Towards a new dawn
Ministry of
Women and Child Development
Government of India

Working with Children Affected by Sexual Abuse & Violence

A Training & Capacity Building Program for One-Stop Centre Staff, Frontline Functionaries & Primary Care Workers

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 of the Ministry of Women & Child Development, Government of India
Located in the 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 well-being 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 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

CHILD CARE & PROTECTION

Integration of CAMH into country's child protection systems through training & capacity building of child protection functionaries.

Equipping child protection system with skills to identify, refer and provide first level response to mental health risks & concerns in vulnerable children.

***Stakeholders: community-level care providers, child care institution staff, District Child Protection Office personnel, members of Child Welfare Committees & Juvenile Justice Boards.**

POLICY & LAW

Integration of CAMH issues into judicial systems, through judicial education, deliberations.

Critical reviews of child policies and legislations to reflect children's developmental and mental health concerns.

***Stakeholders: Juvenile Justice Committees of Supreme Court of India & State High Courts; National & State Judicial Academies, Judicial Officers**

SAMVAD

Develop standardized CAMH-protection methods and protocols for direct intervention and capacity building.
Strengthen CAMH and protection knowledge and skills in child care service providers.
Undertake Research, technical support in CAMH & protection.
Develop scalable CAMH-Protection models

MENTAL HEALTH

Integration of CAMH awareness at primary and community level.

Training & Capacity Building of secondary & tertiary level mental health service providers.

Linking mental health services to child protection systems.

***Stakeholders: (Pre)school teachers, community health workers, District Mental Health Program (DMHP) functionaries, tertiary mental health care service providers**

EDUCATION

Integration of CAMH issues into education spaces by enhancing the capacities of educators, teachers, school counselors to identify and respond to emotional, behavior and learning problems in school children.

Promotion of first level mental health supports, including interventions for early stimulation, development and life skills education for preventive-promotive purposes.

1. Background and Rationale

1.1 The Need for Assistance to Sexually Abused Children

There are, broadly speaking, two key areas in which sexually abused children require support and assistance:

i. Mental health i.e., ensuring healing and recovery from possibly traumatic experiences of abuse;
ii. Legal processes i.e., assisting the child with provision of evidence, preparation for court and support through court processes.

(a) The Imperative for Mental Health Interventions

There is much evidence to support the adverse, immediate and long-term mental health consequences of child sexual abuse (CSA). Research has a long established association between childhood psychosocial adversity (such as various forms of abuse (physical, sexual, psychological, and neglect), parental loss in terms of death, divorce, separation, parental mental illness or substance use, poverty) and development of psychiatric disorders. Children in low-income countries particularly have more post-traumatic stress disorder and depression than unexposed youth. Negative events in childhood have also been found to pose risks for the development of serious mental illness such as psychosis. Studies on the effects of early childhood adversities on adult psychopathology have shown that children experiencing multiple adversities had an increased risk of having anxiety and mood disorders, or substance abuse/dependence in adulthood, and that individuals with higher cumulative adversity had disproportionately poorer mental health because of the severity of the adversities they were exposed to—in fact the latter finding implied that public health efforts should target at the prevention of childhood adversities, while aimed at the most severe adversities, in order to have the greatest benefit to the mental health of young adults.

The immediate and long-term mental health impacts of CSA have been well-documented, amongst which is Finkelhor's seminal model of traumagenic dynamics, which explains traumatic sexualization, betrayal, stigmatization, and powerlessness as the core of the psychological injury inflicted by CSA. His model also explains how these dynamics result in emotional and behavioural impacts commonly observed in victims of CSA, namely confusions around sexual identity and sexual norms, negative connotations of sex due to association of sexual engagement with fear, anger and powerlessness which can be generalized to other life situations and feelings of isolation and low self-esteem leading to high risk behaviours such as substance abuse, criminal activity and prostitution; depression, hostility, fear and anger, which also have long-term consequences on intimate partner relationships in the long run.

More recent literature supports these findings in various ways with CSA being associated with higher rates for childhood mental disorders, and personality disorders, anxiety disorders and major affective disorders in adulthood. Also, that CSA victims are significantly at risk of a wide range of medical, psychological, behavioral, and sexual disorders.

It requires no further justification therefore, that sexually abused children require to be provided with mental health support and psychosocial care. In the immediate aftermath of traumatic events (not least of which have been intrusive interviews and questioning by media and various other agencies, for the affected children in Bihar[1]) asking questions, and attempting to establish in-depth interventions is not a useful beginning. This is not the time for detailed enquiry.

