



Towards a new dawn

Ministry of  
Women and Child Development  
Government of India

# Essential Interventions & Skills for Working with Child Sexual Abuse

## Introducing Mental Health & Legal Dimensions of Forensics



### SAMVAD

Support, Advocacy & Mental health interventions for children in Vulnerable circumstances And Distress

A National Initiative & Integrated Resource for Child Protection, Mental Health, & Psychosocial Care

Established by Ministry of Women & Child Development,  
Government of India

Located in Dept. of Child and Adolescent Psychiatry,  
National Institute of Mental Health & Neurosciences (NIMHANS), Bangalore



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## ABOUT SAMVAD

SAMVAD (Support, Advocacy & Mental health interventions for children in Vulnerable circumstances And Distress) is a National Initiative & Integrated Resource for Child Protection, Mental Health and Psychosocial Care, established by the Ministry of Women & Child Development, Government of India, This initiative is located in the Dept. of Child & Adolescent Psychiatry, NIMHANS. With the aim of enhancing child and adolescent psychosocial well-being, through promotion of transdisciplinary and integrated approaches to mental health and protection, SAMVAD was established to extend its support and activities to all the states in the country. It comprises of a multidisciplinary team of child care professionals, with expertise in training and capacity building, program and policy research pertaining to child mental health, protection, education and law.

SAMVAD has been mandated by the Mission Vatsalya Guidelines of the Ministry of Women & Child Development, Government of India ***“to develop and increase counselling capacity as well as resource persons at the State/UT level, including Psychiatric counselling and mental health wellbeing of children in coordination with Support, Advocacy & Mental Health Interventions for Children in Vulnerable Circumstances And Distress (SAMVAD)- National Institute of Mental Health and Neurosciences (NIMHANS).”***



# **SAMVAD's Vision & Strategic Objectives**

## **Develop**

**Standardized child-centric modules and resources for the capacity building of primary, secondary and tertiary level psychosocial and mental health care service providers.**

## **Strengthen**

**Knowledge and skills in child and adolescent protection and psychosocial care in various cadres of child care service providers in the country, through training and capacity building initiatives at primary, secondary and tertiary care levels of child protection and mental health.**

## **Enhance**

**Child and adolescent protection and psychosocial care programs implemented by government and non-government agencies, by providing technical support on program design and quality.**

## **Undertake**

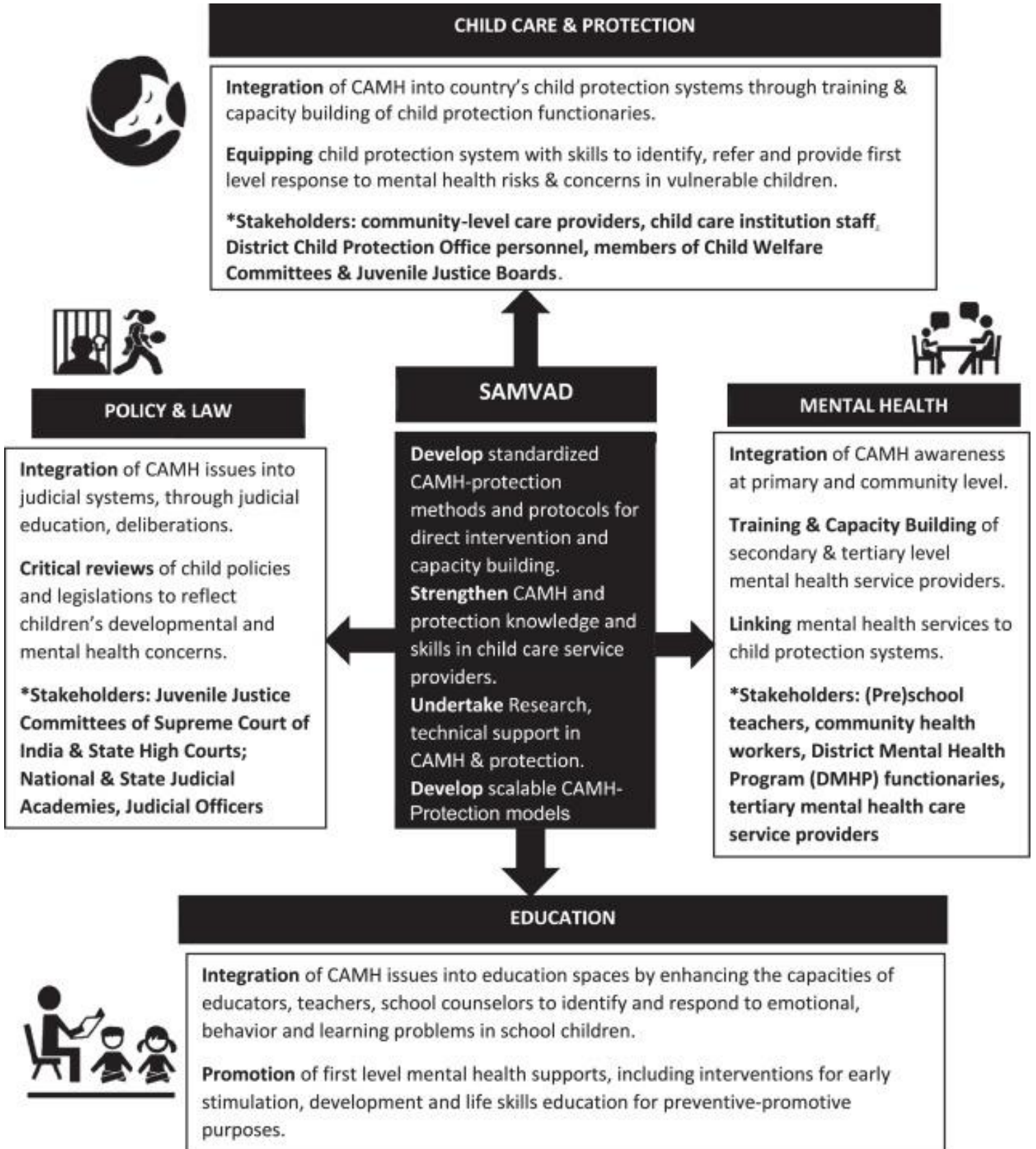
**Studies, audits, research and advocacy on issues pertaining to child and adolescent protection and related issues of mental health and psychosocial care.**

## **Utilize**

**The experiences of capacity building, technical programmatic support and research in informing child and adolescent laws and policies in the country.**



# THE SAMVAD MODEL



# 1. Background and Rationale

According to the World Mental Health Atlas (2014), there were 0.3 psychiatrists per 100,000 of population in India. Psychologists and psychiatric social workers were even fewer. The average national deficit of psychiatrists was estimated to be 77%. As per the National Survey of Mental Health Resources, India requires about 11,500 psychiatrists but as of now, 3,800 exist. Of these, those who specialize in child psychiatry are miniscule—most of these are a handful (currently not more than 25) that have been trained in recent years through the DM program initiated by the Dept. of Child & Adolescent Psychiatry. With the limited availability of mental health human resources and mental health care facilities, and their skewed distribution contribute to unmet child mental health needs in general, issues of adverse childhood experiences and childhood trauma, in low and middle income countries, such as India, play a major role in the development of child mental health morbidities. However, the expertise and skills to provide treatment interventions for childhood trauma are scarce, with few tertiary mental healthcare centres demonstrating the capacity to assist children with such complex child mental health needs.

