



വനിത
ശിശുവികസന
KAVAL PLUS

COMMUNITY BASED REHABILITATION OF SURVIVORS OF CHILD SEXUAL ABUSE

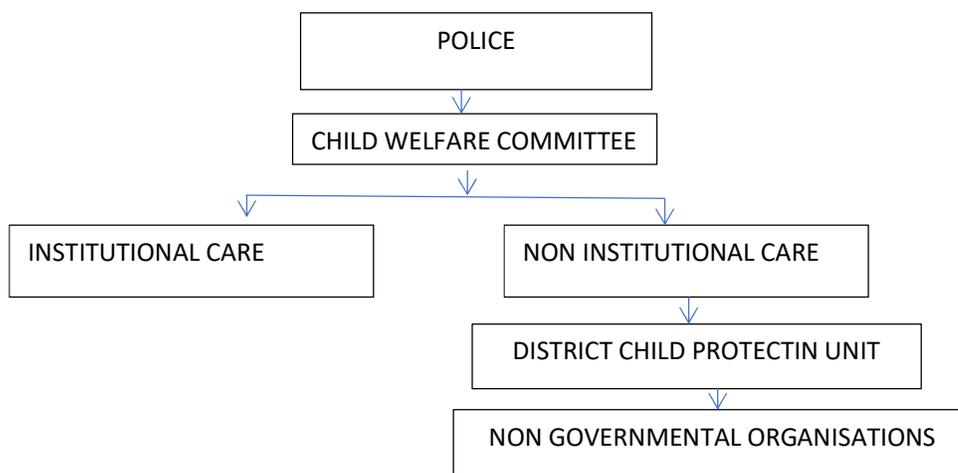
Survivors of child sexual abuse are one of the most important groups of children in difficult circumstances to be addressed. As per the records, 15685 cases of child sexual abuse are reported in the state. The number of cases disposed of are 1417 that accounts to only 9.03% of the total number of cases. Currently, 14,268 children are facing court procedures. The statistics of POCSO cases registered in Kerala shows a steady increase during the period 2012 to 2019. Towards supporting these children, government has established women and children home

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 number of children in these homes is around 450. A mammoth population of the survivors of child sexual abuse are still in the family or with other support systems within their community in the same unsafe environment. The safety and security of these children are very important to ensure their fullest development. There is a need to support these children through community-based supportive programs to reduce revictimization 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 bases rehabilitation program for the child survivors of sexual abuse.

The project aims at 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.

