KAVAL PLUS

COMMUNITY BASED REHABILITATION OF SURVIVORS OF CHILD SEXUAL ABUSE

PILOT PHASE REPORT

വനിത ശിശുവികസന വകുപ്പ്
കേരള സർക്കാർ

KAVAL PLUS:
Community Based Rehabilitation and Reintegration of Children in Need of Care and Protection through Psychosocial Approach

Pilot phase report

Period: December 2020 to March 2021

Implementing offices
State child protection Society - Thiruvananthapuram
Nirbhaya Cell - Thiruvananthapuram

Officials in charge
T.V.Anupama I.A.S Director, Department of Women and Child Development, Kerala

Venu V.S, Program Manager, ICPS, Thiruvananthapuram

Adv. Sreela Menon, State coordinator, Nirbhaya Cell, Thiruvananthapuram

Dr. Kavitha P, State Coordinator, Kaval Plus

Subeesh T, Program officer, Kaval plus

ABBREVIATIONS

CSA	:	Child Sexual Abuse.
CNCP	:	Children in Need of Care and Protection.
CWC	:	Child Welfare Committee.
JJB	:	Juvenile Justice Board.
DCPU	:	District Child Protection Unit.
DCPO	:	District Child Protection Officer.
NGO	:	Non Governmental Orgnanisations.
WCD	:	Women and Child Development Department.
DDE	:	Deputy Director of Education.
ICPS	:	Integrated Child Protection Scheme.
ICPS	:	Integrated Child Development Scheme.
SJPU	:	Special Juvenile Police Unit.

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1. COMMUNITY BASED REHABILITATION OF SURVIVORS OF CHILD SEXUAL ABUSE - PILOT PHASE REPORT

Survivors of child sexual abuse are one of the most important groups of children in difficult circumstances. As per the records, 15685 cases of child sexual abuse are reported in the state of Kerala during the period 2012 to 2019. The number of cases disposed of are 1417 that accounts to only 9.03% of the total number of cases. Currently, 14,268 children are facing the court procedures. The statistics of POCSO cases registered in Kerala shows a steady increase during the period 2012 to 2019. This accounts for an immediate attention from the part of the child protection system in the state.

Table:1

Statistics of child sexual cases reported in Kerala

District	Year							
	2012	2013	2014	2015	2016	2017	2018	2019
Trivandrum	0	93	134	164	261	361	385	464
Kollam	4	113	161	140	177	259	262	289
Pathanamthitta	1	21	39	39	93	103	114	117
Alappuzha	0	49	75	62	83	132	174	187
Kottayam	6	34	67	71	112	145	157	194
Idukki	2	72	88	97	104	161	133	151
Ernakulam	17	116	130	150	224	250	269	336
Thrissur	10	70	141	150	191	184	288	302
Palakkad	10	64	91	116	123	197	198	254
Malappuram	12	90	117	182	244	219	410	444
Kozhikode	2	103	117	144	170	274	274	334
Wayanad	1	53	72	106	93	128	129	147
Kannur	6	69	95	76	143	143	245	220
Kasaragod	6	66	73	78	103	134	135	163
Railways	0	3	2	8	1	7	6	6
CBCID	0	0	0	0	0	0	2	1
Total	77	1016	1402	1583	2122	2697	3179	3609

The statistics of POCSO cases registered in Kerala shows a steady increase during the 2012 to 2019. In December there were 15685 cases registered and only 1417 cases were disposed of. This brings out that 14,268 children are still facing court procedures.

Towards supporting these children the current program by the Government is establishment of women and children home.

Towards supporting survivors of child sexual abuse, Government of Kerala has established women and children home across state.

Table: 2

Details of residents in Women and Children homes in Kerala

Sl. No.	Name	6 years & above	5years	4years	3years	2years	1year	below 1 year	Inmates as on 31.8.19	Under Court procedure	Court procedure completed	Remarks
1	Poojappura	2	2	4	2	6	7	12	35	30	4	
2	P.T.P. Nagar	Nil	3	1	2	1	9	18	34	31	3	
3	Venjaramoodu	2	1	0	3	6	9	2	23	23	Nil	
4	Kollam	Nil	Nil	Nil	Nil	8	16	15	39	34	5	
5	Idukki	Nil	4	4	13	24	29	32	106	34	4	3 kids
6	Alappuzha	Nil	Nil	Nil	Nil	Nil	Nil	Nil	0	1	Nil	
7	Ernakulam	Nil	Nil	Nil	Nil	5	4	17	26	23	3	
8	Palakkad	Nil	Nil	1	Nil	6	12	13	32	28	1	3 kids
9	Malappuram	Nil	Nil	3	4	5	2	6	20	16	4	
10	Kozhikode	Nil	4	2	4	2	30	7	49	19	3	
11	Wayanad	Nil	Nil	2	Nil	3	Nil	10	15	13	2	
12	Thrissur	Nil	Nil	Nil	Nil	Nil	Nil	Nil	0	Nil	Nil	
13	Kannur	Nil	Nil	Nil	Nil	Nil	Nil	19	19	17	2	
14	Kasargode	Nil	1	Nil	4	2	2	7	16	11	5	
15	SOS Home TVM	Nil	Nil	Nil	1	3	1	6	11	11	Nil	
	Total	**4**	**15**	**17**	**33**	**73**	**121**	**178**	441	**291**	**36**	**6**

There were 15 homes for women and children in Kerala as of 2019. The total numbers of children in these homes were 441. These children receive intervention and support to deal with the trauma and come to the mainstream of society. Thiruvananthapuram reported the highest number of inmates in these homes (308 children in 4 homes) followed by 101 children staying in homes at Idukki, 67 children staying in homes at Palakkad and homes in Ernakulam providing stay for 52 children. Out of the 14,268 children in cases facing court procedures only 441 (3.1%) are under state protection. A mammoth population of 13160 (96.9%) of the survivors of child sexual abuse is still in the family or other support systems within their community in the same unsafe environment.

At present there are 18 homes for POCSO survivors in Kerala (Women and children's home under NIRBHAYA cell which is a part of Women and Child Development Department). The total numbers of children in these homes are around 450. The safety and security of children staying in the community children are very important to ensure their fullest development. There is a need to support these children through community-based supportive programs to reduce re-victimisation as well as ensuring their mainstreaming to build up potentials and lead a purposeful life without the baggage of violence against them. This accounts for the introduction of a community based rehabilitation program for the child survivors of sexual abuse.

The project focuses on holistic care and support for the survivors of child sexual abuse in the state. The program intends to develop a strong system to support the Survivors of child sexual abuse in Kerala and to strengthen and coordinate the activities carried out by the service providers in the state. A systematic process of service provision involving multiple stakeholders by defining their roles and levels of support will be developed. Capacity building of the stakeholders and building up NGO resources is yet another important activity that will be carried out. A monitoring and information system to evaluate and update the program will be developed. This will ensure a strong system in the state to provide continues support for the child and mainstream them. This will also be an innovative model that can be adopted by other child protection systems in the country.

2. PSYCHOSOCIAL CARE PROGRAMS CONDUCTED AMONG SURVIVORS OF

Kaval plus is an innovative program to support survivors of child sexual abuse. The pilot phase of the program was initiated in the state of Kerala on a pilot basis in December 2020. Various activities were conducted to introduce and implement the program in the selected two pilot districts. This section describes various activities carried out in the pilot phase to initiate the program.

Convergence

The Kaval Plus program involves a multidisciplinary approach so there is a need to converge with other departments. Convergence meetings at state and district levels were conducted to discuss and finalise on the program with the stakeholders from the pilot districts and state. State level convergence meeting was conducted at Thiruvananthapuram followed by district level convergence meeting at Thiruvananthapuram and Palakkad. The experts in the area of child protection were invited.