From a legal perspective, the Protection of Children from Sexual Offences (POCSO) Act 2012 operates in a complex context, not least because it relies on the child as a witness. The child's testimony is the most crucial part of the prosecution's case. Since the child is typically the only real witness against the suspected abuser, successful prosecution is heavily dependent on the child's disclosure and narrative on the abuse experience.

This is especially true when there is no medical evidence available and the case rests on the word of the child as against that of the alleged perpetrator.



The challenges of obtaining child witness testimony are compounded by concerns of children's age and developmental (dis)abilities, as well as accuracy of memory, their credibility, and vulnerability to suggestibility. One of the key systemic interventions required to mitigate the gaps in access to justice is the strengthening of evidence collection in Child Sexual Abuse (CSA) cases, by facilitating knowledge development amongst practitioners on the dynamics of CSA perpetration, its varied impacts across key domains of child development, and crucially, its impact on the child's ability to contend with complex legal processes.

Keeping these considerations in mind, the development of child forensic skills, techniques and knowledge among child care professionals and other stakeholders, working in varied capacities with children who have undergone sexual abuse, will thus enable them to handle cases of sexual abuse in a manner that accommodates children's needs and capacities, consequently promoting efficiency in evidence gathering processes and minimizing the impact of secondary victimization on children.

Thus, in the light of India's relatively newly adopted CSA law, child mental health professionals have an increasingly important role to play in child sexual abuse: like in other countries, they are increasingly being asked to assist legal authorities, by way of assessment, provision of expert opinion and testimony to make dispositional recommendations in CSA cases. This requires child mental health professionals to move beyond their routine mandates of psychiatric interventions and treatment of affected children, to understanding not only the key provisions of the Protection of Children from Sexual Offences Act (POCSO), 2012 but the many challenges of its implementation, such as eliciting valid and reliable testimony from children and adolescents, especially very young children, re-traumatization of children through court inquiry, the dilemmas of preparation of child witnesses for court proceedings as against the court's concerns

about tutoring. Child forensics is, in India, in a nascent stage, despite the enormous imperative to develop standardized systematic protocols in this area. It is in recognition of this that the proposed training program has been developed, in accordance with the above-described roles and functions that child mental health professionals are required to undertake in child sexual abuse cases. The training program adopts a transdisciplinary approach to training and capacity building, through a convergence between legal and child mental health domains. The integration of knowledge from both domains allows for more comprehensive assistance and support to children, whose needs for healing, well-being and justice need to be met by both mental health and legal systems. It is only through this approach that the gains obtained through (clinical) treatment of the sexually abused child's mental health issues can be maintained—by ensuring that the mental health support initiated in by healthcare services are continued throughout the child's interaction with the legal and judicial system, in ways that prevent re-traumatization and secondary victimization that is known to occur within the latter systems.



## 2. Training Objectives

### **Aim:**

- To enable child mental health professionals to bring transdisciplinary approaches to addressing the complex medico-legal issues in child sexual abuse i.e. to integrate mental health and legal knowledge to ensure comprehensive support and assistance for sexually abused children.

### **Specific Objectives:**

#### **Objective 1:**

To understand child sexual abuse dynamics and processes, in terms of their impact on:

- Children's decisions on abuse-disclosure and reporting.
- Children's mental health i.e. emotional and behavioural problems resulting from the trauma of child sexual abuse.

#### **Objective 2:**

To develop skills for responding to mental health concerns emerging from child sexual abuse, namely:

- First level responses to the trauma of abuse, including psychosocial care, medical and placement interventions.
- Methods of interventions for long term healing and recovery.
- Life skills education interventions and activities for personal safety and for enhancing children's decision-making in contexts of gender and sexuality.

### Objective 3:

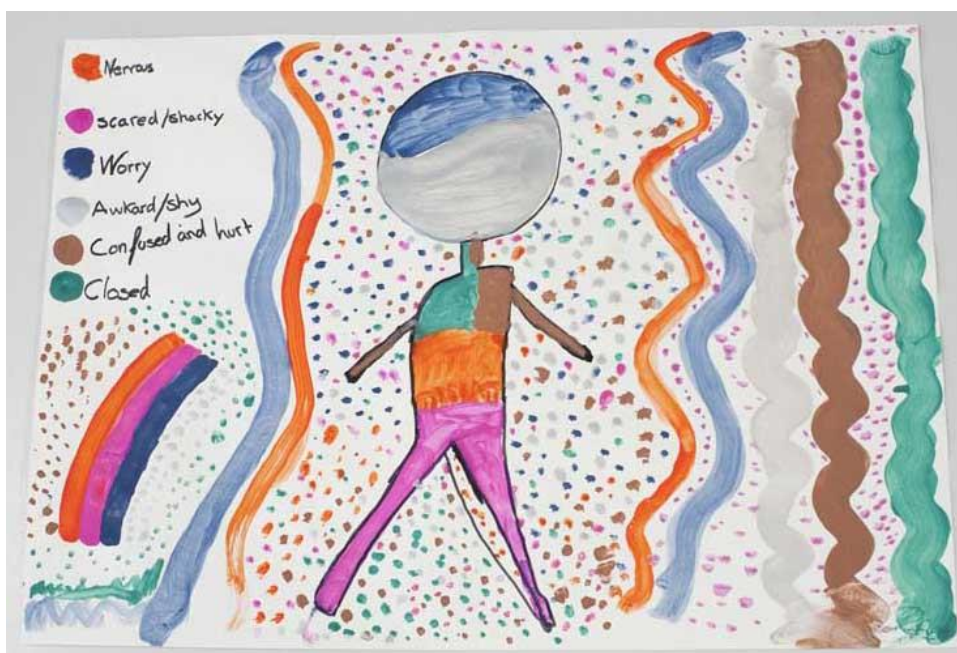
To develop an understanding of the role envisaged for child mental health functionalities in court processes in cases pertaining to child sexual abuse by:

- Developing a knowledge of court processes, particularly child witness concerns in an adversarial criminal justice system.
- Engaging in the debates and discussions on appreciation of medical and other forms of evidence in child sexual abuse cases.

### Objective 4:

To develop an understanding of child sexual abuse law in India (POCSO Act, 2012) and of due medico-legal processes so as to:

- Engage in mandatory reporting processes of child sexual abuse.
- Elicit child testimony, and support children through court processes.



### 3. For Whom

With a view to enable mental health professionals to build their capacities in the area of child forensics, this training program is ideally for advanced level mental health professionals. These would include psychiatrists, psychologists, social workers and paediatricians, typically from departments of psychiatry and paediatrics, and allied social sciences, located within secondary and tertiary healthcare facilities.

The training program is particularly intended for professionals from tertiary healthcare facilities that serve at teaching hospitals, and implement academic programs, in order that child sexual abuse work may be systematically taught to residents and post-graduate students, during the course of their work and study.



# 4. Training Curriculum & Content

The Ministry of Women & Child Development (MoWCD) established SAMVAD with a view to ensuring creation and delivery of standardized, technically accurate content on issues of child protection, mental health and psychosocial care. The training curriculum and content (detailed below) has been developed based on the NIMHANS Dept. of Child and Adolescent Psychiatry's long experience with child protection and mental health in multiple settings and contexts, including in training of child protection and other related functionaries, over the years. Therefore, programmatic content cannot be abbreviated or altered in ways that dilute the program or the purpose of the training program. SAMVAD reserves the right to adapt the program as necessary, solely in accordance with the aim of ensuring teaching-learning quality—in order that vulnerable children ultimately benefit from the service providers.

