Understanding CHILD SEXUAL ABUSE: Frequently Asked Questions
Understanding Child Sexual Abuse: Frequently Asked Questions
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If a child hides something from parents i.e. about their results or meetings in school, the first reaction is to shout or beat or hit the child. Instead of this what can be done in such situations?

Teachers touch children with no sexual intention but sometimes are accused for sexually abusing children. Some teachers are young, and students sometimes tend to get attracted towards the opposite sex teachers. So is it the child’s fault and not teacher’s?

What is the right age to talk to your child about puberty?

What are children’s biggest concerns during puberty?

Should boys learn about puberty in girls’? Should girls learn about puberty in boys?

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What are the qualities of a healthy parent-teen relationship?

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What can I do as parent for building a healthy relationship with teens?
Introduction

Question i

What is Child Sexual Abuse?

Child Sexual Abuse (CSA) is a form of child abuse. Child Sexual Abuse happens when a person uses a child for his/her sexual gratification. Child Sexual Abuse is mostly committed by someone who is in a position of power and/or authority, and sometimes, even in a position of trust. The very nature of abuse implies a relationship, and thus it is much easier for such a person to take advantage of the child’s normal helplessness and vulnerability. CSA may be physical, visual or verbal in nature. It may involve touching and/or fondling a child’s private body parts (vagina, breast, penis, testicles, buttocks, anus), forcing the child to touch and/or
fondle one’s private parts; oral, vaginal or anal penetration or any sort of contact made with the intent of one’s sexual gratification. Examples of non-contact abuse include exposing one’s genitalia to a child, using sexually explicit language when talking to a child, taking sexual pictures of a child and showing the child pornography. Child Sexual Abuse is a violation of the child’s body as well as of the child’s trust and is against the law.
Prevalence and Incidence

Question i

What is the prevalence of Child Sexual Abuse in India?

The Ministry of Women and Child Development published the Study on Child Sexual Abuse in 2007, based on a large scale study conducted all over India. The study took place across 13 states and had a sample group of 12,447 children, 2324 young adults and 2449 stakeholders. Other than this, there are not many central databases or monitoring systems that bring together available statistics related to CSA in India.

The National Study reported the following:

a) 53.22% children reported having faced one or more forms of sexual abuse.

b) Andhra Pradesh, Assam, Bihar and Delhi reported the highest percentage of sexual abuse among both boys and girls.
c) 21.90% child respondents reported facing severe forms of sexual abuse and 50.76% other forms of sexual abuse.
d) 50% offenders are persons known to the child or in a position of trust and responsibility (family member, close relative, friend or neighbor).
e) Boys were equally at risk as girls.
f) Out of the child respondents, 5.69% reported being sexually assaulted (As defined in the study: Sexual assault means penetration of the anus, vagina or oral sex)

Question ii

Is Child Sexual Abuse more common in developed countries? How is it tackled there?

Child Sexual Abuse (CSA) happens everywhere. In fact, according to research, India may have more occurrences of CSA than developed countries. In developed countries, more cases get reported because there are mechanisms in place to raise awareness and handle child protection issues and cases. In India, the issue of CSA is rarely discussed because anything related to sex is considered taboo. Even adults do not talk about sex or abuse openly. As a result, children are less likely to report any personal concerns to their parents or teachers and caregivers and thus get no help.

In most developed countries, the term “child protection” is often used to describe a set of government-run services designed to protect and provide services to children and young people who are underage. These services typically include education, foster care, adoption services, providing support to at-risk families to help them remain intact and the investigation of alleged child abuse. Communities and professionals are informed about the issue of child abuse and trained to prevent and treat cases. Reporting any suspicion or knowledge of child abuse is mandatory, especially for teachers and doctors.

“Mandatory Reporting” means that if a report is not made, that person could be legally held responsible. Once a case of child abuse is reported, an investigation is carried out. Depending on the country, children who have undergone sexual abuse can have multiple options to avail of counselling and therapeutic treatment to facilitate their journey of healing.

Question iii

In western countries communication is more open and people are more aware of the stringent laws that do exist against Child Sexual Abuse, so why is it still rampant there?

Child Sexual Abuse continues to be rampant in the West for many of the same reasons that it is rampant in India. This is because the context for Child Sexual Abuse remains the
same in all countries in spite of their outward differences: the systems make it difficult to prove the crime; victims are often blamed for what happened; families are too ashamed to report; an offender’s testimony is often believed over the victim’s words; boys are afraid of having to face the stigma attached to homosexuality (in case their offender is a man) and, of course, the fact that sexuality continues to be a very sensitive topic across the world, thus preventing discussions around Child Sexual Abuse.

Question iv

Are boys susceptible?

Yes, boys are just as susceptible to sexual abuse as girls, if not more. The ratio of boys being sexually abused to girls being sexually abused is very different between India and the West. In India there are about the same number of boys who are sexually abused as girls, perhaps even more; while in the West far more girls are abused than boys as per published research.

The sexual abuse of boys tends to be under-recognized, under-reported and under-treated for several reasons, which makes it appear as though boys are not abused or abused rarely. There are several reasons why boys are vulnerable. These reasons are different for boys and girls:

a) Boys are given more freedom than girls when it comes to accessing public spaces or interacting with different kinds of people;

b) Unlike girls, boys are not made aware of the dangers of sexual violence;

c) Boys are given the burden of living up to various ideals of masculinity;

d) Boys often feel the societal pressure to be proud of early, even if unwanted, sexual activity which is perceived more as a game than abuse.

Even if boys are abused, they are still less likely than girls to report sexual abuse because of:

a) The social stigma against homosexual behaviour, in case the offender is a man (most sexual offenders of boys are males);

b) The desire to meet the expectation that males are self-reliant;

c) The concern for loss of independence and freedom to go out (for example, they don’t want to be protected as females are protected); and

d) Boys are taught to keep their feelings to themselves and appear “strong”.

The above myths and beliefs about the ‘masculine ideal’ who is always in control and can never be a victim along with the appropriateness and supposed harmlessness of sexual behaviour between adults (especially females) and young boys creates an environment where there is little acceptance and support structures for boys to disclose sexual abuse.
Offenders

Question 1

Why do people sexually abuse children?

It is difficult to give a simple and straight forward answer to this question because there are many reasons. Some offenders were abused themselves so their sexual needs were impacted. Some were victims as children and wish to regain control and overcome their sense of powerlessness and helplessness by being the powerful offender. Others were not directly abused but something impacted their sexual development (such as witnessing domestic violence) so that they want sex with children of certain ages. Others grow up fine but use children they have easy access to for sex as a coping mechanism during times of great stress. Very few offenders are mentally sick individuals. But they do have a sexual
problem coupled with the lack of impulse control and healthy avenues to release stress (not unlike many of us, but different in nature). These offenders are generally regressed in nature. Regression is a movement back in psychological time when one is faced with stress. When we are troubled or frightened, our behaviours often become more childish. For example, a mother hits her child to study more as she is stressed about low grades. This is the same behaviour that her parents followed.

Child Sexual Abuse is not just about sex, it is also about power and control. And thus sexually abusive behaviour is often a learned behaviour. Our society is structured in a way that places certain kinds of people in positions of privilege and power over others. The power and privileges that people hold in this social structure depend on various factors such as gender, class, caste, ability, mental health, sexual orientation, age, and ethnicity. Offenders are usually aware of the power they hold over their victims based on these factors. For instance, when we say “boys will be boys”, we are allowing male children to feel entitled to other people’s bodies and we are denying them a chance to learn empathy and respect and to take accountability for their actions.

For adults with unhealthy sexual needs and poor coping mechanisms, sex with children becomes the pathway to release stress. Very often once they have sex, this relieves their stress, and they promise never to do it again - but then their unfulfilled needs crop up again and their quest for sex with children continues. Stress is a common thing that pushes many people to do something they might know is wrong.

Sexual violence is almost always purposeful and deliberate and the abuse is often inflicted to feel a sense of dominance over the victim. Sexual abuse is NEVER the fault of the child. It is NEVER caused by the way the child behaves or the way the child presents himself/herself.

**Question ii**

**What is the process that offenders follow?**

People who want or need sex with children must have easy access to children or develop a relationship with a particular child. This is called the grooming process, the process through which a child and his/her environment are prepared for abuse. It is a systematic process. The offender targets and identifies the vulnerabilities of a child. Vulnerabilities like, children who feel unloved or unwanted or unpopular, have family problems, are unsupervised or lack self-esteem. The potential offender then works to gain their trust by catering to these vulnerabilities by giving them positive messages, attention, gifts, or chocolates, all as tokens of friendship. On the basis of the bond that is then created the offender finds ways to isolate the child from his/her environment such as, going to the home of the offender, to a movie alone, or other private space. This trusting bond and isolation/privacy help break down the defenses of the child when the offender begins to desensitize the child to sexual touches. The offender
might tell the child that this touch is love or affection, whatever element the child needs. The child is then trapped into silence (please refer above to reasons why children don’t report). This is the final control that the offender has over the child. The potential offender must also groom those around the child, such as parents and family members. They do this by gaining the trust of these adults in many ways. Grooming is a subtle and gradual process, the offender may groom the child for weeks, months or even years before any kind of sexual activity is initiated, with behaviours that might not even seem inappropriate. Grooming is important for the offender as it ensures access to the child and also reduces the likelihood of the crime being revealed or disclosed. But grooming may also be a mere few minutes. This can be accomplished when offenders use societal values and expectations against children. For example, telling the child they must obey their elders, or threatening to fail the child if the offender is a teacher. All society in these ways permit the offender to continue with their behaviour and reinforce Child Sexual Abuse.

Question iii

**Do you think children invite abuse by dressing “provocatively”?**

Sadly, our society often excuses offenders by shifting the blame onto the victim (which is a major reason why children will not report abuse). However, the way someone dresses or behaves has nothing to do with sexual abuse, except that it gives the offender a means to blame the victim.