Table: 3

Program	Date	No of Participants
Online State level convergence meeting	3.2.2021	87

The first convergence meeting with an aim to bring together all the major stakeholders was conducted on 3rd of February 2021. A total of 87 persons attended the convergence meeting. Major stakeholders from the state and two districts of Thiruvananthapuram and Palakkad attended the meeting. The program started at 5pm. The group was welcomed by Mr. Biju Prabhakar I.A.S, Secretary Social Justice & Women and Child Development Department, KSRTC CMD (Chairman& Managing Director). Mr. Lokanath Behra I.P.S, DGP & State Police Chief gave the presidential address. Ms. AnupamaT.V , IAS, Director, Women and Child Development Department presented the project. Mr. Nisar Ahammed K.T , Member secretary, KLSA was the distinguished guest and Dr. Kavitha .P gave the vote of thanks.

District level convergence

District level convergence was carried out with multiple stakeholders to ensure team building in the district as well as introducing the concept of the program in the district to the multiple stakeholders.

Table: 4

Program	Date	No: of people attended
Convergence at Palakkad	6.2.2021	40
Convergence at Thiruvananthapuram	11.2.2021	43

MEMBERS OF ATENDENCE KAVAL PLUS CONVEGENCE

- Secretary WCD
- Inspector General of Police
- Director WCD
- Director Health department
- Director of General Education
- Child rights commission

Police

- City police commissioner
- 3 SP from Palakkad and Thiruvananthapuram Urbana and Rural

Other Departments

- SC department: district SC development officer
- Tribal Department – ITDP officer
- Deputy director of panchayath : From 2 district
- CWC- 2 members from each district
- Juvenile Justice Board members
- DMHP- Medical officer
- DMO from Thiruvananthapuram and Palakkad
- Gynecologist association representative
- DCPO
- Protection Officer (non Institutional care)
- Child home counselor
- Special Juvenile Police Unit
- Child line

- NIRBHAYA
- SAKHI
- THANAL
- ORC
- DLSA
- DDE
- Experts from schools of social work
- Experts in the area of child care

Palakkad District level convergence was conducted on 6th of February 2021. District women and child development officer Ms.P.Meera welcomed the group; District Panchayat President Binumol. K inaugurated the program. Mr. Maria Gerald, chairperson C.W.C. gave the special address .Introduction to the program was conducted by Dr.Kavitha.P State Coordinator and Smt. Subha.s District Child Protection Officer gave vote of thanks.

Convergence meeting at Thiruvananthapuram was conducted on 11th February 2021. The group was welcomed by the district child protection officer Ms. Chitralekha. District D.L.S.A. president Thiruvananthapuram, Adv. Jubia.A inaugurated the program. C.W.C. chairperson Adv. Sunanda addressed the group. The project presentation was conducted by Dr.Kavitha.P State coordinator, Kaval plus. Discussion was carried out to clarify the doubts regarding the program. The program concluded with vote of thanks given by Mr. Subeesh. T, program officer Kaval Plus.

Capacity building programs

The capacity building programs focused to build up the capacity of the stake holders to work with survivors of child sexual abuse and children in need of care and protection, as well as build up capacity of the master trainer's to conduct trainings. A core team of multiple stake holders were identified and trained as master trainers with the support of varied eminent stakeholders.

The core team of master trainers were :

- Police(CPO/ SJPU)
- CWC
- DCPO
- Protection officer non institutional care
- Social Worker
- Rescue officer
- Women and children home(home manager/ counselor/ caretakers-4)
- Sakhi coordinators- 2 from each district
- Child line-2 from district
- Thanal- 1 from each district
- Ngo staff- 24
- Legal experts- 2 from each district

Various online programs were also conducted to orient CWC members and NGO staff on various topics.

Table: 5
Orientation programs

Date	Program	No: of people attended
2.1.2021	Orientation for the NGO staff in TVM on project and laws related to children	17
11.1.2021	Orientation for the CWC members	9
13.1.2021, 14.1.2021& 27.1.2021	Orientation on need assessment	16
9-2-2021 to 10-2-2021	State level training for the NGO staff	19
20 -2-2021 to 26-2-2021	6 days training of the trainers for the Trivandrum team	30
1.3.2021 to 6.3.2021	6 days training of the trainers for the Palakkad team	15

Development of training module

Training modules to train the varied stake holders working with children were developed and standardised as a part of the program to develop the skills and knowledge among the stake holders to work with children.

Table: 6

6 Days master trainers training module	3 Days stakeholders training module	2 Days stake holders orientation module	Half day stakeholders orientation program
Understanding children Understanding bio psychosocial development of children Psychosocial problems among children Impact of psychosocial problems Behavioural and emotional issues among children Psychosocial care for children Enriching family life Parent management training Life skills education for children Child sexual abuse Psychosocial care for survivors of child sexual abuse Stress management	Understanding children Understanding bio psychosocial development of children Psychosocial problems among children Impact of psychosocial problems Behavioural and emotional issues among children Psychosocial care for children Life skills education for children	Understanding children Understanding bio psychosocial development of children Psychosocial problems among children Impact of psychosocial problems Behavioural and emotional issues among children Psychosocial care for children	Understanding children Understanding bio psychosocial development of children Identifying behavioural and emotional problems among children Child protection system Referral

Summary of need assessment among survivors of child sexual abuse

An assessment was conducted among 65 survivors of child sexual abuse of age group 6 to 18 years . The data showed that 63.1% of children were Hindus followed by 21.5% of Muslims and 16.4% of Christians. Higher proportion belonged to the other backward class (41.5%) and 27.7% were from schedule caste and only one child belonged to schedule tribe.

The data brought out that 63.1% of children were living with their families where 39.9% of children were without parents, 36.6% of families were female-headed and 80% were from nuclear families. Problems in the families were assessed and the results showed that 46.2% of families reported alcohol use by family members, marital conflict was reported in 30.8% of families and domestic violence was reported in 21.5% of families.

The economic background of the children showed that 70.8% of them were experiencing economic difficulties and were living below the poverty line. Mean income of the families was Rs. 12414 per annum. The information on children's housing showed that 84. 47.7% of children had their own house and 80% of them were living in strong houses. Other facilities when assessed showed that 96.9% of children lived in houses that are electrified, 80%of families had drinking water facility. Privacy in the house when assessed showed that 44.5% of children did not have privacy in the house and 15.4% of children did not have a latrine facility in their house. The social support of the family, where they have membership in association was assessed which showed that only 13.8% of the families of children had membership in associations. The job profile of the family members when assessed showed that 15.4% of families reported stable job for parents whereas only 26.2% were skilled laborers. Stability of job for the family members when assessed showed that 44.8% of families reported that the head of the family had a stable job where the position of job in the society when assessed showed that 16% had a high position in society whereas the majority fell into a low to moderate position in society.

Institutional history of children when assessed showed that 12.3% of children are in institutions and 23.1% of children had a history of institutionalization. The mean years of education reported by children were 8 years. Educational performance was found to be good among 27.7% of children 70 % reported average educational performance and 12.3% of children reported poor academic performance. Interest in school when assessed showed that 52.3% of children had good interest in school whereas 38.5% of children showed average interest and 9.2% had no interest in school. 18.5% of children said that they have membership in association and 44.6% of children reported to participate in extracurricular activities, 15.4% of children had membership in libraries and 16.3% of children won prizes for studies.

Change in behaviours observed among the survivors of child sexual abuse showed a range of problems. The changes in behaviour notices among children below 10 years were : Clinging behavior afraid to move away from parents (n=5), Nightmares and getting up at night due to nightmare(n=4), Fear and anxiety (n=3), Sexualised behavior (n=2), bedwetting (n=2) and reduced educational performance (n= 1). Children of age group 11 years and above showed behaviors such as uncontrolled anger (n=39), Extreme sadness and withdrawal (n=33) self-harm behavior (n=11) Sleep disturbances (n=5) avoiding certain elders (n=3) school refusal (n=2) and body aches and pains(n=1). Further assessment showed that 43.1 %(n=28) of the survivors had suicidal thoughts, 56.9%(n=37) had attempted suicide. Self-harm behaviour was reported among 21.5% of children. Substance use is another major high risk seen among 20% (n=13) of survivors and 27.7% of survivors showed running away behaviour.