## 4.1 Introduction to Child Sexual Abuse Legislation: Overview of Key Provisions of POCSO Act, 2012

### Objectives:

- To briefly explore the statutory understanding of sexual offences against children and other key provisions of the POCSO Act, 2012

### Content:

The first session will broadly outline the substantive and procedural frameworks of the POCSO Act that are key to effective implementation of the Act. The following concepts and mechanisms of the Act may briefly be discussed here:

- a) Gender and Sexual Offences – Implications of POCSO:* The Session will begin by exploring the background and mandate of the POCSO Act, with reference to instituting a gender-neutral legislative framework to address child sexual abuse.
- b) Statutory Offences and Punishments:* This section will cover the classification of offences under the POCSO Act and stipulated punishments for each offence.

This section will also cover significant case law in regards to the scope of applicability of these varied provisions. Case law may be discussed here to clarify the distinction between aggravated and other forms of assault and the consequences of prosecutions incorrectly applying the classification of offences under the POCSO Act.

*c) Mandatory Reporting:* This section will briefly outline the statutory requirement of reporting and the applicability of the provision in regards to various stakeholders under the Act. A brief framework to address the dilemmas and challenges in mandatory reporting will also be outlined.

*d) Procedure to be followed in recording child's statement:* The POCSO Act specifies certain procedural protections and relaxations (compared to the procedure adopted under the general framework of the CrPC) to be observed in the recording of a child's statement by a magistrate or police officer.

The significance of the child's statement will also be discussed in an evidentiary context.

*e) Procedure for medical examination of the child:* An integral part of the victim-friendly orientation of the POCSO Act is the provision made for medical examination and emergency medical care for child victims of sexual offences. The negation of barriers (like documentation requirements prior to medical examination; illicit medical practises like the '2-Finger test') and the significance of the Medical Termination of Pregnancy Act (MTPA) 1971, will be discussed as key imperatives in medical examination and the provision of emergency medical care. In light of the amendments to the MTPA in 2021, important case law will also be discussed.

*f) Pre-Trial and Trial Assistance for Victims:* This section will deal with the statutory provision of support persons to render pre-trial assistance during investigation) and trial assistance (including eliciting testimony from child witnesses during trial) and the role

played by CWCs in appointing support persons. This section will also engage with the imperative for more systematic pre-trial and trial assistance for children engaging with court processes.

*g) Victim Compensation:* An important aspect of current criminal law jurisprudence is the provision made for award of compensation for victims of sexual offences. Under Section 357A of the CrPC and Rule 9 of the POCSO Rules, statutory provisions exist for providing compensation to victims. Rule 9 lays down a list of circumstantial and consequential factors that must guide the award of compensation under the POCSO framework. Important case-law (to systematize victim-compensation), and the consequential and circumstantial factors determinative of compensation will also be discussed.

*h) Criminalisation of Sexual Consent & its Consequences:* One of the most challenging aspects of the POCSO law has been the issue of adolescent consent and its criminalisation. This issue will be discussed in relation to concerns about an overbroad definition of abuse, and the resulting gendered implementation of criminal sanctions.

## **4.2 The Experience and Impact of Childhood Trauma**

### **Objectives:**

- To understand the experience of trauma.
- To introduce experiential methodologies in working with child trauma.
- To learn about the impact of trauma on children.
- To familiarize participants with some basic child and adolescent mental health problems that may result from trauma experiences.



## Content:

Trauma may occur in different contexts such as natural disaster or war; it may be caused by accident, wherein disfigurement and loss of limb may be additional traumatic events. Death, dying, bereavement and other experiences of loss comprise traumatic experiences, as do physical and difficult sexual experiences.

As long as we learn about trauma as a theoretical concept, we will never really know how children experience it. The first unit of the course will thus begin with an exercise to develop an understanding of the experience of trauma and then discuss the implications for psychosocial care in the context of trauma.

In order to develop an understanding of trauma-related mental health impacts on children, this unit will seek to develop an understanding of the myriad contexts of trauma experiences. The difference between trauma and other difficult experiences is that traumatic events are usually out of the ordinary, and extreme in nature, such as those described above. They are times when individuals feel ill-equipped to cope i.e., their normal coping mechanisms, mainly resilience, family and social supports, are either dysfunctional or inadequate in helping them address their problems. Traumatic events also have adverse long-term impacts on the individual's psyche, their inter-personal relationships, and interactions with the world.

Traumatic events such as death in the family, separation from family and institutionalization or sexual abuse often trigger strong or long-lasting reactions in children.

Children affected thus may have a hard time coping with their emotions and may become depressed or anxious, exhibit hostility, pick fights, or refuse to go to school, among other responses.

These 'abnormal behaviours' need to be understood as normal reactions to abnormal situations. While not all children will go onto developing mental health morbidities as a result of traumatic experiences (temperament, resilience, access to social support systems may play a protective role), it is important to be aware that many children will at least temporarily have some symptoms of mental health problems as they struggle to cope.

### **4.3 The ABCs of Child Sexual Abuse and its Perpetration**

#### **Objectives:**

- To understand the ABCs of child sexual abuse from a psychosocial perspective.
- To recognize the dynamics of abuse, including the various methods of abuse that perpetrators use.
- To be cognizant of how the methods of (perpetration of) abuse influence a child's willingness to provide a statement or narrative.
- To apply an understanding of perpetration and abuse processes to evidence gathering and statement recording.

#### **Content:**

Child Sexual Abuse is the involvement of children and adolescents in sexual activities (usually for adult sexual stimulation or gratification) that they cannot fully comprehend and to which they cannot consent as a fully equal, self-determining participant, because of their early stage of development. This unit will facilitate a nuanced understanding of child sexual abuse, over and beyond definitions of abuse, keeping in mind the importance of such an understanding in the processes of inquiry and investigation.

Contrary to what is commonly understood, child sexual abuse is not always a one-off act nor is it merely a series of sexual actions against a child. Particularly in cases where abuse is perpetrated by known people, it is also a process comprising of a series of actions leading up to the act of sexual abuse. This unit will focus on developing an understanding of the different methods and processes by which child sexual abuse is perpetrated, thereby recognizing that such an understanding helps to identify child sexual abuse more clearly and thus strengthen the evidence to convict the perpetrator.

#### **4.4 The Dynamics of Child Sexual Abuse (CSA) Disclosure**

##### **Objectives:**

- To understand the types of disclosure in CSA cases.
- To develop an understanding of models explicating the barriers and facilitators of CSA disclosure.

##### **Content:**

This unit will begin by exploring the attempts to conceptualize and define CSA disclosure. It is geared to help participants understand the complex factors that influence child sexual abuse disclosure—including why children struggle to disclose abuse. For instance, children's decisions on disclosure are influenced by age, abuse type (intrafamilial or extrafamilial), fear of disbelief, negative consequences & perceived responsibility for abuse, and other gender and patriarchy-related factors. CSA disclosure today is understood as a non-linear, interactive and dynamic process dependent on multiple internal and external factors that ultimately influence the creation of barriers and facilitators of disclosure. In light of this contingent nature of CSA disclosure, the different typologies of disclosure will be briefly outlined to

develop an understanding of the many ways in which children may disclose information pertaining to an incident of sexual abuse: i) purposeful; ii) accidental; iii) prompted/elicited; and iv) precipitant disclosure. The unit will then focus on evaluating the chronological development of conceptual models that seek to provide a processual overview of CSA disclosure. These models will also shed light on the perceptions regarding barriers and facilitators of disclosure—in order to enable service providers to ensure a supportive and enabling environment for disclosure—and knowing how to respond to CSA disclosure.