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

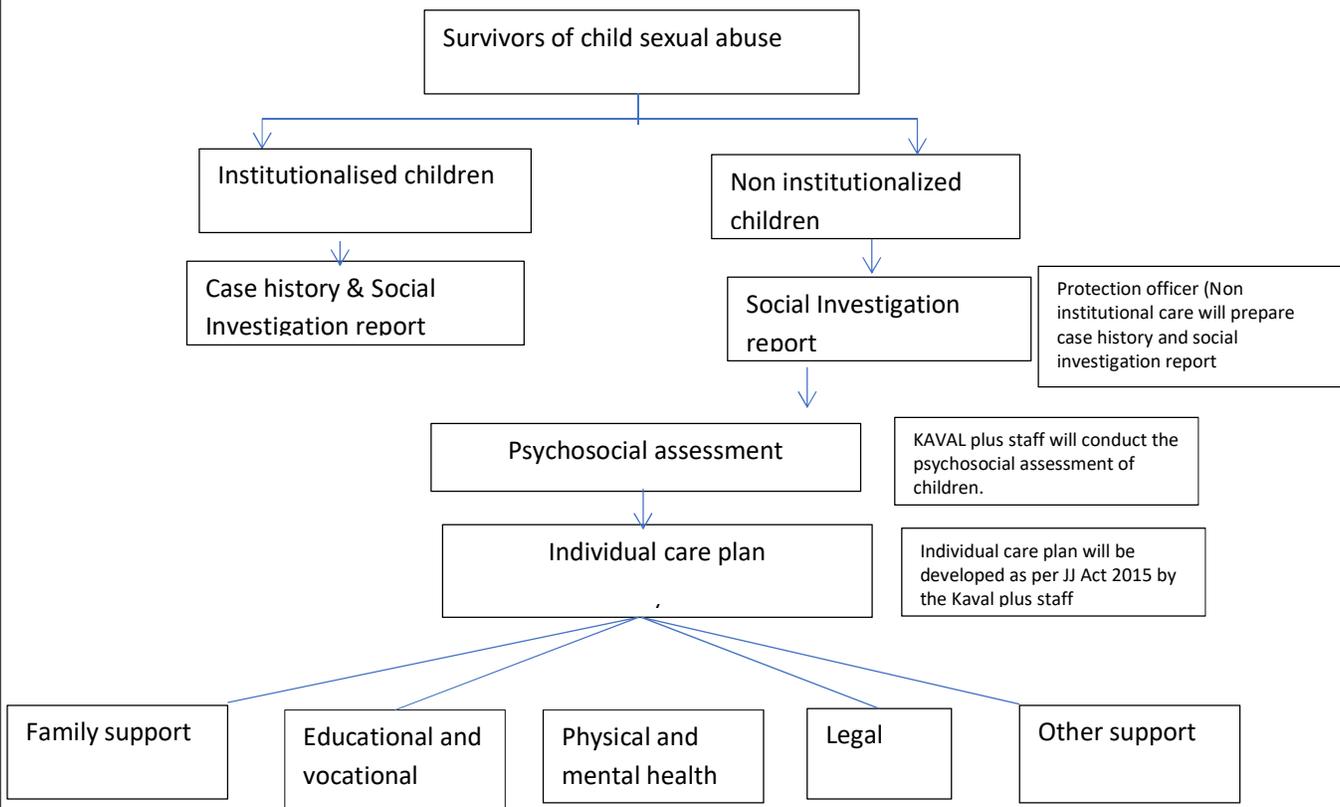




As a case of child sexual abuse is registered in the police station the police need to mandatorily report all cases to CWC as per sec 19(6) of POCSO ACT 2012 within 24 hours. The cases of Penetrative sexual assault/ aggravated penetrative sexual assault/sexual assault/ aggravated sexual assault, reported 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 form sexual offences at 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



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 develops 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 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. The 16 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 is 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 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. Child needs to refer to school counselors 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 multiples levels such as family, education, health (physical health ad metal 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 need to be prepared by the DCPU team and need 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 needed the child need to be under constant follow up. As the child shows progress and reaches 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. Child need to be supported through the activities at school and any decline in the status of the child need to be informed to 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 economical 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

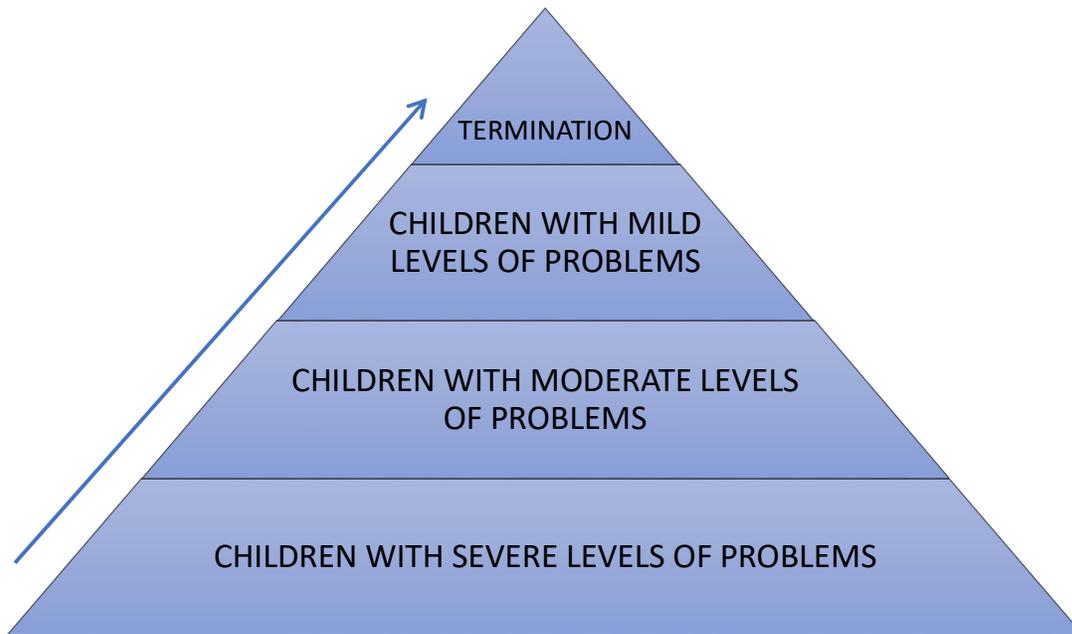
Level -3 Intervention

Social Investigation Report need to be prepared by the DCPU and child's need assessment need to be conducted by 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 review need to be conducted by the child protection team to review the progress in the child. Child needs 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.

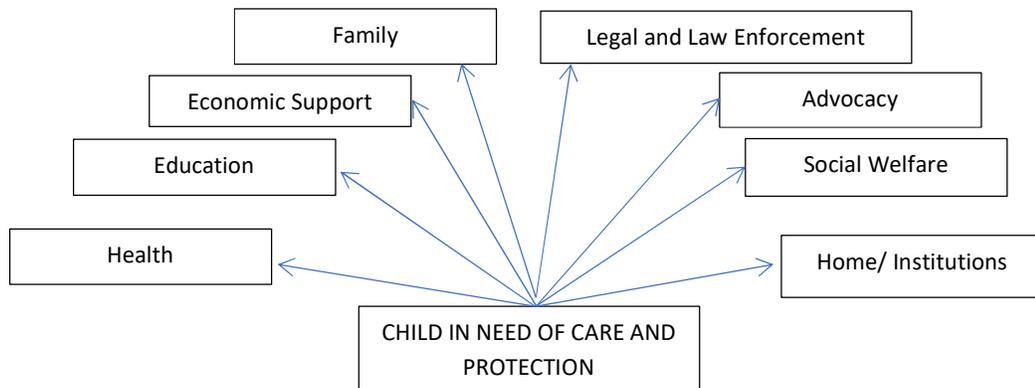


Termination:

After entering the system the child would have been provided with varied services that enhances the bio psychosocial needs of the child. The child need 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 he 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 for termination of services for the child. the children can be followed up or supported up to maximum 21 years.



Spectrum of services:





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 . 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 made here 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