The stress due to the impact of the event was assessed and it was found that 33.8% (n=29) of children experienced severe stress due to the incident and 44.6% (n=29) experienced moderate levels of stress, followed by 12.3% of children experiencing mild stress. The results show that 90.7% of children are impacted and are in need of psychosocial support at various levels to come out of the stress and trauma due to the incident.

Behavioural and emotional problems among children when assessed brought out the following results: One fourth of parents and children reported abnormal levels of emotional problems among the survivors (Child 24.6%, parent 27.7%) followed by 9.2% of children and 7.7% of parents reporting borderline emotional problems . Conduct problems among children when assessed showed that 27.7% of survivors and 21.5% of parents reported conduct problems at abnormal levels among the survivors and 12.3% of children and 15.4% of children reported borderline levels of conduct problems. Every fifth survivor and every 10th parent reported hyper activity among survivors at abnormal levels. Problems with peers at abnormal level were reported by 60% of children and 63% of parents and 26.2% of children and 20% of parents reported peer problems at borderline level. Deficits in prosocial behaviour when assessed showed that 6.2% of children and 4.6% of parents reported poor pro social behaviour at an abnormal level among the children and 10.8% of children and 12.3% of parents reported poor prosocial behaviour at borderline level.

The psychosocial problems assessed among the survivors of child sexual abuse highlighted the problems at multiple levels that need to be addressed. There is a need of case to case approach at community level to address the multiple problems faced by the survivor of child sexual abuse.

Individual care plan

Based on the assessment carried out using a checklist developed as well as standardized tools multiple needs of children were identified. The interventions need to be planned according to the needs of the children and based on this an individual care plan has to be developed. The psychosocial problems of each child should be reported in the individual care plan and the support provided also need to be recorded correspondingly. This will help to identify the changes in each child and plan the future activities for each child. An individual care plan was developed according to the Juvenile Justice Care and Protection Act(2015) and corresponding rules. The Kaval Plus team was trained on implementing the individual care plan to plan and support children.

Reporting and recording system

Reporting system was developed to report the program. A weekly plan and weekly reporting format was developed and administered. Monthly reporting and quarterly reporting formats were developed and finalized.

The community based rehabilitation of survivors of child sexual abuse is an innovative program. Towards initiating and implementing the program various activities were conducted. The convergence meetings conducted ensured the support from multiple stakeholders. The multiple stakeholders were brought together for a training to enhance the skills and knowledge in working with children. Based on the level of training needed by the stake holder various modules were developed . Training programs at various levels were conducted to build up the skills and knowledge among the stakeholders. A need assessment was conducted to identify the psychosocial needs of children and based on the need assessment the intervention method was finalised. Individual care plan format was developed for children as well as reporting and recording formats were finalised.

3. PSYCHOSOCIAL BACKGROUND OF SURVIVORS OF CHILD SEXUAL ABUSE IDENTIFIED FOR INTERVENTION

Psychosocial interventions, a holistic care program incorporating the services from multiple stakeholders, were initiated through the NGOs. The NGOS were handed over cases of children who need support through DCPU. Each child who comes into the Kaval Plus program will undergo a detailed psychosocial need assessment followed by development of Individual care plan that explains the multidisciplinary intersectoral care plan for each child. The NGOs will provide the services with the support of DCPU. The DCPU will conduct a Kaval plus review meeting to monitor the progress of the program. Currently till the month of March 89 children are supported in the state.

Table: 7

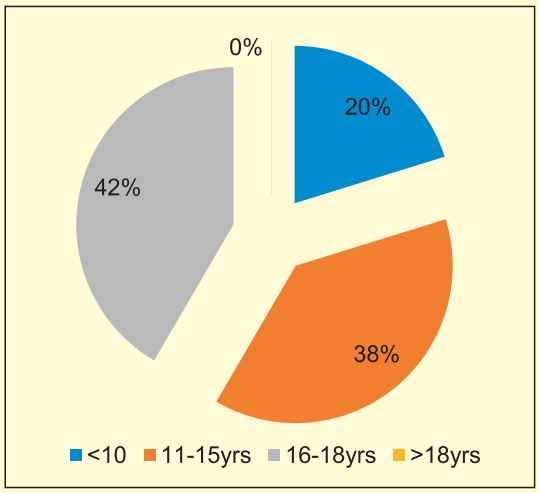
Nature of problems faced by survivors of child sexual abuse:

Nature of problem	Thiruvanant-hapuram	Palakkad	Total
Love affair	26	14	40
Mental health problem	6	8	14
Abuser with in the family	13	7	20
Unwed mother	2	0	2
Extramarital affair	9	3	12
Single parent	22	14	36
Alcoholism I father	19	2	21
Dysfunctional family	25	6	31
Social isolation	12	4	16
Lack of safety	19	11	30
Educational problem	16	13	29
Poverty	14	5	19

The survivors of child sexual abuse experience multiple problems. Children in relationships are seen to have higher chances of being abused as 40 out of 86 children reported being in a relationship (love affair). Single parent children are also found to be higher in number where 39 children were single-parent children. The family-related problems that are observed to be higher among children were single parenthood, dysfunctional families, and lack of safety in the family. 20 children reported that the abuser is within the family, which forms almost one-fourth of the intervention group's children. Other problems observed among children were alcoholic fathers (21), poverty (19) social isolation. The extramarital affair of parents is also found to be a problem among children identified among 12 children. Social isolation and lack of support from society are reported by 16 children and mental health problems are identified among 14 children. Unwed motherhood though was reported by only 2 children is also a severe problem that may affect the safety of children.

Figure: 5

Age of survivors

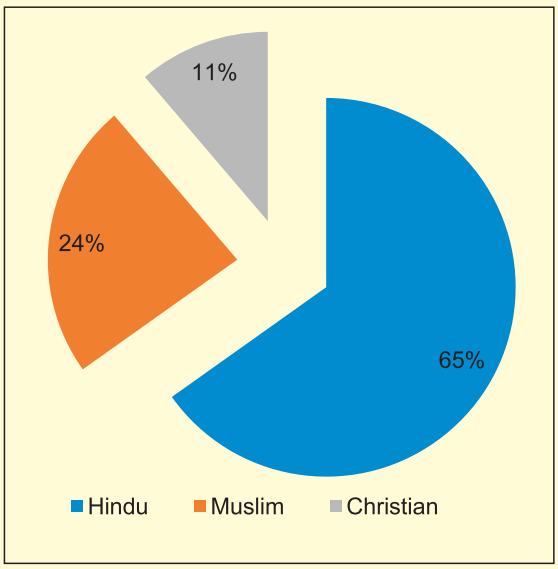


The age of survivors showed that 43% of the survivors are of age group 16 to 18 years followed by 11 to 15 yrs. age group children who formed 38%. Children of age group less than 10 formed one-fifth of the population.

The age distribution of children in Thiruvananthapuram showed that m0re children were of age group 11-15 yrs(45) followed by less than 10yrs and (34), in Palakkad higher number of children wee of age group 11-15yrs (15) followed by children of age group less than 10 years (33).

Figure: 6

Religion of the survivors



The religion of the survivors showed that 65% of them belonged to the Hindu community. Every 4th survivor belonged to the Muslim community and every 10th survivor was a Christian.