1. 3rd August 2018. Bihar shelter rape case: How it unfolded. India Today Web Desk. [Available at: https://www.indiatoday.in/india/story/bihar-muzaffarpur-shelter-rape-case-timeline-1304200-2018-08-03. Date of Access:19th June 2019]

Furthermore, abuse-focused healing interventions alone are insufficient and healing and recovery can also take a long time; in the interim, it is therefore, important to recognize the importance of maintaining children's developmental trajectories—which are (as previously discussed) disrupted by experiences of trauma and abuse. Enabling children gradually to return to daily schedules and activities such as school and play helps to restore:

- Normalcy and balance.
- Predictability (something that is lost in the abuse situation due to the lack of predictability of abusers and of abuse events).

Abuse-focused interventions to facilitate depth and longer-term healing processes require to be implemented at a later stage, when children have overcome the initial distress and trauma of abuse. Healing and recovery entails enabling child to overcome abuse, trauma and move from confusion to clarity; empowering child to develop coping & survivor skills. Therapeutic methods need to be innovative and age-appropriate. Thus, multiple creative methods that allow for children and adolescents to understand and reflect on situations and experiences require to be used (versus mere information and instruction giving).

(b) The Need for Support through Legal Processes

The Protection of Children from Sexual Offences (POCSO) Act, 2012 operates in a complex context (as already described), 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 of the abuse experience. This is especially true when there is no forensic evidence available and the case rests on the word of the child as against that of the alleged perpetrator.

Thus, the ability and skills of counsellors and support persons, such as those in One Stop Centres (OSCs), are vital to assisting judicial personnel to eliciting the child's abuse narrative.

The skills and sensitivities required to elicit information from children, that is, information that can stand the tests of reliability, depend on how children communicate, across ages.

Thus, the developmental level of children, their emotional states (particularly in the aftermath of abuse), the manner in which issues and questions are posed, and the environment in which these processes are conducted, are critical for maintaining the balance between the reliability of the information being sought and the child's psychosocial well-being.

In order that the child's best interests and his/her psychosocial and mental well-being is preserved, OSC and other primary care counselors require training not only in psychosocial care of sexually abused children, but also in child interviewing skills, and some basic preparation and support of the child through various legal and court processes. In India, as elsewhere, many children who are sexually abused come from difficult circumstances, and these children are especially vulnerable by virtue of having lower access to family and social support networks, especially given the taboos around reporting CSA and providing evidence in court. OSC counselors therefore, have a critical role to play in assisting such vulnerable children, in legal processes, as these children are less likely to receive such help from others within their network.

1.2 The Need for Capacity Building of One-Stop Centre Counsellors

One Stop Centres were first established in 2016, a scheme under the Ministry of Women & Child Development, Government of India. The purpose of OSCs is to support women affected by violence, in private and public spaces, within the family, community, and at the workplace—these include women experiencing sexual harassment, sexual assault, domestic violence, trafficking, honour-related crimes, acid attacks or witch-hunting. They aim to provide assistance and redressal to women facing physical, sexual, emotional, psychological and economic abuse, irrespective of age, class, caste, education status, marital status, race and culture. According to Lok Sabha data, the highest number of 75 OSCs have been set-up in Uttar Pradesh.

As per the 2017 Implementation Guidelines for the OSC Scheme, girls under 18 years of age may also be referred to the Centre, so they can be served in coordination with authorities/institutions established under the Juvenile Justice (Care and Protection of Children) Act, 2015 and Protection of Children from Sexual Offence (POCSO) Act, 2012.

As per our assessments and understanding, OSCs are currently more focused and better skilled/equipped to provide assistance to women. We are therefore, keen to offer capacity building support to OSCs in order to equip them with knowledge and skills to work with children affected by violence and abuse. Currently, OSCs' work appears to be to a greater extent with women affected by violence. Our experiences with visiting some OSCs in the country also indicate that there is a lack of clarity in the OSCs' role vis-à-vis sexually abused children. However, the implementation guidelines are unequivocal about (girl) children being assisted in OSCs.

Knowledge, orientation and methodologies required to work with women are very different from those that are required to work with children; hence, it cannot be assumed that the counselors trained to work with women will necessarily have the capacity to work with children.

This is because: a) Many of the methods of perpetration of sexual abuse against children are different from those that are used with women; b) children given their developmental and life stage, are impacted differently by abuse and consequently, have different emotional/behavioural and mental health impacts from women.

Thus, every OSC should include specialized staff, trained to work with CSA issues, including on conceptual knowledge of how child abuse plays out, how children are impacted by abuse (emotional and behavioural impacts of abuse), the types of interventions and methodologies that require to be used to assist children of various ages and methods of supporting children through court (POCSO-related) processes.

