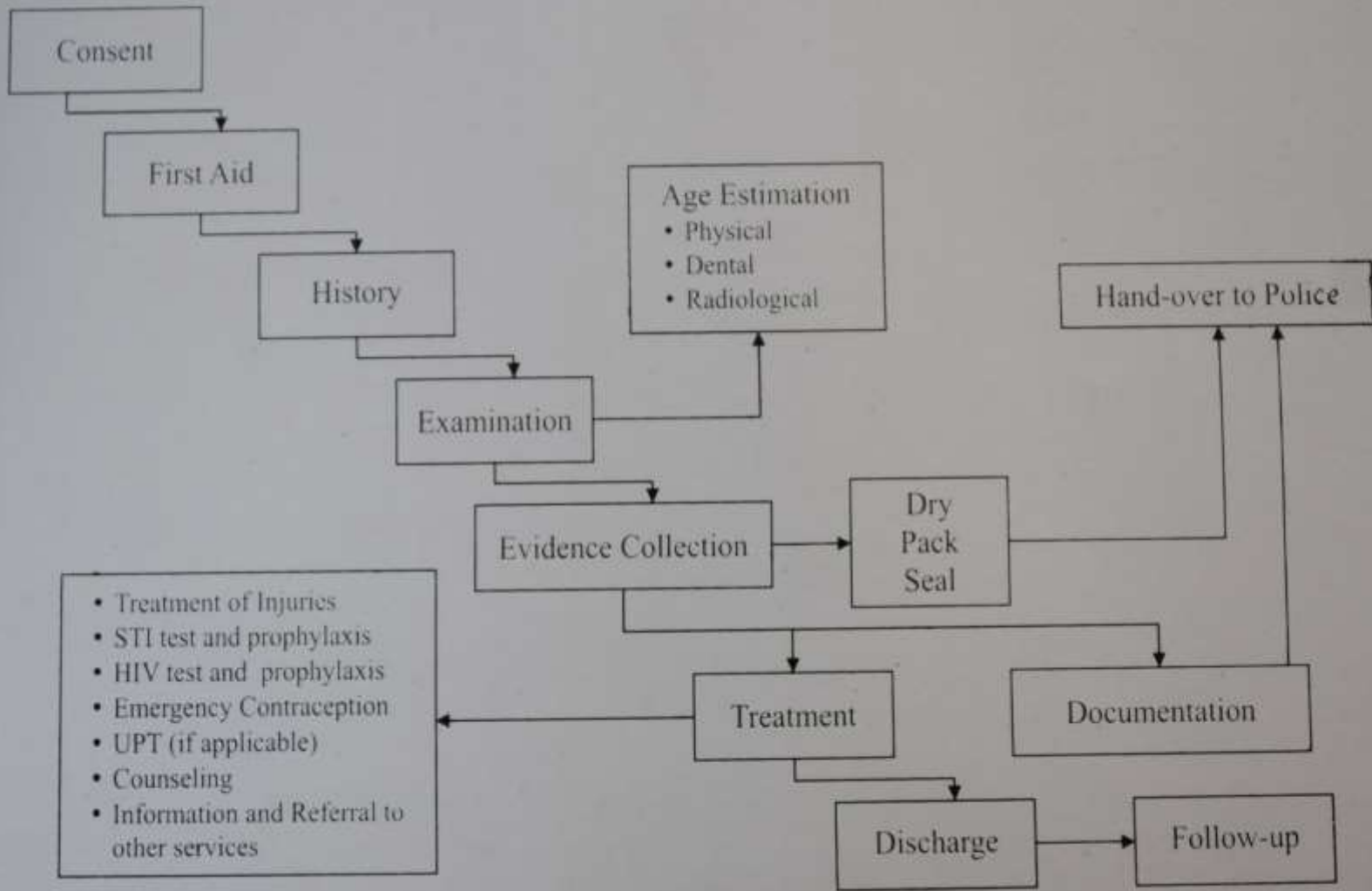


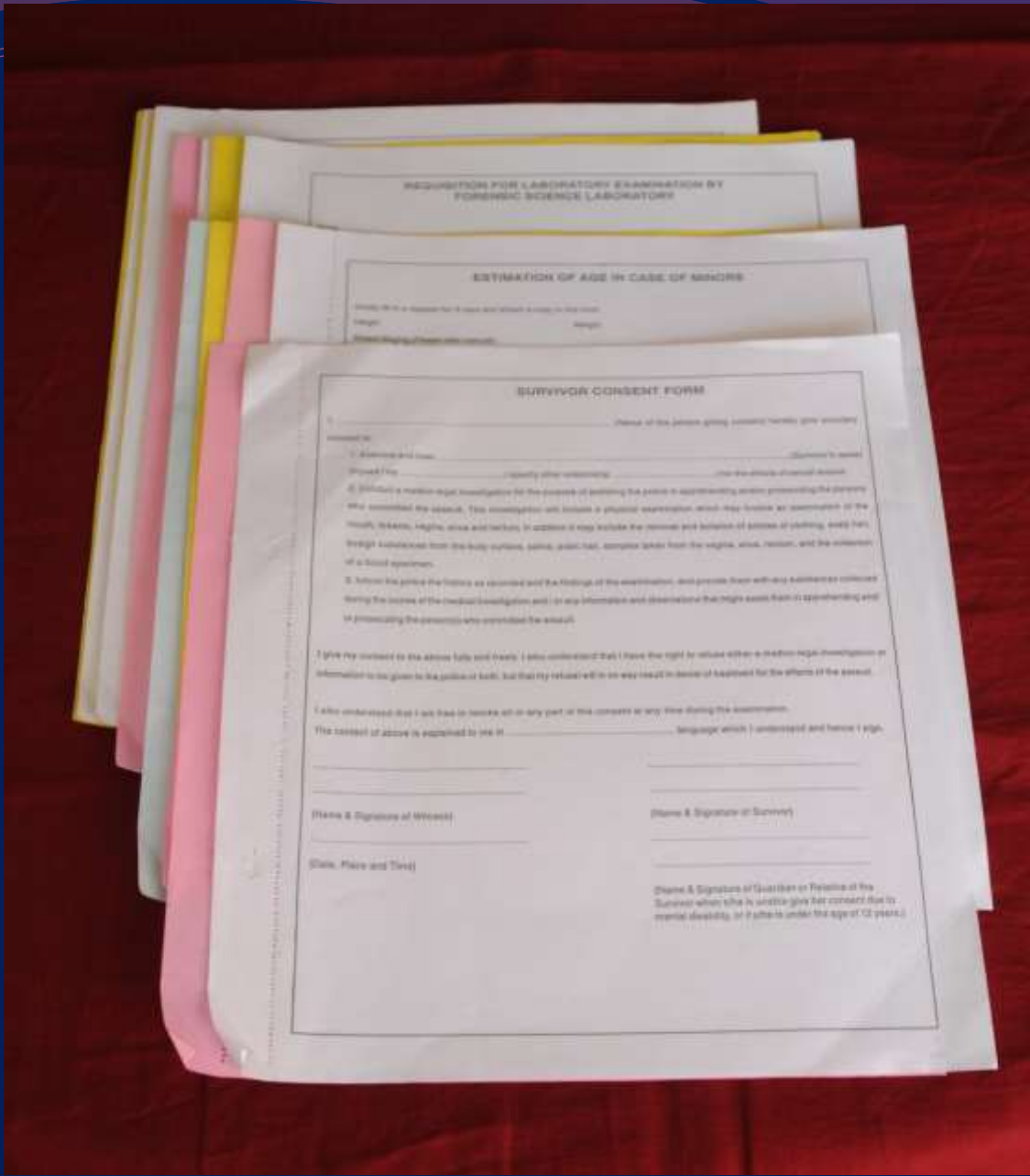


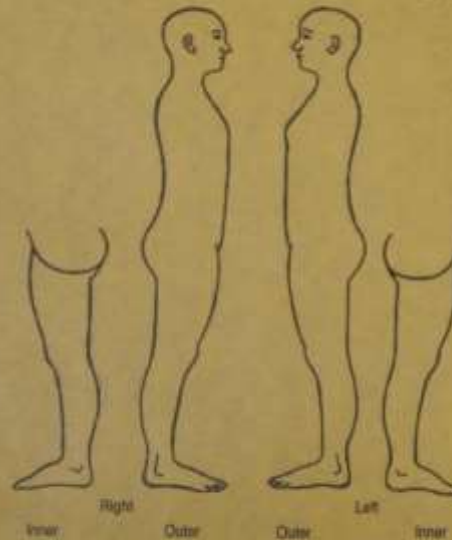
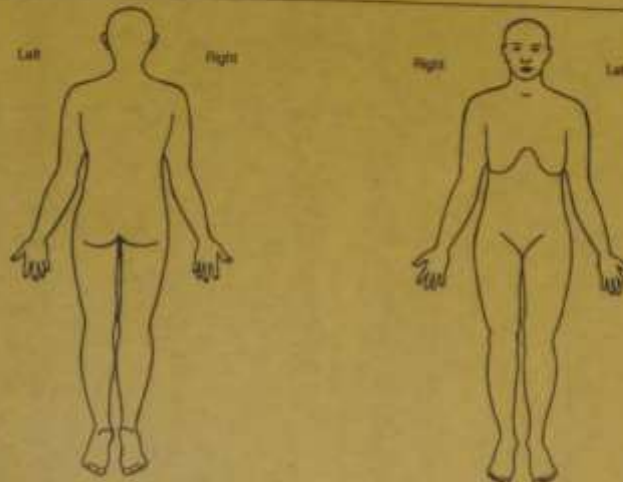


- Treatment of lesion
- STI test and prophylaxis
- HIV test and prophylaxis
- Empiric cotrimoxazole
- LPT of application
- Counseling
- Referral and Referral to other services









Figures courtesy WHO document "Guidelines for Medical-Legal Care for Victims of Sexual Assault"



Packet number.....