In Trivandrum and Palakkad the survivors religion showed that children belonging to Hindu religion formed the major group (Thiruvananthapuram n=33, Palakkad, n= 48) followed by 12 children belonging to Christian community and 8 children belonging to Muslim community in Palakkad and 7 children belonging to Muslim community and 3 from Christian community in Thiruvananthapuram.

Figure: 7

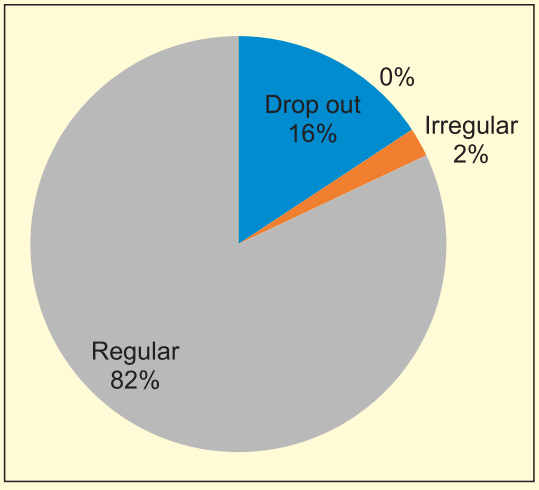
Educational background of children

Education	Thiruvananthapuram	Palakkad	Total
Upper primary	12	12	24
High school	21	8	29
10th pass	5	3	8
plus two	9	5	14
Vocational/ Technical	0	0	0
Drop out	7	7	14
others	0	0	0

The educational background of the survivors of child sexual abuse showed that a higher proportion of the children were studying in high schools followed by children studying in upper primary school that is 5th to 7th standard. Children studying plus two and dropouts formed 15. 73% followed by 8.9% of children who completed 10th.In Thiruvananthapuram children studying in high schools (n-=21) formed the largest group followed by children studying in upper primary (n=12). There are 7 dropouts in Thiruvananthapuram. In Palakkad more children were in upper primary followed by 8 children in high school. The number of dropouts were 7 in Palakkad.

Figure-8

Current status of education of the survivors



The current status of education of the survivors showed that 82% of survivors were regular to school whereas 16% of children were drop out and 2% were irregular to school. There are 7 drop outs in Thiruvananthapuram and Palakkad and two children who are irregular to school in Palakkad.

Table 5

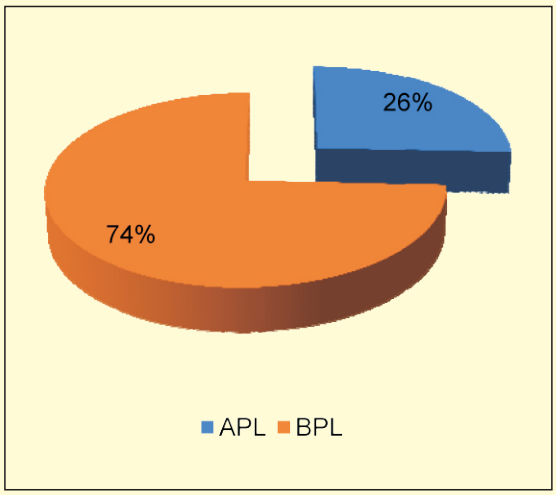
Alternative family care

Alternative family care	Total
Child in Kinship care	4
Child in foster care	1
Adopted child	0

A total of 5 children were in alterative family care with 4 children under kinship care and one child one child was under foster care. There are three children under kinship care in Thiruvananthapuram and one child in Palakkad. One child is in foster care in Thiruvananthapuram.

Figure: 9

Economic status of the survivors



The economic status of children showed that three fourth of the children belonged to below poverty line category. Most of the children belonged to poor families and this shows the relationship between poverty and difficulties faced by children. There are 38 children living below poverty line in Thiruvananthapuram and 28 children below poverty line in Palakkad.

Table: 6

Psychosocial interventions and results

Psychosocial support	Total Number of sessions	Total number of children supported
Physical health support	**4**	**4**
Mental health support	**10**	**9**
Legal education and guidance	**4**	**4**
Referral for free legal assistance	**3**	**2**
Economic assistance for housing	**4**	**4**
Re-entry to school	**1**	**2**
Educational support provided	**5**	**5**
Vocational guidance and support	**1**	**1**
Family support programs	**6**	**5**
Parent management training	**3**	**10**
Individual counselling	**16**	**15**

Psychosocial interventions cover a broad range of activities to enhance holistic care and well being of children. Physical health support was provided for four children through 4 sessions and 9 children were referred for mental health services. Free legal assistance was provided for 2 children and other legal services such as legal education and legal guidance was provided for 4 children through 4 sessions. Two children were re-entered to school and 5 children were provided with various educational service activities. One child received vocational guidance and support. Parent management training was conducted for parents of 10 children through 3 parent management programs. Individual counselling was provided for 15 children.

4. SUMMARY

Kaval plus program for the survivors of child sexual abuse was initiated in the state of Kerala on December 2020. The project aims at providing holistic care for children through a psychosocial approach. A convergence meeting was held at state level followed by district level convergence programs to inform the major stakeholders on the initiation of the program and roles and responsibilities of each stakeholder. Various awareness programs were conducted for the major stakeholders. Online orientation was conducted for district child protection officers, child welfare committee members as well as staff of N.GO who are implementing the program towards skill and knowledge building among the stakeholders. A two day direct training was conducted for the staffs of NGO followed by 6 days training for the KAVAL team at Palakkad and Thiruvananthapuram. At present 86 survivors of child sexual abuse are supported through the program in two districts. Need assessments were conducted among these children to identify their psychosocial needs and based on the assessment an individual care plan was developed for each child. Psychosocial interventions are carried out for each child as per the individual care plan developed and reviews of the cases are conducted in each district every month. The programs are planned, implemented and reported on a regular basis as per the formats developed. The program is found to be beneficial in providing holistic care and protection to the survivors of child sexual abuse and need to be expanded to other districs in a staged manner there by reaching out to all the children in need in the state. The program would support the beneficiaries to overcome the trauma of abuse and lead a normal life in future.

APPENDIX-1

THE PROCESS OF PSYCHOSOCIAL INTERVENTION AMONG SURVIVORS OF CHILD SEXUAL ABUSE

Psychosocial programming consists of structured activities designed to advance children's psychological and social development and to strengthen protective factors that limit the effects of adverse influences (WHO, 2001). Psychosocial care is essential for children who experie4nced child sexual abuse as this may lead to various other difficulties in their life that will affect their psychosocial development and this isolates them from entering the main stream of the society. A multi systemic approach is essential in providing psychosocial care for the survivors of child sexual abuse such as individual, family and society. The interventions at individual level will be carried out through individual and group sessions aiming at curative and preventive aspects of mental health through structured activities. Interventions at family level will be provided for the family members as well as for the child to ensure a better family atmosphere. The community intervention aims at the prevention of criminal behaviour by children as well as building up a caring community through local self-government. **The systematic and structured process was developed for providing psychosocial care for the survivors of child sexual abuse is discussed below**

Aim: The project aims at holistic care and support for the survivors of child sexual abuse in the state

Objectives

- To develop a strong system to support the Survivors of child sexual abuse in Kerala.
- To strengthen and coordinate the activities carried out by the service providers in the state
- To develop a systematic process involving multiple stake holders by defining their roles in supporting survivors of child sexual abuse
- Identifying and defining the levels of support by each stakeholder
- Identifying and developing capacity of NGO and associating them with the government system to execute the program
- Capacity building of the stake holders to support survivors of child sexual abuse and their families
- Develop capacity building materials for varied stake holders supporting survivors of child sexual abuse
- Providing holistic care and support for the survivors of child sexual abuse
- Developing monitoring and information system for the program
- Evaluation and updating of the program