## **4.5 Identifying the context and experience of CSA: The Child's Inner Voice**

### **Objectives:**

- To understand how children perceive and internalize their abuse and trauma experiences.
- To realize the need to respond to children based on an understanding of children's fears and confusions.

### **Content:**

A child's behavioural problem thus seldom occurs in isolation; there is always a context in which it occurs, and where internalizations grow out of. Children's behaviours are a result of the internalizations of their contextual experiences. This session forms the cornerstone to understanding the basis of children's emotional and behavioural concerns in the context of CSA. The 'inner voice' refers to the child's internalization of the experience i.e., how a child perceives the abuse incident and all the events that followed. Participants are introduced to a simple, yet effective framework for child behaviour analysis, comprising of key elements such as the

child's context or universe, the experiences arising out of a given context, his/her internalizations of these experiences. Case study analysis methods will be used to provide participants with conceptual frameworks to understand children's behaviours in various CSA contexts.

## **4.6 Communication Skills and Techniques with Children**

### **Objectives:**

- To develop essential communication skills for interviewing children.
- To lay the foundations for first level psychosocial responses to children.

### **Content:**

Using role plays and case studies, the attendees will practice the skills that are essential for communication with a child, in a non-threatening and child friendly manner. For a child in contact with the medico-legal system, the idea of sharing their story and the personal details of a difficult experience, can be daunting. Communicating with children involves not just listening to their narrative accounts, but also actively responding to their concerns and their feelings. There are five essential communication skills that will be covered in this unit (which are listed below):

- **Skill 1- Getting to know the Child**

Rapport building it is the first stage towards building a relationship with children. It involves introducing oneself/ role of the service provider; preliminary establishment of context; getting to know the child.

- **Skill 2- Listening**

This skill involves paying attention to the child's verbal and non-verbal messages and listening in a way that conveys respect, interest and empathy.

- **Skill 3- Recognizing and Acknowledgement of Emotions**

This involves recognizing the child's emotions and acknowledging their emotions, which serves as a powerful technique that reassures children and assuages their concerns pertaining to the child worker's capacity for empathy and reassurance.

- **Skill 4- Acceptance & Non- judgmental Attitude**

This skill is of particular relevance and involves acceptance of the child, irrespective of the problem; to be non-judgmental implies not taking a moral position on an issue, and instead involves facilitating discussion on difficult or controversial issues with children based on their realities, opinions and understandings, (i.e. by setting aside the child worker's personal opinions & prejudices) and enabling the child to make decisions about their lives.

- **Skill 5- Questioning and Paraphrasing**

This entails learning about different methods of questioning and inquiry i.e., how and when to use open and close-ended questions in child interviewing, and memory cues to allow for children's narratives to emerge freely.

## **4.7 Assessment of Sexually Abused Children**

### **Objectives:**

- To understand the nature and dynamics of abuse that the child has experienced.
- To identify the psychosocial impacts of abuse, including emotional and behavioural difficulties that a child has developed.
- To develop an individual care plan and refer to specialized facilities when necessary.

### **Content:**

This unit will introduce participants to assessment proformas to enable them to conduct inquiry and evaluate the psychosocial and mental health impacts of CSA. These proformas, that have been developed for use in both individual as well as institutional contexts will enable participants to identify CSA and CSA impacts, so as to develop robust treatment and care plans with a focus on first-level responses, social and rehabilitative support intervention referral for mental health assistance.

## **4.8 Immediate Family & Systems Responses to Sexually Abused Children**

### **Objectives:**

- To outline broad family and systems responses to be provided in CSA cases and methods of facilitating convergence of different systemic approaches.
- To learn about immediate medical interventions to be provided to the affected child.
- To make decisions about placement of the child, so as to ensure child safety.

### **Content:**

Since, Child Sexual Abuse is a medico legal issue, medical/health facilities as well as legal systems need to be involved in the processes associated with psychosocial assistance. The families and the school systems also play an important role in the healing and recovery processes both in the immediate and long-term context. The unit will allow participants to explore and reflect upon the ways in which all systems and stakeholders can work together in a manner so as to avoid further traumatization of the child. It thus begins with familiarizing participants with immediate medical interventions and reporting procedures when CSA occurs. It also provides guidelines for use with parents and schools for supporting sexually abused children, and frameworks for making decisions about child placement, in the aftermath of the abuse.

## **4.9 Psychosocial Responses for Sexually Abused Children**

### **Objectives:**

- To develop first-level psychosocial responses to children's confusions and queries about child sexual abuse experience.

- To learn about the types of psychosocial interventions that require to be provided to children in the immediate aftermath of sexual abuse.

### **Content:**

Detailed inquiry and attempts to conduct depth interventions when the child is facing a crisis i.e., in the immediate aftermath of abuse, is not a useful beginning. If there are serious and disruptive manifestations --like self-harm behaviours, incapacitating anxiety, post-traumatic stress disorder symptoms, specialized psychiatric assistance may also be required for some children.

First-level psychosocial responses to sexually abused children thus consist of a range of interventions from referral for pharmacotherapy, to ensuring the child's immediate safety to responding to children's anxieties regarding the abuse, to rest, relaxation, leisure and maintenance of the child's developmental trajectories. In this unit, attendees will be provided a framework to develop and provide first-level responses to children.

## **4.10 Long term Healing Interventions for Child Sexual Abuse**

### **Objectives:**

- To learn methods to address long term healing recovery from child sexual abuse.
- To enable children to overcome abuse trauma and empower them to develop coping and survivor skills.



## Content:

Longer term therapy entails regular sessions between a trained therapist or mental health professional to engage the child in reflection and dialogue to process and resolve the abuse experiences. It is only after the first level responses that healing interventions are undertaken. They are longer term processes, entailing in-depth work with the child. The purpose of therapy with a sexually abused children or adolescents is NOT to help them 'forget' the experience and 'get past it' .To protect the child from re-abuse , and the issue pertaining to adolescents in the context of sexuality.

The objectives of depth therapeutic interventions for sexually abused children and adolescents are:

- **Inquiry:** Helping child to detail/provide a narrative on sexual abuse experience in a gentle, non-threatening manner.
- **Healing & Recovery:** Enabling child to overcome abuse trauma and move from confusion to clarity; empowering child to develop coping & survivor skills.
- **Personal Safety & Abuse Prevention:** Identifying ways to cope/respond in case abuse is imminent or after abuse has occurred (for children); acquire life skills such as decision-making, assertiveness, negotiation (for adolescents).

This unit will familiarize attendees with creative methods that allow for children & adolescents to understand and reflect on situations

## 4.11 Addressing Mandatory Reporting Dilemmas: Guidelines for Implementation

### Objectives:

- To provide a comparative understanding of the chronological development of mandatory reporting provisions and their significance.
- To briefly explore the challenges in implementation of mandatory reporting provisions in India.
- To learn about a conceptual framework for balancing children's rights to participation & decision-making with the mandatory reporting law.
- To develop skills in to mandatory reporting through adoption of practice guidelines.