If provocative dressing were a cause for children getting sexually abused, then children as young as three months old would not get abused. The onus of sexual abuse of children is entirely on the offender alone. The offender is the one with the motivation to have sex and this motivation leads him or her down the path to groom children and people around them.

We must give children the freedom to choose what they would want to wear with a sound sense of responsibility and freedom. We need to understand that an offender will choose those children who are most likely to be blamed by the society for not meeting societal norms and standards.

**Question iv**

**Who are pedophiles and hebophiles?**

Pedophiles are people who are sexually attracted to children and prefer to have sex only with children. They derive no or little sexual pleasure with adults. Hebophiles prefer to have sex only with adolescents. Pedophiles and hebophiles can be anyone – old or young, rich or poor, educated or uneducated, non-professional or professional, and of any race or caste. They will have their own preferences for particular age or gender. Most practicing sexual offenders are men, but the number of known women
offenders, such as female teachers in the United States, is growing. Early warning signs of offenders include: a) Appearing to be more comfortable with children than adults; b) Referring to children as seductive or sexy; c) Trying to be alone with children; d) Rewarding individual children for specific behaviours; and e) Singling out particular children for attention.

It is important to note that these are merely indicators and it should not be assumed that individuals with these characteristics are potential sex offenders. Knowledge of these characteristics coupled with constant vigilance can be used as an alert. Most men or women with the desire for sex with children do not follow through with their desire. Most know it is wrong, do not want to hurt children, or do not want to be imprisoned or publicly shamed.

When adults around the child are alert to early warning signs and have the courage to approach adults with these behaviours in a supportive manner, they help to provide a safe environment for children.

Question v

What do you have to say about minors making sexual advances towards minors?

All people, including children, are sexual beings – psycho-sexual development is as important as physical, cognitive, emotional, spiritual and social development. Children who engage in sexual behaviour that is based in developmental curiosity are generally embarrassed, giggly, and they do so with other children of their own age. In this case, both the children are involved in the ‘sexual play’ out of curiosity and one child is not necessarily making advances towards the other. When these children are told to stop, they do.

When children do not stop, when they coercively make advances towards another child or when they exhibit fear or unusual interest, they could be doing so for several reasons. For example, children might have experienced sexual abuse or are otherwise confused about sex and sexuality because of age- inappropriate sexual messages reaching them.

The child could be in the early stages of being a sex offender. It is important to know how to respond to sexual misbehavior in children and youth. Identifying sexual misbehavior and teaching appropriate sexuality without shame or guilt at early stages helps children in their development and also prevents them from becoming sex offenders in the future.

Question vi

Is it possible to convince the offender and counsel them? How far does it really help?

There are several effective ways to counsel and manage sex offenders. There is work going on to further understand this, especially in India. It is important for everyone, including the police to help offenders.
Offenders need to learn to understand and control their sexual urges (sometimes with medication); they need to learn good decision making techniques; they need to accept responsibility for their behaviour; and they need to learn that what they do hurts others (empathy). The younger the offender, the less difficult it is to help them change. We have found that it is easier to work with younger offenders and help them change since they are more open to supervision and advice.
Disclosure

**Question 1**

**Why do children not disclose the abuse immediately?**

There are many reasons why children do not reveal the incident of abuse immediately or do not disclose it ever:  

a) In certain situations, because of what children are taught about sex and sexuality, children often do not perceive the incident as a violation, or as abnormal/unnatural. This happens especially if the sexual abuse is perpetuated in a way that the child perceives it as being gentle and loving. In the absence of any understanding of ‘safe’ and ‘unsafe’ touch children could equate the sexual abuse as an expression of love and the offender as someone who loves and cares for them.  

b) In some circumstances, when children identify the violation, they feel confused and afraid to communicate. Their
confusion includes many worries, such as whether the person that they may love will get into trouble, whether they will get into trouble themselves, and what will happen next.
c) Often children fear that nobody will believe them, especially if the offender is someone well known and well loved by the family and possibly someone in a position of power as well.
d) The child/youth could be afraid of being blamed for what happened – for being chosen by the offender, for being available to the offender and for complying with the offender.
e) The child could feel shame from being labeled as a victim, for not being able to seek help and report abuse. If the child is a girl she may fear being labeled as dirty and is no longer a virgin.
f) The child could be afraid of losing the love of parents or even losing the love of the offender (who is often a known person/relative/caregiver). The child could also fear losing friendships.
g) The child may be afraid of the offender’s threat to harm the child or her/his family.
In order to keep the abuse to themselves for these reasons, children often convince themselves that what happened was just a dream or an accident or that they imagined it – or they convince themselves that they can cope with what happened because telling would be even worse.

Question ii

When do children disclose abuse?

When do children disclose abuse? The most important element that allows children to disclose abuse is an environment that is supportive, trusting and empathetic. Children, usually, only disclose to people with whom they feel safe. They will only trust people who they know will listen to them, help them and not blame them for what happened to them.

There are several other situations which might make a child disclose abuse.
a) When the offender begins to offend someone else such as, a sibling or friend, the victim will report to protect that person.
b) When the child can no longer cope with the pain and trauma.
Impact and Healing

Question 1

What is the impact of CSA on children/adults?

The consequences of Child Sexual Abuse are diverse and numerous. Sexual abuse impacts the life of children at the physiological, psychological, and social levels and on sexual behavioural patterns. Physical impact may include pregnancy, tears to vaginal or anal area, sexually transmitted diseases, bleeding or unusual smells from genitals due to infections, repeated urinary infection, pain during bowel movement, involuntary gagging and psychosomatic illness including gastro-intestinal problems and frequent headaches. Psychological impact includes unusual or unexplained fear of people or places, nightmares, eating and sleeping
disturbances, anxiety, hyper-vigilance, clinging behaviour, indifference, frequent daydreaming, dissociation, lack of trust in self and others, regressive behaviours such as thumb sucking, soiling and bedwetting. The most profound impact can include suicide. **Social impact** can include sudden withdrawal, overly pleasing behaviour, increased hostility, aggression and drastic change in academic performance. Sexual abuse in childhood can cause drastic and visible change in sexual conduct and mannerisms. Some of these may include over dressing, under dressing, sexual anxiety, and repetitive sexual behaviour such as excessive masturbation, continuous sexual play, use of sexually abusive language or sexual aggression towards others. It is also possible that the trauma of Child Sexual Abuse may create sexual identity anxiety or confusion.

The impact of abuse will be different based on variables that include gender, sex, and age. Other variables that determine impact include the relationship of the offender to the victim, nature of the sexual abuse (how often, where, how many offenders), the support system around the victim, and the mental state of the victim at the time of abuse. It is difficult to separate the short-term impact from the long-term impact as the former may often be the commencement of a long-term problem. Some of the long term impacts can be:

a) The experience of betrayal of a child over the loss of a trusted figure can manifest itself in isolation and an aversion to intimate relationships and interpersonal dynamics. It can also lead to ambiguous sense of boundaries making them vulnerable to future abuse and re-victimization.

b) The experience of stigmatization can lead to low self-esteem, guilt, shame, and a consequent tendency to isolate oneself.

c) The experience of powerlessness can manifest in depression, withdrawal or in antisocial behaviour (drugs, alcohol) and delinquency including demonstrating sexually offending behaviours and re-enacting their own abuse.

d) The experiences of sexualization at an early age can lead to sexually promiscuous behaviour or it may lead to aversion to sex because of flashbacks to the molestation experience, difficulty with arousal and orgasm as well as negative connotations toward their self and sexuality.

As a final note, when children who experience sexual abuse are believed and supported by their guardians/trusted adults/loved ones, they could recover very quickly. Indeed, some children and adult victims, especially those with a strong emotional support system before the abuse, might not show any impact of Child Sexual Abuse. Finally, it is essential to remember that while it is important to be aware of the impacts of abuse, it is also important to not assume a connection between a person’s behaviour/behavioural changes and their experiences of Child Sexual Abuse.
Question ii

**Do you think that the abused child can ever go back to his/her regular life?**

Yes, sexual abuse is just one of many experiences our children might have, including war, poverty, theft, murder, flooding, or even death of a loved grandmother. Victims of child sexual abuse can go on to lead regular and healthy lives. They can learn to let go of the pain. They can work towards increasing their self-awareness of how the abuse affected them so that they work on the affected areas and resolve them. Mostly they need support through this entire process. Sometimes it takes the right therapist, or even a caring adult.

In most cases people’s lives have been changed simply when someone they love or trust listens to them and commits to support them. In this way, once we have earned the trust of a victim, we have an opportunity to guide them towards other resources that can further help them.

d) Provide support throughout the healing process.
In some cases, the victim can recover on her or his own, especially, if they know that what happened was not their fault and are aware of how they can protect themselves from being abused again. In others, victims might need professional help, for example, counselling or psychiatric care. Children and adults with familial and professional support can, and many times do, build resilience and thrive despite traumatic experiences.

Question iii

**How can we help victims of abuse overcome the impact?**

The most important thing that victims need is support, especially from caregivers. The support system should:

a) Believe the victim’s perspective,

b) Not blame the child/youth,

c) Allow the child/youth to vent feelings; and
Question 1

Is it mandatory to report a case of Child Sexual Abuse to the police?

Yes. Section 19 of the recently enacted The Protection of Children from Sexual Offences (POCSO) Act, 2012, makes it mandatory to report a case of sexual abuse to the police.

The law states: ‘Any person (including the child), who has apprehension that an offence under this Act is likely to be committed or has knowledge that such an offence has been committed, he shall provide such information to, (a) the Special Juvenile Police Unit; or (b) the local police.’

A circular issued by the Ministry of Educations, Government of Maharashtra also has made it mandatory for schools to report sexual abuse if any such incident
of abuse is brought to their notice.