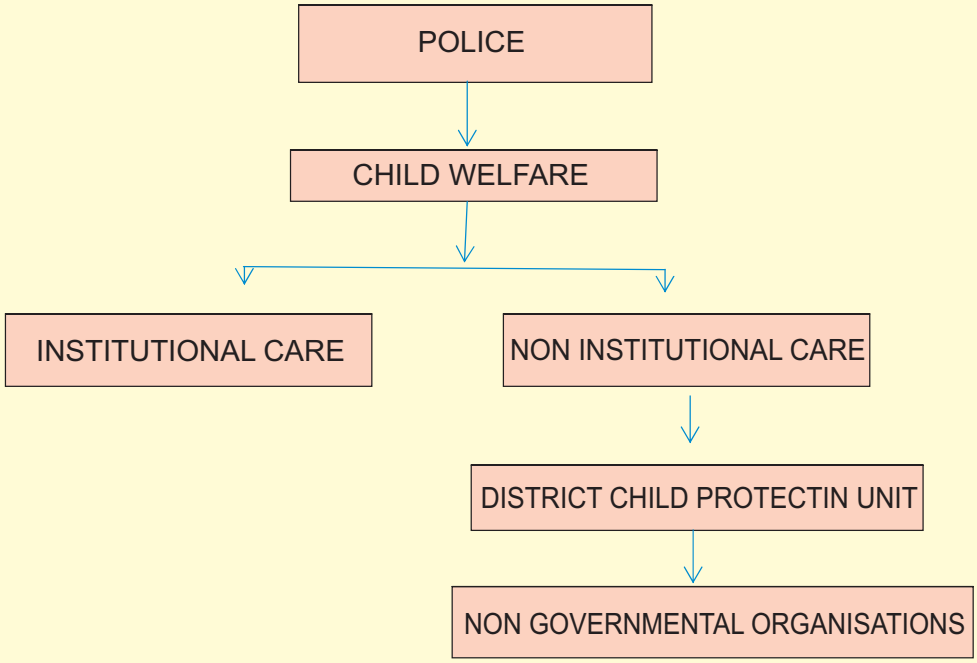
Methodology: Participatory methodology involving multiple stake holders will be used developing community based rehabilitation program of survivors of child sexual abuse.

Beneficiaries

The project will support children who are out of institutions and are survivors of Penetrative sexual assault/ aggravated penetrative sexual assault/sexual assault/ aggravated sexual assault. Severe cases in the institutions will also be included in the project as per the need.

PROCESS

Figure: 1

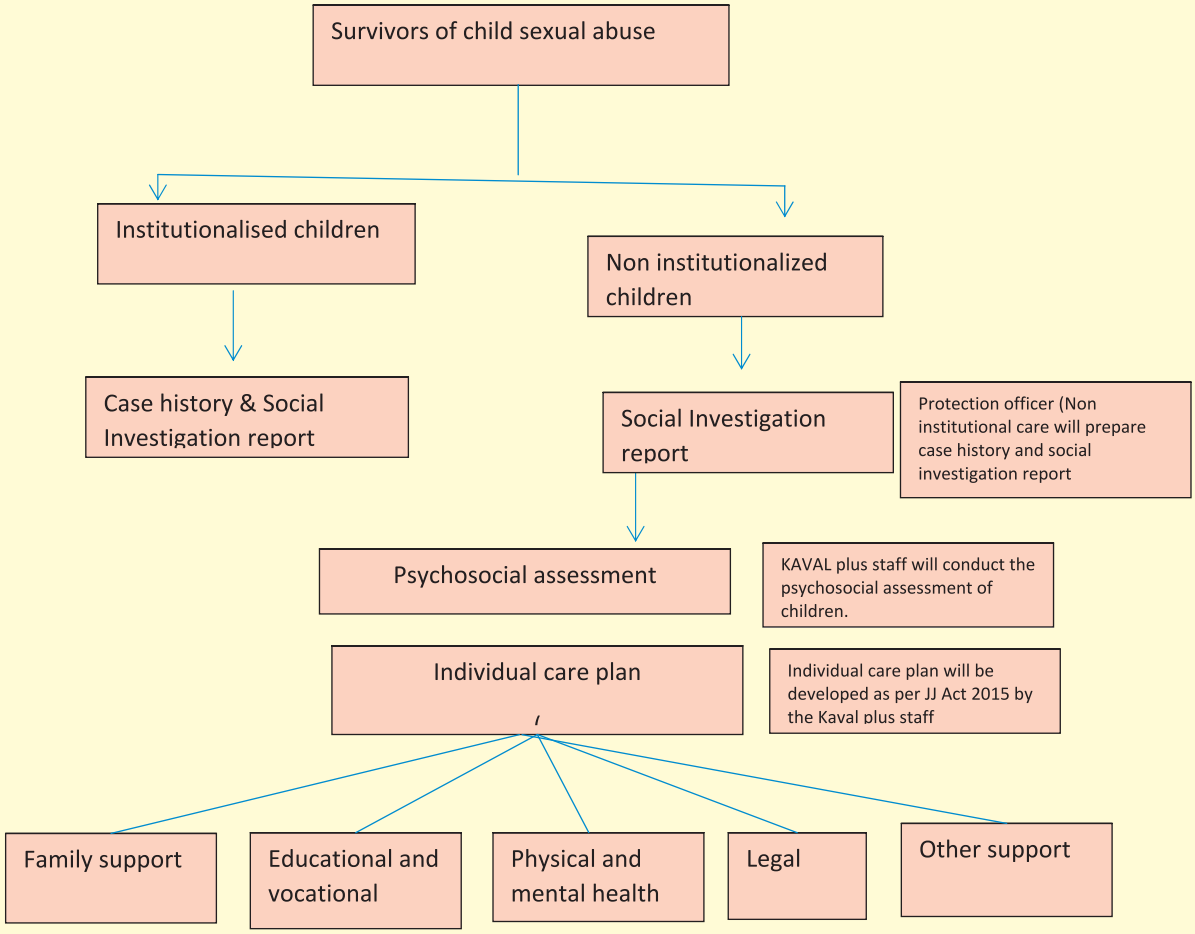


As a case of child sexual abuse is registered in the police station the police need to mandatorily report all cases to CWC as per sec 19(6) of POCSO ACT 2012 within 24 hours. The cases of Penetrative sexual assault/ aggravated penetrative sexual assault/sexual assault/ aggravated sexual assault, reported before the Child Welfare Committee will be referred to DCPU by CWC to include in Kaval Plus project for survivors of child sexual abuse. The DCPU will transfer the cases to NGOs under Kaval plus.

DLSA will provide legal assistance as per 3 of S.OP on legal services under the protection of children from sexual offences act 2012. In emergency cases the Kaval Plus staff will provide psychosocial first aid and educate and assist to carry out the procedures. If needed the Kaval plus staff will accompany the child to medical examination, for recording 164 etc.

Support for the child by NGO

Figure: 2



The KAVAL plus implementing NGOs will be declared as Fit facility as per JJ ACT 2015 and rules after conducting the enquiry by the Child Welfare Committee. As the cases are transferred to the NGO, Kaval plus staff develop a good rapport with the child and family and explain about the services available for them through the project. Participation of the child and the family will be ensured. This will be followed by a detailed psychosocial need assessment (individual child assessment/ family assessment) to identify varied levels of problems of the child. The NGO also conducts Family visits: to identify the needs of the child in the family and the family functioning, family's position and status in the society etc. Based on the needs identified an Individual Care Plan will be developed for each child. The Individual care plan will be based on the needs of children identified through the assessment. Networking with other stakeholders, government and non-government departments ensures an interdisciplinary multisectoral approach.

Multiple levels of services are carried out by the NGO with the support of DCPU and CWC. This is followed by Referral for health and mental health, educational support, deaddiction services etc. through D.C.P.U. The NGO conducts Group work, life skills educational and family support services, reproductive health education, abused focused intervention etc. to children to lower the risk.