Name of the hospital & Place.....

Hospital Number & Date.....

Police station with Crime number & Sections (if any).....

Name of the person with age & Sex.....

Sample collected.....

Examination required.....

Date & Time.....

Signature of doctor with seal







Scalp hair



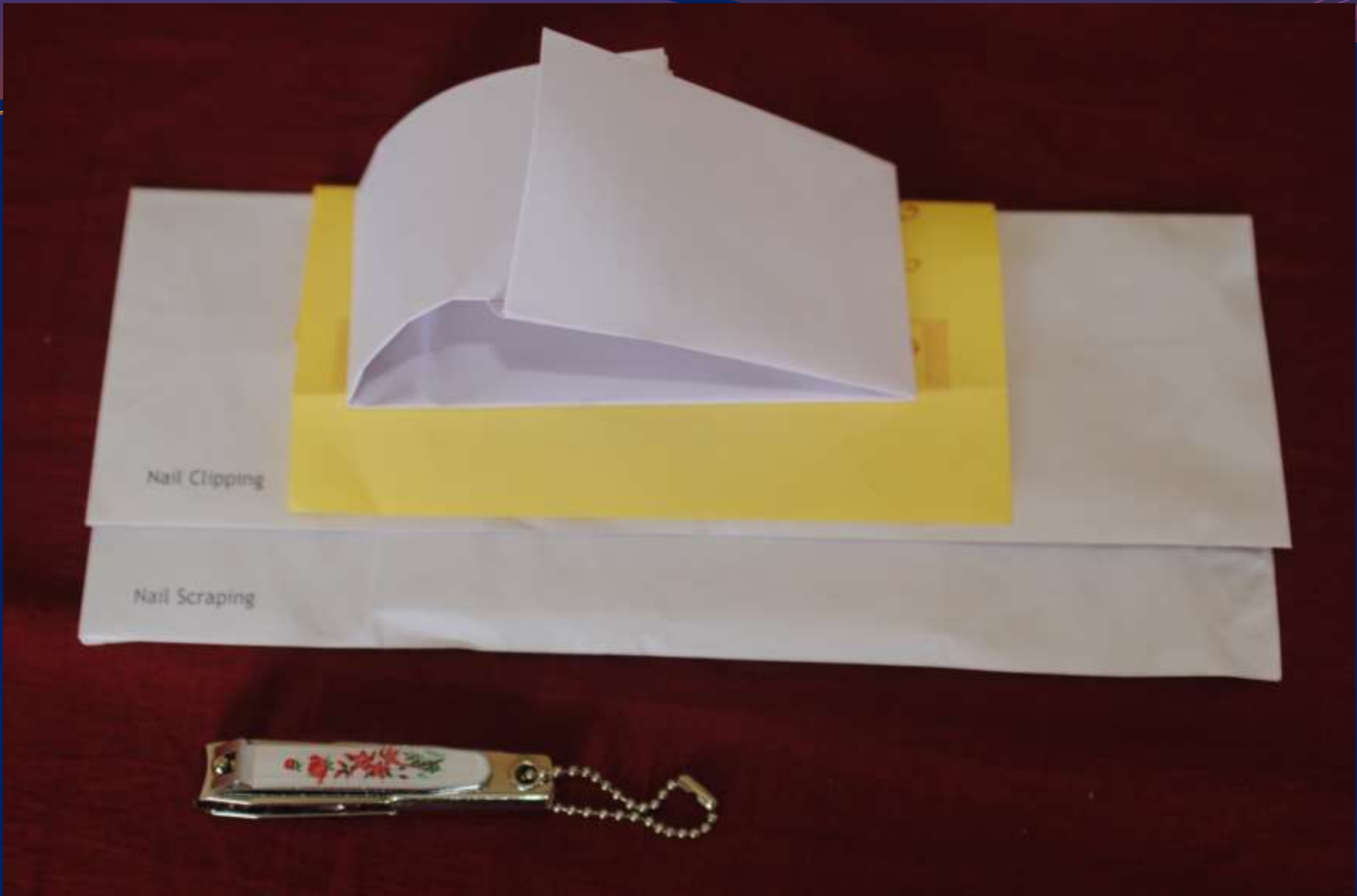
Head hair combing





Normal Saline/Distilled Water





Nail Clipping

Nail Scraping





Vacuum Tube  
EDTA<sub>2</sub>  
CE

LOT: 20080516 EXP: 20150515

3ml

Blood for DNA analysis



Vacuum Tube  
FLUORIDE OXALATE  
CE

3ml

Blood for alcohol levels



Vacuum Tube  
PLAIN  
CE

5ml

Blood for grouping/Drugs estimation



# Medical Certificate

- Structure
- Findings
- Impression

Copy of the medical certificate MUST be given to the survivor and / or family free of cost



# Principle of case management: ***BEST INTERESTS OF THE CHILD***

Competence

Care

Commitment