Without such decisions and training, and in the absence of child-specific knowledge and skills, no child work should actually be undertaken by these Centers as, they could do more harm than good in CSA cases.

2. For Whom

This curriculum has been developed for frontline and primary care workers engaging with children affected by sexual violence and abuse, such as counsellors in One-Stop Centers, who serve in institutional and non-institutional care, and other helpline workers to equip them with knowledge on psychosocial and legal interventions to respond to the needs of children who experience sexual abuse.

3. Training Objectives

The objectives of the training program are:

Objective 1:

- Understanding the dynamics of child sexual abuse and the implications for disclosure and mental health issues.
- Identifying developmental and mental health impacts of CSA and providing appropriate referrals to specialized mental health services.

Objective 2:

Developing skills in:

- Communication with and counseling of children who have been sexually abused.
- Administering psychosocial and mental health assessments with regard to CSA.
- Provision of first-level responses to affected children.
- Provision of immediate family and systemic interventions.

Objective 3:

- Orientation on the POCSO law and related legal and court processes.
- Understanding role of support persons in the context of court preparation and in-trial processes.

4. Training Curriculum & Content

The Ministry of Women & Child Development (MoWCD) established SAMVAD with a view to ensure 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 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 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 an additional traumatic event. Death, bereavement and other experiences of loss comprise of 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. There 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 an adverse long-term impact on the individual's psyche, their inter-personal relationships, and interactions with the world. Traumatic events such as a death in the family, separation from family and institutionalization or sexual abuse often trigger strong or long-lasting reactions in children. Thus, affected children 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.

4.2 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 CSA, 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, CSA 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 CSA is perpetrated, thereby recognizing that such an understanding helps to identify it more clearly and thus, strengthen the evidence to convict the perpetrator.

4.3 The Dynamics of Child Sexual Abuse 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 CSA 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.

The knowledge of barriers and facilitators of disclosure is critical to service providers ensuring a supportive and enabling environment for disclosure—and knowing how to respond to CSA disclosure.

4.4 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 from where internalizations stem from. Children's behaviours are a result of their internalizations of their contextual experiences. This session forms the cornerstone to understand 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, and 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.

4.5 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 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 a client'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. This skill adds to 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 as a person, 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.

4.6 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, CSA 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.

4.7 First-Level Psychosocial Responses for Sexually Abused Children

Objectives:

- To develop first-level psychosocial responses for 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 in-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, and post-traumatic stress disorder symptoms, then specialized psychiatric assistance may also be administered 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.

4.8 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 its impact; so as to develop robust treatment and care plans with a focus on first-level responses, social and rehabilitative support, interventions and referral for mental health assistance.

4.9 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:

These sessions will broadly outline the substantive and procedural frameworks of the POCSO Act, 2012 that are key to effective implementation of the Act. The following concepts and mechanisms of the Act will briefly be discussed here:

- **Gender and Sexual Offences – Implications of the POCSO Act, 2012:** exploring the background and mandate of the POCSO Act, with reference to instituting a gender-neutral legislative framework to address CSA.
- **Statutory Offences and Punishments:** This section will cover the classification of offences under the POCSO Act, 2012 and stipulated punishments for each offence. This section will also cover significant case laws in regards to the scope of applicability of these varied provisions.
- **Mandatory Reporting:** briefly outline the statutory requirement of reporting and the applicability of the provision in regards to various stakeholders under the Act.

- **Procedure to be followed in recording child's statement:** understand certain procedural protections and relaxations to be observed in the recording of a child's statement by a magistrate or police officer.
- **Procedure for medical examination of the child:** as part of the victim-friendly orientation of the POCSO Act, 2012 is the provision made for medical examination and emergency medical care for child victims of sexual offences.
- **Victim Compensation:** to understand the statutory provisions that exist for providing compensation to victims, including circumstantial and consequential factors that must guide the award of compensation under the POCSO framework.
- **Criminalization of Sexual Consent & its Consequences:** understand in relation to adolescent consent and its criminalization.

4.10 Addressing Mandatory Reporting Dilemmas: Guidelines for Implementation

Objectives:

- 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 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 of 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.

4.11 Role of Support persons

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.

Content:

Dealing with the court processes in CSA cases can be complex and distressing for children. Additionally, given the age and the developmental stage of the children, 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 secondary traumatization.