Throughout the assessment and intervention child rights will be given paramount importance and the entire procedures will confirm the rights of child. Confidentiality of the child will be maintained. The16 general principles directed to be followed as per the act formed the guidelines for the implementation of psychosocial care program:

I. Principle of presumption of innocence

II. Principle of dignity and worth

III. Principle of participation

IV. Principle of best interest

V. Principle of family responsibility

VI. Principle of safety

VII. Positive measures

VIII. Principle of non-stigmatizing semantics

IX. Principle of non-waiver of rights.

X. Principle of equality and non-discrimination

XI. Principle of right to privacy and confidentiality

XII. Principle of institutionalization as a measure of last resort

XIII. Principle of repatriation and restoration

XIV. Principle of fresh start

XV. Principle of diversion

XVI. Principles of natural justices

Levels of problems and care

The survivors of child sexual abuse can be categorised into three levels mentioned below:

Level-1

Children with mild levels of problems

A child who is abused but has a better support system as well as the level of impact is less. The child and the family are functioning normally and need only short levels of support.

Level-1 Intervention

Social investigation report needs to be prepared by DCPU and assessment can be conducted by the Kaval plus team. Child and family need to be provided with basic levels of services to ensure prevention of further occurrence of untrodden events in life. Children need to refer to school counsellors through DCPU once this service is over for further follow up services. The transfer of case will be informed to CWC by DCPU.

Level 2: Children with moderate level of problems

Apart from Abuse the children will also be suffering from problems at multiple levels such as family, education, health (physical health and mental health). They may experience minimal support from family or guardians to deal with their problems. The probability of suffering from further abuse or maltreatment is high. They need constant support and monitoring

Level 2 : Interventions

Social Investigation Report needs to be prepared by the DCPU team and assessment should be conducted by Kaval plus team. Interventions at individual, family, educational and social levels need to be conducted by the social workers through multidisciplinary intersectoral approach. Children need to be referred to mental health professionals if the child needs to be under constant follow up. As the child shows progress and reaches a mild level the case can be transferred to the school counselors for follow-up through DCPU. The transfer of case will be informed to CWC by DCPU. Children need to be supported through the activities at school and any decline in the status of the child needs to be informed to the Child welfare committee where the child will again enter the system for intervention.

Level 3: Children with severe level of problems:

Children with severe problems will experience single or multiple abuses and will be highly vulnerable for further abuse as well as other challenges in life such as economic backwardness, living in high risk environment, unsafe housing and family environment drug abuse, high risk behaviours, running away behaviour, mental illness, drop out, unwed mother hood etc. Most of these children will be experiencing multiple problems. Their support system, especially family, will be dysfunctional. The difficulties will be beyond the coping of the child. The child will have only limited support system or no support system. The existing environment of the child will not be conducive and may cause harm to the child. These children may also need institutional support for a short or longer period of time.

Level -3 Intervention

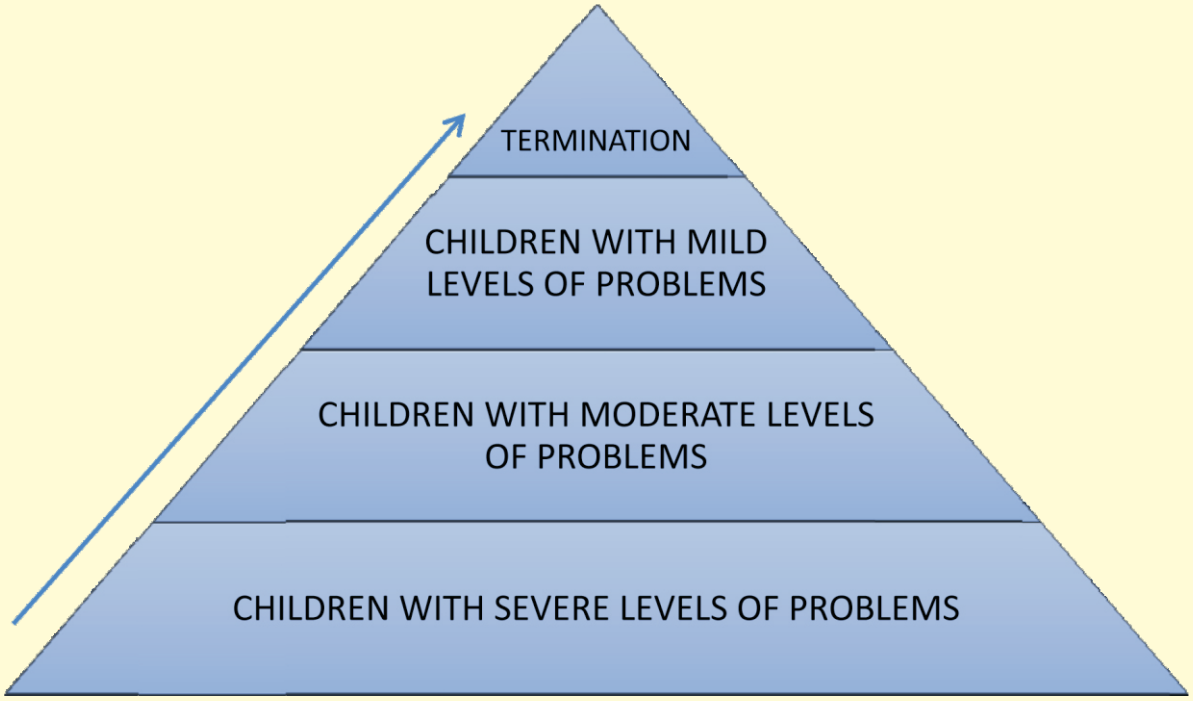
Social Investigation Reports need to be prepared by the DCPU and child's need assessment needs to be conducted by the KAVAL plus team. The children need to be provided multidisciplinary intersectoral support by the KAVAL plus team with support from the child protection team in the district (CWC/DCPU/ POLICE/EDUCATION, DCPC, VCPC etc.) as per the Individual care plan developed for the child. Children may need support from mental health professionals that need to be followed up regularly. Monthly reviews need to be conducted by the child protection team to review the progress in the child. Children need to be supported through the varied programs and the changes need to be well recorded. The child may progress from severe level to moderate level and then to mild level.

Termination:

After entering the system the child would have been provided with varied services that enhance the bio psychosocial needs of the child.The child needs to be provided with all the interventions as planned in the individual care plan and should show significant improvements in the areas where the child had problems. Also these changes

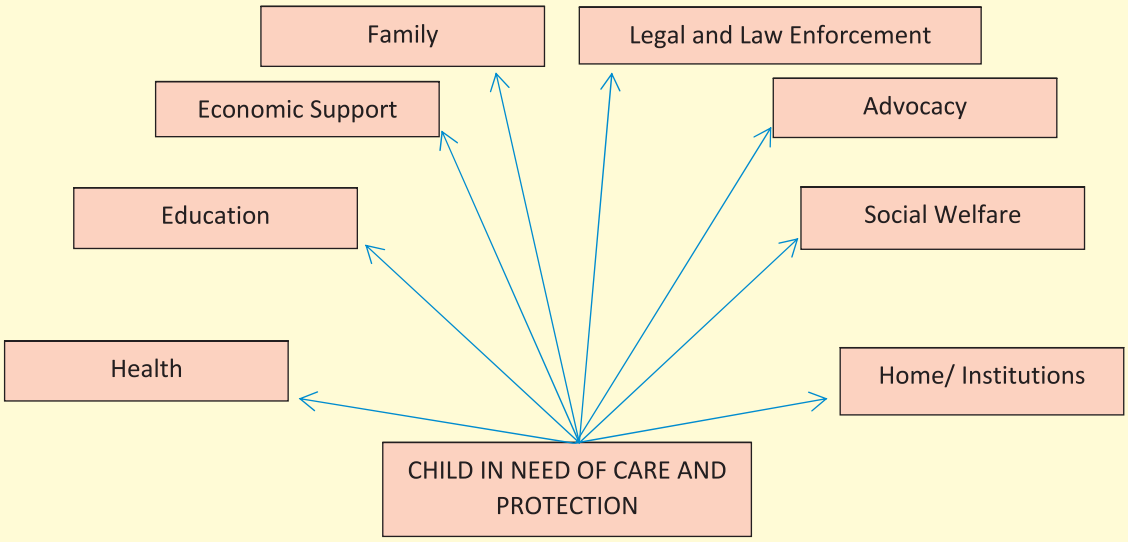
should be sustainable and the child and family should be able to maintain the positive changes. The NGO should inform the child protection team regarding the positive changes in the child and request for termination. The child protection team will conduct a detailed assessment of the child, if the results are convincing the team can recommend termination of services for the child. the children can be followed up or supported up to maximum 21 years.