### Content:

This session will introduce reporting laws in India through child sexual abuse legislation in the form of POCSO, and current dilemmas and challenges in the implementation of the law for caregivers and child care service providers. Specifically, the session will discuss the contours of a framework to understand the child's perspective & the system's perspective on children's rights to participation and decision-making in reporting CSA.

Following an elucidation of these challenges and dilemmas, this session will develop an understanding of 8- Step Practice Guidelines developed by the SAMVAD-NIMHANS team to facilitate implementation of the law regarding mandatory reporting through the adoption of psychosocial and legal approaches in the child's best interest. From a practice-oriented standpoint, this session will use role-playing exercises and discuss a case study wherein the aforementioned mandatory reporting guidelines were implemented by the NIMHANS-SAMVAD team.

## 4.12 The Child Witness in the Adversarial Justice System

### Objectives:

- To understand the issue of secondary traumatization of child victims in the adversarial system.
- To understand what child-friendly court procedures and processes constitute.
- To understand if an alternative justice system exists in cases of CSA.

### Content:

This session will develop an understanding of the adversarial system of justice, wherein the process of arriving at the truth is based on a judge-led evaluation of two versions of the 'truth' i.e., an adversarial hearing consisting of two contrasting submissions by adversaries to the proceeding. It will undertake a brief overview of the various statutory provisions across general criminal law statutes (IPC, CrPC and Evidence Act) and specific beneficial legislation on child sexual abuse like the POCSO Act, to understand the contexts of child sexual abuse and the legislative imperative to promote child-friendly methods in the administration of justice.

In this context, this session will interrogate the efficacy of strict procedural compliance with trial requirements that are not sensitive to the developmental immaturity of child witnesses, in addition to leading to secondary traumatization, and will subsequently enquire about alternative procedural mechanisms that are cognizant of the unique developmental characteristics of child witnesses.

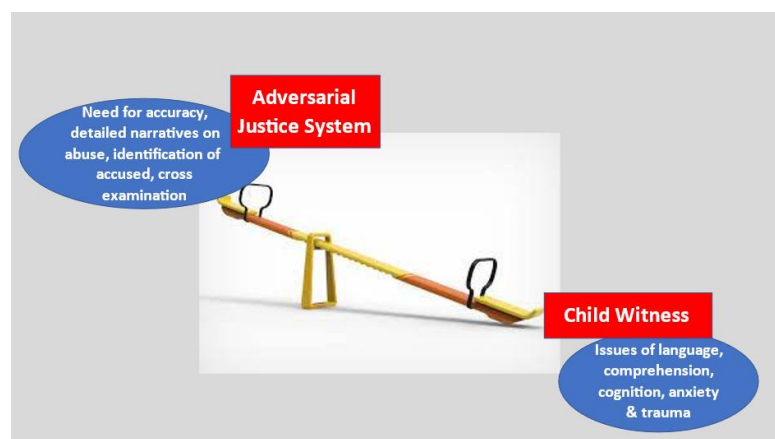
## 4.13. The Adversarial Justice System and Child Witnesses Competencies

### Objectives:

- To understand the domains of child development.
- To understand how child development is impacted by abuse and trauma.
- To apply child development concepts to issues of validity and reliability of evidence provided by child witnesses.

### Content:

As discussed in the previous session, the adversarial justice system is predicated on the principle of orality, and so child witnesses have to provide narrative evidence. Can we elicit evidence from a 2 year old? What about a 4 year old? A 10 year old child with intellectual disability? This session focuses on an understanding of what competencies children require in order to provide testimony; it also covers methodologies (taught through demo videos developed by SAMVAD) that mental health professionals may use in order to assess the skills and competencies of children, based on which they may make recommendations to the court for (a) whether or not a child would be able to provide valid and reliable testimony in court; (b) the types of accommodation a given child may require during trial processes, in accordance with his/her age, developmental capacities, disabilities and mental health disorders.



## 4.14 Eliciting Evidence from Child Witnesses

### Objectives:

- Creating a child-friendly space within the court.
- To learn ways and methods and skills to elicit the child's statement or evidence.

### Content:

This session covers the four phases of child forensic interviewing, namely introduction and rapport, transition to topic of concern, exploring details of the abuse experience and closure. Video clips developed by SAMVAD, are used to demonstrate techniques of forensic interviewing.

While the session draws in some part from the communication skills and child interviewing techniques covered in the earlier sessions, it makes a distinction between therapeutic and forensic interviewing. This is to enable mental health professionals to elicit evidence in ways that are age-appropriate and sensitive, but also neutral and forensically accurate, so as to serve the purpose of fact-finding and preclude the possibility of suggestion.

## 4.15 Cautions in Child Witness Interviewing & Court Preparation: Understanding Issues of Suggestibility & Tutoring

### Objectives:

- To develop an understanding of the forensic dilemmas in support processes in CSA cases, keeping in mind children's developmental capacities.

- To explore the ways and methods of engaging in support processes while maintaining forensic credibility of the process.

## **Content:**

In a multitude of cases, judicial interpretations have generally prescribed caution while evaluating the competence of a child witness, and subsequently, while evaluating the credibility/veracity of the child's testimony. From a judicial point of view, the question of credibility usually relates to certain cognates of a child's developmental status in regards to suggestibility, susceptibility to tutoring and likelihood of misrepresentation. This session will explore the issues of suggestibility and tutoring, with reference to child witnesses, and consider different case examples to discuss the impact of unscientific interviewing techniques on suggestibility in children, and the dynamics of tutoring in interviews with children. While discussing intentionality in tutoring, the session will discuss the critical differences between forensically sound court preparation techniques and tutoring of children.

Additionally, interviewing techniques that constitute different suggestive methods will be discussed to understand the dynamics of suggestibility, their impact on the forensic accuracy of evidence elicited, and impact on children's memory of the purported instances of child sexual abuse. Prominent examples of suggestive techniques that will be discussed include: i) selective reinforcement (incl. suggestive questions, 'other people' technique, positive/negative consequences, 'asked-and-answered questions', inviting speculation); & ii) persistent/repeated questioning.

## 4.16 Court Preparation Interventions for Child Witnesses

### Objectives:

- To develop and implement court preparation interventions in accordance with the specific needs and vulnerabilities of the affected children;
- To help children feel empowered and confident, and minimize impact of re-traumatization experienced in recounting their abuse experiences;
- To enable children to be competent witnesses and provide accurate testimony in court.

### Content:

Dealing with the court processes in child sexual abuse (CSA) cases can be complex and distressing for children. Additionally, given the age and the developmental stage of the children, and the impact of CSA trauma, their vulnerabilities are further exacerbated. In the absence of adequate court preparation and support during trial processes, the language of the court room, and cross examination procedures may only exacerbate the trauma of victims, thereby leading to their secondary traumatization. In light of the above, this session will discuss ways of providing assistance to children through the court processes. To begin with, this session will discuss the importance of development and mental health assessments and implications for child witness testimony, and for designing court preparation interventions.

Depending on the child's needs and capacities, court preparation interventions could include mental health and trauma-focused interventions, information on court geography, facilities and personnel, techniques for refreshing children's memory and skilling children in responding to court interrogation (incl. preparing children for courtroom discourse and cross examination), and empowering children by providing emotional support and motivation during the process.