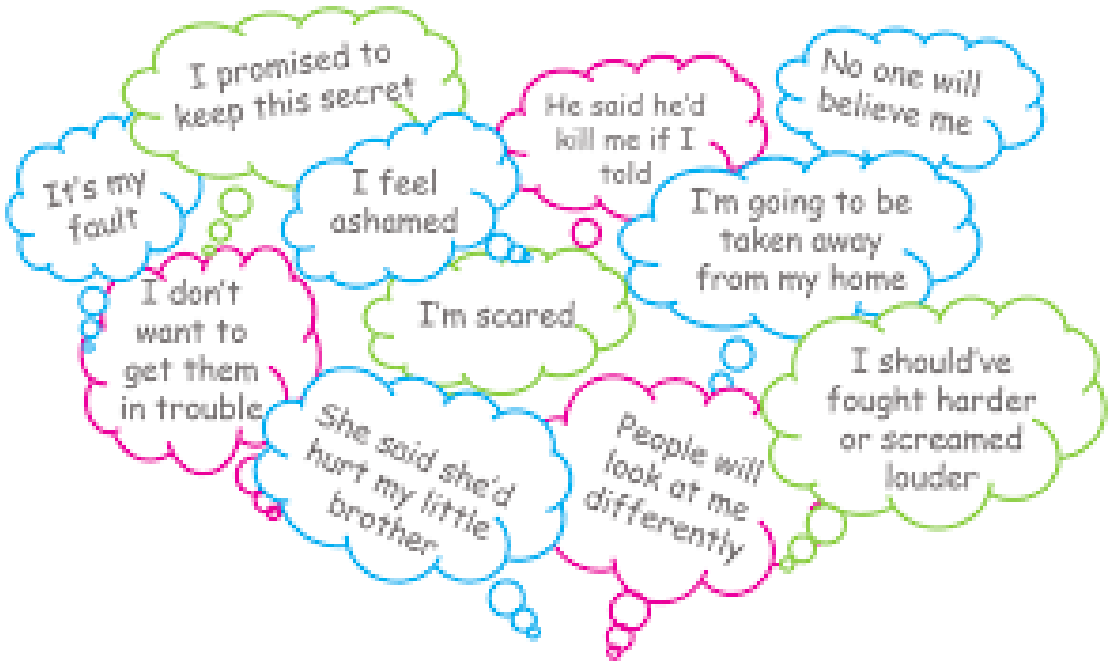
Court Preparation Interventions for Child Witnesses (A)

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. 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.

In-Trial Support Processes (B)

This component of the session will provide support persons with guidance on the various strategies they can use and assist children with, at the time of the trial. For instance, this would include how they may liaise between the child, family and the court personnel, accompany the child to court, ensure that the child is able to maintain some equanimity during the evidence eliciting processes etc.



5. Training Schedules

5.1 Online Training Schedule

Theme & Content		Session
Inauguration & Introduction to the Objectives of the Training Program	• Orientation and Introduction • Rules and guidelines for training program methodology of training • Introduction to the Learning Management System	**1**
The Experience and Impact of Childhood Trauma	• The Experience of Trauma • Impact of Childhood Trauma	**2**
The ABCs of Child Sexual Abuse (CSA)	• Nature and Dimensions of Child Sexual Abuse • CSA Processes in Children • Emotional & Behavioural Impacts of CSA • Index of Suspicionn	**3**
The Dynamics of Disclosure	• The Dynamics of disclosure • Models explicating the barriers and facilitators of CSA disclosure	**4**
Identifying Contexts and Experience of CSA: The Child's Inner Voice	• Understanding how children perceive and internalize their abuse and trauma experiences • Responding to children based on an understanding of children's fears and confusions	**5**
Communication Skills and Techniques with Children	Skill 1: Rapport Building Skill 2: Listening	**6**
	Skill 3: Recognition & Acknowledgement of Emotions	**7**
	Skill 4: Acceptance & Non-Judgmental Attitude	**8**
	Skill 4: Acceptance & Non-Judgmental Attitude (contd…)	**9**
	Skill 5: Questioning and Paraphrasing Wrap-Up & Summary	**10**
Immediate Family & Systems Response to Sexually Abused Children	• Medical Assistance/ Treatment • Placement & Safety Considerations • Guidance for Parents and Caregivers	**11**

Theme & Content		Session
Psychosocial Responses for Sexually Abused Children	First-level Responses to Children's confusions and queries about child sexual abuse experiences	**12**
	Types of psychosocial interventions that require to be provided to children in the immediate aftermath of sexual abuse.	**13**
Assessment of Sexually Abused Children	Psychosocial & mental health assessment protocols for CSA Referral criteria for common mental health disorders	**14**
Introduction to Child Sexual Abuse Legislation: Overview of Key Provisions of POCSO Act 2012	An Introduction to the Protection of Children from Sexual Offences Act, 2012	**15**
	Navigating the Challenges of Mandatory Reporting	**16**
	Role of Support persons (A): Court Preparation Interventions for Child Witnesses	**17**
	Role of Support Persons (B): In-Trial Support	**18**