Figure: 3



Spectrum of services:

Figure-4



Survivors of child sexual abuse undergo multiple problems and hence they need multiple services. A multidisciplinary intersectoral approach is adopted here to reach out to the survivors of child sexual abuse. This will ensure holistic care and protection as well as meet the multiple needs of survivors of child sexual abuse . The Government of Kerala is bound to ensure the safety and security of each child in the state. This project is developed as per the Protection of Children from Sexual offences Act (2012) and Rules mare her under as well as Juvenile Justice(Care and Protection act) 2015 and rules made here under . The program is very much crucial considering a large number of children living in the community after the abuse without any support. Multiple stakeholders such as Judiciary, police, education, health (physical and mental health) District child protection unit, Nirbhaya cell , Sakhi one stop centre, NGOs, etc., need to come together to support these children and mainstream them. The current program envisages a state model of community-based rehabilitation of survivors of child sexual abuse.

APPENDIX-2

CASE STUDY- CHILD SEXUAL ABUSE

PSYCHOSOCIAL HISTORY OF THE CHILD

Name of the child : T.S
Age : 17
Gender : Female
Religion : Christian
Caste : Latin Catholic
Economic background : APL
Domicile : Urban
Housing : Rented house

FAMILY HISTORY

Father's family details

Family member	Age	Gender	Education	Occupation	Marital status	Age of marriage	Remarks
Father	72	Male	7th	Mechanic	Married	28	Died at the age of 72 He was suffering from peptic ulcer
Mother	73	Female	6th	House wife	Married	22	Asthmatic
Child-1	53	Male	Post graduate	School principal	Married	31	Nil
Child-2(child'S father)	52	Male	Graduation	Indian railways	Married	32	He was divorced, then remarried his wife again
Child-3	48	Male	MBA	Marketing Manager	Married	34	Nil
Child 4	44	Male	Graduate	Teacher	Single	NA	Nil
Child 5	42	Male	9th	Unemployed	Married and separated	33	His wife and children live in north India and he lives with his parents. He is the uncle who tried to molest the child

The child's paternal family lived in Madhya Pradesh since the paternal grandfather was employed in a coalfield there. The family relocated to Trivandrum in 2000 and they started living in Varkala since 2008. The child's father moved to Patna at the age of 23 when he got a job there.

Mother's family details

Family member	Age	Gender	Education	Occupation	Marital status	Age of marriage	Remarks
Father	68	Male	SSLC pass	Was working in the Gulf, now engaged in Business	Married	Not known	He is physically healthy
Mother	65	Female	Graduate	House wife	Married	Not known	Nil
Mother's paternal Grandmother	99	Female	Not known	House wife	Married	Not known	Ageing
Child 1(child's mother)	40	Female	Graduate	House wife	Married	23	She was divorced and then remarried her husband again
Child-2	38	Male	B tech	Private job	Single	NA	Nil

The child's maternal family is located at Ulloor, Trivandrum. There are o major psychosocial issues observed in the family

Child's family details

Family member	Age	Gender	Education	Occupation	Marital status	Age of marriage	Remarks
Father	52	Male	Graduate	IndianRailways	He was divorced, then remarried his wife again	32	He drinks occasionally.
Mother	40	Female	Graduate	House wife	She was divorced and then remarried her husband again	23	Nil
Child-1	17	Female	SSLC	Student	NA	NA	She is diagnosed with Borderline Personality disorder with depression
Child-2	9	Male	4std	NA	NA	NA	ADHD with learning disability
Child 3	3	Female		NA	NA	NA	Autistic

CHILD'S FAMILY

The child's parents moved to Patna soon after their marriage as her father was working there. The child's mother came back to Kerala when she was 7 months pregnant with the child. The child's mother did not go back even after the child's birth and in 2004, she filed a divorce petition against the father. They had a marital conflict and the child's mother did not like the inference of their northeast neighbours in their family matters. Lack of boundaries and incompatibility lead to conflict. The child's father did not agree to the divorce, however, in 2008 they filed a joint petition, and divorce was granted. The child was staying with her mother and grandparents during the entire period. In 2010, her father came back to Kerala and reconciled with her mother and they remarried at a church but not legally. The family moved to Karnataka as the father was working there. In 2012, a son was born, and in 2018 a daughter subsequently. The child had come back to Kerala when she was in class 5 and stayed with her paternal grandparents for a year when her father got a job transfer to Hubli, Karnataka. After a year the child joined her family in Hubli and stayed there. The entire family relocated back to Kerala and the child joined a school in Akkulam for Plus one again as she had to discontinue due to the relocation. The child later dropped out of school due to her psychiatric illness. The child's younger brother is diagnosed with ADHD and a learning disability and her youngest sister is autistic. The child's younger brother was sent to a normal as well as a special school till class 1 and after that, he was not sent to school due to the learning disability. They live in a rented house near Sreekaryam now.

FAMILY BACKGROUND

Family functioning (role and role functioning):

- Diffused boundaries
- Lack of rituals observed
- There is no leader in the family. Father and mother do not take any ownership

Relationships (between family members and with child):

- Disengaged cohesion
- The child lacks bonding with family members

Parenting

- Permissive parenting
- Signs of affection and warmth is missing
- No reinforcement

CHILD'S INDIVIDUAL CHARACTERISTICS

AT BIRTH TO FIVE YEARS

General background- : The child was born on 27th January 2004. She grew up with her mother and grandparents at Ulloor.
Community/ environment- The child did not have any interaction with neighbours
Physical development- The child's early developmental stages were achieved without any fixation.
Child's behavior – The child showed intimacy towards certain people and she was distant from others
Family- Her parents were separated. No proper role functioning.
Schooling- The child was possessive about her friends at school. She was choosy in selecting friends.

CHILD FROM 6 TO 12 YEARS

General background- The child relocated to Hubli along with her mother to live with her father.
Community/ environment- The child did not have any interactions with her neighbours
Physical development-The child attained menarche when she was 11 years old.
Child's behavior – She was always defiant, demanding, and angry. She had the habit of daydreaming. Her suicidal ideation began when she was in classes 3rd and 4th. She was first consulted by a psychiatrist in class 5 and was diagnosed to be hyperactive.
Family- Her parents remarried and they started living together. The child was close to her father and mother. A younger brother was born.
Schooling- The child used to go to school regularly. She had few friends at school
Sexual abuse: he paternal uncle molested her during this period which she did ot disclose to any one.

CHILD FROM 13 YEARS TODAY PRESENT

Physical development- She is physically fit.
Child's behaviour – The child was a loner. She isolated herself from others. She used to lock the door and sit inside her room. The child started developing an interest in opposite-sex from 13 years onwards. The child started getting closer to the boys. She had difficulty in managing emotions and behaviour.
She began cutting her wrist when she was in class 9. In class 9 she was taken to a psychiatrist and was diagnosed with depression and started taking counselling for the same. She started consuming alcohol which her father kept at home when she was in class 10. She was engaged in high-risk behavior like getting tattoos. She had run-away behavior and was demanding money from her parents.She used to run away from home to her lover's house and stay there at night without the knowledge of her parents or the boy's parents
Family- She was close to her mother and paternal grand father. A younger sister was born. she started getting distant with everyone at home including her siblings. The communication was weak and the child started to have a strained relationship with her mother.
Relationships: The child started interacting with members of the opposite sex.