Question ii

Once the abuse is reported, what action will the police take?

If the offender is known to the child, the offender will be arrested. Under the Protection of Children from Sexual Offences Act (POCSO), 2012, a medical examination is mandatory regardless of the degree of the abuse. Both the child and the offender may be sent for medical examination. Police will also collect the clothes worn at the time of the incident as evidence. The child’s statement will be recorded. If there are other people in whom the child has confided, their statements will also be recorded. The POCSO Act, 2012 prescribes special protective measures while conducting investigations to protect the child during investigations. For instance, the child cannot be called to the police station for recording the statement. If the child is a girl, only women police officers must take down the statement. The statement of the child can be taken at the residence of the child or any other place where the child is comfortable. The police officials who visit the child’s locality must be dressed in plain clothes. During the investigation and trial, the child’s identity will be protected and treated as confidential.

Question iii

What is CWC and when is the child produced before

CWC? What role will the CWC play in cases of Child Sexual Abuse?

The term CWC refers to the Child Welfare Committee. The role of the committee is to investigate whether a child’s home environment is safe and if not, to place the child in the protective care of the state by admitting the child in a children’s home. Usually when a sexual offence is reported, after the preliminary investigations, the child will be produced before the CWC. If the parents can ensure the safety of the child, the child will not be placed in a children’s home.

Question iv

What are the protective measures the court must adopt while conducting the trial in a case involving Child Sexual Abuse?

The Protection of Children from Sexual Offences Act, 2012 and rules framed under it prescribe special child friendly procedures and a special court for conducting the trial in all cases concerning sexual abuse of a child under 18 years of age. The protective measures included to make the entire process of the trial less traumatic for the child are:

a) The facility of testifying through video conferencing can be provided to the child if the child is afraid of deposing in the court. The accused should be shielded from the child’s view while deposing.
b) All persons including the judge, the prosecutor and the defense lawyer should not be dressed in formal court attire. The seating arrangement should be different and less intimidating than a formal court. Prior to the matter being called out, the child should be made to wait in a special room along with the support person which should be equipped with toys and refreshments and not be made to wait in the open court room.

c) A separate entrance must be provided from this room into the court room. The child should not be made to stand in the witness box but must be permitted to sit and depose and frequent breaks should be given to the child during the testimony.

d) The child should be allowed to drink water or have refreshment during these breaks. In the event that the child is scared or is unable to testify on that day, the matter should be adjourned, but otherwise examination and cross examination of the child must be done on the same day.

e) A counsellor or a support person should be allowed to sit beside the child during testimony. Most importantly direct cross examination of the child must not be permitted. The defense lawyer must give the questions to the judge in writing and the judge must then put them across to the child in a simple and non-intimidating manner.

f) If the child does not understand the language of the court or suffers from any disabilities or learning disorders, a translator or an expert should be provided during deposition.

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**Question v**

What is the time frame within which the entire process will be over?

Earlier, the trial used to take around one to two years. But under the Protection of Children from Sexual Offences Act, 2012 the entire process is expected to be expedited. The investigations by the police are expected to be completed within three months from the date of lodging the FIR. Thereafter, the special court will take note of the case and will frame the charges under which the accused person will be tried. This is important because the punishment will be awarded as per the precise charge that will be proved. It takes about a month after completion of investigation for the trial to start.

The trial court (which is a specially designated sessions court), will try and complete the case in about two months from the date on which the charge is framed by the court. Once the trial begins, the child will be called to court once or twice to make her/his statement before the court.

Ideally, in a typical case, the entire process will be completed within one year from the date on which the first complaint was lodged in the police station. However, the law is new and the process is still gradually getting evolved since the systems are not yet in place in most courts.
How can we address the concerns around what it means if the defendant is found guilty or not guilty?

Once the FIR (First Investigation Report) is filed and the charge is framed by the court, the accused will be asked whether he/she wants to plead guilty, i.e., accept the charges against him/her. It is the usual practice that the accused will not plead guilty, i.e. deny charges, and the trial will start. At the end of the trial, the accused person will either be convicted or acquitted. This will depend on a variety of facts – the gap between the incident and when the child reported about it to elders and when the elders went to the police station and lodged the complaint. The longer the delay, the evidence that is collected may be weak and insufficient to prove the case. In most cases, it is the word of the child alone without any supporting medical or forensic evidence. This makes it difficult to prove the case of Child Sexual Abuse. If the offender is the father or a close relative or the bread winner, the mother or other family members may not support the prosecution and may not come to give evidence. We must keep in mind that our conviction rates are very low. In cases of Child Sexual Abuse the conviction rate is only around 10% (far below the general conviction rate which is around 26%). So we cannot view acquittal as a clean chit to the accused or to prove that the abuse had not taken place. This if done, will be very demoralizing for the child, who took courage to report the crime rather than suffer in silence. It is necessary to make the child aware of this. Today reporting is mandatory. But that does not mean that every case will result in conviction. But once the case is reported to the police and the accused has to face trial, the entire process itself can cause stigma to the accused person and he may not repeat the same crime again. Also the child who has reported the crime will be bolder and the family members also will be more aware. An acquittal does not mean that the child was not speaking the truth. It only means that the prosecution (the police and the prosecutor) were not able to produce sufficient evidence before the court. A child cannot be held responsible for this and cannot be made to feel guilty for either reporting the crime or for not securing the conviction. The child may need further support and handholding in order to deal with the trauma that an acquittal may cause.

If the family relocates during the trial or decides to withdraw the case is it possible? Will the offender be let off scot-free in such circumstances?

Once an FIR is lodged and the investigation is complete, if the police find that there is sufficient evidence, the papers will be sent to the prosecutor and the trial will start. It is not possible to retrace or
‘withdraw the case’, since it is a criminal complaint and the prosecution is done by the State and not by the individual victim. The victim and her/his relatives are only witnesses in a criminal trial. The child and his/her family do not initiate the proceedings or conduct the trial. The only way a child or her/his family deals with this is to ‘turn hostile’ in court and not support the prosecution. This means, that the parent or the child change their story while stating the facts before the judge, from what they had initially told the police. This will cause discrepancy and the judge may find it difficult to convict. There are also instances of the victim refusing to recognize the accused in court before the judge. The victim may also say that the accused person is not the one who had abused him/her and that the police have caught a wrong person. Another way of withdrawing from the case is for the parent to come to court and state before the judge that their child/ward does not wish to come before the court and record the statement.

If the victim and his/her family do not support the prosecution during the trial, it will not be possible for the judge to convict the accused. It is essential that the victim must identify the accused in court. Only under the most exceptional circumstances and when there are other eye witnesses to the incidence who are willing to come to court and state before the judge what they have originally told the judge, will the judge be able to convict even when the victim or his/her relatives did not come to court to depose or when they turn ‘hostile’ in court.

In all other cases, the accused will be acquitted if the victim has not identified the accused in court.

Question viii

If legal justice is not available, how can the family ensure child’s safety?

A child who has been subjected to sexual abuse needs a lot of care and very tender handling. The child should be told in advance that it is our duty to give our best for the case but that the issue of conviction and acquittal is not within our hands. It is important that the child knows that the acquittal takes place only because the prosecution has not been able to prove the entire case with supportive (corroborative) evidence. It is necessary that everyone must cooperate and that all stakeholders – the police, the prosecutor, and the judge performs their role with concern and sensitivity. Real justice is when everyone makes the needed changes from the situation that created the abuse. That is, the child, the family, the neighborhood, the school, the society - all participate in positive change. Legal justice is only one form of justice, it is difficult to achieve, and often is not “just” at all. The child and the family should be empowered with skills to ensure safety of the child.
Is POCSO being implemented correctly?

It is difficult to generalize and give one answer as India is a vast country. It depends on how much awareness is there about the laws among police personnel and other related stakeholders.

We have seen in Mumbai, that in some cases/situations it is being implemented and people have knowledge about it; but it is also being observed that in other parts of the country, the knowledge is less and the implementation of the law is not that smooth.

So the least that can be done to support the enforcement of this law is to create awareness about it among police personnel and among the public.
Technology and CSA

Question i

Why do we need to know about technology and how it can be used to sexually harm children?

The internet and mobile phones have become part of our everyday lives. In today’s time, being online is a part of many children’s lives. But with technology changing all the time and new apps, games and networks becoming popular every day it can be difficult for us as parents/caregivers to keep up. There is a possibility that children might know more than us and it can seem challenging what can we do to help children be safe. Though these advances in technology offer a wealth of new experiences, we also need to be aware that they can be used inappropriately. Some inappropriate use
can cause sexual harm to our children. This is done:

a) By looking at, taking and/or distributing photographs and video images on the Internet of children naked, in sexual poses and/or being sexually abused – this is called Child Pornography or Child Sexual Abuse Imagery.

b) Sharing images with others using the Internet. Some people send abusive images to others who have a sexual interest in children.

c) Images may also be shown to children and young people by someone who is intent on sexually abusing them and wants to ‘normalize’ the activity.

However, not everyone who has looked at child abuse images will go on to distribute them to others or to sexually abuse a child directly. In fact, most do not. But becoming reliant on child pornography can diminish a person’s ability to sustain healthy adult relationships and can increase their motivation to seek sexual contact with a child.

Other ways in which technology may be used to sexually harm children are:

a) Communicating and forming a ‘friendship’ with children online with the intent of arranging to meet them in the ‘real world’ to sexually abuse them. This is called online grooming. Chatrooms and social networking sites are common places for such behaviour to start.

Children may be encouraged to give personal details, to go off into a private chatroom or use a webcam.

b) Encouraging and forcing children to hold sexual conversations. This is sometimes referred to as Cybersex.

c) Sending of sexually explicit images via text, email, MSN or through social networking sites. This is called Sexting. For example, this could be a picture of a young person exposing themselves or in a state of undress.