#### **4.17 Appreciation of Evidence (1): Dynamics of Abuse and Medical Evidence**

##### **Objectives:**

- To explore the gaps in the current research on the interpretation of medical findings in CSA medical examinations.
- To develop an understanding of the implications of indeterminacy of medical findings for appreciation of evidence in CSA cases.

##### **Content:**

The issues in appreciation of medical evidence, in part due to lack of expert consensus on interpretation of genital, and more specifically, interpretation of hymenal findings, is also compounded by a dearth in knowledge and awareness on the current research findings and standardized guidelines on interpretation of medical evidence. This session will focus on the current guidelines developed for interpretation of genital findings in CSA cases, and the medico-legal dynamics involved in appreciation of medical evidence. It will explore alternative



corroborative sources of medical evidence in cases where genital findings are indeterminate, including the salience of documentation of medical history and its role in appreciation of medical evidence.

## **4.18 Appreciation of Evidence (2): Legal Principles**

### **Objectives:**

- To get an overview of the different types of evidence and their meanings in the context of the Indian Evidence Act, 1872.
- To understand the concepts of relevance and admissibility of evidence
- To develop an understanding of the significance of relaxing evidentiary rules in CSA cases
- To contextualize cross-examination of a child within the adversarial system of justice

### **Content:**

Appreciation of evidence includes analysing and evaluating the value, quality and worth of evidence. This session will examine the concepts of facts, relevancy, admissibility and corroboration in the context of the Indian Evidence Act, 1872. Various types of evidence will be discussed, and evidence appreciation will be situated in the adjudication of cases involving sexual offences against children within the broader framework of child sexual abuse dynamics and the methods of its perpetration.

In the context of the above, this session will discuss various mechanisms through which strict rules of admissibility and appreciation have been relaxed to accommodate the needs of child

witnesses and victim-witnesses, such as the exceptions to hearsay in cases of certain kinds of disclosures, appreciation of sole-testimony of victim-witnesses and allowance of minor testimonial consistency.

The session will also discuss the critical aspects in cross-examination of a child, keeping in mind the relevancy of their developmental capacities and procedural justice requirements under the law. Finally, the session will deal with application of statutory presumptions under the POCSO Act, and their impact on child sexual abuse trials from an evidentiary perspective. Case-study analysis will be used through the session to discuss important evidentiary concepts from a practical standpoint and their relevance to mental health/medical professionals

#### **4.19 Provision of Expert Testimony**

##### **Objectives:**

- To orient child care and other professionals about their role in supporting children through the court processes.
- To gain an understanding of legal provisions and judicial decisions on the importance, evidentiary value, and expectations from expert witnesses.
- To develop the skills to document and render expert opinions and testimony in a manner which is comprehensible to the Court and is legally sound

## Content:

Medico-legal evidence is not necessary to prosecute cases of sexual abuse, however in practice it plays a powerful role. It is hence vital for such evidence to be properly collected, documented, stored, and importantly - presented appropriately in Court. The session will discuss the importance of expert testimony and the various domains in which it can be helpful in assisting the Court in adjudicating cases of child sexual abuse, including medical and non-medical expert testimony. It will enable mental health professionals to understand their roles as expert witnesses, in courts/ cases of CSA, and provide them with an understanding on how to give accurate, comprehensible expert testimony which can be understood by the lawyers and Judges who are laypersons in respect to the field of knowledge of the expert i.e. child mental health, in this instance. Exercises and examples will be employed to gain an understanding of how to document expert observations and opinions in a manner which is acceptable to a Court of law, and how to present their testimony.



# 5. Training Schedules

## 5.1 Online Training Schedule

Theme & Content		Session
<b>Introduction to Child Sexual Abuse Legislation: Overview of Key Provisions of POCSO</b>	<ul style="list-style-type: none"> <li>Statutory understanding of sexual offences against children and other key provisions of the POCSO Act, 2012</li> </ul>	1
<b>The Experience and Impact of Childhood Trauma</b>	<ul style="list-style-type: none"> <li>The Experience of Trauma</li> <li>Impact of Childhood Trauma</li> </ul>	2
<b>The ABCs of Child Sexual Abuse and its perpetration</b>	<ul style="list-style-type: none"> <li>Nature &amp; Dimensions of CSA</li> <li>CSA Processes in Children</li> <li>Emotional &amp; Behavioural Impacts of CSA</li> <li>Index of Suspicion</li> </ul>	3
<b>The Dynamics of CSA Disclosure</b>	<ul style="list-style-type: none"> <li>The Dynamics of Disclosure</li> <li>Models explicating the barriers and facilitators of CSA disclosure</li> </ul>	4
<b>Identifying the context and experience of CSA: The Child's Inner Voice</b>	<ul style="list-style-type: none"> <li>Understanding how children perceive and internalise their abuse and trauma experiences</li> <li>Responding to children based on an understanding of children's fears and confusions</li> </ul>	5
<b>Film Screening &amp; Discussion</b>		6
<b>Communication Skills &amp; Techniques with Children</b>	Skill 1: Rapport Building Skill 2: Listening	7
	Skill 3: Recognition & Acknowledgement of Emotions	8

Theme & Content	Session	
<b>Communication Skills &amp; Techniques with Children</b>	Skill 4: Acceptance & Non-Judgmental Attitude	9
	Skill 4: Acceptance & Non-Judgmental Attitude (contd.) Skill 5: Questioning & Paraphrasing	10
<b>Assessment of Sexually Abused Children</b>	<ul style="list-style-type: none"> <li>• Psychosocial &amp; Mental Health Assessment protocols for CSA</li> </ul>	11
<b>Immediate Family &amp; Systems Responses to Sexually Abused Children</b>	<ul style="list-style-type: none"> <li>• Medical Assistance/ Treatment</li> <li>• Placement &amp; Safety Considerations</li> <li>• Guidance for Parents/Caregivers</li> </ul>	12
<b>First Level Psychosocial Responses to Child</b>	<ul style="list-style-type: none"> <li>• First-level responses to children's confusions and queries about child sexual abuse experiences.</li> </ul>	13
<b>First Level Psychosocial Responses to Child</b>	<ul style="list-style-type: none"> <li>• (Other) Types of psychosocial interventions that require to be provided to children in the immediate aftermath of sexual abuse.</li> </ul>	14
<b>Long Term Healing Responses</b>	<ul style="list-style-type: none"> <li>• Methods to address longer term healing recovery from child sexual abuse.</li> </ul>	15
<b>Long Term Healing Responses ...(contd)</b>	<ul style="list-style-type: none"> <li>• Enabling children to overcome abuse trauma and empower them to develop coping and survivor skills.</li> </ul>	16
<b>Mandatory Reporting: Dilemmas and Guidelines for Implementation</b>	<ul style="list-style-type: none"> <li>• Comparative understanding of the development of mandatory reporting provisions</li> <li>• Issues in implementation of mandatory reporting provisions in India</li> <li>• Evidence-based approaches to mandatory reporting through adoption of practise guidelines</li> </ul>	17