HISTORY OF THE CURRENT PROBLEM: The child was showing symptoms of psychiatric disorder and was therefore hospitalized in a mental health centre in Thodupuzha. It was then revealed by the child to the counsellor that her father's brother attempted to molest her multiple times in 2018 when she was at her paternal grand parent's house and her mother was hospitalized for delivery of the third child.
The child also told the counsellor that she got into a relationship with a boy who was in class 12. With the help of his friend, she used to sneak into the bedroom of the lover at midnight threatening the friend that if he does not take her to her lover she would commit suicide. However, two POCSO cases were charged, one against the uncle and one against the boys. Thus, the child was referred to Kaval Plus.

CHILD's CURRENT SITUATION: The child stays with her family in a rented house. She is diagnosed with Borderline Personality disorder and depression. She has severe mood swings, running away tendencies, aggression, and suicidal ideation. She attempted self-harm multiple times and is unable to manage her emotions and behavior. She has impaired social relationships. This has affected her activities of daily living (ADL) and she is currently under medication to manage her emotions.

IMPACT OF THE SITUATION ON CHILD:

She was molested by her uncle when she was around 7 years that she disclosed to the counsellor only at the age of 15. This had a very bad impact on her psychosocial development along with other vulnerabilities. The child dropped out of school when she was in class 10. She used to engage in self-harm behaviour at the school and could not continue her studies and was hospitalized in a mental health centre in Thodupuzha. The child feels miserable and is tired of her illness. She feels hopeless about taking medications and is worried about her future.

Psychosocial problems of the child that need to Be addressed

- Poor family relationships
- Poor communications
- Lack of information among parents to manage child's behaviour and emotional problems
- Drop out
- Lack of interest in studies
- Intense episodes of anger, depression, and anxiety
- Distorted unstable self-image
- Self-harming behaviour
- Irrational fear
- Impulsive behaviour
- Depression
- High risk relationship and sexual behaviour
- Impaired social relationships
- Lack of life skills
- Poor social skills

PSYCHOSOCIAL INTERVENTIONS PROVIDED

1. Psychiatric Intervention- The child was referred to a psychiatrist. She was diagnosed with Borderline Personality disorder with depression. She was also referred to a psychologist for therapy. The caseworker educated the child and parent about the illness and the need for regular medication and follow-up. the child is adhering to the treatment. Child has taken 10 consultations with mental health team so far.

Change-The child feels better now after taking the medication. Parents reported that they are happy about the change in child

2. Educational intervention. She was a dropout. The caseworker contacted the school principal and helped the child to get readmitted to the school. The school authorities had reservations about the child's behaviour.. the school authorities were afraid of child's self harm behavior as this is affecting othr children also. School Authorities were educated on the child's condition and need for support from the school. They were convinced that the child is under medication and constant support is provided by the Kaval Plus team. The school authorities agree to support the child and the child was readmitted .so far 2 educational intervention sessions with school was conducted.

Change- The child re-joined the school for Plus one and started attending classes online regularly. So far the child is doing well in the class.

3. Family intervention- Provided psycho-education and family counselling to the parents to help they understand the child's condition and to enable them to take good care of the child They were also educated on the importance of making the child take medicines on time and supporting the child. parents were provided with parent management training that helped them to understand the child better and manage her behaviour problems.

Change-The parents understanding of the child's behaviour is better now. They began to encourage the child to take medicines on time. They became more supportive. They started spending quality time with the child. and when the child had her bad times the parents offered to be with her throughout with out blaming

4. Individual counselling:

To educate her and to develop an insight in her to understand her mental health problem and the importance of adhering to medications .To help her realize how important it is to comply with the medications

Change- The child developed an insight regarding her illness. ·The child started taking the medication regularly. The child also started informing the Kaval plus tem when ever she need help especially when she was having suicidal thoughts

5. Life skills

The child attended sessions

- Problem Solving
- Decision making
- Critical& Creative thinking
- Empathy and Self-awareness were provided

She actively attended the sessions, interacted with the Kaval team well.

6. Crisis intervention

The child resorted to cutting wrist many times during lockdown. The caseworker gave her support through telephonic counselling. Parents were alarmed at night who gave the first aid. With the support of parents, the child was immediately shifted to a mental health setting.

When the child was referred to Kaval Plus, she was in a very vulnerable state. She was finding it hard to handle her suicidal thoughts and risky behaviour. The team has been able to develop very good rapport and now the child is taking medications, re-joined school, and is making progress. The child was in a severe category when she was referred to Kaval plus. Though there are changes in the child, and in the family, due to interventions due to the child mental health status the child still remains in a severe category. Once the changes are sustainable and the family gets equipped to manage their children the child will be shifted to moderate category. This case requires log term interventions.

APPENDIX-3

PHOTO GALLERY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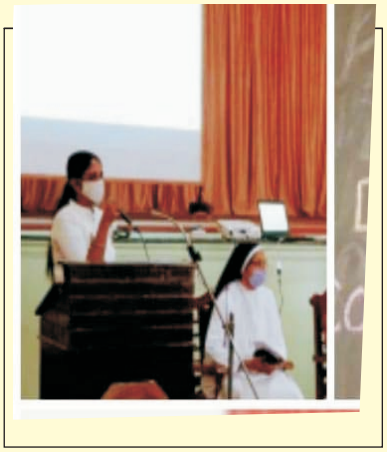

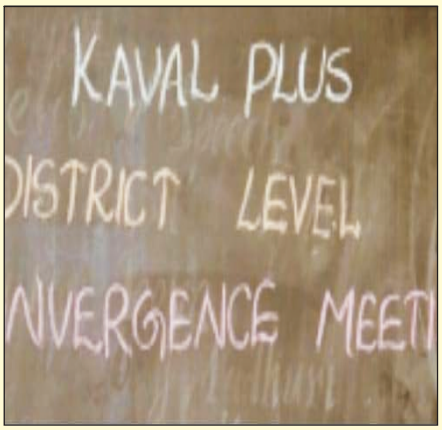
KAVAL PLUS
DISTRICT LEVEL
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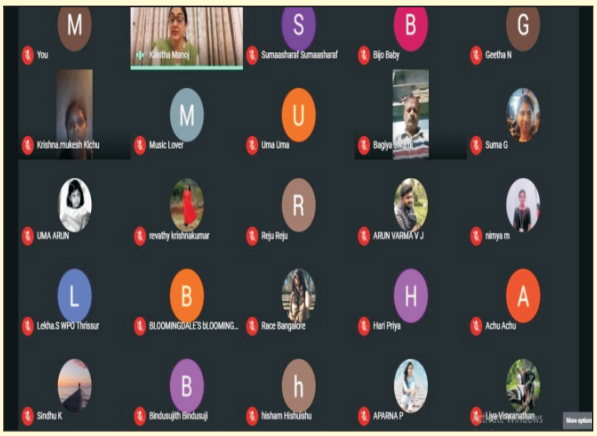
PARENT MANAGEMENT TRAINING


You
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Bijo Baby
Geetha N
Krishna.mukesh Kichu
Music Lover
Uma Uma
Suma G
UMA ARUN
revathy krishnakumar
Reju Reju
ARUN VARMA V J
nimya m
Lekha.S WPO Thrissur
BLOOMINGDALE'S bLOOMING...
Race Bangalore
Hari Priya
Achu Achu
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PARENT MANAGEMENT TRAINING