Children and young people may place themselves at risk and be vulnerable to abuse as:

a) When communicating via the Internet and mobile phones, young people tend to become less wary and talk about things far more openly than they might when talking to someone face-to-face.

b) Young people may not always follow ‘Keep Safe on the Internet’ advice. By the very nature of their age and development, they tend to be adventurous and prepared to take risks.

Users are often fearful or embarrassed about what they have said to other people whilst communicating online and do not want their parents, care givers, other important adults in their lives or even their friends to find out.

Also, if they have been the victims of online grooming or child pornography, they often have a sense of shame and feel responsible and guilty for what has happened which makes it very difficult for them to tell anyone about it.

It is important to give our children a clear message that it’s OK to tell, even if they feel they have done something wrong.

It is important that all adults are aware of the potential dangers to children and young people from online interaction and are able to protect them from harm. This means knowing how technology can be misused and what makes children vulnerable.
**Question ii**

**How is the grooming of children different online?**

In many situations, grooming online can be faster and anonymous and results in children trusting an online ‘friend’ much more quickly than someone they had interacted face-to-face. Those planning to sexually harm children can easily access information about them whilst hiding their own true identity, age and gender. People who groom children online are not as restricted by time or accessibility to a child as they would be in the ‘real world’.

**Question iii**

**How can we spot problems that may be happening online?**

These can be some of the indicators which might help us identify if children are facing problems online. A child:

a) Spending increasing amounts of time on the Internet especially talking secretly to a new online friend;
b) Becoming increasingly secretive – particularly around their use of technology;
c) Shutting the door and hiding what they have on screen when someone enters the room;
d) Not being able to talk openly about their activity online;
e) Agitated behaviour when answering their mobile and needing to take the call in private;
f) Developing a pattern of leaving the family home for periods of time with no explanation about where they are going.

g) Vague talk of a new friend but offering no further information.

The above mentioned signs and symptoms does not necessarily indicate sexual abuse has happened online. They are just indicators. These signs and symptoms can appear for other challenges that the child is experiencing as well both online and offline.

**Question iv**

**How can we keep our children safe when they are using technology?**

Children and young people use computers from an early age at home and in school. For some, their knowledge and understanding of how it works may be greater than that of their parents and care givers. This can sometimes leave us feeling unsure of how to monitor our children’s safe use of technology. When our children are young, we have more control over their activities. But as they grow into adolescence, with their need for privacy and freedom, this control lessens. It can be challenging to allow our children more independence as they grow up whilst minimizing the risks that worry us. It is important that we understand enough about technology to keep our children safe from harm and enable them to use it positively and responsibly. Children need to be empowered so that they are aware of the risks online and can identify unsafe interactions. For example, having open communication with children and helping them develop a safe internet use checklist and encourage them to follow it.
Children Living with Disability

Question i

**What is the risk of Child Sexual Abuse for a child with disabilities?**

Children with disabilities are almost three times more likely to be sexually abused than non-disabled children, according to a review commissioned by the World Health Organization (WHO)’s Department of Violence and Injury Prevention and Disability, 2012. One of the biggest factors contributing to this increased risk is the reluctance of adults to provide sexuality education to children in general and more so with children living with disabilities. Additional factors placing children at higher risk for sexual abuse include the need for assistance with daily living activities such as hygiene help, lack of social supports for themselves and their caregivers, misunderstanding about
children’s sexual behaviours, and overall stigma and discrimination. Specifically, children with intellectual and developmental disabilities can also be more vulnerable as social skills, decision making skills and overall judgment may be impacted by the disability. Children with disabilities who reside in institutions are also at an increased risk for abuse because of individual (personal) care situations, communication barriers and lack of information about psychosexual development. In all settings, communication impairments directly impact the ability of a child to disclose and/or ask for help.

Question ii

Does a child who has a disability need to be taught about Personal Safety Education?

Regardless of developmental level, education regarding the development of healthy relationships is encouraged, which includes Sexuality Education and Personal Safety Education. This can decrease their risk of sexual abuse. Teaching these concepts in a developmentally appropriate manner will help the child to develop the skills necessary for self-protection and safety, and to reduce the likelihood of engaging in behaviours, including those of a sexual nature, that are potentially harmful or offensive to others. It is important to know, however, that most disabled children might not be able to protect themselves – what is most important then is to empower children to report inappropriate behaviours.

Question iii

What is the best way to communicate information about Personal Safety Education to a child who has limited expressive communication?

Children living with disabilities use varied levels of language for communication. This includes speech, sign and alternative or augmentative forms (voiced devices, typing, gesture, pictures, etc.) of communication. A combination of communication methods along with gestures can be taught to children to show different body parts. These strategies can be helpful with children who have limited expressive communication. Parents and the child’s teacher should review for themselves, and with the child, basic safety rules about the appropriate level of help needed in toileting and other activities of daily living with each other and the child. If words and gestures for body parts are reviewed, as well as what level of hands-on help is needed, it is possible that a child who has limited expressive communication, with cognitive disabilities, can indicate or “tell” when an inappropriate touch has occurred. At least one safety goal should be on the child’s Individual Education Plan.
Engaging with CSA: Creating Awareness and Working towards Prevention

Question 1

Considering that there is discomfort around talking about CSA, how would you go about bringing awareness?

Education is the key and it must be done developmentally, in small steps. Efforts are being made to sensitize, support and develop the required knowledge, attitude and skill amongst parents and teachers and other relevant stakeholders in order to help them create a safety and support net around the child. These stakeholders are addressed in order to make them understand that each person has a role to play in keeping children safe. For example, parents are told about
how they play a pivotal role in keeping children safe by opening up channels of communication with children on issues of Private Body Parts and safe and unsafe touches. Simple steps like teaching the child the names of private body parts while introducing them with other body parts like hand, legs, and face can be immensely productive in creating a matter of fact attitude towards Private Body Parts and ease and comfort to talk about them in case children have been sexually abused.

In a similar fashion, teach children the touching rule and safety steps: It is never alright for someone to touch, look at, or talk about your Private Body Parts except to keep you clean and healthy. It is never alright for someone to ask you to touch, look or talk about their Private Body Parts. In case, someone breaks the touching rule the 3 safety steps are, say ‘No’, run, and tell someone you trust to get the help you need.

By talking about these issues based on these simple, age-appropriate rules and teaching parents how to respond if their children tell them that they have a touching problem, Arpan intends to bring about awareness and eventual change.

Question ii

In spite of escalating figures, why is the outreach of Child Sexual Abuse prevention programs quite limited?

The programs are limited in their outreach because there are limited organizations and resources who are working towards this. At the same time, schools are not open to “Life Skill” modules pertaining to Personal Safety Skills, given the sensitivity and lack of awareness about the issue of CSA and the silence around it. Another significant challenge is that all parents are not supportive of the program as they feel that any information about private body parts and personal safety will rob the children of their innocence. Other parents feel that only parents should teach this issue to their children; yet most parents are too embarrassed or do not know how to talk with their children about sex and sexuality and safety around sex and sexuality.

Note: For more information on Personal Safety Education programs please refer to the section on Personal Safety Education. You can also find more information in Arpan’s Personal Safety Workbook and My Little Body Book. Please visit the website www.arpan.org.in and other resources mentioned at the end of the document.
Information on Personal Safety Education

Question 1

What is Personal Safety Education? Who can impart this?

Personal Safety Education focuses on teaching children that they are special and have a wonderful body. Personal Safety teaches information that children need to feel and be safe (such as knowing our private body parts and knowing from whom they can get real help), the skills to handle that information (such as assertiveness) and finally to build self-esteem in order to feel the confidence to practice the skills based on the information. We all have a right to feel safe and protected. Very simply, Personal Safety Education is built on a Touching Rule and Safety Steps to follow that rule.
It is never all right for someone to touch, talk about, or look at your Private Body Parts except to keep you clean and healthy. It is never all right for you to touch, talk about, or look at someone else’s Private Body Parts. If this happens or if you ever afraid, the steps are to say, “NO”, get away, and tell a trusted adult as soon as you can.

As a parent, your part in the personal safety of your children is to be aware of your environment, know how to listen to your children, and know how to respond if your child ever feels unsafe. Personal Safety Education needs to be an on-going conversation about values, attitudes and rights of children regarding keeping themselves safe. Parents/caretakers are children’s best teachers and companions and are most suited to impart Personal Safety Education to children. However, schools can also take up Personal Safety Education with children given how all parents do not have the comfort to deliver messages on this issue and teachers have access to a large number of children. Arpan conducts Personal Safety Education programs in schools and also trains teachers/counsellors to incorporate the module in their “Life Skill” program.

Question ii

Why is it important to have age appropriate content in Personal Safety Education?