Individual sessions are of 3 hour duration

5.2. In-person Training Schedule

Day	Time	Theme & Content	
BLOCK A			
1	**9:00am-9:30am**	**Inauguration & Introduction to the Objectives of Training Program**	Rules and guidelines for training and program methodology
	9:30am- 12:15 pm (including tea break)	**The Experience and Impact of Childhood Trauma**	The Experience of Trauma Impact of Childhood Trauma
	12:15 pm – 1:00 pm	**The ABCs of Child Sexual Abuse**	• Nature and Dimensions of Child Sexual Abuse • CSA Processes in Children • Emotional & Behavioural Impacts of CSA Index of Suspicion
	1:00 pm – 2:00 pm	Lunch	
	2:00pm- 5:30 pm (Including tea break)	**The ABCs of Child Sexual Abuse (Contd.)**	• Nature and Dimensions of Child Sexual Abuse • CSA Processes in Children • Emotional & Behavioural Impacts of CSA Index of Suspicion
2	**9:00 am – 11:30 am (including tea break)**	**The Dynamics of Disclosure**	• The Dynamics of Disclosure • Models explicating the barriers and facilitators of CSA disclosure
	11:30 am – 1:00 pm	**Identifying the Context and Experience of CSA: The Child's Inner Voice**	• Understanding how children perceive and internalise their abuse and trauma experiences • Responding to children based on an understanding of children's fears and confusions
	1:00 pm – 2:00 pm	**Lunch**	
	2:00 pm – 4:15 pm (tea break included.	**Identifying the Context and Experience of CSA: The Child's Inner Voice**	• Understanding how children perceive and internalise their abuse and trauma experiences • Responding to children based on an understanding of children's fears and confusions
	4:15 pm – 6:15 pm	**Movie Screening**	

Day	Time	Theme & Content	
3	**9:00 am – 9:45 am**	Discussion on the Movie	
	10:00 am – 12:00 pm	**Communication Skills and Techniques with Children**	Skill 1: Rapport Building
	12:00 pm – 1:00 pm		Skill 2: Recognition & Acknowledgement of Emotions
	1:pm – 2:00 pm	**Lunch**	
	2:00pm – 4:00 pm	**Communication Skills and Techniques with Children (Contd.)**	Skill 2: Recognition & Acknowledgement of Emotions (Contd.) (including tea break)
	4:00pm – 4:30 pm		Skill 3: Listening
	4:30 pm- 5:15 pm (including tea break)		Skill 4: Acceptance & Non-Judgemental Attitude (Introduction)
4	**9:00 am- 12:00 pm**		Skill 4: Acceptance & Non-Judgemental Attitude
	12:00 pm – 1:30 pm		Skill 5: Questioning & Paraphrasing

Day	Time	Theme & Content	
BLOCK B			
5	**9:00am –10:00 am**	**Recap of Block A**	
	10: 00am –1:00pm	**Immediate Family & Systems Responses to Sexually Abused Children**	• Medical assistance/ Treatment • Placement & Safety Considerations • Guidance for Parents and Caregivers
	2:00 pm–5:00pm	**Psychosocial Responses for Sexually Abused Children**	• First level Responses to Children's confusions and queries about child sexual abuse experiences • Types of psychosocial interventions that require to be provided to children in the immediate aftermath of sexual abuse.
6	**9:00 am –1:00 pm**		
	1:00 pm –2:00 pm	**Lunch**	
	2:00 pm -5:00 pm	**Assessment of Sexually Abused Children**	Psychosocial & mental health assessment protocols for CSA Referral criteria for common mental health disorders
BLOCK C			
7	**9:00 am–12:30 pm**	**Introduction to Child Sexual Abuse Legislation: Overview of Key Provisions of POCSO Act 2012**	An Introduction to the Protection of Children from Sexual Offences Act, 2012 (online)
	12:30pm–1:30 pm	**Lunch**	
	1:30pm–4:30 pm		Navigating the Challenges of Mandatory Reporting
8	**9:00 am—12:00 pm**	Role of Support Persons	
	12:00pm—1:00 pm	Open Floor, Summary & Wrap-Up	

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 for 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 therefore, 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 to 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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Instagram: https://www.instagram.com/nimhanschildprotect

Towards a new dawn
Ministry of
Women and Child Development
Government of India