Theme & Content	Session	
<b>The Child Witness in the Adversarial Justice System</b>	<ul style="list-style-type: none"> <li>• Understanding the issue of secondary traumatization of child victims in the adversarial system.</li> <li>• Understanding what child-friendly court procedures and processes constitute.</li> <li>• Understanding if an alternative justice system exists in cases of CSA.</li> </ul>	18
<b>The Adversarial Justice System and Child Witnesses Competencies</b>	<ul style="list-style-type: none"> <li>• Applying child development concepts to issues of validity and reliability of evidence provided by child witnesses. Applying the child development lens</li> <li>• Assessing children for their developmental abilities to provide valid &amp; reliable testimony</li> </ul>	19
<b>Eliciting Evidence from Children</b>	<ul style="list-style-type: none"> <li>• Essential communication skills in counselling</li> <li>• Methods and skills to elicit the child's statement or evidence</li> </ul>	20
<b>Cautions in Child Witness Interviewing &amp; Court Preparation: Understanding Issues of Suggestibility &amp; Tutoring</b>	<ul style="list-style-type: none"> <li>• Suggestibility and its impact on children's memory</li> <li>• Exploring the differences between tutoring and court preparation</li> </ul>	21
<b>Court Preparation Interventions for Child Witnesses</b>	<ul style="list-style-type: none"> <li>• Implementing court preparation interventions in accordance with the specific needs and vulnerabilities of the affected children;</li> <li>• Helping children feel empowered and confident, and minimize impact of re-traumatization experienced in recounting their abuse experiences;</li> <li>• Enabling children to be competent witnesses and provide accurate testimony in court</li> </ul>	22

Theme & Content	Session	
<b>Appreciation of Evidence (1): Dynamics of Abuse and Medical Evidence</b>	<ul style="list-style-type: none"> <li>• Exploring the gaps in the current research on the interpretation of medical findings in CSA medical examinations.</li> <li>• Implications of indeterminacy of medical findings for appreciation of evidence in CSA cases.</li> </ul>	23
<b>Appreciation of Evidence (2): Legal Principles</b>	<ul style="list-style-type: none"> <li>• Overview of the different types of evidence and their meanings in the context of the Indian Evidence Act, 1872.</li> <li>• Understanding the significance of relaxing evidentiary rules in CSA cases</li> </ul>	24
<b>Provision of Expert Testimony</b>	<ul style="list-style-type: none"> <li>• Role of child care and other professionals in supporting children through the court processes.</li> <li>• Legal provisions and judicial decisions on the importance, evidentiary value, and expectations from expert witnesses</li> </ul>	25

**Each Session is for a Duration of 3 Hours**

## 5.2 In-person Training Schedule

Days	Timings	Theme & Content	
Day 1	9:00am-10:30 am	<b>Introduction &amp; Objectives of Training Program</b>	
	10:30am-1:30 pm	<b>Introduction to Child Sexual Abuse Legislation: Overview of Key Provisions of POCSO</b>	<ul style="list-style-type: none"> <li>Statutory understanding of sexual offences against children and other key provisions of the POCSO Act, 2012</li> </ul>
	1:30pm-2:30 pm	<b>Lunch</b>	
	2:30pm-5:30 pm	<b>The Experience and Impact of Childhood Trauma</b>	<ul style="list-style-type: none"> <li>The Experience of Trauma</li> <li>Impact of Childhood Trauma</li> </ul>
Day 2	9:00am-1:00 pm	<b>The ABCs of Child Sexual Abuse</b>	<ul style="list-style-type: none"> <li>Nature &amp; Dimensions of CSA</li> <li>CSA Processes in Children</li> <li>Emotional &amp; Behavioural Impacts of CSA</li> <li>Index of Suspicion</li> </ul>
	1:00 pm – 2:00 pm	<b>Lunch</b>	
	2:00 pm-5:00 pm	<b>The Dynamics of CSA Disclosure</b>	<ul style="list-style-type: none"> <li>The Dynamics of Disclosure</li> <li>Models explicating the barriers and facilitators of CSA disclosure</li> </ul>



<b>Day</b>	<b>Time</b>	<b>Theme &amp; Content</b>	
<b>Day 3</b>	9:00 am- 12:00 pm	<b>Identifying the context and experience of CSA: The Child's Inner Voice</b>	<ul style="list-style-type: none"> <li>Understanding how children perceive and internalise their abuse and trauma experiences</li> <li>Responding to children based on an understanding of children's fears and confusions</li> </ul>
	12:00pm-1:00 pm	<b>Lunch</b>	
	1:00pm- 4:00 pm	<b>Communication Skills &amp; Techniques with Children</b>	Skill 1: Rapport Building Skill 2: Listening
	4:15pm -6:15 pm	<b>Film Screening &amp; Discussion</b>	
<b>Day 4</b>	9:30 pm- 12:30 pm	<b>Communication Skills &amp; Techniques with Children (contd...)</b>	Skill 3: Recognition & Acknowledgement of Emotions
	12:30pm -1:30 pm	<b>Lunch</b>	
	1:30 pm- 4:30 pm	<b>Communication Skills &amp; Techniques with Children (contd...)</b>	Skill 4: Acceptance & Non-Judgmental Attitude
	4:30 pm- 6:15 pm		Skill 5: Questioning & Paraphrasing
<b>Day of Rest</b>			
<b>Day 5</b>	9:00 am—11:00 am	<b>Assessment of Sexually Abused Children</b>	<ul style="list-style-type: none"> <li>Psychosocial &amp; Mental Health Assessment protocols for CSA</li> </ul>

<b>Day</b>	<b>Time</b>	<b>Theme &amp; Content</b>	
<b>Day 5</b>	11:00 am— 1:00pm	<b>Immediate Family &amp; Systems Responses to Sexually Abused Children</b>	<ul style="list-style-type: none"> <li>• Medical Assistance/ Treatment</li> <li>• Placement &amp; Safety Considerations</li> <li>• Guidance for Parents/Caregivers</li> </ul>
	1:00pm- 2:00pm	<b>Lunch</b>	
	2:00 pm— 5:30 pm	<b>First Level Psychosocial Responses to Child</b>	<ul style="list-style-type: none"> <li>• First-level responses to children’s confusions and queries about child sexual abuse experiences.</li> </ul>
<b>Day 6</b>	9:00 am – 11:00 am	<b>First Level Psychosocial Responses to Child (Cont...)</b>	<ul style="list-style-type: none"> <li>• (Other) Types of psychosocial interventions that require to be provided to children in the immediate aftermath of sexual abuse.</li> </ul>
	11:00 am - 1:00 pm	<b>Long Term Healing Responses</b>	<ul style="list-style-type: none"> <li>• Methods to address longer term healing recovery from child sexual abuse.</li> </ul>
	1:00pm- 2:00pm	<b>Lunch</b>	
	2:00 pm— 7:00 pm	<b>Long Term Healing Responses ...(contd)</b>	Enabling children to overcome abuse trauma and empower them to develop coping and survivor skills.