We all learn based on our perspective and ability to understand, which depends a great deal on our age. Below we outline for you the general psycho-sexual developmental milestones of students.

a) Birth to 2 years old: Children are curious about their bodies from an early age. Babies as young as three to five months start touching their private parts. These are normal and natural as these touches feel calming to children. Children do not associate the same feeling and derive sexual pleasure as adults do. However, if the child is completely preoccupied with touching private body parts and it is not balanced with other activities then it should be probed. At around 2 years of age, children start developing gender identity of being male and female. This understanding starts with identifying differences in private body parts but moves beyond it as the child grows up.

b) 2-5 years old: Children at this stage become curious about each other’s body. Their exploration with their own bodies also continues and children might like to be naked. Children at this age show little inhibitions. These are normal behaviours pertaining to psycho-sexual development as long as children are not pre-occupied, touching other children coercively or possessing/exhibiting sexual knowledge/behaviour beyond their age. Parents/caregivers have to respond matter-of-factly without astonishment, anger or inducing shame/embarrassment to the children.

c) 6-10 years old: During these years, children have crystallized their understanding of being boy and girl both biologically and socially. Children begin to develop inhibitions and shyness about their bodies, they no longer run around naked or let others watch them.
bath. By the end of this phase, both boys and girls might show signs of early sexual development. If not supported with adequate information given in a matter-of-fact way children could become embarrassed/unable to handle the biological changes and confused about multiple and often contradictory messages that they receive from varied sources. Children at this stage develop an understanding of private body parts and they pick up clues around appropriate behaviour in public. For some children, puberty might set in at 8 or 9 years of age.

d) 11-18 years old: Children at this age are generally going through puberty and their psycho-sexual development becomes evident. Puberty is the time between childhood and adulthood when girls and boys mature physically and sexually. It is the phase when a girl is becoming a woman and a boy is becoming a man. Puberty starts when a boy or girl’s body is ready, and everyone grows at his or her own pace. Generally, girls start puberty earlier than boys. The average age of the puberty in girls is at 12. Though it can start anytime between 8 years – 16 years. Boys begin puberty between the ages of 9 and 14. Puberty is marked by changes as they start showing secondary sexual characters like facial hair, body hair in boys and breasts in girls and pubic hair in both. It is also the phase when girls start menstruating and boys experience voice change. Boys are also more likely to have nocturnal emission, more commonly known as wet-dreams. As mentioned earlier if not well supported with adequate information and understanding this becomes challenging for children as they feel embarrassed and confused to deal with the bodily changes and the accompanying feelings. Parents/caregivers might find challenging to address these issues if they have not opened up channels of communication right from infancy. In such cases the parents might seek help from professionals to support the children with their questions, apprehensions and confusion.

Question iii

What can a parent do?

a) 18 Months - 3 years: Teach children the proper names for all the private body parts (e.g., penis, testicles, buttock, and anus for boys; vagina, chest, buttocks, anus for girls) while you are introducing body parts e.g. hand, leg.
b) 3-5 years: Teach your child that parts of the wonderful body covered by undergarments/swimsuit are their private body parts. Teach children the rules about keeping their private body parts safe:

Rule 1: It is never alright for someone to touch, look at or talk about my private body parts except to keep them clean and healthy. Also, it is never alright for someone to ask me to touch, look at or talk about their private body parts.

Rule 2: If someone tries to break this rule, I will say “NO” and Run/Get Away. This rule will help children build awareness of their feeling and through feelings help them identify
safe and unsafe situation. It is also important to build a support system around the child so that the child can reach out to an adult and seek help for

Rule 3: Tell someone and keep telling until I get the help I need.

c) 5-8 years: Continue the dialogue on personal safety which you have already initiated. Give plenty of examples of safe and unsafe situations both at home and outside. Play the ‘what if’ game with children to make them understand a particular situation and take appropriate action. (For example, what if the man who sells sweets wants you to go somewhere with him and keep it a secret, what would you do?) Make children understand that a familiar person may also create an unsafe situation. Broaden their support system to include teachers or other caregivers away from home.

d) 8-12 years: Reiterate the messages of personal safety. Talk about Personal Safety “guidelines” rather than “rules”. Rationalize with children rather than dictating “Dos” and “Don’ts”. Create examples and situations pertaining to their context. Address their anxieties and concerns around peer touching, bullying and self-exploration.

e) 12-18 years: Broaden the dialogue and the communication channels that you have initiated with your children to respond to their questions and apprehensions regarding personal boundaries, sexual exploration and safety. Prepare the child for the emotional and physical changes that the child will embark on due to puberty.

Acknowledge and affirm children’s feelings. Support children to handle peer pressure and finding their own identity. Listen to what children have to say rather than telling them.

Question iv

Why is it important to teach the names of the Private Body Parts?

We often do not teach children the medical names of private body parts. It is common for families to use different names to label Private Body Parts. Often families punish children for even talking about these parts of our body. This has several possible negative effects: 1) it teaches a sense of shame about our Private Body Parts; 2) it disempowers children to seek help for a problem about Private Body Parts; and 3) it hinders the parents’ understanding of a problem because the child cannot communicate what happened.

For example, a mother teaches her daughter to never let anyone touch her flower. Both daughter and mother know that the flower refers to her Private Body Parts. But one day, when mother is very busy, as mothers often are, daughter runs in and tell her that someone hurt her flower. Busy mother only hears the word flower, and so tells daughter to just go and pick another one. If the daughter used the term vagina or even just private body parts, mother would more likely have stopped what she was doing to listen to and help her daughter.
The science lessons in the CBSE/ICSE syllabi talk about Private Body Parts in an elaborate and exhaustive manner. Then why do we need to make our children undergo the Personal Safety Education (PSE) program?

Science lessons are simply about imparting biological information and are only taught to children in higher grades. The PSE program teaches skills, builds the needed self-esteem to protect oneself, and develops a support system. PSE can be taught to children as young as three years and does not need to include the complications of the science that older students will learn in school. The PSE program is a "Life Skill" module that not only provides adequate age-appropriate information to children but also inculcates in them a sense of empathy, self-worth and ownership over their bodies. Of importance, the PSE module involves the guardians of the child in the learning process. During the PSE lessons, the children are given assignments that parents are encouraged to be a part of. The assignments are given in a way that they provide children the space to voice questions, apprehensions, confusions and thoughts and encourage children to seek help whenever necessary. This process of interaction between the children and the guardians provides a non-threatening means to the guardians to talk to children about issues that they would otherwise feel uncomfortable about.

When children are taught about Personal Safety will they be resistant to safe touches too?

Personal Safety Education provides children with a lot of examples of safe touches as well as unsafe touches, so that they can differentiate between the two. It also emphasizes that safe touches are healthy and not only wanted for children but also needed. Teaching children about touching might result in them using newly learnt vocabulary a lot and misunderstand a few situations. But parents/caregivers need to be patient with children and use this as an opportunity to engage in conversations with them. Over a period of time this anxiety will subside. Teachers/trainers of Personal Safety Education program also need to talk to these children and tell them that they need not be scared of all kinds of touches and assure them that they are empowered with required knowledge and skill to be able to respond assertively when needed.

How can children with varied levels of comprehension absorb information given in Personal Safety Education classes?
Personal Safety Education is carried out using different methodologies and is not primarily a lecture based module. Each module is age appropriate and designed for differing developmental levels. Personal Safety Lessons use various activities like songs, puppet shows, role plays and worksheets. This makes the module interactive and provides space for children to process the information and use skills which have been taught to them.

After the lessons are completed, an important element of the Arpan project is for trainers to meet with children on a one-to-one basis to clarify their doubts, confusion and also reiterate the important messages. These interactions along with an evaluation of homework sheets help trainers to assess the comprehension level of the children. The trainer may refer children with special needs to school/external counsellors. In order for children to retain the messages it is crucial that schools continue with the PSE module every year and parents also reiterate these messages with children at a regular interval.

**Question viii**

**How do we teach Personal Safety to children having special needs?**

There are many different populations characterized as “special” or “disabled” or “handicapped” or “challenged”. Each group has its own unique needs and vulnerabilities. In general, children who are mentally/physically challenged may be more vulnerable to sexual abuse because they are more in need of greater care by adults (who can be potential offenders). All children need the same information to keep themselves safe. But for children with special needs, some aspects of the content and the means through which information has to be provided differs depending on their specific challenges.

Along with empowering the children, it is also crucial to educate and empower parents and caretakers because children with disabilities may be less able to protect themselves in certain situations. The aim is to strengthen and expand the support channels and improve communication between the children and their caretakers.

For example, in the case of children with hearing impairment, the need to communicate through bodily contact may sometimes put them at more risk. When teaching them Personal Safety, we convey our messages to them through visual/nonverbal means and focus on the specific situations that make them more/differently vulnerable. Similarly, for children who use wheel-chairs to move, the focus is put on teaching them different ways of getting help since it may not always be possible to physically get away from the unsafe situation. It is important to emphasize to children with disabilities how wonderful, unique and special their bodies are, because society often tells them otherwise! Please also refer to section on ‘Children Living with Disability.’
Question ix

Children often witness sexual acts between adults or are exposed to sexually explicit behaviour and messages due to their living conditions. How practical is it to talk to them about personal safety?

Children need to understand their environment. It is the lack of understanding that creates stress and possible inappropriate sexual behaviour. Therefore, before beginning Personal Safety Education, instructors need careful understanding of the children’s background and their lived reality. This will help us to understand the context of the children and deliver adequate messages around appropriate and inappropriate behaviour. It is also vital in this context to address the situation with both parents/caregivers and children so that while parents can take an additional effort to maintain privacy, children can also be made to understand that it is normal for adults to express their feelings in a particular way (sexual) with other adults. Children who observe sexual behaviour are often confused or act sexually in a child-like manner from what they see. Personal safety gives children an age-appropriate context for what they see, gives them the opportunity to have their questions answered in a serious manner, and provides them with age-appropriate behaviours. It also provides parents support with a potentially embarrassing situation.

Question x

Will children be able to use the information and skills learned during personal safety classes when they face any unsafe situation in real life?

Yes. In our experience, children have shared that they have been able to assertively say ‘No’ to attempted abuse, get away from the situation and seek help from trusted adults post Personal Safety Education classes. Research from other countries support that teaching children personal safety inhibits offenders from choosing that child and increases the number of children seeking help in some form. It is still early days in India to fully research this question here, but we feel confident so far.