## Day of Rest

Day	Time	Theme & Content	
<b>Day 7</b>	9:00 am — 12:00 am	<b>Mandatory Reporting: Dilemmas and Guidelines for Implementation</b>	<ul style="list-style-type: none"> <li>• Comparative understanding of the development of mandatory reporting provisions</li> <li>• Issues in implementation of mandatory reporting provisions in India</li> <li>• Evidence-based approaches to mandatory reporting through adoption of practise guidelines</li> </ul>
	12:00 pm- 1:00 pm	<b>Lunch</b>	
	1:00 pm – 4:30 pm	<b>Film Screening and Discussion</b>	
<b>Day 8</b>	9:00 am - 10:30 am	<b>The Child Witness in the Adversarial Justice System</b>	<ul style="list-style-type: none"> <li>• Understanding the issue of secondary traumatization of child victims in the adversarial system.</li> <li>• Understanding what child-friendly court procedures and processes constitute.</li> <li>• Understanding if an alternative justice system exists in cases of CSA.</li> </ul>
	10:30am- 1:30 pm	<b>The Adversarial Justice System and Child Witnesses Competencies</b>	<ul style="list-style-type: none"> <li>• Applying child development concepts to issues of validity and reliability of evidence provided by child witnesses. Applying the child development lens</li> <li>• Assessing children for their developmental abilities to provide valid &amp; reliable testimony</li> </ul>
	1:30pm- 2:30 pm	<b>Lunch</b>	

Day	Time	Theme & Content	
	2:30 pm — 5 :30 pm	<b>Eliciting Evidence from Children</b>	<ul style="list-style-type: none"> <li>• Essential communication skills in counselling</li> <li>• Methods and skills to elicit the child’s statement or evidence</li> </ul>
<b>Day 9</b>	9:00 am— 11:00 am	<b>Cautions in Child Witness Interviewing &amp; Court Preparation: Understanding Issues of Suggestibility &amp; Tutoring</b>	<ul style="list-style-type: none"> <li>• Suggestibility and its impact on children’s memory</li> <li>• Exploring the differences between tutoring and court preparation</li> </ul>
	11:00 am- 1:30 pm	<b>Court Preparation Interventions for Child Witnesses</b>	<ul style="list-style-type: none"> <li>• Implementing court preparation interventions in accordance with the specific needs and vulnerabilities of the affected children;</li> <li>• Helping children feel empowered and confident, and minimize impact of re-traumatization experienced in recounting their abuse experiences;</li> <li>• Enabling children to be competent witnesses and provide accurate testimony in court</li> </ul>
	1:30pm- 2:30pm	<b>Lunch</b>	
	2:30 pm— 4:30 pm	<b>Appreciation of Evidence (1): Dynamics of Abuse and Medical Evidence</b>	<ul style="list-style-type: none"> <li>• Exploring the gaps in the current research on the interpretation of medical findings in CSA medical examinations.</li> <li>• Implications of indeterminacy of medical findings for appreciation of evidence in CSA cases.</li> </ul>

<b>Day 10</b>	9:00 am — 12:30 pm	<b>Appreciation of Evidence (2): Legal Principles</b>	<ul style="list-style-type: none"> <li>• Overview of the different types of evidence and their meanings in the context of the Indian Evidence Act, 1872.</li> <li>• Understanding the significance of relaxing evidentiary rules in CSA cases</li> </ul>
	12:30pm – 1:30pm	<b>Lunch</b>	
	1:30 pm— 3:30pm	<b>Provision of Expert Testimony</b>	<ul style="list-style-type: none"> <li>• Role of child care and other professionals in supporting children through the court processes.</li> <li>• Legal provisions and judicial decisions on the importance, evidentiary value, and expectations from expert witnesses</li> </ul>
	3:30pm-4:30 pm	<b>Summary &amp; Wrap Up</b>	

# 6. Training Methodology

The training program uses a range of creative and participatory methods ranging from role plays and discussions to video and film screenings, case study analysis; and experiential methodologies of visualization, simulation and story-telling. Didactic methods, such as lectures are used minimally, mostly for the purpose of introducing theoretical and conceptual frameworks that are essential for learning and field practice. The major emphasis of the training methodology is on skill-building, to enable participants to translate theory and concept into practice, in their work and interactions with children.



# 7. Mode of Program Delivery

Both online and in-person training programs are delivered by SAMVAD, through a multi-disciplinary team comprising members drawn from expertise in psychology, psychiatry, social work, and law.

## 7.1 Online training programs

SAMVAD has established a virtual knowledge network (VKN) set-up, and this platform will be used for the implementation of the proposed training program. To maintain the quality of the training, and the interactive nature that assists learning, the maximum number of participants in a given group is capped at 50. Each learning session is typically of a duration of 3 hours on pre-scheduled or pre-agreed days and time. These synchronous learning sessions may range from being twice or thrice a week (in some instances, five times a week), based on the agreement with the agency requesting the program and/or the feasibility and convenience of SAMVAD and the participants.

### Rules of Participation & Engagement for Online Programs

- Attendance of a session is counted as being online/ on the session for a minimum of 160 out of 180 minutes. There is always a next time, so don't worry!
- If more than 2 sessions are missed, a participant would be unable to continue on the program...
- Participants dropping out due to non-attendance of sessions are welcome to join another training program but all sessions would need to be attended again.
- Participants missing a session are expected to catch up by watching the recorded session.

## 7.2 In-Person Training Programs

SAMVAD is happy to conduct in-person programs in NIMHANS and/or in other state venues. These are typically all-day programs that run from 9 am to 6:30 pm, and may be implemented over the course of 3, 5 or 10 days, depending on the nature of the program. For instance, a longer training program that may have over 20 sessions, may be broken into blocks or smaller components that might run for 3 days at a time i.e. one block is followed by the next one that may be held a month or two later. Again, in order to ensure training quality, the number of participants is capped at 50 and the minimum number of participants required is 35.

### **Rules of Participation & Engagement for In-person Program**

- 100% attendance is mandatory i.e. no session may be missed.
- In case of any health emergency, the participant is required to inform the NIMHANS-SAMVAD team so that due assistance may be provided.
- Should any participant have an emergency of any other type, and have to discontinue the training program, they may duly inform the SAMVAD-NIMHANS team, who will also communicate the same to the institution concerned.
- Requests to facilitators to be exempted from sessions will not be entertained—as the program does not allow for skipping of any sessions/ activities (except in case of a health emergency)
- Participants are expected to be punctual and at the training venue by 8:50 am, in order to allow for the training to start on time, at 9 am. A grace of 15 minutes will be permitted about 3 times during the entire duration of the program.
- Participants arriving later than 15 minutes will NOT be permitted to join the session—in which case they will be unable to meet the mandatory 100% attendance requirements



## 8. Certification

Upon completion of the training program, participants will be provided with a 'Certificate of Participation'. Successful participation and completion of the program entails adherence to all rules and ways of work as detailed above.

## 9. Financial Resources & Support

As a National Initiative & Integrated Resource for Child Protection, Mental Health and Psychosocial Care, SAMVAD is mandated by the Ministry of Women and Child Development, Government of India, to provide standardized training programs and related technical support on child mental health and protection issues. Therefore, there are no financial liabilities, by way of resource/training fees or honorariums either for online or in-person training programs, on any government departments/agencies, or national programs. For the same reason, no agency/system who we assist requires an MoU with NIMHANS or with our Initiative. We are mandated to assist all agencies requiring/approaching us for support.

While online training programs entail no cost, in-person training initiatives would entail organizational and logistical expenditure. In such instances, expenditure relating to the training participants' travel, accommodation and related logistics, including venue etc. would require to be borne by the agency requesting or organizing the training program. The SAMVAD team's travel and accommodation may require be wholly or partially supported by the organizing agency, particularly if the training is for non-governmental agencies; in certain circumstances, where feasible and justifiable, SAMVAD could undertake the training by also bearing the expenditure for its team (this is subject to discussion on a case-by-case basis).



# CONTACT INFORMATION



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