Personal Safety Education is a life skill module. Life skills empower children with adaptive and positive behaviour to deal with demands and challenges of everyday life. But keeping children safe must go beyond empowering children to empowering adults. As a life skill module, PSE empowers children to make informed decisions, think critically and creatively, communicate effectively and identify safe and healthy relationships and behaviours. This imparting of information and skill building is age-appropriate and is supported by practice sessions and processing exercises. These are attempts to ensure that children not only learn about Personal Safety but are able to use
these skills if they are faced with unsafe situations. Children become better equipped to handle real life situations using these knowledge and skills if these messages are reiterated and the same skills are being honed by the caregivers. Children, when faced with abuse by a bigger person or by someone they love, trust, fear or respect, often feel that they have no option except to give in to the abuse. After all, children are taught to respect and obey without questioning! In addition, many children do not have the confidence and self-esteem to practice what they learn in personal safety classes. In PSE, these are some of the issues we address. We help them understand that they are unique and special individuals who can have participate in their own protection and have every right to be safe. We constantly emphasize the fact that when someone breaks the touching rule, it is NEVER the fault of the victim.
Intervening in Cases of Child Sexual Abuse

Question 1

If I come across a child who has been a victim of sexual abuse what should I do?

It is very important that, as an adult, you give the child a safe environment in which they can talk about what happened. a) Encourage the child to talk about what he or she experienced, but be careful not to suggest events that may not have happened - children often want to please the adult and will agree to whatever the adult has suggested. A good way to encourage the child to talk is to be an active listener, do not appear to judge the child or the offender or what happened. Asking questions such as, “what happened next?” instead of words such as “why” are less judgmental.
b) Remain calm. Guard against displaying emotions that would influence the child’s sharing of the information - such as anger (the child may feel you are angry at her/him) or sadness (the child may withdraw because she/he does not want you to be sad because of her/him).
c) Please do not insist on the child repeating the story or probe in a way which becomes threatening to the child or puts the child at risk for victimization.
d) Please affirm to the child that it is brave to come and share and you will try and help. A part of the helping process is to include the child. What you do next and how you involve the child will depend on the age of the child. For example, with an older child you can give them more options about who to tell and how to tell, but with younger children your options will be less and usually involve first the non-offending parent.
e) In case of ongoing abuse, the safety of the child is paramount so the first step is to ensure that the abuse stops immediately. In such a situation, you might need to involve the child’s parents/teachers/caregivers. It also might mean, if the father-offender will not leave the house and mother does not support the child, that the child will need to be placed in some safe place outside of the home (preferably a relative or last resort is an institution).
f) Please be honest with the child and let the child know that you will keep your talk confidential and inform only those whom you need to in order to keep him/her safe.
g) Reassure the child that he/she did nothing wrong. The child chose you to tell which might mean that they are comfortable talking about a sensitive topic with you. With this in mind, ask the child how they would like you to continue in the process of telling, such as accompanying them to talk with the next step.
h) Seek healing assistance for the child by involving a counsellor to support him/her, but do so only after the initial talk. That is, do not stop the child talking in order to seek help. Let the child know what you have to do next and prepare them for those steps. It is important to get their participation as much as possible.
i) Arrange for a medical examination for the child if the child has undergone contact sexual abuse. Select a medical provider who has experience in examining children, identifying sexual and physical trauma and is sensitive towards the child.
j) In case the child/the family intends to file an FIR, please seek legal assistance from an experienced legal expert.
k) It is always important to keep in mind that the child’s interests and needs have to be kept a priority throughout the whole process of healing and justice.

Question II

In case of incest, how can one, who is not a family member intervene and to what extent?

In case of incest, intervening by a non-family member can happen in the following ways:
a) You can get in touch with the non-offending family member and bring
him/her into confidence. You must remember that it is very difficult to suspect one’s spouse or loved one of being an offender. Therefore, you need to be understanding and patient with the non-offending family member. Most non-offending parents/guardians will support the child so long as they feel supported themselves.
b) You can seek help from organization/s working on Child Sexual Abuse in order to stop the ongoing abuse and ensure the safety of the child. There are a few organizations working in different parts of the country that provide services ranging from helplines to legal aid. To know about organizations working on the issue; please refer to the list of organizations provided at the end of the document.
c) The non-family member can involve the Child Welfare Committee (CWC) in this process. The CWC has the sole authority to deal with matters concerning children in need of care and protection; namely treatment, rehabilitation as well as restoration and social re-integration. However, once the CWC is involved it becomes the sole authority to decide about the future course of action, including the decision to shift the child from the home and declaring the family as ‘unfit’ to provide care and protection to the child. Thus, contacting the CWC is a decision that must be made after sufficient deliberation.

**Question iii**

**How can one handle inappropriate behaviour by an adult?**

It is important to respond to behaviour rather than being judgmental about the person. There are 2 points of contact for possible response:
a) If you identify inappropriate behaviour and
b) If the child tells you about any inappropriate behaviour.
If you have identified an inappropriate behaviour that could be grooming (such as, someone often has a “special” child friend, encourages silence and secrets in children, or gives private gifts) or any sexual interaction (such as, makes fun of children’s body parts, describes children with sexual words, or seems unclear about what’s appropriate with children) it is important to talk with that person. Do not confront the person, only confront the behaviour. You need to be specific about the behaviour and not generalize; for example, “I saw you last Monday touching Meena on her buttocks” rather than “I always see you sexually abusing young girls”. Let the person know that you are trying to protect them from false allegations as much as protecting the child from eventual abuse. The real message is that you are watching that person. If a child tells you something, follow the same steps but you can add the feelings of the child at the time of the touch/behaviour.

It is important, however, that if the behaviour goes over the boundary into abuse, you need to report the case to someone who can handle the issue.
Concerns and Apprehension

Question 1

How can parents talk about sensitive concepts like sexual abuse?

Parenting is not an easy task. Parents take up the challenges and support children in realizing their full potential and in keeping themselves safe. Communicating with children about their personal safety is a critical step in ensuring that they are safe and equipped to identify and respond to unsafe situations. It is natural for parents to feel embarrassed/uncomfortable because of the way society addresses these issues and the environment in which they have grown up. Personal Safety Education introduces appropriate vocabulary to help avoid embarrassment and continue conversations as children grow. For example, the touching rule (it is never all right for someone to touch, look at, talk
about your Private Body Parts except to keep you clean and healthy) is a simple yet holistic guideline to help children recognize unsafe situations be it being touched inappropriately by a stranger or being shown pornography by an uncle. To know more about Personal Safety Education, please refer to the section on ‘Information on Personal Safety’. To prepare to talk with your child:

a) Know the topic yourself.

b) Get comfortable with the necessary vocabulary. Understand why you might feel uncomfortable with the terms or topic. Try using the terms with your spouse and friends first. If you are uncomfortable, your children will know. Knowing that you are uncomfortable could be a reason why children do not talk with you because they are trying to protect you from yourself. Another reason could be that they fear being punished for using the private body parts vocabulary. Other options for help can be from outside the family such as websites (listed on Arpan’s website) or seek professional help from pediatricians/gynecologists/counselors.

c) Use teachable moments. That is, sometimes the topic arises before we have time to make that appointment. Teachable moments are when children ask the questions or something happens to someone they know. Use these teachable moments as much as possible.

Question ii

Sometimes young children are observed touching their private parts, could this be a sign of CSA or is it a natural reflection of a person’s sexuality?

Every action needs to be looked at within its relevant framework. Before you, as a caregiver, respond to this situation you should be aware of why, how and when a child is touching his private body parts. A child’s natural interest in his/her genitalia is not an indicator of Child Sexual Abuse. It is important to know that children touch themselves for several reasons, from curiosity to absent-mindedness to comfort. Children most often engage in sexual behaviour that is based on developmental curiosity. This is normal and these children generally stop when they are told to do so or outgrow it naturally.

However, as a caregiver it is critical that you respond to the situation appropriately without being harsh, embarrassed or drawing too much attention to it.

For example, reminding children of the Personal Safety Rule could be sufficient. When touching their Private Body Parts becomes a preoccupation for children to the extent that it starts to impact their other daily activities, you might have to probe further to find the cause for such a behaviour. It could be that they might have experienced sexual abuse themselves or it could just be that they are confused about sex and sexuality. In these situations, children need to be handled gently and referred for therapeutic support if the inappropriate behaviour continues.
Question iii

How do we handle curiosity and exploration of children while playing with other children?

Children have the right to have their questions and concerns responded to in a timely and respectful manner. This means that adults should give age-appropriate information when asked for and answer their questions seriously (that is, do not laugh at the child because of their questions or interests). Open communication between parent and child is perhaps the most important component to keep your children safe. It is important that parents and teachers give the information in a way that the child can understand. The vocabulary and context of the Personal Safety Lessons help facilitate this: the vocabulary of private body parts, simple safety rules and using age-appropriate simple examples. Parents can have access to these lessons for their own use. For younger children, parents can use the Personal Safety Workbook to handle questions of curiosity and explorations. As guardians/teachers we can be more vigilant and loving and gently converse with children about their actions. At the same time, children need to be equipped with skills that will help them acknowledge, understand and respect their own feelings, as well as those of others. When children grow up, they want to belong to a group of friends. Peer pressure often becomes uncomfortable or even dangerous (drugs, alcohol, sex).

At times, children might even comply with unsafe situations in order to gain peer approval. Guardians can support their children and make them feel confident about the fact that they have the right to refuse if anyone touches them in a way that makes them feel angry, sad and or confused and makes them feel like they are caught in an uncomfortable and unsafe situation. However, it is normal for teenagers to break rules as they want to try on new rules and responsibilities. This means that often children agree to engage in sexual interactions with one another (thus breaking the touching rules). It is important for parents to create boundaries for teenagers through appropriate and positive disciplining and help them understand and learn from their experiences. Instead, if they continue beating or verbally harassing the children, that could lead the child away from parental support and into continued inappropriate behaviour.

Question iv

How do we respond to a situation when children have accidentally witnessed parents having sexual intercourse?

If children happen to witness parents having sexual intercourse accidentally, it is not sexual abuse. However, parents need to make an effort to have privacy while having sex. It is critical that the matter should be addressed with the children and an open dialogue needs
to be initiated. At any cost the matter should not be avoided and children should not be lied to. Age appropriate factual information should be imparted respectfully to children or else they will get contradictory messages. There is also a probability that the child may procure information from other sources which in most cases might be myths or pornography. If children have received Personal Safety Education from early years and the parents already have well established communication channels with their children then it becomes easier for both the children and parents to handle these situations.

Question v

How do we reply when children ask us how babies are born?

Children are curious and ask a lot of questions; they are growing and are exposed to so many new things every day. When children raise questions, we need to give them honest responses in an age appropriate manner. There is no one way to answer these questions as every child is different and may understand things differently. At these times, it is important not to be angry with the child or feel embarrassed (show embarrassment) or prevent the child from asking such questions or to ignore the question. Parents can look for resources that can help them be more comfortable to answer children factually in an age-appropriate manner. Parents can also let their children know if they do not have an answer to their question at that time. It then becomes the parent’s responsibility to find out the answer and let the child know. The parents should neither treat this as an excuse to avoid the question nor should they wait for the children to ask it for the second time. In the efforts to educate the child appropriately parents/caregivers need to overcome their discomfort. If needed, one can seek professional help from a family doctor/gynecologist/pediatrician/counsellor as they will be in a position to impart relevant information to the child. However, for first hand advice on questions related to having babies, Personal Safety vocabulary can help.

Question vi

How do parents respond when children ask questions like why are they not allowed to enter the room while one of the parents is changing? Why is the other parent allowed to enter the room at that time?

Parents can respond to younger children by reminding them of the touching rule. However, older children might not be satisfied with this response and they might want to know why mother is allowed to enter the room while father is changing and vice versa. Sex is about private parts but also about privacy. Sex and privacy have a lot to do with relationships and people behave
differently in different relationships. For example, you can hold the hand of a friend, hug your parents, verbally greet your neighbor, but only wave to the shop keeper. This is the same for the difference between husband-wife and parent-child. For example, you could draw their attention to the difference in relationship that parents share with children and parents share between each other: “Does your mummy take care of you? Does she take care of your friends or neighbors in the same way?” “The way she looks after your Dad does she do the same thing for you as well? There are certain things that she does only for you and few things that she does only for Dad, or other people in the family. Similarly how your father takes care of you is different from how he looks after other people. Your parents love each other differently. So all of us have different responsibilities towards different people and we express our love towards them differently. Similarly when you grow up, you will be allowed to do a lot of things which you cannot do now or cannot understand now. Your parents are adults they have different ways of behaving with each other and taking care of each other”.

Question vii

Can I share stories from the news or from shows like Crime Petrol, Savdhaan India with children for them to take this issue seriously?

Our intentions to share such stories are good. However, the content of the stories showcased in the news or shows are not age appropriate for children. It is written for an adult audience and not for children. It can produce fear in children and increase their insecurities, thus making them more vulnerable. Empowerment is not about creating fear. But it’s about providing knowledge and skills through age appropriate information so that children are aware and can participate in their own safety.

Question viii

If a child hides something from parents i.e. about their results or meetings in school, the first reaction is to shout or beat or hit the child. Instead of this what can be done in such situations?

Research from the West shows that physical violence does not help result in better school results and often actually reduces school results. Parents need to find alternative ways to positively discipline their child. This is difficult because we often do what our parents did to us. We need time to learn something different. But we can all try to:

a) Communicate with the child and ask about his/her perception and reason for not sharing the information.

b) Assure him/her that we can work together on the challenges that he/she expects and come out with solution/s. When we shout or beat or hit the child he/she does not understand the reason
for punishment as mostly there is no communication around it. The child learns and often models this behaviour with others with whom they have relationships. They learn that it is okay to hit/engage in violent behaviour. It is always better to communicate around the mistake and redirect the child toward what would have helped instead. Communication between parent and child is very important, and it gives space to children to open up and discuss their concerns with parents.

**Question ix**

**Teachers touch children with no sexual intention but sometimes are accused for sexually abusing children. Some teachers are young, and students sometimes tend to get attracted towards the opposite sex teachers. So is it the child’s fault and not the teacher’s?**

Crushes are common and normal. Teachers need to know the boundaries and some ways to avoid false allegations.

a) Teachers can maintain a boundary/limit, avoid touching their students as much as possible.
b) Do not be alone with the student unless the door is open or there is some other means available for other people to witness.
c) Before a teacher touches the students, such as hugs young students, it is ideal for the teacher to check with the student if it is OK. Give children information that they can communicate anytime if they feel discomfort.
d) Be aware of facial or other expressions that might indicate a student’s discomfort. If the student registers any sign of discomfort with the touch, then the teacher should not touch the student in that manner as child’s comfort is crucial irrespective of the intention of the concerned adult.
e) In some situations children of a particular age might fantasize about their teacher. However, the teacher as an adult needs to maintain clear boundaries and communicate the same with children. In situations like this it is neither the child’s nor the adult’s fault but the situation needs to be handled well. However, all children, irrespective of boys or girls seek attention from adults around them, which is not necessarily sexual/physical attraction or love.
f) Do not enter into any relationship outside of school with students, such as through email, social media and phone, especially any sexual relationship.

**Question x**

**What is the right age to talk to your child about puberty?**

There is no magic age at which you can have “the talk” about puberty. But it is a good idea to have many talks. It is best to talk with your child before any signs of puberty develop so that they do not come as surprises or shame. If your child knows what to expect ahead of time, the changes that come with puberty will be
easier to deal with. Some parents wait until their child asks questions. If your child is shy, or does not ask questions, or has a sense of shame about their Private Body Parts, you may have to take the lead. It is possible that if changes happen before you get to talk, your child may become confused or frightened. If you have not started these conversations yet and your child has already started showing signs of puberty, do not hesitate to start talking about it. It is never too late to talk to them about it. If they do not get information related to these changes occurring in their body from you, there is a high possibility that they will look for it someplace else. The information they find may be inappropriate and confusing. This increases their vulnerability as others can take advantage of them. Please refer to the section on ‘Information on Personal Safety’ for more information on this.

Question xi

What are children’s biggest concerns during puberty?

Children’s concern during puberty can span into different categories: relationships, expectations, bodily changes, sexuality, education, and the future. Children going through puberty need lots of reassurance that their bodies are normal. Girls and boys need help in developing healthy feelings about their bodies. They need to know that breasts, penis, nipples, labia (lips of the vulva), testicles, and clitoris are of different shapes, sizes, and colors and that they are all normal. We need to help them understand that every person is different from the other and that being different is what makes them unique, special and awesome. During puberty, children also need to have information on menstruation, sexual thoughts and feelings, wet dreams, orgasms, masturbation and secondary sexual characteristics. Children also need information on personal boundaries, healthy and unhealthy relationships as well as respect and responsibility. Children need to have information on keeping themselves safe, being assertive in case of unsafe situation, for example sexual bullying as well how to respond to peer pressure.

Question xii

Should boys learn about puberty in girls? Should girls learn about puberty in boys?

Yes, absolutely. Understanding what is happening to both sexes helps satisfy children’s healthy curiosity. It reassures them that everyone goes through puberty, and builds respect and understanding about the other sex. Learning about puberty in both sexes also helps children understand how reproduction happens. When this information is provided in an age-appropriate, impartial manner it can also build empathy.
Is it okay for the parent of the opposite sex to talk to the child about puberty?

Yes. This is a great way to show our children that it is normal for adults to be knowledgeable about the bodies of both women and men. Children may ask different questions about different people in their lives. And different opportunities for discussion may arise when children are with different people. Your child may ask your spouse one thing and you, another. If you are a single parent, your child may talk to you about most things, but also ask another trusted adult. If your child has older siblings or other family members, your child may talk to them about their questions, too. Ultimately, children benefit from learning different points of view and from open communication around sexuality and personal safety.

What are the qualities of a healthy parent-teen relationship?

The most important qualities of a healthy relationship are:

a) Respect for one another
b) Understanding each other’s feelings/being empathetic
c) Being able to trust each other
d) Having concern for each other’s well-being
e) Knowing each other. In a healthy relationship, teens show respect, take feelings into account, trust and are concerned.

Of course, all relationships work both ways. So, in healthy parent-teen relationships parents also show respect for their teens, take their feelings into account, trust them, are concerned about their well-being, and take interest in their lives.

How does having a healthy relationship with me benefit my teen’s health and development?

There are many reasons why a healthy parent-teen relationship is important in keeping teens safe and healthy. Strong relationship with children reduces their vulnerability to being abused and getting help when needed. A strong and open relationship empowers children as they know that their parent will support them and are available for them. Children are also more likely to accept supervision, adopt values and ideals, and follow safety steps when they have healthy relationships with parents and other caregivers.

What can I do as parent for building a healthy relationship with teens?

There are many ways to improve the
relationship between parents and their teens.

**Keep in Touch.** We should touch base with our teens regularly, even when everything is going smoothly. We can let our teens know what is going on in our lives and find out what they are up to. **Spend Time Together.** Families are very busy these days. Between jobs, chores, and other things, there often is little time left over for enjoying each other’s company. We need to grab whatever time we can to be with our teens. It will help us occupy some of our teen’s free time, and we will get to know our teens better. It will help us build healthy relationships, and let our teens know we care.

**Keep Promises.** If we make promises, we must keep them (make promises that are feasible and possible to fulfill). When we are unable to keep our promises because of something beyond our control, we need to talk with our teens about it. We need to tell them that we are sorry. Our teens need to know they can count on us to keep our word. This is an important part of gaining trust and respect. If we keep our word, it is more likely they will keep theirs.

**Treat Our Teens Like Teens.** Although our teens are not yet adults, they are no longer children and should not be treated like them. We should be honest with them. Statements like, “You’re too young to know about that” are disrespectful of a teen’s ability to understand.

**Recognize Special Efforts.** We should not take our teens for granted. We need to praise their special efforts, such as doing well on a test, practicing hard for a game or performance, or being particularly kind to someone. We must accept our teens for who they are. Statements like, “Why can’t you be more like your older brother?” or “Your sister never gave me this much trouble” do not help a teen do better. Such comments only make a teen feel bad. Every teen has special strengths. We must recognize these strengths and let our teens know it.

**Tell Them We Care.** We love our children, but how often do we take the time to tell them? We need to tell our teens how much we care about them, every day. We should make it a habit!

**Be Supportive.** When our teens have bad days, we can offer a shoulder to lean on. Even though our teens want to be grown up, they still need our support. We need to listen to them empathetically.

**Avoid Hurtful Teasing.** Sometimes we tease in a way that puts a person down; is not respectful. We can avoid teasing our children this way — especially in front of others. It really hurts.

**Use Humor and Lighten Up.** We can use humor with our teens, and be willing to poke fun at ourselves at times. Joking around encourages a positive relationship.

**Involve Our Teens in Setting Boundaries and Making Rules.** As parents we must help our kids set boundaries and live with rules. But we can give them an active role in deciding what those boundaries and rules are.

**Be Real With Our Teens.** By communicating openly and often with our teens, they will be able to relate to us as people who are truly concerned about their well-being.
# List of Organizations working on CSA and related issues

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<th>Location</th>
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| All over India | Childline | Tel: 022-2495 2610, 2495 2611, 2482 1098/2490 1098/2491 1098  
Helpline No: 1098  
E-mail: dial1098@childlineindia.org.in  
Website: www.childlineindia.org.in  
The Childline India Foundation has presence in 366 cities/districts in 34 States/UTs through its network of over 700 partner organizations across India. |
| Bangalore | Association of Promotion of Social Action (APSA) | 34, Annasandrapalya, Vimanapura, Bangalore, Karnataka-560017  
Tel: (+91)80-252322749  
E-mail: projects@apsabangalore.org  
Website: http://www.apsabangalore.org |
|          | Enfold      | Enfold Proactive Health Trust  
553 B, First floor,  
8th Main Road, 4th Block  
Koramangala, Bangalore 560 034  
Tel: +91-99000-94251, +91-80-25520489  
E-mail: info@enfoldindia.org  
Website: www.enfoldindia.org |
| Chennai  | Tulir       | New No.74, Old No.57,  
E.V.K.Sampath Road,  
Vepery, Chennai 600 007  
Landmark: Near Dina Thanthi office  
Tel: 91+44+43235867  
E-mail: tulircphcsa@yahoo.co.in  
Website: www.tulircphcsa.org |
| Delhi    | RAHI        | B- 200 Chittaranjan Park, Second Floor,  
New Delhi- 110091  
Tel: 011 41607055  
E-mail: info@rahifoundation.org  
Website: www.rahifoundation.org |
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<tr>
<td>Goa</td>
<td>Children’s Rights in Goa (C.R.G.)</td>
<td>Flat No.11, House No.754/1 2nd Floor, Christina Apartments Porvorim, Bardez, Goa – 403 521</td>
<td>Tel: 00 91 832 2426518 E-mail: <a href="mailto:crg.goa@gmail.com">crg.goa@gmail.com</a> Website: <a href="http://www.childrightsgoa.org">www.childrightsgoa.org</a></td>
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<td>Gurgaon</td>
<td>School of Life</td>
<td>P-81, South City 1, Gurgaon, Haryana</td>
<td>Tel: 0124-4286360, 0124-4286362 E-mail: <a href="mailto:contactus@schooloflife.org.in">contactus@schooloflife.org.in</a> Website: <a href="http://www.schooloflife.org.in">www.schooloflife.org.in</a></td>
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<td>Jodhpur</td>
<td>Manav Kalyan Sansthan – Human Welfare Society</td>
<td>50, Laxminagar Jodhpur 342010 India</td>
<td>Tel: 00 91 291 255 0390 E-mail: <a href="mailto:manavkalyan@hotmail.com">manavkalyan@hotmail.com</a></td>
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<td>Mumbai</td>
<td>Aarambh</td>
<td>Aarambh India 401, 4th Floor AC Market, Tardeo, Mumbai 400 034.</td>
<td>Tel: +91 9892210066 E-mail: <a href="mailto:info@aarambhindia.org">info@aarambhindia.org</a> Website: <a href="http://www.aarambhindia.org">www.aarambhindia.org</a></td>
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<td>Aangan Trust 1/48 Tardeo A/C Market Tardeo, Mumbai 400 034</td>
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<td>Arpan</td>
<td>1st Floor, Delta Chemicals Pvt Ltd., J/1, Cama Industrial Zone, Off. Valbhatt Road, Goregaon East, Mumbai 400063, India. Tel: 022 2686 2444 / 2686 8444 E-mail: <a href="mailto:info@arpan.org.in">info@arpan.org.in</a> Website: <a href="http://www.arpan.org.in">www.arpan.org.in</a></td>
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<td>Balprafulta, A Child Rights Organization</td>
<td>Plot No. 5/1, 11/B/11, Vishakha Society, Nagari Nivara Complex, Goregaon East, Mumbai 400065. Tel: 9619730382 E-mail: <a href="mailto:write2vidhayakbharti@gmail.com">write2vidhayakbharti@gmail.com</a></td>
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<td>CEHAT</td>
<td>HEAD OFFICE CEHAT Survey No.2804 &amp; 2805 Aaram Society Road, Vakola Santacruz East Mumbai - 400 055 Tel: 91-22-26673571/ 26673154 Email: <a href="mailto:cehat@vsnl.com">cehat@vsnl.com</a> BRANCH OFFICES Pehel 203, Church View Apartments St. Anthony’s Road Vakola,Santacruz East Mumbai - 400 055 Telfax: 91-22-26661690 Email:<a href="mailto:pehel@vsnl.net">pehel@vsnl.net</a> Dilaasa Department No. 101 K.B. Bhabha Municipal Hospital R.K. Patkar Margm Bandra West Mumbai - 400 050 Tel: 022- 26400229 (Direct) 022- 26422775/266422541 Ext. 4376,4511 E-mail: <a href="mailto:dilaasa@vsnl.com">dilaasa@vsnl.com</a></td>
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<td>FACSE - Forum Against Child Sexual Exploitation</td>
<td>Mumbai Tel : 9869989841 E-mail: <a href="mailto:facse95@gmail.com">facse95@gmail.com</a></td>
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<td>Jeevan Aadhar Transformative Aftercare Services Private Limited</td>
<td>Rustomjee Regal CHS Ltd, Shop No S-01 &amp; S-02, Gr. Floor, Rustomjee Acres, J.S Marg, Dahisar West Mumbai 400068. Tel: E-mail: <a href="mailto:vf@vsnl.com">vf@vsnl.com</a></td>
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<td>Majlis</td>
<td>Majlis Legal Centre A 2/4 Golden Valley, Kalina, Mumbai 400098 India Tel: 91-22-26662394 / 26661252 E-mail: <a href="mailto:majlislaw@gmail.com">majlislaw@gmail.com</a></td>
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<td>Rubaroo</td>
<td>218, Prem Baug, 1st Floor, the Lane behind Ruia College, Near Colony Nursing Home, Sir Bhalchandra Road, Matunga (Central Railway), Mumbai - 400019. Tel: 9619061805, 098209 31171 E-mail: <a href="mailto:rubarooindia@gmail.com">rubarooindia@gmail.com</a> Website: <a href="http://www.rubarooindia.com/wp/">http://www.rubarooindia.com/wp/</a></td>
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| The Foundation                                                    | REGISTERED OFFICE: B-402, New Sagar Darshan, Dr E Hatiskar Marg, Prabhadevi, Mumbai - 400 025  

OFFICE ADDRESS: 21-D, 3rd Floor, Film Center Building, 68, Tardeo Road, Tardeo, Mumbai 400034  
Tel: 91 22 23521641  
Email: suchismita.thefoundation@gmail.com  
Website: www.thefoundation.in/project-h.e.a.l.html |                                                          |
| Pune                                                             | Muskaan – An Initiative Against Child Sexual Abuse  
Pune  
Tel: 9822377348  
Muskaan helpline: +91-9689062202  
E-mail: muskaanpune@gmail.com |                                                          |
Bibliography


Stop it Now! UK & Ireland. The Internet and children – What’s the problem? Stop it Now!

You can go online for additional information to this resource:


Resources

Arpan has additional resources available for you on www.arpanelearn.com. It is an easy to use free online interface which can be accessed by adults and children from around the world.

1. Online Resources for Children

a. My Safety Book (Age 4+)

b. Personal Safety Course (Age 8 to 10)

2. Online Resources for Caregivers

a. Preventing and Responding to Child Sexual Abuse - A Handbook for Caregivers

b. Understanding Child Sexual Abuse: Frequently Asked Questions

3. Online Resources for Professionals and Researchers

a. Between the Lines - An Analysis of Media Reportage on Child Sexual Abuse

b. Rescue and Remedy

c. Recounting Abuse, Reporting Abusers: Reflections from Survivors on Mandatory Reporting

4. Resources for Trainers

a. Personal Safety Education Training Kit
For more information write to us at communications@arpan.org.in
Our supporters include:
Arpan is a registered organization based in Mumbai with an aim to prevent the occurrence of Child Sexual Abuse and heal those who have been affected by it. This booklet is Arpan’s attempt at putting together the concerns and queries that are frequently put forward by parents, teachers and other caregivers during Arpan’s awareness and training sessions. This booklet hopes to equip care givers with the knowledge and vocabulary needed to understand the issue of Child Sexual Abuse, while simultaneously giving them necessary information pertaining to legal interventions, personal safety education, handling disclosures, impact of abuse and the subsequent healing process in a concise and comprehensive manner.

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